Uniting Caroona Kalina Goonellabah

Performance Report

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**Commission ID:** 2083

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

**Site Audit date:** 15 June 2021 to 17 June 2021

**Date of Performance Report:** 22 July 2021

# Publication of report

This Performance Report **will 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** | **Non-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) | Non-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 Approved provider’s response to the Site Audit report received 19 July 2021
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation (for alignment with the feedback from consumers) and tested staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers and representatives confirmed consumers’ culture and diversity was respected. Consumers and representatives confirmed that consumers exercised choice in decision making were encouraged to do things for themselves and that staff knew them as individuals and what was important to them.

Consumers and representatives confirmed consumers’ information and personal privacy was respected. They talked about the various areas throughout the service they could utilise to spend time alone or with others and consumers were supported to take risks. Information provided to consumers, was accurate, timely and current and they were able to understand the information.

Feedback from staff demonstrated that staff knew what was important to the consumers and could describe how they ensured that consumers’ preferences were known and respected. Care documentation provided guidance regarding people who were important to the consumer and their individual preferences in relation to care and services.

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 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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

Consumers and representatives felt like partners in the ongoing assessment and planning of the consumer’s care and services. Consumers and representatives reported staff consulted with them through initial assessment and planning phase to develop a plan of care that was delivered to meet consumers’ needs. Consumer and representative feedback confirmed they were informed about the outcomes of assessment and planning and had ready access to the consumer’s care and services plan if they wished. Consumers and representatives confirmed the service had discussed End of Life planning with the consumers to understand their wishes and preferences.

Care planning documents reflected that consumers and representatives were involved in assessment and planning and included other providers of care and services including, for example, medical officers and allied health specialists.

While consumers and representatives provided positive feedback in relation to the assessment and planning processes utilised by the service, care documentation did not consistently reflect the individual consumer’s needs and preferences and assessment of risks were not routinely completed. I have considered the Assessment Team’s findings alongside the Approved provider’s response and consider this gap in documentation did not cause harm or increase the risk of harm to consumers. While the service had established clinical monitoring and review processes, the consumer’s care plan was not routinely updated when their care and service needs changed. I have also considered this information identified in the Assessment Team’s findings in conjunction with the Approved provider’s response and consider this deficiency did put consumers with changed care needs at risk of inappropriate care delivery.

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

The Assessment Team identified deficiencies in the assessment and planning processes for two named consumers. For one named consumer the risk associated with their care related to their self-management in caring for their stoma, and for the second named consumer the risk related to a pressure area on their amputated leg.

I have considered the Approved provider’s response in conjunction with the Assessment Teams’ findings and have come to a different decision to the Assessment Team.

The Assessment Team noted a risk assessment had not been completed to assess the named consumer’s capacity to self-manage their stoma.

The Approved provider noted the named consumer has the desire and the capacity at the present time to appropriately and safely care for their stoma. Risk strategies have been embedded in the consumer’s care plan including daily inspection of the stoma site and escalation processes should the stoma have any signs of irritation or infection.

The Approved provider has noted should the consumer’s cognitive capacity decline, reassessment would be undertaken, and a revised care would be produced. were ineffective in identifying the risks associated with consumer care. It is my decision a risk assessment at this time is not required for the consumer who self-manages their stoma as it has been noted the consumer has been safely managing their stoma for over a year without incident. I am confident should the consumer experience a decline in cognition or mechanical capacity, this would be addressed utilising the organisation’s established processes for a deteriorating consumer.

For the second named consumer, the Assessment Team identified through a review of progress notes a risk assessment had not been completed in relation to risk of further deterioration of the consumer’s pressure injury and a support cushion had not been purchased as directed.

The Approved provider has provided context in relation to the consumer’s care needs and monitoring processes in place to assess the consumer’s pressure injuries. Wound care is monitored by registered, wound care is delivered, assessed and charted on a regular basis. In the absence of a formal risk assessment, it is my opinion the risk associated with the consumer’s pressure injuries was effectively managed through wound care delivery.

The Assessment Team noted the consumer had been assessed as requiring a support cushion for their right heel, which has not been purchased by the service. The Approved provider rejects this information and evidenced a single entry in progress notes by the Physiotherapist on 31 May 2021, that a pressure relief cushion for the stump may be needed. It is my opinion this does not evidenced an assessed need for the consumer or a directive for the service to purchase a pressure relieving cushion.

It is my decision that assessment and planning processes were inclusive of risks to consumers’ health and well-being and therefore, it is my decision this Requirement is Compliant.

### 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.*

The Assessment Team identified inconsistencies in care planning documentation for six consumers. These inconsistencies related to care needs no longer current or inaccurate for the gender of the consumer. While I agree that care plan directives were not accurate for the six consumers, I also note there is no evidence to support consumers were not receiving appropriate care and services. Consumers confirmed they were involved in the assessment and planning of their care including their end of life preferences.

I have come to a different decision to the Assessment Team in relation to compliance of this outcome. The Approved provider acknowledged the need to improve the accuracy of information contained in care plans and noted the gaps did not relate to critical clinical documentation and has committed to an improvement in its processes including additional training in the electronic care management systems.

A review of care plans commenced immediately following the feedback from the Assessment Team and incorrect or inconsistent information has been removed from consumer care plans. A review of the service’s continuous improvement plan evidences this process was completed 19 July 2021.

While I acknowledge the Assessment Team’s findings of inaccurate information in consumer care plans, this information has not resulted in inappropriate, incorrect or inadequate care for consumers. It is therefore my decision assessment and planning processes were effective at the service and this Requirement is Compliant.

### 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 identified for four consumers care plans had not been amended following a change in circumstances or when incidents impact on the needs of consumers. These deficiencies included medication changes, diabetic management changes and mobility requirements. While my decision in relation to Requirement 2(3) (b) considered the information incorrectly recorded in care plans had not resulted in poor care for the consumers, the information identified as incorrect or obsolete for these four consumers had the potential to cause negative outcomes for the consumers.

For one named consumer, their diabetic needs had changed, and they now require Insulin therapy, this information was not recorded in their care planning. While records indicate the consumer’s blood glucose levels were monitored and recorded, this omission from their care plan has serious implications if staff were not aware the consumer required Insulin therapy.

For a second named consumer, their medication and hydration needs had changed but were not reflected in their care plan. The consumer no longer receives anti-coagulant therapy or requires a restriction to their fluid intake. As per my information relating to the first named consumer, these incorrect directives contained in the consumer’s care plan have the potential for negative impacts for the consumer’s hydration status and falls risk management.

The third named consumer had complex mobility needs following a recent surgical intervention. The incorrect care planning directives in the consumer’s care plan could potentially result in the consumer being mobilised if staff were not aware of their current mobility status.

While the fourth consumer was observed to have falls management strategies in place in their room, these were not recorded on their care plan. The lack of falls prevention strategies recorded on the consumer’s care increases their risk of falls if staff were unaware of their decreased mobility.

The Assessment Team identified a consumer who recently palliated at the service did not have an updated palliative care plan in place. Feedback from the consumer’s representative indicated they were happy with the care and services provided during the palliative phase for the consumer. My decision is that it is reasonable for staff to follow palliative care comfort checklists and follow medical officer directives for consumers who are palliative. I am unable to determine the consumer did not receive appropriate palliative care and I take comfort form the feedback provided by the consumer’s representative that the consumer was provided with appropriate care prior to their passing. I have also considered the Assessment Team’s findings in Requirement 3 (3) (c) relating to the provision of care for consumers nearing the end of life, in determining the appropriateness of care delivered to the consumer.

The Approved provider has acknowledged irrelevant information was contained in care plans and had committed to a review of all care plans including the consumers mentioned above. A review of the service’s continuous improvement plan evidences this process is ongoing. The service’s plan for continuous improvement also includes a review of end of life processes.

While I acknowledge the actions the Approved provider has taken and continues to take to remedy incorrect care planning directive, the omissions and incorrect care planning documentation for the four consumers noted above was inaccurate at the time of the site audit and had the potential to result in negative outcomes for the consumers. It is my decision therefore; this Requirement is Non-compliant.

# 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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Consumers considered they received personal care and clinical care that was safe and right for them. Consumers and representatives confirmed consumers received the care they needed and had access to a medical officer or other health professional when required. Consumers and representatives provided positive feedback regarding staff and confirmed the service included them in decisions about the consumer’s care and care delivery was tailored to their needs, goals and preferences. Consumers nearing the end of life received safe and appropriate care which maintained their comfort and dignity.

Care documentation demonstrated deterioration or changes in consumers’ health care needs were responded to in a timely manner. The high-impact or high-prevalence risks associated with consumer care delivery were effectively managed. Clinical documentation reflected referrals and recommendations from medical officers, a range of allied health professionals including physiotherapist, dietician and speech pathologist. Consumer’s condition, needs and preferences is communicated to staff during handover regarding the consumer’s care needs.

The Assessment Team identified for four consumers there were deficiencies relating to the recording of clinical care delivered, I have considered this information in conjunction with the Approved provider’s response and have concluded the documentation omissions did not reflect care delivery was unsafe or effective.

Influenza vaccination records did not demonstrate all staff had received an influenza vaccination prior to 1 June 2021. I have considered this information alongside the Approved provider’s response and have decided this does not reflect an ineffective infection control program.

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.*

The Assessment Team identified for four consumers documentation did not support clinical directives had been charted as per care planning directives. I have considered this information in conjunction with the Approved provider’s response and note these omissions in documentation have not resulted in care delivery that was unsafe for the consumers.

For one named consumer with a diagnosis of diabetes, monthly blood glucose readings had not been recorded as prescribed. The Approved provider in its response to the Assessment Team’s findings has acknowledged the monthly recording of blood glucose readings was an outdated directive and the consumer’s diabetes is managed through monthly blood testing. The care plan for the consumer has been updated to remove this directive. In the absence of any side effects of unstable diabetes management, it is my decision the consumer received safe and effective care.

A second named consumer who recently had a change to their diabetic management, did not have corresponding care planning directives to include this change. I note the consumer was having their blood glucose levels taken more frequently reducing the risk of a negative outcome for the consumer. The Approved provider has noted blood glucose reading were recorded on the consumer’s medication chart prior to Insulin being administered. Care planning directives for this consumer have been amended. I note there were no episodes of the consumer experiencing unstable blood glucose readings to indicate unstable diabetic management.

For a third named consumer with Diabetes, twice daily blood glucose readings were not recorded as prescribed. The Approved provider acknowledges the directive for twice daily blood glucose readings have not been consistently recorded. The Approved provider has noted the consumer’s blood glucose levels will be monitored through monthly as blood glucose readings indicate the consumer has stable blood glucose levels and their care plan has been amended to reflect this practice. In the absence of unstable blood glucose readings to demonstrate the consumer’s diabetes was not managed effectively, it is my decision the consumer received safe and effective diabetic care.

The fourth named consumer was noted by the Assessment Team to require oxygen therapy to have an absence of directives relating to the flow rate of the oxygen and oxygen saturation readings had not been recorded as directed. The Approved provider in response to the Assessment Team’s findings stated oxygen flow rates were recorded on the consumer’s medication chart, and the care plan for the consumer has been updated to reflect this information. In the context of the consumer’s satisfaction with care and service delivery and the lack of episodes where the consumer has experienced low oxygen levels, it is my decision the consumer received safe and effective care relating to their oxygen therapy.

In making my decision of compliance for this Requirement I have considered the Assessment Team’s finding, the feedback for consumers relating to their care and service delivery and the knowledge of staff caring for consumers. It is my decision, despite the lack of completed records to demonstrate care had been delivered in accordance with care planning directives, consumers have received safe and effective care and therefore, it is my decision this Requirement is Compliant.

### 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.*

The Assessment Team identified not all staff had been immunized against Influenza prior to 1 June 2021 as stipulated under the State Health Directives. The Approved provider in its response to the Assessment Team’s findings demonstrated through a register that as of 7 July 2021 all staff have been vaccinated against Influenza. The Approved provider stated the delay in some staff receiving their Influenza vaccine was related to staff receiving COVID19 vaccinations and the required waiting period of time prior to receiving their Influenza vaccine.

While I considered this information I also noted for seven staff members there was a delay of more than fourteen days between their second COVID19 vaccination and their Influenza vaccinations. I have considered this delay may have been related to the availability of Influenza vaccinations, and monitoring processes at the service did not identify the delays in staff receiving their Influenza vaccination. In relation to infection control and minimisation of infection related risks, this deficiency is not substantive for a decision of Non-compliance in this Requirement.

Consumers and representatives confirmed they received information from management and staff at the service regarding minimising infection related risks including COVID-19 pandemic updates.

Registered and care staff described how infection related risks were minimised including correct use of personal protective equipment, good hand hygiene practices, isolating consumers who showed signs of transmissible infections until pathology results had been received and reviewed and the use of single use clinical items such as wound dressings products.

Staff gave examples of ways they minimised the use of antibiotics by increasing fluid intake for consumers, ensuring urine was tested and sent for pathology and wound swabs were taken prior to commencing antibiotic therapy.

Staff confirmed they had received education and training in relation to infection control and COVID-19, including handwashing, sneeze and cough etiquette and the correct use of personal protective equipment. The nominated Infection Prevention Control Lead had completed the relevant qualification.

Pre-entry screening occurred for all staff, visitors and contractors prior to entry to the service. Pre-screening included temperature checking; signing in via a quick response code on an electronic device or hard copy paper document that included a series of risk questions and a health status declaration.

The organisation had written policies and procedures relating to antimicrobial stewardship, infection control management and an outbreak management plan for COVID-19. Clinical indicators including infections were monitored and reported at monthly meetings.

In coming to my decision of compliance I have considered the Assessment Team’s report in conjunction with the Approved provider’s response and it is my decision while not all staff had been vaccinated against Influenza by 1 June 2021, this was a situation influenced by the COVID19 pandemic and not indicative of system deficiencies relating to infection control processes. Therefore, it is my decision this Requirement is Compliant.

# 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

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

Consumers received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Consumers and representatives confirmed consumers were supported by the service to undertake lifestyle activities of interest to them and maintain contact with those people who were important to them.

Consumers and representatives stated the service pastoral, lifestyle and care staff provided emotional, spiritual and psychological support to consumers when required. Consumers confirmed the service facilitated the maintenance of their personal relationships and engagement in community activities.

Staff demonstrated information regarding consumers was effectively communicated within the organisation. Consumers generally advised they enjoy the food offered and it is varied and of suitable quality and quantity.

Consumers were observed to be engaged in a variety of group and individual activities during the audit. Lifestyle equipment within the service was observed to be safe, suitable, clean and well maintained.

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

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

Consumers felt they belonged in the service and felt safe and comfortable in the service environment. Consumers confirmed they could freely and safely access indoor and outdoor areas. Consumers confirmed they could decorate and individualise their rooms as they wished. Consumers were generally happy with the cleaning and maintenance of the service.

The service environment was observed to be clean, safe and welcoming. Equipment was observed to be clean, well maintained and 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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – asked them about how they raised complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Consumers were encouraged and supported to provide feedback and make complaints, and that appropriate action was taken following their feedback or complaint. Consumers and representatives felt encouraged and supported to provide feedback regarding care and services and said if they had a concern, they would feel comfortable to raise a complaint. Consumers and representatives were aware of advocacy services they may wish to access. Consumers and representatives confirmed that staff apologised when they had made a mistake.

Management demonstrated improvements had been implemented as a direct result of feedback and complaints that had been received by consumers and representatives. The feedback and complaints register demonstrated consumer suggestions and complaints were recorded along with actions taken to address the complaint. The Plan for continuous improvement reflected improvements which were made as a result of feedback received.

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

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

Consumers received quality care and services when they needed them and from people who were knowledgeable, capable and caring. Consumers and representatives confirmed consumers were receiving the assistance from staff they required, and they were treated by staff in a kind and caring way. Consumers did not feel staff were rushing them during care and service delivery and they did not wait long before staff responded to their calls for assistance. Consumers and representatives expressed confidence in staffs’ training, competency and skills.

The organisation had a human resource management policy which set out several processes which were implemented by management to ensure staff employed were equipped to meet the needs and preferences of consumers across all areas of service delivery. The organisational human resource management process sets out the requirement that staff have the necessary qualifications and skills, understand organisational expectations regarding consumer dignity and respect, consumer partnership and engagement and cultural inclusiveness and diversity. The organisation had a performance development process that included online training modules and a program of annual performance appraisals.

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

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

Consumers considered that the organisation was well run, and they could partner in improving the delivery of care and services. Consumers and representatives confirmed they had input into how care and services were delivered such as clinical care, meal services and the lifestyle program through talking to management and staff, meetings, care conferences, feedback forms and surveys.

Consumers and/or their representatives stated they participated in decisions about consumers’ clinical care and that consumers were supported to make informed decisions about undertaking activities which were meaningful to them.

Management encouraged consumers and representatives to participate in decisions about the service and this included staffing choice, to enable consumers to have a voice in who provided their care and services.

The organisation’s governing body was accountable for the delivery of a culture of safe, inclusive and quality care and services. The organisation had policies and procedures which documented consumers’ right to take risks which includes risk identification and management processes and strategies and a governance framework that identifies accountability and roles and responsibilities. Management demonstrated how serious incidents were reported, assessed, prioritised, follow up actions implemented, resolved and escalated to the organisation’s management team. Management have implemented a clinical governance framework that was understood by the service’s staff, including antimicrobial stewardship, minimising the use of restraint and open disclosure processes in relation to complaints.

The Assessment Team identified deficiencies in relation to regulatory compliance as not all staff had been vaccinated against Influenza by 1 June 2021 as per State Health Directives. I have considered this information in conjunction with the Approved provider’s response and have deemed this situation was influenced by staff receiving COVID19 vaccinations which prevented them from receiving Influenza vaccinations in the stipulated timeframe. It is my decision this does not reflect a systemic deficiency relating to regulatory compliance. The organisation demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance and feedback and complaints.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The Assessment Team identified deficiencies relating to regulatory compliance as not all staff had complied with State Health Directives to be vaccinated against Influenza by 1 June 2021. This situation was compounded by staff receiving COVID19 vaccinations and requiring waiting a period of time before receiving their Influenza vaccinations. It is my decision this is not substantive evidence to indicate ineffective organisation wide governance systems relating to regulatory compliance. Therefore, it is my decision this Requirement is Compliant.

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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

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.

* Care and service plans need to be reviewed regularly for effectiveness, including when incidents or circumstances change, to facilitate the delivery of safe and effective care.