The Cairns Aged Care Plus Centre at Chapel Hill

Performance Report

730 Moggill Road   
CHAPEL HILL QLD 4069  
Phone number: 07 3379 9800

**Commission ID:** 5989

**Provider name:** The Salvation Army (Queensland) Property Trust

**Site Audit date:** 2 February 2021 to 4 February 2021

**Date of Performance Report:** 4 March 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** | **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) | Compliant |
| **Standard 4 Services and supports for daily living** | **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) | 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** | Compliant |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | 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 1 March 2021
* information from consumers and representatives provided to the Aged Care Quality and Safety Commission prior to the Site Audit
* the Infection Control Monitoring Checklist completed as an element of the Site Audit.

# 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

Consumers spoke positively about staff and said that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. They described staff as being kind, caring and aware of who they are as a person and said staff support them to maintain links with their families and friends. Consumers said their personal privacy is respected and that staff treat their room as though it is the consumer’s home.

Consumers and representatives described how the service supported consumers to maintain important relationships by knowing the consumers’ routines and by being familiar with couples at the service and how they choose to spend time together. During COVID -19 restrictions the service offered to facilitate video face conference calls and supported consumers to make telephone calls or participate in pre-scheduled window visits.

Consumers provided examples of how they are supported to take risks to enable them to live the best life they can. This included their preferences to continue to smoke cigarettes, maintain dietary preferences, or to self medicate.

Management staff advised that dignity of risk is discussed with consumers and their representatives and that there are processes for assessing risk and for supporting the consumers to understand the potential for harm when they are making decisions about risks. Risk minimisation strategies were reflected in the care planning documentation.

Care planning documents and meeting minutes identified the service understands and supports consumer choice. The service has sought and captured individualised information as it relates to consumers’ religious, spiritual, cultural needs and personal preferences. A review of care planning documentation for sampled consumers confirmed that barriers to communication such as impaired vision, hearing, speech or cognition is documented, along with corresponding interventions to support consumers’ communication needs, including the use of aids.

The service has policies and procedures in place to guide staff in their engagement with consumers in a culturally safe way and how to foster consumer choice.

Information is provided to consumers to inform decision making through a variety of forums including a regular lifestyle calendar, television monitor in the lounge areas that display menus and other information via a loop recording, monthly newsletters, noticeboards, meetings and meeting minutes. Interpreter service es can be accessed when a need is identified. Meeting minutes confirmed that consumers were actively involved in decision making and could exercise choice and decision making. Pictorial cue cards were available as a communication strategy for consumers when required.

Staff demonstrated respect towards consumers and an understanding of their care preferences. Staff could describe the impact that a diagnosis of dementia has on a person as an individual and the strategies and interventions that were used to support a consumer in this situation.

Staff said that if they witnessed a consumer being treated in an undignified and disrespectful way, they would report their concerns to management and provide emotional support to the consumer.

The Assessment Team observed staff engaging with consumers, addressing them by their preferred name and taking time to spend with the consumer.

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.*

### 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.*

### 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.*

### 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

Consumers and representatives interviewed said they are involved in initial assessments upon entry to the service and ongoing planning of the consumer’s care. They said they are informed about the outcomes of assessment and planning and have access to the care and services plan.

Review of care planning documentation confirmed care plans are developed by nursing staff in consultation with consumers and representatives and are reviewed regularly and updated when changes occur. Allied health specialists including a physiotherapist, wound care specialist, speech pathologist, dietitian, dementia specialist and podiatrist were identified as being involved in care planning.

Care planning documents identified consumers’ needs, goals and preferences and staff demonstrated an awareness of what is important to consumers in regard to the provision of care and services. Consumers’ involvement was evident in the care planning documentation as was the input from representatives and other professionals such as medical officers and allied health professionals. Information in care plans was current, relevant and sufficient to direct staff.

Care planning documentation identified risks specific to the consumers such as falls, skin breakdown, pain, nutrition, responsive behaviours and complex medications. Risk management strategies agreed upon by consumers and representatives were documented.

The Assessment Team reviewed care planning documentation for consumers with complex wounds and confirmed that wound assessments had been completed, wound care specialists were accessible, wounds were being attended as scheduled and wounds were healing. For consumers with pain, a pain management plan was in place and involvement of allied health professionals was evident. Where a consumer experienced unplanned weight loss, the service had enlisted the support of a dietitian. Information about end of life care including consumers’ goals and preferences in relation to comfort, pain relief and non-pharmacological pain management strategies were detailed in care plans.

Care staff described their ability to access the consumers’ care plans and demonstrated an understanding of what was important to consumers in relation to their personal and clinical care. Staff said they refer to the registered nurse for additional information and guidance if this is required.

Clinical staff track clinical review processes and the Assessment Team found that care and service plans had been reviewed within the last three months.

A suite of evidence-based assessment tools that include consideration of individual consumer risk, for example, nutrition, skin integrity, pain, falls, cognition and challenging behaviours are available to staff and support the assessment and care planning process.

Policies and procedures relevant to this Standard provide guidance to staff and include clinical care procedures, admission processes, clinical governance and referral processes.

Monitoring of assessment and care planning processes occurs through an electronic alert system, regular reviews by clinical staff including weekly review of complex cases, three monthly care plan review processes and case conferences.

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.*

### 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.*

### 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.*

# STANDARD 3 COMPLIANT Personal 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

Consumers and representatives interviewed confirmed that consumers get the care they need, and said the service supports them to understand and make informed decisions about personal and clinical care that meets consumers’ needs and preferences. Consumers were satisfied with their access to medical officers and other health professionals.

Consumers generally spoke highly of staff and the way they provided personal and clinical care. They provided examples of how staff supported consumers including when they were upset and anxious and implemented strategies to minimise falls, manage skin care, minimise risks relating to restraint, and monitor for signs of infection.

Some consumers and representatives raised concerns about whether or not staff practices were being consistently monitored and provided some examples where care directives had not been followed including, providing the incorrect drinking cup, not ensuring the consumer had their dentures in place prior to eating, and not ensuring hearing aids were operational. The approved provider in its response outlined the actions that have been taken and that are planned to occur. This includes the provision of specific education to support staff knowledge and skills in relation to time management, the use of sensory aids and the planned model of care. Recruitment of additional registered nurses is underway to support the introduction of the revised model of care.

Staff could describe the care they provided to consumers and said they refer to the care and service plan for guidance. Staff referred to direct conversations they have with registered staff, handover processes and the hands-free communication system that supports them to remain up to date in relation to consumer care needs. Care staff were familiar with the care requirements of consumers who experience visual impairment, have altered mobility, are at risk of falls, have preferences as to the gender of staff who provide care, and how they adjust the care they deliver for consumers approaching end of life.

The service demonstrated consumer’s individual high impact or high prevalence risks were documented and managed effectively. Deterioration or change of a consumer’s condition was recognised and responded to in a timely manner, including timely referrals to appropriate health professionals and providers of other care and services.

Care planning documentation identified that care was tailored to the consumers’ individual needs. The Assessment Team reviewed the care of consumers with diabetes and found that blood glucose levels were being monitored and medications was being provided as prescribed. Strategies to minimise skin related incidents included the use of pressure relieving devices, daily skin inspection, application of moisturisers, involvement of wound care specialists and regular repositioning. Where a consumer experienced a change in behaviour, staff explored possible contributing factors such as infection, frustration or pain. Non-pharmacological strategies were explored, increased time was spent with the consumer, and consultation and engagement with the consumer occurred.

Where restrictive practices were applied an assessment had occurred, the consumer and representative had been involved, informed consent was provided, and the use of the restraint had been authorised. The medical officer and nursing staff were involved in the ongoing monitoring and evaluation of the restraint use. Non-pharmacological strategies were trialled prior to the use of an ‘as required’ psychotropic medication and staff were familiar with these strategies.

For consumers who experienced pain, the Assessment Team found that pain management plans detailed strategies to manage pain including therapeutic massage, application of heat packs and regular pain-relieving medication.

The Assessment Team reviewed the care provided to consumers who had received palliative care and identified that case conferences were held with family, an end of life pathway was commenced, strategies to manage pain, dignity and comfort were implemented and visitation by family was supported.

Staff have access to evidence-based policies, procedures and guidelines to support the delivery of personal and clinical care. The service has completed training for all staff in clinical care areas such as restraint, wound management, falls prevention, pain management and end of life care.

Equipment is available to support the delivery of personal and clinical care including mobility aids, sensor mats, bed monitor beams, syringe drivers, oral care products and hip protectors.

Care delivery is monitored through case conferences, regular care plan reviews, meetings to discuss complex care requirements, monitoring of clinical indicators and audits. Clinical indicator data is analysed monthly, discussed at service meetings and is then used to inform improvements in the delivery of consumer care. The Assessment Team identified where the service had taken action and implemented a number of improvements after identifying an increase in falls over a five-month period in 2020.

Clinical staff said they monitor staff practice though direct observation and feedback from consumers. Registered nurses are on site 24 hours per day to assist and supervise staff, monitor care delivery and provide support for consumers nearing end of life.

Staff understood how they minimise the need for antibiotics including increasing fluids and encouraging medical officers to obtain pathology results before prescribing antibiotics. Staff said they had received training in infection control including in hand hygiene, the use of personal protective equipment and outbreak management processes.

The service provided records demonstrating that all staff had received the influenza vaccination in 2020. Staff explained the outbreak management plan and described how consumers who presented with influenza symptoms were isolated, personal protective equipment was placed at the entry to the room, the public health unit was notified, and COVID-19 testing occurred. Consumers remained in isolation until pathology results were returned.

The Assessment Team observed instances when staff were not wearing personal protective equipment appropriately and discussed this with management who advised they would increase staff supervision and provide additional information to staff about this requirement.

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

### 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.*

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

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

### 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.*

### 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) 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.*

# STANDARD 4 COMPLIANT Services 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

Consumers and representatives said 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. They said they felt supported by the service to do the things of interest to them, which included participating in activities as a part of the service’s lifestyle program and/or spending time on independent activities of choice.

Consumers reported being involved in a varied program of activities including concerts, themed events, bingo, Scrabble, Bible study, craft groups, gardening and feeding the birds. Some consumers said they had been involved in refurbishing garden areas outdoors.

Consumers and representatives described ways in which consumers are supported to maintain social and emotional connections with those that important to them.

Consumers said they are supported to use taxi services, catch public transport and participate in activities outside the service as they choose.

Volunteers are engaged to provide additional support to those consumers who require this.

Most consumers provided positive feedback in relation to food and confirmed that it was of adequate quantity, high quality and variety. Consumers said that if they didn’t like what was on the menu they were offered an alternative and were satisfied with this.

A small number of consumers were not satisfied with catering and raised concerns about presentation and types of food that are available. This information was discussed with management who were aware of the feedback and advised that it was being addressed. The service had undertaken a full review of the plating and serving of meals and as a result had revised their processes. Staff have been provided with education and a consumer food focus group has commenced. Feedback and suggestions arising from this meeting have been included in the menu. An external organisation has completed an independent audit of consumer dietary profiles and this has ensured that dietary profiles are current. Increased meal options at point of service are planned for introduction in March 2021.

With the easing of COVID-19 related restrictions various activities are resuming and consumers have commenced attending church services outside the service with some consumers attending on-line church services. Consumers said if they were feeling sad they would speak to their family or friends and also had access to the service’s Chaplains. Examples were provided of how the service supported consumers who were feeling ‘low’ during the COVID-19 visitor restrictions by offering them emotional and spiritual support.

Care planning documentation demonstrated that care plans were individualised and reflective of the needs, goals and preferences of each individual consumer. In a small number of instances, the Assessment Team identified that a lifestyle care plan had not been completed. This was discussed with management who took action to ensure assessment and care planning in relation to lifestyle and quality of life, are completed in a timely manner. While some consumers did not have a lifestyle care plan completed, the Assessment Team interviewed staff who demonstrated a sound understanding of consumers’ needs and preferences.

Interviews with consumers and review of care planning documentation evidenced the involvement of other care and service providers such as physiotherapist, volunteers, hairdresser, chaplains, and privately employed personal care staff. Lifestyle staff said that external organisations including dog therapy services and Community Visitors Scheme are also involved in care and service delivery.

Catering staff said that dietary information is provided to them and is updated by clinical staff when there is a change in consumers’ dietary requirements.

Lifestyle staff provided examples of how the service has introduced individualised activities to promote independence and provide meaning and purpose for consumers. Some consumers are assisting in completing audits at the service, a consumer hosts weekly Bible study and a consumer chairs the consumer committee meeting.

Staff said the activities program is being reviewed and changes made to ensure the program aligns with consumer feedback. The Assessment Team observed consumers participating in a range of activities throughout the course of the Site Audit. They reviewed the minutes from the consumers’ meetings and confirmed that consumers have input into the lifestyle program. Review of the monthly activity calendar and discussion with staff demonstrated there are a variety of activities offered to meet the different needs and preferences of consumers.

The Assessment Team observed equipment used to provide and support lifestyle services to be safe, suitable, clean and well maintained. Equipment to assist consumers with their independence and mobility such as walkers, wheelchairs and suitable seating were accessible, clean and sufficient to meet consumer needs. Equipment used to provide laundry, cleaning and catering was clean and in working order. Staff said they have access to the equipment they need when they need it.

Policies and procedures specific to this Standard guide staff in relation to referral processes and assessment and planning that relates to lifestyle support and services.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as 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) Compliant

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

### 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

Consumers confirmed they feel at home living at the service and can freely and safely access indoor and outdoor areas. Consumers spoke highly of maintenance staff and said they are supported by the service to hang pictures and personal effects to make their room feel like home. Consumers and representatives were satisfied with cleaning and said the service was well maintained. They confirmed their visitors are welcome in the service and they enjoy having various indoor and outdoor areas where they can sit comfortably.

Consumers provided examples of how cleaning issues they had raised at consumer meetings were addressed promptly and to their satisfaction.

Communal areas are provided throughout the service with additional seating and with areas for consumers to sit quietly should they wish to do so. Corridors have handrails to optimise consumer safety and independence.

Consumer rooms were personalised with their own furniture, crafts, paintings and photographs.

Management advised the Assessment Team that the secured living environment is being refurbished in early 2021 to ensure that the internal environment reflects best practice.

Staff described the actions they take when they identify a potential hazard, addressing the issue immediately or escalating it to maintenance staff if necessary.

Cleaning staff described how they complete regular cleaning of high touch surfaces as well as deep and exit cleaning of consumers’ rooms as required.

A scheduled preventative maintenance and reactive maintenance program was in place with additional maintenance needs being identified through staff reporting and monthly audits.

The Assessment Team observed the environment was welcoming, clean, well-maintained and easy to move around, both inside and outside. Consumers were freely moving around the service environment. The service has a chapel and the Assessment Team observed consumers attending services at the time of the Site Audit. Equipment was observed to be clean, well maintained and was appropriate to consumer needs.

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 COMPLIANT Feedback 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

On entry to the service consumers receive a handbook that includes information about internal and external complaints mechanisms, advocacy services and interpreter services. Feedback forms and brochures are displayed at the entry to the service and on each level and meeting minutes demonstrated that consumers provide feedback and suggestions at consumer meetings.

Consumers understood how to provide feedback and make a complaint, including accessing external complaints mechanisms, and said they felt comfortable and safe in doing so. They said feedback and complaints can be raised at consumer meetings including the food focus group meeting, discussed with staff or by completing a feedback form. Most consumers said they would speak directly with registered nursing staff or management. Those consumers who had raised concerns or provided feedback could describe what changes had been made and the ongoing communication they have with the service.

Consumers said that as a result of their feedback about meal temperatures and food quality, the menu had been changed. They said that the Chef continues to meet with them to discuss their concerns and that overall the quality of the food had improved.

Some consumers and representatives had raised complaints about staffing and response to requests for assistance. Management staff described the actions that were being taken to address these concerns which included reviewing the model of care, increasing registered staff and improving recruitment and performance management processes. Management provided call bell response audits which are monitored daily with a report generated weekly, that recorded call bell response times had reduced during the month of January 2021.

Staff described the actions they take when a consumer makes a complaint and said that if they were unable to resolve the concern they would escalate it to senior staff. In those situations where a consumer is unable to independently complete a feedback form, staff said they offer to do this on the consumer’s behalf.

Registered staff said that when they are informed of a complaint, they meet with the consumer or representative and address the complaint with them in the first instance. They said they apologise and then document the concern in progress notes and if they were unable to address it straight away, they would use the service’s complaints reporting process to ensure management was aware and the complaint could be formally acknowledged and addressed. Staff provided examples of recent complaints where they had applied an open disclosure approach.

The Service Manager advised that weekly meetings occur with senior staff to discuss consumer care and feedback that has been received and that management staff liaise with complainants on a regular basis and attempt to resolve their concerns. Consumers and representatives spoke about regular communication with the clinical management team that included telephone conversations, face to face meetings and case conferences.

Management staff said they had identified an opportunity to improve the processes used to capture complaints information and are implementing an electronic program to manage this information. Information about complaints and how they were resolved is linked to the continuous improvement plan, which includes actions taken to improve outcomes and prevent recurrence of complaints. Management explained how consumer feedback data is reviewed and monitored and complaints analysis data is provided to the Board.

Policies and procedures specific to this Standard guide staff practice and include open disclosure. Training records demonstrate that staff have attended mandatory training that includes education on open disclosure and the Aged Care Quality Standards.

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

### Requirement 6(3)(b) Compliant

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

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

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

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

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

# 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

Consumers and representatives said that staff are generally kind, caring and gentle when providing personal care. Consumers interviewed confirmed that the regular staff know what they are doing. They said new staff work with experienced staff until they get to know them. A small number of consumers and representatives provided mixed feedback about staff attitude and time management.

Consumers gave examples of the caring approach of staff who assist them daily with their care and services and the management team who are approachable and prompt to address their concerns.

Most consumers and representatives said staff attend to the consumer promptly and in accordance with their wishes most of the time. They gave examples of how their care routines are adhered to. While some consumers and representatives said there should be more staff because staff are often busy, they said their cares were generally attended in accordance with their stated preferences and the majority of the staff were available if needed. Some consumers said that if staff were busy and delayed, they would check on the consumer and return later.

Staff said they have access to registered nurses for advice and support in relation to consumers’ care needs. Registered staff said they have sufficient time to monitor the delivery of care and services. A small number of care staff said that their ability to meet consumer care needs in a timely manner was dependent upon the staff they worked with. One care staff member advised that unfilled shifts were not consistently replaced however they said they generally had sufficient time to complete their work.

Management advised, if the call bell or sensor beam is not answered promptly, the call bell system escalates the call to registered staff and management. The Care Manager said they check call bell response times every morning and follow up those calls that were longer than five minutes. The Care Manager reported there had been improvements in the weekly call bell report and this was confirmed by the Assessment Team.

The Service Manager advised the Assessment Team that the service had identified an opportunity to improve clinical governance and planned to introduce a new model of care in April 2021. In anticipation, the service has commenced recruiting registered staff who support the registered nurses in clinical care; this will also reduce the number of medication competent personal care staff required. Expressions of interest have been sought for senior care staff (Team Leaders) to be appointed each shift, in each area. Their role will be to ensure the consumers’ personal care is delivered in line with their assessed needs and preferences.

Position descriptions for each role included responsibilities, competencies and desired skills and knowledge. Credential and reference checks are conducted prior to staff commencing in their roles and expiry dates for registrations and police checks are tracked by the centralised human resources team and staff are taken off the roster if credentials have expired. Records sighted showed compliance with requirements. The Service Manager said all care staff have completed a Certificate III in Aged Care.

Staff described how they receive education and training and participate in a mandatory education program; new staff are buddied with experienced staff until they are confident.

Management staff described the ways in which they monitor staff performance and staffing levels. This included monitoring bed occupancy, analysing consumer feedback, undertaking regular performance reviews and identifying changes in consumers’ needs that may require increased staffing. Examples were provided where additional education and training had been provided to staff when concerns had been identified in relation to manual handling and the cleaning and fitting of hearing aids. Where consumers or staff have made a complaint about staff being rude or unkind, there is evidence that management addressed the concern promptly, commencing performance management processes as necessary.

The approved provider’s response received 1 March 2021 outlines additional actions the service is taking to increase staff supervision, revise skill mix, improve time management and build on staff knowledge and skills. These actions are included in the service’s plan for continuous improvement and have been allocated to specific staff, are being monitored for progress and have planned completion and evaluation dates documented.

The Assessment Team observed staff interactions to be kind, caring and respectful. They demonstrated knowledge and understanding of consumers needs and preferences. During the three days of the Site Audit, the Assessment Team did not observe staff to be busy or rushed.

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 COMPLIANT Organisational 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

Consumers said the service is generally well run and provided examples of how they are involved in the development, delivery and evaluation of care and in the recruitment of staff.

Consumers are engaged in the day-to-day running of the service and meet with management monthly through the consumer meetings and have comprehensive discussion about aspects of care and services that includes feedback, complaints, staff performance and management. A consumer has been invited to chair these meetings and has accepted the role and developed an agenda.

Management said the organisation is developing a consumer engagement framework to increase consumer engagement at both site level and nationally.

The organisation promotes a culture of safe, inclusive, quality care with the care governance and risk team playing a central role. A 24 hour a day telephone advocacy service as well as an established email account is available for consumer feedback and complaints.

Governance systems are in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Consumers and staff reported satisfaction with the information that was available to them. The service was able to demonstrate continuous improvement activities that have been driven by consumers and staff and the organisation has mechanisms to track and communicate changes in aged care law including for example legislation relating to reportable assaults.

A risk management framework including policies describes how high impact and high prevalence risks are managed, how abuse and neglect is identified and addressed and how the service supports consumers to live the best life they can.

Policies relating to antimicrobial stewardship, restraint minimisation and open disclosure were discussed with staff. Staff had received education in relation to these policies and provided examples of how they were relevant to their work.

The governing body meets regularly, sets clear expectations for the organisation and regularly reviews risks from an organisational and consumer perspective. Risk and clinical governance committees meet regularly, report to the Board and communication processes ensure directives are communicated to regional management and the service.

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

## 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.*

### 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.*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.