Accreditation Decision and Report

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | The Queen Victoria Home |
| **RACS ID:** | 8067 |
| **Name of approved provider:** | The Queen Victoria Home Inc |
| **Address details:**  | 13 Milford Street LINDISFARNE TAS 7015 |
| **Date of site audit:** | 31 July 2019 to 02 August 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 27 August 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules for a further period of two years. |
| **Further period of accreditation:** | 05 October 2019 to 05 October 2021 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met |
| Standard 2 Ongoing assessment and planning with consumers | Met |
| Standard 3 Personal care and clinical care | Met |
| Standard 4 Services and supports for daily living | Met |
| Standard 5 Organisation’s service environment | Met |
| Standard 6 Feedback and complaints | Met |
| Standard 7 Human resources | Not Met |
| Standard 8 Organisational governance | Met |
| **Timetable for making improvements:** | By 27 November 2019  |
| **Revised plan for continuous improvement due:** | By 11 September 2019  |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

## Introduction

**This is the report of an assessment of The Queen Victoria Home (the Service) conducted from 31 July 2019 to 02 August 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 25 |
| Consumer representatives  | 8 |
| Management | 7 |
| Clinical staff | 9 |
| Care staff | 11 |
| Hospitality and environmental services staff | 9 |
| Lifestyle staff | 2 |
| Other | 2 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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.

#### Summary of Assessment of Standard 1:

The Assessment Team recommends that the organisation has met all six requirements under Standard 1.

The service demonstrated that consumers are treated with dignity and respect and the service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and could readily identify consumer’s individual preferences and interests. Consumers described the ways their social relationships are supported both inside and outside the service.

Of consumers and representatives randomly sampled for the consumer experience report, 100% said staff treat them with respect most of the time or always. Feedback through other interviews indicated the service has opportunities to further support staff in the promotion of consumer dignity and respect. This relates to staff waiting for consumer response before entering consumer rooms and ensuring dignity during care assistance.

Consumers and representatives report that the service protects the privacy and confidentiality of consumers’ information and they are generally satisfied with care and services. Staff provided examples of how they maintain the privacy of consumers and their understanding of the need for consumers to feel respected and comfortable. The service also demonstrated they support the protection of confidential information.

Staff provided meaningful examples of how they help consumers make choices, including by giving consumers and representatives clear and accurate information. Consumers reported that they feel heard when they tell staff what matters to them and that they can make decisions about their life, even when it involves an element of risk.

The service uses regular consumer surveys and feedback and complaints mechanisms to ensure that consumers are satisfied that staff treat them with respect and support them to maintain their identity and live the life they choose.

Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team recommend that the organisation has met all five requirements under Standard 2.

Of consumers and representatives randomly sampled, 87% agreed that they have a say in their daily activities always or most of the time. Consumers and representatives provided various examples of what this meant for the consumers. Consumers and representatives overall reported they feel confident that assessments and care planning supports them to get the care and services they need. Consumers confirm they feel safe and confident to express their preferences when staff have time to listen.

Staff described how consumers’ care and services are reviewed monthly through a recently strengthened review process and partnering with consumers has commenced. Staff showed how changes to preferences and care needs are addressed and updated. Staff also describes how medical officers, allied health professionals, private carers and family work collaboratively with the service and the consumer to ensure care needs are met.

Although not all consumers were able to recall consultation about their care a high proportion said consumers are receiving the care they need. Consumers and representatives now have access to care plans. Each of the consumers, care plan reviewed by the Assessment Team evidenced plans have been reviewed. Staff demonstrated an understanding of incidents or near-miss events and how these were identified, documented and reviewed by the service, to inform continuous improvement.

The Assessment Team were satisfied that advance care planning and end of life planning formed part of the care planning as evidenced by documentation reviewed by the Assessment team in consumer files.

Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that 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.

Standard 2 Requirement 3(c) Met

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.

Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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:Personal care and clinical care Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team recommend that the organisation has met all seven requirements under Standard 3

Of consumers and representatives randomly sampled, 100% agreed they feel safe most of the time that they are receiving personal and clinical care that is right for them. Consumers and representatives provided various examples of what this meant for them.

Staff could describe how best practice informs individualised clinical and personal care and how information is shared both within the organisation and with others relevant professionals. Staff demonstrated a good working understanding of precautions to prevent and control infection and identified training provided in relation to personal and clinical care.

Consumers’ files reviewed generally evidenced the delivery of safe and effective care, including end of life care and evidenced attention to the needs of consumers requiring specific and specialised clinical management strategies. Management ensure completion of clinical audits and monitor that referrals have been completed as appropriate. Staff practice is guided by the service’s policies. Management communicate to staff through various modes new and changed practices, including risk.

The service demonstrated that they regularly review care plans and previous assessments as scheduled and when there is a change in consumer’s condition including post review of incidents.

Standard 3 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(c) Met

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

Standard 3 Requirement 3(d) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(f) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 3 Requirement 3(g) Met

The organisation demonstrates 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:Services and supports for daily living Met

#### 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.

#### Summary of Assessment of Standard 4:

The Assessment Team recommends that the organisation has met all seven requirements under Standard 4.

Consumers interviewed confirmed satisfaction with services and supports for daily living that meets their needs. 100% of consumers who participated in a consumer experience report interview said they are encouraged to do as much as possible for themselves always or most of the time. A high proportion of consumers said they are satisfied their emotional and spiritual needs are met and they are supported to participate within their community, do things of interest to them and have social and personal relationships. Consumer experience report interviews showed 81% of consumers liked the meals always or most of the time. Management continues to consult with consumers to increase satisfaction with their dining experience through food focus groups and monthly consumer and catering staff meetings. Consumers are satisfied any changes in their condition are discussed with them and where needed, referrals to other health professionals occur in a timely manner.

The service demonstrated each consumer gets safe and effective services and supports for daily living that meet their goals and preferences. Care and lifestyle staff adapt ways to support consumers to live the life they want. Staff were observed to engage in respectful interactions with consumers and identified consumers who required additional support.

The organisation monitors and reviews each requirement in this Standard using a regular individual review program, feedback mechanisms and formal and informal survey results. Incident for consumers and management are recorded in a new electronic care management system and reviewed regularly. Lifestyle staff monitor and evaluate participation in activities.

Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Standard 4 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Standard 4 Requirement 3(e) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5:Organisation’s service environment Met

#### 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.

#### Summary of Assessment of Standard 5:

The Assessment Team recommends that the organisation has met all three requirements under Standard 5.

Of consumers and representatives randomly sampled,100% confirmed consumers feel safe at the service and 75% confirmed that consumers feel at the home most of the time or always. A small number of consumers said they feel at home only some of the time as it is not their own home. Consumers reported that:

* The service was clean, well maintained and welcoming.
* They have access to a range of equipment and furnishings and felt safe using them.
* They have access to quiet rooms to meet with family and friends and are encouraged to use all areas of the service.

The service was observed to be welcoming, clean and well maintained. The layout of the service enabled consumers to move around freely, with suitable furniture and fittings. Consumers have access to indoor and outdoor areas of the service enabling free movement.

Management confirmed maintenance and cleaning occur as per schedule. Staff could describe maintenance processes and how they report any issues they identify. Cleaning staff were observed to be carrying out their duties within the service.

Standard 5 Requirement 3(a) Met

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

Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

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

Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6:Feedback and complaints Met

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

#### Summary of Assessment of Standard 6:

The Assessment Team recommend that the organisation has met all four requirements under Standard 6.

The organisation demonstrated that consumers are encouraged and supported to provide feedback and make complaints. Action is taken in response to consumer complaints and feedback and complaints are reviewed and used to improve services.

Consumer experience report interviews showed 88% of consumers and representatives randomly interviewed are satisfied staff follow up when they raise things with them most of the time or always. A further 12% of consumers and representatives said staff follow up occurs some of the time. Consumers and representatives interviewed expressed in different ways they had access to feedback and complaint processes. While generally consumers and representatives were comfortable to give feedback or complain, a very small proportion said in different ways they were not comfortable to do so. Staff interviewed provided examples on ways to assist consumers who chose to complain by seeking a resolution if possible, providing forms or immediately escalating the matter to a supervisor or management as appropriate.

Information on internal and external feedback and complaint processes are displayed on throughout the service. Consumers and representatives may raise complaints through consumer meetings, representative forums or through personal contact. The organisation invites feedback and complaints, has strengthened its complaint management policy and plans to develop an open disclosure framework.

Management advised they analyse feedback information for trends which are discussed at meetings and identify improvements which are documented on a continuous quality improvement register. Management also monitor the effectiveness of their response to complaints through consumer feedback processes and strengthened follow up processes to check satisfaction with complaint resolution outcomes.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7:Human resources Not Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found that one of five requirements under Standard 7 was not met.

The Assessment Team found consumers and representatives were not satisfied members of the workforce have the time to deliver quality care and services. Of consumers and representatives interviewed, 48% said care is adversely impacted by staffing numbers and provided examples of ways consumer care has been compromised. Consumers and representatives said there are not enough staff, staff come and turn the call bell off and don’t return in a timely matter, staff are rushed, and care needs such as personal care and afternoon tea assistance is not provided due to lack of time.

The service did not demonstrate that it adequately understands and applies this requirement to ensure the workforce is planned and the number of staff is available to supports safe and quality care and services. The service did not demonstrate that it adequately monitors and reviews performance against this requirement.

The service demonstrated that workforce interactions with consumers are kind, caring and generally respectful of each consumer’s identity, culture and diversity. The service demonstrated that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The service demonstrated they monitor staff qualifications and compliance and ensure through staff selection and extensive education and training processes that the workforce is competent, and they have the knowledge and skills to effectively perform their roles. The service demonstrates that regular performance reviews and performance management processes occur.

Standard 7 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Standard 7 Requirement 3(c) Met

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

Standard 7 Requirement 3(d) Met

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

Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8:Organisational governance Met

#### 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.

#### Summary of Assessment of Standard 8:

#### The Assessment Team recommend that the organisation has met all five requirements under Standard 8.

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

Consumer experience report interviews showed 80% responded that the service was well run always or most of the time while 20% said the home was well run some of the time. 100% of consumers and representatives said consumers feel safe at the service.

A high proportion of consumers and representatives did not expressly comment on their engagement in care and service development and delivery however, various consumers and representatives confirmed they have opportunities to be involved in the development and delivery of care and services. They described ways the involvement may occur including consumer meetings and committees, regular ‘Resident chats’ with management and the Board, representative forums and contact with staff or management when requested. The service demonstrated they recently implemented and are progressing the involvement of consumers in the development, delivery and evaluation of care and services.

Service performance is monitored and reviewed through review of quality indicator data including incident data, review of feedback and complaints, meal feedback forms and satisfaction surveys. Results are escalated to senior management and Board level as appropriate. Service level responsibility and reporting requirements in relation to information governance, financial governance, workforce governance, regulatory compliance and feedback and complaints are clearly outlined and the organisation’s governing body and sub-committees meet regularly.

High risk or high prevalence risk management includes individual consumers being provided with information regarding their right to take risks. Examples of support for consumers to take reasonable risks were provided. The service has recently reviewed restraint practices and strengthened the monitoring of restraint and the use of psychotropic medication. Management showed consumer and staff vaccination programs operate, staff participate in infection control training, infections are tracked and monitored and there are outbreak management procedures. Management recently developed draft antimicrobial stewardship policy and is planning ways to raise stakeholder awareness around the use of antimicrobials.

#### Requirements:

Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Standard 8 Requirement 3(b) Met

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

Standard 8 Requirement 3(c) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(d) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(e) Met

The organisation demonstrates that 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.