Sutton Park Assisted Aged Care

Performance Report

126-134 Exford Road
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**Commission ID:** 3627

**Provider name:** McKenzie Aged Care Group Pty Ltd

**Site Audit date:** 5 January 2021 to 6 January 2021

**Date of Performance Report:** 12 February 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 29 January 2021
* Non-Compliance Notice under the Aged Care Quality and Safety Commission Act 2018 dated 24 September 2020.
* 8 October 2020, the AP submitted updated plans for continuous improvement.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall most consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, to enable them to live the life they choose.

Consumers and representatives stated they are always treated with respect by staff. Consumers described staff taking an interest in their lives and encouraging them to participate in activities. The Assessment Team observed staff treating consumers with kindness and respect.

Consumers and representatives said they exercise choice in the way their care is delivered, and overall, consumers reported that their privacy and cultural preferences are respected by staff. For example, the representative of a consumer described having her religious and cultural preferences respected and adhered to, as documented in the consumer’s file.

Based on the Assessment Team’s observations, interviews, and review of documents, the Assessment Team had no concerns about the service’s compliance with Standard 1.

Plans for continuous improvement were put in place by the service following a Non-Compliance Notice in Requirements 1(3)(a), 1(3)(c) and 1(3)(e) on the 24th September 2020. I have found the service has made sufficient improvement in these Requirements and they are now compliant with all requirements under this standard.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

Overall consumers and representatives were satisfied being treated with dignity and respect, and felt their identity, culture and diversity was valued as individuals. Staff were observed treating consumers with respect and understood their individual choices and preferences. Consumers’ care planning documents contained a section called ‘The Life I Choose’, which included information about consumer’s individual preferences and people important to them.

Based on the evidence provided, the service is now compliant in this requirement.

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

Consumers and representatives are satisfied that consumer’s choices and preferences for care and services are considered. Overall, consumers and representatives were satisfied with the way staff assisted them to maintain contact during the Covid-19 outbreak. The service provided a variety of methods for communicating with family and friends during the lockdown period.

Consumers are actively involved in making decisions about their care.

Based on the evidence provided the service is now compliant with this requirement.

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

Consumers and representatives are satisfied that information is current, accurate, timely and communicated in a way that is clear and easy to understand. They are satisfied with the communication received and timely updates about changes or incidents that have occurred and were satisfied with the availability of dedicated staff who communicated regularly throughout the COVID-19 lockdown. Management stated communication was a priority at that time, performing daily contacts by telephone and email to representatives. The facility manager also conducted daily meetings with consumers throughout the period of lockdown.

Staff ensured that consumers with language barriers had continued communication by engaging with family or using interpreter services.

Based on the evidence provided the service is now compliant in this requirement.

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall consumers and representatives considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

Most consumers and representatives interviewed confirmed that they are involved in the initial planning of consumers’ care and its ongoing review.

Consumers and representatives interviewed confirmed that they are informed about the outcomes of assessments and planning, and the majority are aware they have access to the consumer’s care plan if they wish.

Care planning documents provided evidence of comprehensive assessment and planning in accordance with consumers’ individual needs, goals and preferences. Where risk(s) to a consumer’s health and well-being are identified, appropriate care plans were developed, and strategies implemented to manage and minimise these risks. Care planning documentation provides evidence that others, such as consumers’ representatives, their general practitioners, allied health and other health professionals are involved in assessment, planning and review of each consumer’s care and services.

The Assessment Team identified the service documents ongoing responsiveness to care planning and assessments.

Plans for continuous improvement were put in place by the service following a Non-Compliance Notice in Requirements 2(3)(c) and 2(3)(e) on the 24th September 2020. I have found the service has made sufficient improvement in these Requirements and they are now compliant with all requirements under this standard.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

Consumer files reviewed, included medical and psychosocial considerations, consumers’ preferences and interventions to minimise risks to each consumer’s health. Consumers’ care needs relating to mobility, dietary modifications, allergies, diagnosis and infections are available in handover documentation. Risks were assessed in regard to falls, skin integrity, behaviour, mobility and weight loss.

Intervention strategies were in place to help minimise the use of psychotropic medications. Care Plans are created in consultation with the consumer and their representative and are reviewed every three months or on an as needs basis.

Education is provided to staff as required.

Based on the evidence provided the service is now compliant in this requirement.

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

Assessment and care planning documents reflect input from consumers and representatives. Input from specialists involved in the care of the consumer include geriatricians, general practitioners, members of the allied health team such as dietitians, physiotherapists, and lifestyle team. Care plans demonstrate individuals and other providers of care and services, are involved in the care of consumers.

Consumers and their representatives were able to provide examples of how they have been consulted in the planning and assessment of their care.

#### The service has documented clinical assessments and care plan procedures to guide staff.

Based on the evidence provided, the service is now compliant in this requirement.

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The service demonstrated care and services are reviewed regularly and updated when circumstances change.

Consumer assessment and care planning documentation evidenced regular reviews and care consultations. Reviews of care also occur when care needs change or incidents occur.

Information identified risks to the consumer such as wounds, weight loss, psychosocial well-being and mobility. Risk identification led to changes in care needs and referrals to specialists such as dietitian and wound specialist.

Regular review includes ‘Resident of the day’ review which occurs monthly and involves taking the consumer’s observation and weight, reviewing the condition of their fingernails and the safety of their environment. A registered nurse discusses care with the consumer and if appropriate contacts the representative to provide an update. This review can prompt the generation of new assessments and referrals.

An electronic care system is in place to ensure consumers’ services are reviewed by the clinical care coordinators.

Based on the evidence provided, the service is now compliant in this requirement.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers. Their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The Assessment Team observed how assessment and planning supported consumers care needs and how personal and clinical care is delivered. The Assessment Team observed clinical data that is reviewed by the clinical management team on a daily, weekly and monthly basis to ensure high prevalence and high impact risks are identified and managed promptly. The Assessment Team reviewed a sample of consumer files in relation to the clinical and personal care they receive and noted individualised needs and preferences were identified and documented.

Overall consumers and representatives expressed satisfaction that consumers are receiving the care they need. Two representatives interviewed expressed how “comfortable they feel the consumer is being well looked after and getting everything, they need.”

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

Plans for continuous improvement were put in place by the service following a Non-Compliance Notice in Requirements 3(3)(a) and 3(3)(g) on the 24th September 2020. I have found the service has made sufficient improvement in Requirement 3(3)(a) and they are compliant with this requirement. However, I have decided that there are still deficits existing under 3(3)(g), specifically in relation to infection control as outlined in the Infection Control Monitoring Checklist an in relation to antimicrobial stewardship.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The service provides safe an effective personal care as evidenced by the Assessment team. They report consumers receive care based on their individualised needs and preferences. Medications were reviewed regularly and examples of reductions or minimisation of psychotropic medication were noted. Consultations occur with the representatives, health practitioners as required.

Staff practice is guided by the organisation’s policies, procedure, practice standards and best practice guidelines.

Based on the evidence provided, the service is now compliant in this requirement.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team observed the service demonstrated effective identification and management of high impact and high prevalence risk associated with individual consumers.

Consumer care files indicated assessment and care planning identifies consumers with high prevalence and high impact care needs which include skin care and wound management, pain management, behaviour management, falls, risk and prevention strategies.

Staff were able to articulate the differing risks for a range of consumers and the management of these risks.

Clinical staff and the medication advisory committee assist with the safe and effective monitoring of psychotropic medication.

Clinical care policies and procedures reviewed by the Assessment Team contain strategies based around managing risk.

Individual risks are documented on care plans and medication charts to alert staff.

Based on the evidence provided, the service is now compliant in this requirement.

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The Assessment Team had concerns around care documentation not reflecting the identification and response of changes in the health status of consumers, and found this requirement as not met. Examination of the Approved Provider’s response indicates that the necessary care was provided and referrals made to the required health practitioners, with the exception of one case where attendance by the medical practitioner was delayed but ongoing monitoring by the nurse continued.

Representatives were satisfied with the care provided to the consumers.

Based on the evidence provided, the service is now compliant in this requirement.

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Non-compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The service is unable to demonstrate effective minimisation of infection related risks. Staff personal protective equipment practices are inconsistently monitored and do not align with infection control guidelines. Although continuous improvement plans were put in place as a result of the Notice of Non-compliance some things remain an issue. For example, a combined donning and doffing station with signage was observed at the entrance to the service but the next day a separate donning and doffing station was observed at the entrance but without signage. This shows a lack of uniformity and understanding of the requirements for donning and doffing stations which was an item included in the plan for continuous improvement. Masks were worn inconsistently and incorrectly and hand hygiene was not performed after mask adjustment.

Antibiotic prescribing should be in line with processes as outlined in the organisation’s clinical governance framework.

Although there are infection minimisation policies in place and education is provided to staff in relation to infection control, there is still further work to be done for the service to be considered compliant in this requirement.

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Most consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers and representatives are satisfied consumers are supported to do the things they like to do such as continue their chosen faith, connect with friends and family, participate in a range of activities. Staff understand the interests of the consumers and documentation reflects the assessment and monitoring of their emotional, spiritual and psychological support needs.

However, most consumers sampled were not satisfied with the quality or variety of food provided. Consumers advised that the provider does not cater to their food preferences. Some consumers expressed dissatisfaction with the type, texture, look and flavour of meat provided in meat-based meals.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Non-compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Most consumers sampled, were not satisfied with the quality or variety of food provided. Consumers advised that the provider does not cater to their food preferences. Some consumers expressed dissatisfaction with the type, texture, look and flavour of meat provided in meat-based meals.

For example:

The lack of quality caused some consumers to have food brought in from outside the service.

The new food titles caused confusion for consumers as they did not know what they were ordering and found they did not like what was ordered.

The service converted to an enhanced nutrition and high protein menu during the COVID-19 outbreak and this remained in place from March 2020 until 4 January 2021.

In response management have confirmed that a new menu had been implemented on 5 January 2021. They say staff conduct surveys with the consumers to gauge their opinions on the food. There is also Food Focus meetings conducted whereby consumers and their representatives can provide their opinions.

Complaints data logged from March 2020 to December 2020 did not show any consumer complaints in relation to food related issues and only recorded three complaints lodged by staff.

The line of responsibility for managing consumer feedback on food and meals is not clear. The facility manager and lifestyle coordinator are identified as having a role, but there is ambiguity about who has overall responsibility. The lack of clarity may have contributed to food and kitchen related complaints not being managed.

Based on the evidence provided, I find the service to be non-compliant in this requirement.

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

Consumers interviewed confirmed they feel safe at the service and consider it to be their home. Consumers described participating in various activities which were of interest to them and praised the staff for making them feel welcome.

Consumers described being able to move around the service freely and, where necessary, staff assisted them to go out into the garden. All consumers described the service as being clean and well maintained.

The service was observed to be spacious, enabling consumers to move around freely. The Assessment Team observed the service to be well-maintained, clean and tidy.

Consumers were observed accessing various indoor and outdoor communal areas which had well-maintained and furniture and amenities.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Most consumers felt that providing feedback would not result in any meaningful change and were unaware of how to make a complaint other than telling staff verbally. Most sampled consumers did not consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

Consumers provided examples of verbal complaints made about issues concerning the quality of meals provided. Most consumers stated that feedback did not result in any meaningful change.

Most consumers were not aware of, nor provided access to advocacy services. Most were not aware of other methods of raising and resolving complaints.

The Quality Standard is assessed as Non-compliant as two of the four specific requirements have been assessed as Non-compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

Most consumers felt that providing feedback would not result in any meaningful change and were unaware of how to make a complaint other than telling staff verbally. While the provider advocates the use of feedback forms to document feedback and complaints, the forms were not easily accessible to consumers. The Assessment Team observed a small number of forms located at the front reception counter. None were observed in areas accessible to consumers.

Consumers had made complaints in relation to food and did not hear back from the service in regard to outcomes or changes. One consumer did not feel comfortable making complaints as she thought it would cause trouble.

## Management said that feedback forms are provided and used to log all feedback including complaints. Feedback forms were removed from most areas of the service due to the risk of infection and an alternative means of providing feedback was not provided. Management advised in their response that these have since been re-instated. Daily meetings were conducted by the Facility Manager with the consumers, where they were encouraged to raise any concerns during the lockdown period.

One staff member said that she is encouraged to use the feedback form to provide feedback and said she recently filled one in on behalf of a consumer. Management also said representatives are encouraged to email the Facility Manager directly if they would like to leave feedback. One representative said she is happy to do this.

Based on the evidence the service is compliant with this requirement. The service has shown that complaints are encouraged and staff were on hand to assist with completing feedback forms.

### Requirement 6(3)(b) Non-compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

Most consumers were not aware of nor provided access to advocacy services. Most were not aware of other methods of raising and resolving complaints. Although many representatives felt comfortable raising complaints directly with the Facility Manager, some consumers and representatives were not aware of further complaint rights and how to access them.

One relevant staff member did not understand what an advocacy service was and management could not confirm that presentations on advocacy services were provided to consumers.

The Assessment Team observed that pamphlets or other literature regarding advocacy and language services was not accessible or available to consumers.

The Approved Provider’s response to this was that they provided translation services by TIS or used the translating applications on the facility tablets. They also stated they had daily meetings with consumers during the COVID-19 outbreak and complaints forms were available on request. There are also posters around the service detailing the various complaint services available to consumers. The service has put measures in place following the site audit to provide information on Advocacy services to all consumers and representatives.

Based on the evidence, the service was not compliant with this requirement at the time of the site audit but have subsequently put measures in place to address the concerns.

### Requirement 6(3)(c) Non-Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Most consumers felt that providing feedback did not result in any meaningful change. Consumers advised feedback and complaints raised verbally were not followed up by staff.

Consumers on the whole do not believe their complaints result in any action as they are not informed of the progress or outcome of these complaints.

Staff had a good understanding of open disclosure and how it applies to feedback and complaints and had training on the subject. Management provided evidence that complaints about food being cold were actioned, by changing the motor in the hotboxes to ensure food was hot. Also, activities were varied in response to complaints in regard to the lack of spontaneity of activities.

Management provided a folder containing hard copies of completed feedback forms. The majority of the hard copies of feedback forms dated from early 2020 were complimentary. Very little feedback was evident between March 2020 and the end of the year. Management did not provide evidence of actions taken in response to complaints made verbally by consumers regarding the quality of meals.

In response the service said that 122 examples of consumer feedback were received during the period of March 2020 to December 2020; of these 84 were compliments, 21 were complaints and 17 were suggestions. The service says there are processes in place for all feedback received and the facility manager is responsible for contacting the complainant within 2 business days of the complaint being made, and resolution of the complaint is to be made in writing, which is attached to the feedback form. They also agree that they are not always able to meet the consumer’s expectation in relation to food complaints, given the individualised tastes of the consumers.

Based on the evidence provided by the consumers, I do not feel that they are provided with enough information in relation to the outcome of their complaints and any actions taken. I find the service is not compliant with this requirement.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

There have been ongoing issues with missing items of consumer clothing. Overall it is believed the service has tried to address the issue.

Management stated they do make changes based on feedback such as constructing a wall to action concerns over noise coming from the kitchen.

The Assessment Team observed the complaints register provided by management for the last six months consisted of nine entries with the last entry dated up to 4 January 2021. Three entries were compliments regarding the management of communications during the recent outbreak, four consisted of complaints made by staff about other staff members and one entry detailed issues regarding lost items of clothing dated 25 August 2020. The content of the document was not consistent with the verbal responses provided by consumers and their representatives. Management did not provide any evidence that verbal feedback and complaints were documented. There was no evidence to suggest this information was reviewed and used to improve the quality of meals provided.

In their response the Approved Provider stated logged feedback does not equate to all feedback, as some concerns are rectified promptly. They state that they have sought feedback from the consumers and about the new menu which was introduced on the 4th of January 2021. They also provided examples of feedback that were followed up in August 2020 for one consumer and is recorded in the consumer’s progress notes.

Based on the evidence I find the service to be compliant in this requirement.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall sampled consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

Consumers and representatives said they find staff kind and caring, are gentle, and staff know what they are doing.

Most consumers and representatives said they are attended by regular staff who know consumers and their representatives very well, consumers have access to their call bells which are responded to in a timely manner. They feel there are adequate staff and they receive the care they need.

The Assessment Team observed staff present within the service during the visit. Staff were observed to interact with consumers in a kind and respectful way. When staff were asked about specific consumers, most staff sampled were able to give detailed information regarding individual consumers including history, behaviours and individual care needs and preferences.

The workforce is recruited to specific roles, requiring qualification and competency with orientation of new staff occurring. Staff are trained and equipped to undertake their roles and supported to deliver outcomes for consumers.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered the organisation is well run and they can partner in improving the delivery of care and services. For example:

* Most consumers and representatives interviewed confirmed that the service is well run.

Consumers and representatives provided examples of how they are involved in the development, delivery and evaluation of care and services through the monthly resident of the day process and resident and relative meetings.

The service’s organisation governance system is managed and implemented from an organisation wide head office. The service was able to demonstrate how this system works and how the Board are involved in the implementation of care across the organisation and specific services. Management were able to provide clear understanding and knowledge of the organisations governance system.

Plans for continuous improvement were put in place by the service following a Non-Compliance Notice in Requirements 8(3)(d) and 3(3)(e) on the 24th September 2020. I have found the service has made sufficient improvement in regard to these Requirements and they are compliant with this Standard

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found the service’s governance system, which is managed predominantly from the organisation’s head office, demonstrated understanding of the Standards, with the consumer being the focus and clear understanding of legislative requirements such as mandatory reporting and training on elder abuse.

The Assessment Team found that five of five specific requirements were met.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

Management has a continuous improvement plan in place for this requirement and have ensured new consumers are assessed on admission to the service by a Physiotherapist and have up to date care plans with falls prevention strategies included. They have identified consumers that have greater risk of falls and have purchased required equipment to prevent falls.

Routine pain management is assessed 3 monthly and a physio assessment is done 6 monthly. This is in conjunction with as needed review post fall, post hospital admission, new pain or deterioration in condition.

Based on the evidence provided, the service is now compliant in this requirement.

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# The organisation was able to provide evidence of a

* documented clinical governance framework
* a policy on antimicrobial stewardship
* a policy on minimisation of the use of restraints
* an open disclosure policy

# A clinical governance framework is in place and clinical reports are generated with monthly reporting on areas including but not limited to clinical incidents, complaints, audit results and actions, and infectious incidents.

Antimicrobial stewardship is discussed at the medication advisory committee meetings. Antibiotic use is monitored and reported by supplying pharmacies. Reports outlining antibiotic prescribing and dispensing patterns can be accessed by service managers.

There is a good understanding in relation to the minimisation of all types of response. Psychotropic medications use is registered and reviewed regularly. Medication advisory committee (MAC) meetings include discussions around psychotropic medications.

Management described to the Assessment Team how they have an open disclosure policy to guide their response where incidents may/have caused harm to consumers where required.

Based on the evidence provided, the service is now compliant in this requirement.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 3(3)(g)

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The Approved Provider must demonstrate that they:

* ensure all staff and visitors adhere to correct infection control guidelines in relation to the wearing of masks and other PPE as required;
* donning and doffing stations should be consistent and with correct signage indicating proper techniques.

### Requirement 4(3)(f)

*Where meals are provided, they are varied and of suitable quality and quantity.*

The Approved Provider must demonstrate that:

* food provided is of good quality and caters for all consumer tastes,
* implement a good system for following up and actioning food complaints;
* ensure food focus meetings are conducted and all consumers and representatives are able to provide feedback.
* ensure consumers dietary requirements are correctly catered for.

### Requirement 6(3)(b)

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

The Approved Provider must demonstrate that:

* they provide information on advocacy services to consumers and their representatives on admission to the service.
* ensure all staff understand what advocacy services are available so that they can advise consumers.
* ensure information is easily accessible and available in a variety of languages.

### Requirement 6(3)(c)

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Approved Provider must demonstrate that:

* That all complaints are recorded correctly, acknowledged, actioned and resolution provided to the complainant in writing as per the process outlined by the organisation.
* Ensure verbal complaints are logged and actioned in line with organisational policy.