Uniting Irwin Hall Mayfield

Performance Report

13 Section Street
MAYFIELD NSW 2304
Phone number: 02 4014 2300 / 0400 469 925

**Commission ID:** 0112

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

**Site Audit date:** 8 February 2022 to 10 February 2022

**Date of Performance Report:** 7 April 2022

# Performance report prepared by

G Cherry, delegate of the Aged Care Quality and Safety Commissioner.

# 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** | **Non-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) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-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** | **Non-compliant** |
| Requirement 4(3)(a) | Non-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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 8 to 10 February 2022; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 29 March 2022 including an action plan with anticipated completion dates
* Assessment Contact report dated 4 March 2022
* Information received from the community

# STANDARD 1 NON-COMPLIANTConsumer 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

Overall, most sampled consumers expressed satisfaction they are treated with dignity and respect, can maintain their identity, make informed choices about care and services and are supported to participate in risk related activities. Some gave examples not all staff consistently communicate in a respectful manner.Consumers expressed satisfaction in being supported to make connections with others, maintain relationships of choice and generally participate in activities external to the service.

Consumers gave positive feedback of care and service delivery demonstrating respect of their culture and diversity. Staff discuss risks associated with their choices and consumers gave examples of support to participate in a manner as safe as possible. Consumers expressed satisfaction of information provided regarding changes to care and services and to enable them to participate in activities/events and make informed decisions.

The Assessment Team observed staff affording consumers privacy in some aspects of their life, including when cares are being delivered and respectfully interacting with consumers. However, the Assessment Team observed staff and visiting allied health/medical officer discussions occurring in an area accessible to visitors accessing the service and not affording consumer confidentiality.

Care staff described consumers personal life history and culture and how these aspects are considered when providing care and services. Documentation details the service’s policy and relevant procedures relating to this Standard.

Care and services planning consider personal beliefs, cultural and ethnic needs specific to each consumer and discussion of mitigation strategies relating to risk.

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

The service has a risk management process in place to support consumers in taking choice related risk. Consumers expressed satisfaction they are generally supported in taking risks to live the life they choose. Staff gave examples of supporting consumers to take risks and the communication with consumers regarding safety issues. Documented policies and procedures relating to this requirement guide staff in the service’s expectations.

The Assessment Team bought forward evidence regarding a lack of specific risk assessment documentation detailing specific risk, monitoring and evaluation processes. In their response the approved provider claimed monitoring and evaluation of risk occurs within regular care plan review however did not provide evidence of this. The absence of documentation relating to assessment and management of risk is considered in Standard 2(3)(a).

I have given weight to the degree of consumer satisfaction in relation to support provided and staff’s demonstrated knowledge in relation to supporting consumer’s choice regarding risk related activities.

On balance, I find this requirement is compliant.

### 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) Non-compliant

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

Sampled consumers expressed satisfaction that in general their privacy is respected, however not consistently by all staff.

Interviewed staff generally described practical ways of respecting consumers personal privacy when attending to care. However, the Assessment Team bought forward evidence the service does not have an effective system to ensure confidentiality and privacy of consumers’ personal details at all times. They observed staff and visiting allied health personnel discussing consumers individual needs and care related issues in an area easily accessible by visitors.

In their response, the approved provider acknowledged a change in the entry area of the service as a method of ensuring adherence to Covid-19 pandemic related screening processes. They advised of relocating the access point away from the clinical office and returning to the main entrance of the service, provision of staff education and implementation of a monitoring process to ensure ongoing compliance.

I acknowledge the responsive actions taken by the approved provider, however at the time of the site audit the service did not demonstrate effective self-monitoring systems to identify and ensure compliance with this requirement.

I find this requirement is non-compliant.

# STANDARD 2 NON-COMPLIANTOngoing 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 have a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Most sampled consumers interviewed expressed satisfaction of inclusion in a partnership regarding the care planning process, including end of life planning needs. They advised this occurs via multiple communication methods and representatives expressed satisfaction they are contacted when consumers’ needs change. Care planning documentation reflects consumer and representative involvement plus others involved in consumer care.

Consumers and representatives advise they are included and informed in the outcomes of assessment and care planning, they have access to care plan documentation and medical officers and other external health professionals are included in this process. Representatives and appropriate medical or allied health professionals are involved when circumstances change. The organisation has a documented process to guide staff practice in undertaking assessment, care planning and ongoing reassessment processes. Clinical and care staff described the assessment, care and services planning and review processes required.

However, via review of documentation and interview with management and staff the Assessment Team bought forward deficiencies of assessments not consistently completed and care plans not consistently containing information relative to individual risks. Risk assessments are not consistently completed to guide staff in monitoring, managing and/or mitigating risks. The team bought forward evidence some care planning documentation are generic in nature and do not detail consumer’s individualised needs and preferences.

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) 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 service did not demonstrate effective assessment and planning consistently occurs to assess possible risk and guide staff in the delivery of safe and effective care and services.

Clinical and care staff described the assessment, care and services planning and review processes required. Relevant policies and procedures are available for staff guidance.

However, via review of documentation the Assessment Team identified assessments are not consistently completed to inform care planning documentation to guide staff in ensuring consumers needs and preferences are met.

The Assessment Team bought forward evidence risk assessments are not consistently completed and/or reviewed in relation to consumer’s choice to take risk and documentation does not guide staff in relation to management of these. Environmental factors such as the placement of beds has not resulting in risk assessment to ensure consumer safety. The team identified some care planning documentation are generic in nature and do not detail consumers individualised needs and preferences.

The Assessment Team bought forward evidence incident reports are not consistently completed in relation to consumers wounds, however in their response the approved provider detailed an alternative method of documenting and monitoring wounds is utilised. Reassessment of pain is not consistently documented.

In their response, the approved provider refuted evidence bought forward by the Assessment Team and committed to updating assessment and planning tools to encapsulate enhanced detail regarding risk and mitigation strategies and review policy documentation to ensure clarity. They acknowledged enhanced documentation is required to demonstrate evidence of the critical analysis conducted by clinical staff.

I accept the responsive and planned actions by the approved provider, however at the time of the site audit the service did not demonstrate effective systems to ensure compliance with this requirement.

I find this requirement is non-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 service demonstrated advance care plans are completed and reviewed. There are organisational policies and procedures to guide staff including initial assessment and care planning documentation and interviewed staff demonstrated knowledge of required processes.

The Assessment Team bought forward evidence this was not consistently completed in a timely manner upon initial entry to the service. They bought forward evidence not all areas of assessment and care planning are completed in a timely manner to guide staff in providing appropriate care to meet consumers needs and preferences.

In their response the approved provider demonstrated completion of appropriate assessment documentation in a timely manner.

I find 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) 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.*

There are organisational policies and procedures to guide staff in relation to the management of falls and wound care.

The Assessment Team bought forward deficiencies wound and pain management documentation not being consistently completed in a timely manner and deficits relating to monitoring processes when incidents (such as unwitnessed falls) occurred for two consumers. They further evidenced changes in consumers condition does not consistently result in monitoring processes, reassessment, timely referral to medical officer/specialist and/or investigation to ascertain causal factors relating to incidents.

Management advised recognition of inconsistent knowledge of processes in relation to care staff responsibilities regarding falls management when registered staff are not on site. In their response the approved provider clarified the role of care staff in relation to falls management and acknowledged enhanced documentation is required to demonstrate evidence of the critical analysis conducted by clinical staff. They advised of additional education/support provided to clinical staff to ensure this occurs. The approved provider evidenced appropriate management of unwitnessed falls and pain management, and demonstration appropriate clinical actions taken in relation to wound management prior to referral to medical officer and wound care specialist.

I find this requirement is compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Sampled consumers and representatives consider consumer’s receive personal and clinical care which is safe and right for them and consumers gave examples of their satisfaction. Consumers and representatives expressed satisfaction consumer’s needs and preferences is communicated with staff and others where responsibility for care is shared.

Organisational policy, procedure, resources and staff interview demonstrated care and support for consumers nearing end of life. Review of care and services documentation demonstrated consumer’s comfort and dignity needs are maintained. The organisation has policy and procedure to guide staff in recognising and responding to consumers deterioration or change in condition. Review of documentation and staff interview demonstrated this is generally managed.

Review of documentation and staff interview demonstrated consumers are generally referred to appropriate services and specialists in a timely manner and in response to the needs of the consumers.

Through file review and staff interview, the Assessment Team bought forward deficiencies in relation to pain and wound management; the approved provider evidenced this was appropriately managed. The service did not consistently demonstrate effective management of high impact/high prevalence risks associated relating to diabetic, medication, falls management, fluid restriction and skin integrity. Medical directives are not consistently being implemented.

The service demonstrated application of appropriate precautions to minimise and prevent transmission of infections and appropriate use of antibiotics. Organisational policy and procedures guide staff in prevention of infection related risks. Consumers and representatives provided positive feedback and staff demonstrated knowledge of processes to minimise/prevent infection related risks.

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

Consumers generally expressed satisfaction with consumer’s personal and clinical care and gave examples such as receipt of pain-relieving medication and wound care regularly conducted.

There is a process for managing psychotropic medication and ensuring practices are monitored, managed and reviewed. Staff demonstrated knowledge of systems in place and individual consumers’ needs. Organisational policies and procedures are accessible to support staff.

The Assessment Team bought forward deficiencies staff are not consistently implementing best practice guidelines and ensuring consumers care is tailored to their individual needs. Via review of documentation and staff interview, the Assessment Team bought forward deficits in wound care is not consistently being managed as per consumer’s needs, monitoring practices are not effectively identifying pressure relieving equipment is utilised at optimal settings, monitoring process do not ensure consumers pain management strategies are effective.

In their response, the approved provider advised of transitioning to a new wound care management system and although multiple documents could cause confusion demonstrated appropriate wound care is occurring. They acknowledged pressure relieving equipment not at optimal settings and implemented a system for regular review.

I acknowledge a lack in monitoring pressure relieving equipment and the service’s actions to address this, however evidence did not demonstrate this resulted in a negative outcome for consumers.

I find this requirement is compliant.

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

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

Most sampled consumers and representatives expressed satisfaction in relation to staff managing consumers care related risks.

Organisational policies and procedures are accessible and guide staff in managing risks.

The service did not demonstrate an effective system to ensure high impact and high prevalence risks associated with consumers’ care are appropriately managed. Via review of documentation and staff interview the Assessment Team bought forward evidence consumer’s diabetic management, fluid restriction, falls and medication management are not managed to ensure consumers risks are minimised. Directives have not been consistently followed relating to blood glucose management, monitoring of fluid intake, neurological observations post fall and effectiveness of pain management strategies not evaluated to ensure minimisation of pain. Consumers risk assessment documentation is not consistently completed and/or reviewed to ensure management and minimisation of risks.

In their response, the approved provider advised review of relevant care plans resulted in cessation, changes and/or alternative methods of managing directives. While I acknowledge review has occurred, at the time of the site audit the service’s self-monitoring system did not identify staff were not implementing directives that were in place at the time.

I find this requirement is non-compliant.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANTServices and supports 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

Most sampled consumers consider they get the services and supports to daily living that are important for their health and well-being and enable them to do things they want to do. Some sampled consumers consider they get services and supports to daily living that meet their needs, however several expressed dissatisfaction their independence, well-being and quality of life is not optimised, and they are not supported with services that meet their needs, goals and preferences.

Consumers expressed satisfaction their emotional, spiritual and psychological needs were supported and staff contacted pastoral services to support them when needed. Staff gave examples of supporting consumers in their emotional, spiritual and psychological well-being by supporting consumers to maintain contact with others throughout Covid-19 restrictions and the reinstatement of regular pastoral care visits.

Consumers expressed positive feedback of generally being supported to participate in their community and have personal relationships. Consumers gave examples of family members revisiting the service once restrictions were lifted. Documentation detailed some information relating to consumers participation in the community and maintaining relationships of significance.

Consumers are generally satisfied with communication provided by the service to those who care for them regarding their needs and preferences. Documentation demonstrated involvement of other organisations/services regarding consumers’ needs.

Most consumers gave positive feedback regarding meals of suitable quality and quantity however, gave conflicting feedback regarding the amount and suitability of some meals citing disruption to meal services and quality as a result of recent staff resignations and acknowledged the service’s process of remedying staff shortages and meal quality. Care planning documentation detailed dietary preferences and needs.

The service demonstrated engagement with external providers to meet consumer needs such as community, volunteer support and interpreting services. Policies and procedures are available to guide staff.

Consumers generally expressed satisfaction equipment is safe, clean and well maintained. Staff said they have enough equipment to ensure consumers needs are met. The Assessment Team observed equipment generally appeared safe, clean and well maintained.

The Quality Standard is assessed as Non-compliant as one 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.*

While some sampled consumers consider they get services and supports to daily living that meet their needs, several expressed dissatisfaction their independence, well-being and quality of life is not optimised, and they are not supported with services that met their needs, goals and preferences.

Consumers gave examples such as outings not occurring, limited support from staff in relation to engagement within the community. Consumers expressed dissatisfaction of not being offered activities of interest within the service as an alternative when they could not access activities external to the service due to Covid-19 restrictions.

The service has a system of identifying consumer’s interests and preferences however consumers gave feedback of limited support for personal preferences and goals to be met. Consumers expressed dissatisfaction and lack of interest in activities offered at the service.

The Assessment Team bought forward evidence activities which were reduced and or ceased due to Covid-19 pandemic restrictions had not been reintroduced and or new services implemented in response to restrictions being lifted. The team bought forward evidence assessment documentation is not consistently completed and care planning documentation did not guide staff in supporting consumers with activities of interest to them. Management advised assessment processed had recently commenced.

Interviewed staff expressed knowledge of consumers needs, advised of limited time to implement programs, support consumers in group and/or individual activities and advised activities had not resumed since restrictions had been lifted.

In their response, the approved provider acknowledged the impact of Covid-19 on lifestyle activities articulating the supportive processes the service implemented to ensure consumers engage with family and friends by alternative methods. They acknowledged consumer’s lifestyle has been impacted advising of a planned re-invigoration to the program, reinstating activities and engaging consumers in the development of a new program including a case management model with clinical staff involvement.

Whilst I acknowledge the impact of Covid-19 on group activities and the approved providers claim alternative individualised activities occurred during this period I have placed weight on the volume of dissatisfaction provided by consumers.

I find the requirement is non-compliant.

### 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.*

Most consumers expressed positive feedback regarding meals of suitable quality and quantity, however offered conflicting feedback regarding the amount and suitability of some meals, citing recent disruption to meal services due to recent staff resignations. Consumers acknowledged the service’s recent endeavours to remedy staff shortages and enhance meal quality.

Documentation generally detailed dietary preferences and needs in care planning documents however contained limited information regarding consumer likes and dislikes. The service has a process of daily ascertaining consumers dietary requirements.

Management acknowledged meal service disruption due to staff departures, however advised of strategies to address these issues and remedies being implemented. Plans to introduce a new menu and a consumer’s food forum are strategies being implemented to enhance meal service and satisfaction.

The Assessment Team observed tables were not cleared in a timely manner post meal service. Management advised review of catering staff hours. The impact of staffing levels is considered within Standard 7(3)(a).

I have given weight to the degree of consumer satisfaction including their acknowledgement of strategies being implemented to ensure their needs are met.

On balance, I find this requirement is compliant.

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’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

Sampled consumers consider they belong and feel safe and comfortable within the service environment. Consumers reported a range of feedback including they feel safe, the environment is pleasant and comfortable, visitors are welcomed, and they can access outside areas of choice. Consumers generally expressed satisfaction adequate cleaning of equipment and the environment occurred, however some consumers/representatives expressed dissatisfaction with cleanliness and the poor condition of some bedrooms.

Management described opportunities for consumers and representatives to have input into the service environment. Staff described the process for ensuring equipment is cleaned and maintained and training received regarding operating equipment. The service environment supports consumer independence via room identification, and signage in clear view. The service has a preventative and regular maintenance and repair program to ensure equipment is in working condition.

Consumers were observed interacting with others in both internal and external communal areas. The Assessment Team observed the internal environment and furniture/fittings were generally clean, well-maintained and suitable for consumer use, however the external environment and furniture required cleaning, repair and/or replacement.

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

*The service environment:*

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

The service did not demonstrate an effective system to ensure cleaning, maintenance and repair work occurs in all areas of the service.

Consumers generally expressed satisfaction adequate cleaning of equipment and environment occurred, however some consumers/representatives expressed dissatisfaction with lack of cleanliness and poor condition/disrepair of some bedrooms.

Via observation the Assessment Team bought forward evidence outdoor furniture appeared to be unclean, stained and in disrepair. Outdoor areas contained rubbish in garden beds, seating in a state of disrepair, the BBQ contained rust and was unclean and exit door to courtyard difficult for consumers to open to gain access to the external area. Observations of consumers rooms identified markings on walls, chipped skirting board/paster, dust on the room fittings, electrical cords, beds positioned against walls, limited space for mobility aids and some curtains required cleaning and/or repair.

Members of the management team advised while an annual environmental audit is regularly undertaken, auditing/inspection did not result in identification of cleaning/repair work and cleaning of curtains occurs on an ad-hoc basis. Management acknowledged the need for replacement of outdoor furniture.

In their response, the approved provider acknowledged the environmental deficiencies bought forward by the Assessment Team and provided a planned approach to rectification, renovation, risk assessment and ongoing monitoring to ensure compliance. I acknowledge the immediate and planned actions however at the time of the site audit the service did not demonstrate compliance.

I find this requirement is non-compliant.

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

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Most sampled consumers and representatives considered they are encouraged and supported to give feedback and complaints, and appropriate and timely action is taken should they do so. There are several mechanisms available to capture feedback and complaints which inform improvement.

Consumers provided a range of feedback including, expressing confidence in giving feedback and complaints, felt safe and comfortable to do so, familiarity with methods of doing so, and gave examples where concerns were responded to and resolved. Consumers described management and staff as approachable and understanding which encouraged them to voice their opinions and concerns.

Staff gave examples of how they manage the process when consumers or their representatives approach them with concerns about care and services. The service demonstrated actions taken in response to complaints and provided examples of feedback resulting in improvements for consumers. Demonstration of open disclosure process was evident.

Documentation detailed policies and procedures to guide management and staff in managing and documenting feedback and complaints. There is information for consumers and representatives regarding language services, advocates and external modes of complaints management, information is displayed throughout the service.

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.*

Most sampled consumers and representatives expressed confidence management responds to issues raised; some gave feedback of limited/temporary improvements in response to their complaint.

Management demonstrated strategies to address consumers recent feedback in relation to meal service including development of a consumer food forum to engage consumers in the outcome.

While the service demonstrated review of feedback led to some improvement the Assessment Team bought forward evidence of limited documented evaluation of improvements.

In their response, the approved provider reiterated the process of addressing consumers feedback relating to meal service and advised of actions implemented to strengthen complaints processes.

I have given weight to the degree of consumer satisfaction including their acknowledgement of strategies being implemented to ensure their needs are met and the demonstration of management in relation to the system in place to respond to suggestions/complaints, monitor and evaluate the improvement outcome.

I find this requirement is compliant.

# STANDARD 7 NON-COMPLIANTHuman 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

Sampled consumers expressed satisfaction staff are kind, gentle, caring and respectful when providing care, know what they are doing, they feel safe when staff are assisting them, and gave examples of staff respecting independence and providing support/encouragement. Consumers consider staff have the skills, knowledge and expertise to support their clinical and personal care needs and preferences, expressing satisfaction staff know what they are doing, and clinical staff are competent in providing required clinical care.

Staff said they are provided with equipment and supports to carry out duties of their roles and receive ongoing support, training and feedback to enable them to perform their role and responsibilities.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful of each consumer’s identify and capability. Interviews with management and staff and review of documentation demonstrated respectful communication and terminology when referring to consumers. Documentation review detailed regularly assessment of staff performance/capabilities and training attendance.

Management demonstrated processes to ensure staff competency and professional registrations are monitored for currency and suitability to the role. Induction training and mandatory learning occurs when staff commence employment; individual position descriptions with core competencies, capabilities, responsibilities and accountabilities are required for varying roles. Management advised of a recent change in management structure.

Sampled consumers expressed dissatisfaction regarding insufficient staff numbers, staff being busy/rushed, waiting long periods for staff to respond to their requests for assistance.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 service did not demonstrate an effective system to ensure a consistently sufficient workforce for the delivery of safe, quality care and services.

Interviewed consumers expressed dissatisfaction regarding insufficient staff numbers, staff being busy/rushed, waiting long periods for staff to respond to their requests for assistance resulting in episodes of incontinence.

Interviewed staff gave examples of the service’s inability to replace unplanned leave resulting in reallocation of staff duties, requirement to work additional hours or sourcing staff from external agencies. Management acknowledge difficulties in accessing staff due to recent public health directives and advised of a planned recruitment drive to recruit additional staff. Management advised recent deficits in equipment resulted in increased wait times.

Management acknowledged meal service disruption due to staff departures, however advised of strategies to address these issues and remedies being implemented. The Assessment Team observed tables were not cleared in a timely manner post meal service due to insufficient staff; management advised a review of catering staff hours (refer to Standard 4).

In their response, the approved provider acknowledged feedback relating to timeliness of staff response and cited Covid-19 restrictions impacting on staffing levels. They advised of changes to communication systems to ensure staff are immediately alerted to consumers requests for assistance, planned recruitment to ensure additional staff availability for unplanned leave and review of the rostering system identified areas for improvement.

I acknowledge the immediate and planned actions taken in response to the evidence bought forward by the Assessment Team however at the time of the site audit the service did not demonstrate compliance with this requirement.

I find this requirement is non-compliant.

### 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.*

Most sampled consumers expressed satisfaction of staff skills in providing personal and clinical care that meets their needs.

Staff gave examples of training received including clinical training and supplier education relating to wound dressings and medical products and the accessibility of online training for clinical staff. Management and clinical staff advised of training relating to reporting requirements and responsibilities and care staff advised of knowledge regarding escalation and reporting when consumers condition changes. There is an orientation and induction process and staff receive training relating to new regulatory requirements.

However, the service did not demonstrate effective systems to demonstrate a supported workforce to deliver outcomes required by the Quality Standards.

The Assessment Team bought forward evidence of a lack of appropriate assessment and management by clinical staff in relation consumers clinical care needs (refer to Standards 2 and 3).

In their response, the approved provider claims process are in place to ensure staff are supported to deliver outcomes required, however advised of additional training to be provided to all staff in relation to the Quality Standards.

I acknowledge the actions planned however at the time of the site audit the service did not demonstrate compliance with this requirement. Clinical staff did not demonstrate assessment and care planning processes are effective and risk assessments are not being appropriate conducted (refer Standards 2 and 3).

I find this requirement is non-compliant.

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Sampled consumer consider the organisation is well run, they can generally partner in improvements through active participation. The organisational governing body ensures consumers and representatives are engaged in aspects relating to consumer care.

The organisation demonstrated governance systems relating to continuous improvement, finance, feedback and complaints, regulatory compliance and a reporting pathway within the organisation. The Assessment Team identified deficits relating to assessment and care planning, clinical care and workforce. Governing body involvement is evident as governance frameworks involve the board and ensure they are informed and accountable. The clinical governance framework includes management of antimicrobial stewardship, minimising use of restrictive practices and open disclosure. The Assessment Team identified deficits relating to some environmental restrictive practices.

The Assessment Team observed documentation and interview with management and staff demonstrated opportunities for improvement are identified, incidents are used to drive improvement and the governing body oversees management of the service.

Examples of recent improvements include changes to the management structure, changes to meal service and involvement of consumers in a food focus forum.

Staff demonstrate knowledge of the systems in place, regulatory requirements, feedback and complaints processes, risk management systems.

The Assessment Team noted a variety of policies and procedures to guide staff however identified the service did not have an effective system to ensure staff are adhering to requirements to ensure consumers care, needs and preferences are consistently met.

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.*

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

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

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

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

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

### Requirement 8(3)(d) Non-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.*

The service demonstrated effective risk management systems regarding some aspect of this requirement.

There is a documented organisational risk management framework, including policies to manage high impact or high prevalence risks, ensure consumer abuse and neglect is identified and responded to and incident management and to ensure consumers are supported to live their best life.

Review of documentation, interviews with consumers, management and staff demonstrate how the service monitors and manages these processes. Staff demonstrated knowledge of the systems and articulated some consumer related risks.

However, the Assessment Team bought forward evidence the service did not demonstrate effective systems to ensure appropriate identification and management of all high impact and high prevalence risks to consumers. Review of documentation and staff interview identified staff did not appropriately identify, monitor and manage risks related to consumers clinical. Risk assessment is not consistently completed and/or reviewed to ensure management and minimisation of all risks (refer to Standards 2 and 3).

In their response, the approved provider asserts the service has a multilayered and comprehensive governance system in place. They advised of planned actions including reviewing and updating of care planning documentation, case management model for clinical staff, regular monitoring processes by clinical leadership team, distribution of all policy and procedural documentation to staff, clinical leadership training for clinical staff and completion of risk assessments.

While I acknowledge the immediate and planned actions, the service did not demonstrate an effective self-monitoring system to identified deficits bought forward by the Assessment Team.

I find this requirement is non-compliant.

### 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 service demonstrated and effective system to manage and minimise use of medications deemed as chemical restraint. The service has a clinical governance framework which includes antimicrobial stewardship, minimising the use of chemical restraint, and open disclosure.

Environmental factors such as the placement of bed has not resulting in risk assessment to ensure consumer safety. The impact of this is considered in requirement 8(3)(d).

# 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.

Standard 1

* Implement an effective system to ensure confidentiality and privacy of consumers’ personal details

Standard 2

* Ensure assessment and care planning documentation is complement in a timely manner to guide staff in providing appropriate care to meet consumers needs and preferences

Standard 3

* Implement an effective system to ensure high impact and high prevalence risks associated with consumers’ care are appropriately managed

Standard 4

* Ensure consumers are supported with services that meet their needs, goals and preferences

Standard 5

* Implement an effective system to ensure the environment is clean, well-maintained and comfortable

Standard 7

* Implement an effective system to ensure a consistently sufficient workforce for the delivery of safe, quality care and services
* Implement an effective system to ensure the workforce is trained and equipped to deliver outcomes required by the Quality Standards

Standard 8

* Implement effective systems to ensure appropriate identification and management of all high impact and high prevalence risks to consumers