Uniting Amala Gordon ACT

Performance Report

200 Woodcock Drive   
GORDON ACT 2906  
Phone number: 02 6249 4104

**Commission ID:** 2949

**Provider name:** The Uniting Church in Australia Property Trust (NSW)

**Site Audit date:** 14 January 2020 to 17 January 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-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) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-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, and consumers/representatives.
* the provider’s response to the Site Audit report received 20 February 2020.

# STANDARD 1 NON-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

Some consumers and representatives interviewed said, or provided information indicating that, consumers are treated with dignity and respect. Most consumers and representatives interviewed provided information that they can make informed choices relating to the consumer. Overall, consumers and representatives interviewed said the consumer can maintain their identity and live the life they choose, and that the consumer’s privacy is maintained.

For example, they provided information about:

* Consumers generally feeling valued as individuals by staff who know what is important to them.
* Consumers’ culture and diversity being valued by staff who know their backgrounds.
* Consumers’ relationships of choice being respected by staff.
* Consumers’ privacy generally being maintained by staff in day to day interactions.

The Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care and services records (for alignment with the feedback from consumers and representatives) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation, made observations and drew relevant information from other consumer interviews and the assessment of other Standards.

However, some consumers and representatives indicated that consumers are not consistently treated with dignity and/or respect; and that consumers (or their representative/s on their behalf) are not supported to exercise choice about the consumer’s care and services. Staff feedback, observations made, and review of consumers’ care and services records confirms that some consumers are not being treated with dignity and respect and not consistently supported to exercise choice about the consumer’s care and services.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

The Assessment Team found that the Approved Provider was unable to demonstrate that each consumer is treated with dignity and respect. The Assessment Team provided evidence and findings that consumers and representatives provided feedback about consumers not consistently being treated with dignity and respect, staff feedback and records review did not consistently demonstrate consumers are treated with dignity.

I have considered the Assessment teams information in relation to consumers being treated with dignity and respect. I have also considered the Approved Providers response including care plans, progress notes, case conference records, wound records, training records and personal preference forms. A review of this information did not consistently demonstrate that consumers are treated with dignity.

I find that at the time of the site audit, the service did not demonstrate that each consumer is treated with dignity and respect.

I find the Approved Provider does not comply with the Requirement.

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

Care and services are culturally safe.

### Requirement 1(3)(c) Non-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.

The Assessment Team found that the Approved Provider was unable to demonstrate each consumer is supported to exercise choice and independence including to make decisions about their own care and the way care and services are delivered. The Assessment Team provided evidence and findings that consumers and a representative were not satisfied with the process changes around meal selection and input into the menu.

I have considered the Assessment teams information in choice and decision making. I have also considered the Approved Providers response including clinical records, meeting minutes, diary notes and preference forms. The Approved Provided acknowledged that the process for consumer engagement in choice and decision making around meals had ceased in two of the four households at the service.

I acknowledge the approved provider has reinstated weekly menu planning meetings with consumers to facilitate choice and increase decision making in relation to meals.

I find that at the time of the site audit, the service did not demonstrate each consumer is supported to exercise choice and independence including to make decisions about their own care and the way care and services are delivered.

I find the Approved Provider does not comply with the 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.

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

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

# STANDARD 2 NON-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

Some consumers and representatives interviewed confirmed that they feel like partners in the ongoing assessment and planning of the consumer’s care and services.

For example:

* Consumers and/or their representatives said they are involved in the care planning process and have some input into the care provided to them.
* Consumers and/or representatives confirmed they are informed about the outcomes of assessment and planning and can access a copy of the care plan if they wish.
* Representatives of the consumers sampled said they are kept well informed about their family members’ care needs and service requirements.

The Assessment Team sampled the experience of consumers – reviewing their assessments and care plans in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use consumer care plans and review them on an ongoing basis.

However, assessment and planning did not consistently consider risk to consumers or identify current needs of consumers and care review processes have not been effective following changes in consumers needs.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.

The Assessment Team found the service did not demonstrate 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. The Assessment Team provided evidence and findings that risks to consumers were not consistently being considered during the assessment process.

The approved provider in their response indicated actions to assess and plan care for some named consumers, this occurred post the Site Audit, including risk assessments and improvements to monitoring bowel patterns, and care plans updated. The Approved Provider demonstrated that for some of the named consumers risks to consumers were being considered.

The approved provider does not comply with this requirement. At the time of the site audit the service did not have an effective process for assessment and planning, including consideration of risks to the consumer’s health and well-being, that informs the delivery of safe and effective care and services.

### Requirement 2(3)(b) Non-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.

The Assessment Team found that the Approved Provider was unable to demonstrate assessment and planning identifies and addresses the consumer’s current needs, goals and preferences. The Assessment Team provided evidence and findings that consumers current care needs were not consistently reflected in care planning documents, including restraint management, weight management and continence management, including bowel management.

The approved provider in their response indicated they disagreed with the Assessment Teams findings and provided care plans, progress note extracts and monitoring charts. However, the care plans provided did not included all current care needs for named consumers including restraint management, weight management and continence management.

The approved provider does not comply with this requirement. At the time of the site audit the service did not have assessments and care plans that demonstrated the current needs of consumers were identified.

### 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) Non-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 Assessment Team found that the Approved Provider was unable to demonstrate 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 Assessment Team provided evidence and findings that consumers care needs were not reviewed in a timely manner in relation to weight management, clinical monitoring and following incidents including aggressive behaviour.

The Approved Provider in their response indicated they disagreed with the Assessment Teams findings and provided care plans, progress note extracts and clinical records. However, a review of the information provided by the Approved Provider did not demonstrate that for named consumers the review process had identified changes to care and that these changes were effective. This including ensuring consumers received supplements as directed, clinical monitoring was occurring as requested by the medical officer or the management of aggressive behaviours reviewed.

The approved provider does not comply with this requirement. At the time of the site audit the service did not ensure 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 NON-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

Some consumers and representatives said the consumer receives personal and clinical care that is safe and right for them, and the consumer has access to a doctor when they need one. However, other consumers and representatives said the consumer does not receive the personal and clinical care they need and want.

The Assessment Team sampled the experience of consumers – their care and service records were reviewed, staff were asked about how they ensure the delivery of safe and effective care for consumers, and observations were made of consumers and staff practices. The team also examined relevant documents.

For some of the consumers sampled it has not been demonstrated that they get safe and effective clinical care that is best practice, is tailored to their needs, and/or that optimises their health and well-being. Changes in consumers conditions are not consistently responded to in a timely manner and information about the needs and preferences of consumers is not consistently documented or shared with staff.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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 Approved Provider was unable to demonstrate that each consumer gets safe and effective clinical care.

The Assessment Team found the service had not management weight loss effectively, restraint use was not consistently documented, care plans were not tailored to consumers needs and medical officer directives were not consistently actioned.

The approved provider in their response advised they had taken actions post the site audit to correct deficits in care identified by the assessment team including updating care planning documents to reflect current care needs, ensuring consumers are receiving appropriate supplements and medical directives are being followed.

The approved provider does not comply with this requirement as the service did not have an effective process ensuring consumers gets safe and effective clinical care.

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

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

The Assessment Team found that the Approved Provider was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team provided evidence and findings that falls management, skin care and pain management were not consistently managed.

The approved provider in their response demonstrated that they do have processes to manage high impact and high prevalence risk. They demonstrated that consumers exposed to high impact or high prevalence risks are identified and generally managed effectively.

I have considered the information and evidence provided by the Assessment Team and the Approved Provider response and I have considered the information related to deficits in care provisions under Requirement 3(3)(a).

I find the Approved Provider does comply with the 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.

The Assessment Team found the needs, goals and preferences of consumers nearing the end of life are not recognised and addressed, and their comfort is not maximised, nor their dignity preserved. The Assessment Team provided examples of one consumer who’s end of life plan was not actioned and for one consumer they were not receiving appropriate palliative care.

The approved provider submitted a response with evidence that advanced care planning and end of life planning was being provided to consumers. For the consumers named, the service demonstrated that their end of plan was being implemented as per the requests of the consumer. For the second consumer named, I acknowledge that the Assessment Team observations in relation to the care being provided, however the Approved Provider response indicated that the consumer was being provided palliative care consistent with medical officer and allied health directives and that the consumers representative was satisfied with the palliative care provided.

The approved provider does comply with this requirement as the service has processes for 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) Non-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 found the service did not demonstrate 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. The Assessment Team provided examples of changes in consumers care needs that were not being responded to by the service in a timely manner including changes to weight management plans, and behaviour management.

The approved provider in their response indicated they disagreed with the Assessment Teams findings and provided care plans, progress note extracts and various clinical records. However, a review of the information provided by the Approved Provider did not demonstrate that for all named consumers deterioration or change of condition is responded to in a timely manner. This including delays in a consumer receiving diet supplements as directed, and the management of aggressive behaviours being reviewed in a timely manner.

The approved provider does not comply with this requirement as the service did not demonstrate that deterioration or change of a consumer’s condition is responded to in a timely manner.

### Requirement 3(3)(e) Non-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.

The organisation was unable to demonstrate 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.

The Assessment Team found the current care needs and preferences were not consistently documented or communicated to staff. Staff interviewed were not aware of the current needs of some named consumers. Staff also were aware of strategies to manage challenging behaviours of some consumers; however, these interventions were not consistently documented.

The approved provider in their response indicated they disagreed with the Assessment Teams findings and provided care plans, progress note extracts, clinical reports and various clinical records. However, a review of the information provided by the Approved Provider did not demonstrate that for all named consumers that information about consumers’ needs and preference were not documented at the time of the Site Audit and was not shared with staff.

I acknowledge the Approved Provider has updated clinical records, including care planning documents since the Site Audit.

The approved provider does not comply with this requirement as the organisation was unable to demonstrate 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.

### 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 NON-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

Some consumers and representatives interviewed confirmed that they get the services and supports for daily living that are important for the consumer’s health and well-being and that enable the consumer to do the things they want to do.

For example:

* Some provided information that consumers get to do the things they like to do and to participate within the community outside the service.
* They confirmed that the consumer is supported to keep in touch with people who are important to them.
* They said consumers have access to pastoral care and receive spiritual support.

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.

It was not demonstrated that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences to optimise their independence, health, well-being and quality of life. This relates to the lack of lifestyle activities, of emotional and psychological support, and of varied meals of suitable quality.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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.

The Assessment Team found the service did not demonstrate that each consumer gets safe and effective services and supports for daily living relating to lifestyle activities and supported to do things that are important to them. The Assessment Team provided examples of consumer and representative feedback around a lack of suitable activities, poor meal quality and doing things that are important to consumers.

The approved provider in their response indicated they agree there was room for improvement in the provision of activities and they had commenced a process to review the existing staffing model in relation to providing meaningful activities for consumers and identify what is important to consumers and where possible meeting those needs. Information provided indicated that since the Site Audit the service has implemented individual programs to meet consumer’s needs.

In relation to meals, I have considered this information under Requirement 4 (3)(f)

The approved provider does not comply with this requirement as the service did not demonstrate that each consumer gets safe and effective services and supports for daily living relating to lifestyle activities and supported to do things that are important to them.

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

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

The Assessment Team found the service did not demonstrate that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. The Assessment Team provided examples of consumers who have recently lost their spouse or have been involved in episodes of aggression directed towards them.

The approved provider in their response indicated they disagreed with the Assessment Teams findings and provided care plans, progress note extracts and various clinical records. However, a review of the information provided by the Approved Provider did not demonstrate that for all named consumers emotional support was consistently provided to consumers. I acknowledge that for the consumer who’s spouse recently passed away, that emotional support was provided. However, the service did not demonstrate that emotional support is consistently provided to consumers who are involved in episode of aggression directed towards them.

The approved provider does not comply with this requirement as the service did not demonstrate that 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.

The Assessment Team found that meals provided were not varied and of suitable quality. The Assessment Team provided examples of consumer and representative feedback in relation to dissatisfaction with the meals provided, including meeting individual needs and preferences.

The approved provider in their response included care plans, progress note extracts, diary notes, preference forms and various clinical records. A review of the information provided by the Approved Provider did not demonstrate that for all named consumers their needs and preferences in relation to meals were being met. I acknowledge that since the Site Audit the service has consulted with consumers and representatives and has implemented improvements in meals including documenting the consumers’ needs and preferences and were possible meeting those preferences.

The approved provider does not comply with this requirement as the service did not demonstrate meals provided were of suitable quality and variety.

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

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

# STANDARD 5 COMPLIANT Organisation’s services 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

Overall consumers and representatives interviewed indicated that consumers feel they belong in the service, and feel safe and comfortable in the service environment.

For example, they provided information about:

* Consumers feeling safe.
* Consumers feeling at home and that the service is a nice place to live.
* The service environment generally being well maintained and kept clean.

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.

Observations of the service environment were consistent with the feedback provided by consumers and their representatives.

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-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

While some consumers and representatives thought they were encouraged and supported to give feedback and make complaints, and that appropriate action is taken when complaints are made, others did not.

* While some consumers and representatives spoke of barriers to making complaints or to having them resolved, overall review of complaint records shows consumers and representatives are aware of and have access to methods for raising and resolving complaints.

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.

The organisation has systems in place to identify, record and analyse complaints and feedback. Organisation-wide trends are identified and reported to the service’s management for review and actioning.

However, the service was not able to demonstrate that feedback and complaints are reviewed or monitored effectively to ensure improvement in the quality of care and services.

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

### 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.

The Assessment Team found that some consumers and representatives were not satisfied with action taken in response to complaints and that an open disclosure process was not used.

The Approved Provider response included examples of complaints and responses to complaints, meeting minutes, correspondence, training records and newsletters. The information provided demonstrated that the approved provider does take action in response to complaints, and that an open disclosure process is in use.

The approved provider does comply with this requirement as there is evidence to show action is taken in response to complaints and an open discourse process is used.

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

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

The organisation did not demonstrate feedback and complaints are used to improve the quality of care and services.

The Assessment Team found while the approved provider has a system for management of feedback and complaints, the ongoing review for the effectiveness of implemented changes is not consistent. The Assessment Team provided information including consumer and representative feedback about actions taken in response to complaints not being sustained by staff. Issues raised via forums such as meetings are not consistently actioned.

The Approved Provider provided a response that included complaints and responses to complaints, meeting minutes, correspondence, training records and newsletters. The Approved Provider acknowledged that actions had not been taken in response to consumer feedback raised during meetings.

I acknowledge the Approved Provider has a process to monitor consumer and representative satisfaction with complaints resolution, however feedback from consumers and representatives indicated that this process has not been effective.

The approved provider does not comply with this requirement as there is not evidence to show feedback and complaints are being consistently used to improve the quality of care and services.

# STANDARD 7 NON-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

Some consumers and representatives interviewed indicated that the consumer gets quality care and services when they need them and from people who are knowledgeable, capable and caring. Most consumers and representatives said staff are kind, caring and gentle when providing care to the consumer.

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.

The service has processes for the regular assessment, monitoring and review of the performance of each member of the workforce.

Some consumers, representatives stated that staff are not adequately trained to deliver the outcomes required.

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

The Assessment Team found the workforce is not planned to enable, and the number and mix of members of the workforce deployed does not enable, the delivery and management of safe and quality care and services. The Assessment Team presented information that consumers and representatives raised concerns about the sufficiency of staff to meet the care needs of consumers. And some staff raised concerns about their ability to complete their duties.

The Approved Provider provided a response including roster analysis, staff surveys, training records, call bell response times and clinical records. A review of the information provided identified that a new management team has been established at the service in the past six months and there has been a significant recruitment of new staff. The Approved Provider demonstrated that the staffing levels are consistent with their model of care (household model). This involves staff being allocated to the same household on a regular basis to enable consistent staffing for consumers. Call bell records indicate call bells are responded to in a timely manner and that management monitor response times daily. The Approved Provider has increased staffing levels recently in response to staff, consumer and representative feedback.

The Approved Provider complies with this requirements as 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) Non-compliant

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

The Assessment Team identified that the workforce is not consistently trained to deliver the outcomes required by these standards. The Assessment Team provided information that included consumer representative feedback that staff are not sufficiently trained to care for consumers living with dementia and that staff have not completed annual mandatory training.

The Approved Provider response included training records, learning plans and memorandum to staff. A review of the information provided indicated that some staff have been provided training in caring for consumers with dementia and 75% of staff had completed annual mandatory training. I acknowledge that since the Site Audit additional training has been arranged for staff including back to basics training and training for management on the governance systems.

I also note the deficits in the delivery of care and services identified during the Site Audit.

The approved provider does not comply with this requirement the evidence does not show staff are consistently trained to deliver the outcomes of these standards.

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

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

The Assessment Team identified that regular assessment, monitoring and review of the performance of each member of the workforce is not undertaken. The Assessment Team provided information that annual performance appraisals have not been completed for staff and that some staff could not recall having their performance reviewed.

The Approved Provider response indicated that as the Manager of the service had recently commenced at the service and the performance appraisals had been postponed enabling the manager to gain an understanding of the workforce. This was a planned action with revised timetable to complete the appraisals was developed. Staff continued to be monitored through the staffing model in the household model and via senior staff engaging daily with the workforce. New staff are monitored thought probation processes.

The approved provider does comply with this requirement the evidence does show assessment, monitoring and review of the performance of the workforce is occurring.

# STANDARD 8 NON-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

Some consumers and representatives interviewed indicated that the organisation is well run and that they can partner in improving the delivery of care and services. However, some consumers and representatives stated they did not think the service is well run.

Consumers and representatives stated they had the opportunity to provide feedback at resident meetings. One consumer has been appointed as the consumer representative on the service’s recruitment committee.

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).

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and its accountability for this has been documented. Consumers and representatives are encouraged to participate in care and service delivery. The organisation has clinical/governance and risk management systems.

However, the Organisation governance systems to support information management, workforce governance and regulatory compliance are not consistently effective.

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

The Assessment Team found that consumers are not engaged in the development, delivery and evaluation of care and services and are not supported in that engagement. The Assessment Team information included consumer representative feedback about disjointed communication and the service not being well maintained.

The Approved Provider response including meeting minutes, continuous improvement plan, email correspondence and training records identified that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The consumer engagement is demonstrated though access to meetings, case conferences and one to one discussions with management. Results of these engagements is fed into the continuous improvement system. Whilst consumers representatives reported not being involved in the evaluation of care and services, information provided by the Approved Provider demonstrates this is occurring. However, it is concerning that consumer representatives are not aware that the activities they are involved in is a process of evaluation of care and services. The Approved Provider has provided examples of consumer engagement including a consumer being appointed as the consumer representative on the recruitment committee. The Manager also continues to meet weekly with some named consumers to provide a consistent point of contact with management and to ensure they are engaged in the care and services being provided.

The approved provider does comply with this requirement as there is evidence to show 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) Non-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.

The organisation did not demonstrate effective governance systems for information management, workforce governance, and regulatory compliance.

While there is evidence of effective organisation wide governance systems the service did not demonstrate compliance with a number of aspects of these systems. The information management system is not effective in ensuring care planning documents are current and reflect the assessed needs and preferences of consumers. Workforce governance has not been effective in ensuring the staff are trained to deliver care and services to meet these standards. Regulatory requirements for the use of restraint have not been followed, while I acknowledge the Organisation has policies to govern the use of restraint, care planning documents have not been completed in accordance regulatory requirements. Care planning documents need to reflect the individual consumers, including the behaviours relevant to the need for the restraint, the alternatives to the restraint that have been used (if any), the reasons the restraint is necessary, the care to be provided to the consumer in relation to consumers behaviour and use the restraint for the minimum time necessary. The Approved Provider indicated they had aspects of this information contained in policies for staff to refer to, however I do not consider this meets the requirement as each consumers needs and use of restraint will be an individual experience and should be reflected in care planning documents.

### The approved provider does not comply with this requirement the evidence does not demonstrate effective organisation wide governance systems for information management, workforce governance, and regulatory compliance.

### 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.

The Assessment Team found while the approved provider had effective risk management systems and practices including for identifying and responding to abuse and neglect of consumer and supporting consumers to live the best life they can, they did not have a framework for managing high impact or high prevalence risk.

The approved provider submitted a response with information that the service does have a process for the management of high impact and high prevalence risk for consumers. Risks are documented, and this document is reviewed and updated as consumer care needs change and discussed and communicated with management and relevant staff in the service.

The approved provider does comply with this requirement as the organisation does have effective risk management systems and practices.

### 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 Assessment Team found that the service did not have an effective clinical governance framework as staff interviewed demonstrated mixed understanding of antimicrobial stewardship, the management of restraints and of open disclosure.

The approved provider submitted a response with evidence including email correspondence and training records. A review of this information identified that the services does have effective antimicrobial stewardship. While I acknowledge the services has not met its regulatory requirements in relation to the management of restraint, the service has actively been working to minimize the use of restraint and demonstrated a reduction in the use of chemical restraint and the use of psychotropic medications. The service has an open disclosure framework and use an open disclosure process when things go wrong.

The approved provider does comply with this requirement as the organisation does have a clinical governance framework.

# 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.

* Ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* Ensure each consumer is supported to exercise choice and independence.
* Ensure 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.
* Ensure 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.
* Ensure 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.
* Ensure each consumer gets safe and effective personal care and/or clinical care.
* Ensure 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.
* Ensure 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.
* Ensure 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.
* Ensure services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.
* Ensure where meals are provided, they are varied and of suitable quality and quantity.
* Feedback and complaints are reviewed and used to improve the quality of care and services.
* Ensure effective organisation wide governance systems.