Uniting Mirinjani Weston ACT

Performance Report

15 Conder Street
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Phone number: 02 6288 4300

**Commission ID:** 2985

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

**Site Audit date:** 10 November 2020 to 12 November 2020

**Date of Performance Report:** 8 February 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 4 December 2020
* the Assessment Team’s report for the Assessment Contact (site) conducted 23 November 2020
* the Assessment Team’s report for the Assessment Contact-Desk report conducted 16 December 2020
* the provider’s response to the Assessment Contact-Desk report received 22 January 2021
* referral information received by the Commission.

# STANDARD 1 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

To understand the consumer’s experience and how the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking 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 considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they choose. Consumers interviewed confirmed they were always are treated with dignity and respect and that consumer privacy was respected. Consumers interviewed generally confirmed they were supported to exercise choice and independence and staff interviewed were able to describe how they supported consumers to make decisions about their care and services.

Care plans reviewed provided information about consumer’s preferences and decisions regarding care and services. Most consumers interviewed confirmed the service provided them with information that was clear and easy to understand, and that this helped them to exercise choice. Staff interviewed spoke about consumers respectfully and with regard to their identity, culture and diversity. Staff were able to talk about specific consumers, their background and demonstrated they were familiar with these consumers.

The service demonstrated they support consumers to undertake activities that were important to their background and lifestyle. Staff interviewed were able to describe how they respected consumer’s privacy and ensured personal information was kept confidential, and the Assessment Team observed staff practices that respected consumer privacy and personal information.

The Quality Standard is assessed as Compliant as all 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 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 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 how 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.

Sampled consumers considered they felt like partners in the ongoing assessment and planning of their care and services. Consumers and representatives consistently provided positive feedback about the regularity of involvement in care planning and assessment. Consumers and representatives said they had participated in care plan reviews through case conferences, phone calls, emails and the service’s ‘resident of the day’ process. All consumers and representatives interviewed had participated in some form of care planning review process within the last six months. Most consumers and representatives were aware if they had completed or participated in advance care planning conversations and appreciated being involved in the planning phase of their life.

The service had comprehensive processes which demonstrated ongoing assessment and planning for consumers. For the consumers sampled, care plans demonstrated alignment with the consumers' needs, goals and preferences. Care planning documents evidenced accuracy and regular review. Care plans were updated following changes in consumers’ needs and choices, and when other health professionals were involved and provided recommendations in their care.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 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

To understand the consumer’s experience and how 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.

Sampled consumers considered that they received personal care and clinical care that was safe and right for them. Consumer feedback generally identified that they felt they received the care they needed and that the care they received was tailored to their specific needs and preferences.

Most representatives felt their consumers received the care they needed. All representatives said generally the care was safe and tailored to the individual's needs. All consumers and representatives of consumers interviewed confirmed that they had access to a Medical officer or other health professionals when they needed it. All consumers said their Medical officers attended the service when required. Consumers with palliative care needs were able to describe how their care had changed to help them do the things important to them including pain management and comfort care.

The Assessment Team identified assessment and care planning was individualised and reflected each consumer’s preferences with the assistance of their representative, as required. Consumers’ personal and clinical care was reviewed regularly through the service’s ‘resident of the day’ process, care plan review schedule and case conferences. The outcomes of these processes informed and supported consumers’ ongoing care and services. The Assessment Team identified some deficits in relation to documentation supporting restraint management. I have considered this information in relation to Requirement 3 (3) (a).

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 (Site audit 10-12 November 2020) recommended this Requirement was not met based on deficiencies relating to documentation authorising chemical restraint. I have considered the Assessment Team’s information and the written response from the Approved provider and have formed the view this Requirement is Compliant. The Approved provider has systems and processes relating to the authorisation, assessment and review of consumers requiring psychotropic medication and the use of chemical restraint. The Approved provider documented in its response evidence of diagnoses to support the use of psychotropic medication for three consumers identified by the Assessment Team. It is my opinion this was a documentation deficiency and not evidence to support a systemic failure in providing safe and effective care and services. There was no evidence to support consumers were provided with psychotropic medication without cause or were provided with ‘as required’ psychotropic medication in excess of their Medical officer’s orders.

The Assessment Team evidenced one consumer had medication orders to provide ‘as required’ pain relief prior to their wound care. The Assessment Team identified this medication was not consistently provided to the consumer on three occasions in November 2020. There was no evidence to support the consumer experienced pain during or after their wound care was provided. The Approved provider in its written response to the Assessment Team’s finding evidenced the consumer was either asleep or did not display symptoms of pain and therefore the pain relief was not deemed to be clinically indicated. It is my decision a registered nurse has the capabilities to make this determination despite the recommendations of a nurse practitioner, based on individual circumstances presented to them.

The Assessment Team also evidenced for this named consumer a significant change in their wound appearance in a 24-hour period. It is evidenced after wound care was provided to a previously dry wound the wound bed became red, raw and open. The Approved provider evidenced the change in wound status occurred after wound care was provided which including the removal of dead tissue covering the wound. It is my opinion this change in wound appearance was due to the appropriate wound care provided.

The Assessment Team observed a lack of meaningful activities in one community of the service, it is my decision this information does not carry weight under this Requirement and will be considered in my compliance decision in Standard 4 Services and supports for daily living.

For the consumers sampled and representatives of consumers, feedback generally identified they received the care they needed. Care plans and progress notes demonstrated comprehensive assessment and records identified response to consumers’ personal and clinical care needs. Management were able to provide examples of how they knew the clinical and personal care staff provide was safe and effective. The service had a suite of written materials about best practice care delivery and these were regularly updated.

I am of the view that the Approved Provider does comply with this Requirement as based on the evidence above consumers received safe and effective personal and clinical care.

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

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

In making my compliance decision for this Requirement, I have considered information contained in the Site Audit report 10 -12 November 2020, information in the Monitoring Assessment Contact record dated 23 November 2020 and Assessment Contact – Desk report dated 16 December2020. The Assessment Team (Assessment Contact – Desk 16 December 2020) has recommended this Requirement is not met following feedback from a consumer not having care provided and a representative not confident their consumer is feeling safe. The Assessment Team stated other gathered information identified high impact and high prevalence risk associated with consumer assaults was not managed effectively. It is my decision high impact and high prevalence risks associated with consumers was effectively managed, therefore this Requirement is Compliant.

The Assessment Team (Assessment Contact – Desk 16 December 2020) evidenced that a consumer representative did not think her representative was safe at the service, was concerned her representative may be sent to hospital following a fall and did not have confidence in staff members working on the afternoon shift. The named consumer representative provided information following the resignation of a staff member and information provided by the service in relation to a serious assault which occurred 1 May 2020. I have also considered information from the Approved provider in its response relevant to the care provided to the consumer including increase in staffing when required and the management of the consumer’s falls.

The Approved provider in its written response has refuted the Assessment Team’s findings in relation to the named consumer representative and has evidenced actions taken following the feedback provided by the consumer representative which supported effective risk management. I have decided the service undertook appropriate action in relation to feedback provided by the consumer representative, including meeting their legislative requirements in relation to an allegation or suspicion of neglect or abuse to the consumer, including notification of the Police and the Commission.

The Assessment Team (Assessment Contact – Desk 16 December 2020) evidenced that a consumer did not feel safe at the service and was worried they would not get the care they need due to the behaviour and work ethic of staff on the afternoon shift. I note the consumer did not provide any examples of lack of care provision, rather they raised concerns of possible scenarios relating to lack of care. This is not substantial evidence to support ineffective management of high impact or high prevalence risk to consumers. I have further considered the response from the Approved provider relating to the relocation of the staff members to different households and the observations undertaken of staff conduct.

The Assessment Team (Assessment Contact – Desk 16 December 2020) provided information relating to reportable assaults which occurred at the service between 2019 and 2020. The Assessment Team noted all allegations were reported to the Police and the Commission following the Approved provider becoming aware of the allegations.

The Assessment Team noted for one allegation of abuse (no specific date known) the service did not evidence other lines of enquiry or consideration was not given to the vulnerability of the consumer. The Approved provider has noted it was unaware of the allegations raised for the consumer at the time the alleged assault occurred and when made aware of the allegations commenced appropriate regulatory action including informing the Police and the Commission. The Approved provider also noted the consumer had care planning directives for two staff to attend to their needs at all times which provided a level of risk mitigation.

The Assessment Team (Assessment Contact – Desk 16 December 2020) reported the consolidated record of reportable incidents did not evidence a robust investigation into the allegation of a reportable assault which occurred 1 May 2020. It is my opinion this information is in contrast to the Assessment contact record (23 November 2020) which substantiates a thorough analysis and investigation into the serious incident. The Assessment Team noted the service did not give consideration to the gender of staff attending the consumer the day following the serious assault. I agree with the Assessment Team that consideration of the gender of staff caring for the consumer in the days following the serious assault occurring should have been considered by the Approved provider. The Approved provider in its response has stated male staff are always accompanied by female staff while on duty, however, the Approved provider has given consideration to this concern and has identified this as an improvement action for the organisation. I note also as evidenced in Requirement 8 3) d), the Approved provider demonstrated the service’s response to reportable assaults does not rely on the consolidated register alone and additional processes were used to comply with mandatory reporting requirements, that are not contained in the mandatory reporting register.

The Assessment Team (Assessment Contact – Desk 16 December 2020) has noted a lack of timely referral to pastoral care service for the victim of the serious assault (1 May 2020), the Approved provider has refuted this information and states service management conducted a physical assessment and provided emotional support to the alleged victim immediately after the allegation was made and progress note entries evidence the consumer was monitored often by staff on the day of the serious assault and over the following days. The timely referral to pastoral care did occur and the consumer was reviewed by pastoral care staff when they next attended the service, and pastoral care support was provided to the consumer’s family in the days following the serious assault.

A further allegation of assault was reviewed by the Assessment Team (Assessment Contact – Desk 16 December 2020). The first incident included an allegation of sexual assault which occurred in March 2020 and the Assessment Team have noted a robust investigation into the allegation did not occur. The Approved provider has demonstrated actions which took place at the time of the allegation, which the Approved provider has described as proportionate and reasonable. It is my decision this allegation of assault was investigated appropriately and included a skin assessment, referral to dementia advisory services, review by a medical officer, notification of next of kin and notification of the Commission and Police.

In making my decision of compliance in this Requirement I have considered the Approved provider’s management of high impact and high prevalence risks, including allegations of assault was effective. Therefore, it is my decision this Requirement is 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 COMPLIANTServices 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 how 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 sampled considered they 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 sampled confirmed they were supported by the service to do things they liked to do. Consumers identified the people that were important to them and said they were supported to keep in touch with them.

Consumers sampled stated they liked the food at the service. Consumers said there was sufficient and choice of food. Consumers said they felt safe at the service, and it felt like home.

The Assessment Team observed a lack of activities occurring during the Site Audit, I have considered this information in relation to Requirement 4 (3) (a).

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.*

The Assessment Team (Site audit 10-12 November 2020) recommended this Requirement was not met based on their observations of limited activities occurring at the service. These observations were in conflict with the feedback from consumers regarding their satisfaction with the activity program. The majority of consumers interviewed by the Assessment Team were satisfied with the services and support for daily living including the provision of the activity program. Care plans contained information regarding the consumers’ lifestyle and spirituality preferences.

The Assessment Team noted a lack of activity calendars displayed throughout the service and the inability of consumers accessing the electronic version of the activity schedule due to a technical upgrade. The Approved provider in its response acknowledged the technical difficulties experienced with the electronic version of the calendar and stated consumers are alerted to activities via other means including newsletters, emails, posters, whiteboards and loud-speaker announcements. I note the Assessment Team were informed by consumers they were alerted each day of the activities occurring at the service. It is my decision a lack of activity calendars does not evidence a lack of services and support for daily living for consumers, as alternate means to communicate activity information was actioned.

The Assessment Team received feedback from care staff and the Chaplain regarding difficulties providing activities due to staffing and time constraints. The Approved provider in its written response refutes there has been a reduction of staffing in relation to the provision of activities and evidenced an increase in staffing hours to enable staff to provide activities utilising the service’s household model of care.

It is my decision this Requirement is compliant based on the feedback from consumers relating to their satisfaction with the support and services relating to daily living. I acknowledge the Assessment Team made observations relating to limited activities occurring throughout the Site audit, however I am satisfied the service provides arrange of activities as evidenced in the Approved provider’s response.

### 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 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

To understand the consumer’s experience and how 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.

Sampled consumers felt they belonged in the service and felt safe and comfortable in the service environment. The service had two main sections which were divided into smaller households where consumers had access to smaller communal lounge and dining areas. Consumers with varying levels of mobility were observed by the Assessment Team to be moving feely around the service.

Consumers said they felt safe and at home in the service and they enjoyed having access to the garden areas. The Assessment Team observed the environment to be welcoming, clean and well maintained. Consumer rooms were observed to contain personal items such as furniture, photos and pictures.

The service demonstrated use of regular and appropriate cleaning schedules and maintenance systems were in place for planned and reactive maintenance at the service.

The Quality Standard is assessed as Compliant as all 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 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

To understand the consumer’s experience and how the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise 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.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. All consumers sampled, said if they had a complaint, they would discuss their concerns with care staff, registered nurses or management. Consumers interviewed said they felt that staff would respond immediately if they had any concerns and they felt their concerns would be taken seriously. Consumers who had raised a complaint or provided feedback to the service were satisfied with the action taken in response to their feedback.

Interviews with staff and documents reviewed, demonstrated review of feedback and complaints, and that consumer feedback was used to improve the quality of care and services.

The Quality Standard is assessed as Compliant as all 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.*

In making my compliance decision for this Requirement, I have considered information contained in the Site Audit report 10 -12 November 2020, information in the Monitoring Assessment Contact record dated 23 November 2020 and Assessment Contact – Desk report dated 16 December2020. It is my decision this Requirement is compliant as appropriate action has been taken in response to complaints using an open disclosure process.

The Assessment Team noted for a named consumer representative they were not satisfied with the management of their complaint regarding staff conduct. The Approved provider in its written response demonstrated there was no record of any formal complaint made by the consumer representative and following feedback from the Assessment Team a case conference was held between the two parties on 31 December 2020. I have also noted in the Approved provider response action was taken following feedback from the consumer representative including a review of staffing in the household.

For another named consumer the Assessment Team documented their dissatisfaction with the handling of their verbal and written complaints in relation to staffing, and the absence of outcomes of the consumer’s complaints recorded in the service’s complaints register. The Approved provider in its written response has stated letters regarding outcomes of complaints are kept as attachments rather that in the register. The Approved provider demonstrated each complaint was accompanied by an apology and an expression of regret was provided to the consumer. I have also noted the Approved provider undertook additional action following the Assessment Team’s findings including observation audits of staff practice, review of call bell response times and feedback from staff.

The Assessment Team reviewed records of conversation between management at the service and the representative of a consumer following a serious assault which occurred 1 May 2020. The Assessment Team noted while there was records of contact (between management and the representative) occurring three times between 1 and 5 May 2020, these records did not demonstrate an apology and/or expression of regret was provided following the incident. The Approved provider in its written response documented a verbal apology was provided to the consumer’s representative at the time of the incident and subsequent emotional support was provided by the service’s Chaplain. The Assessment Team interviewed another of the consumer’s representatives who indicated they had not been contacted regarding the incident or the recent media attention caused by the incident. The Approved provider in its response has stated at the time of the incident the first person of contact was notified as per the service’s protocol. The Approved provider has taken additional action to notify both of the consumer’s preferred representatives should this be necessary.

In making my decision of compliance I have taken note the Assessment Team at the Site Audit interviewed consumers who felt comfortable raising a complaint, satisfied with the response times to complaints raised and satisfied with the action taken in response to their feedback. I note the Assessment Team at the Assessment contact – Desk report identified deficiencies in the complaints record relating to open disclosure and addressing issues relating to complaints. It is my decision this Requirement is compliant as appropriate action has been taken in response to complaints using an open disclosure process.

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

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

# STANDARD 7 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

To understand the consumer’s experience and how 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.

Sampled consumers considered they received quality care and services when they required them and from people who were knowledgeable, capable and caring. Most consumers considered there was enough staff to provide them with the care they required. All consumers interviewed considered staff were kind, caring and gentle when providing care. All consumers interviewed felt confident that staff were skilled enough to meet their care needs.

The service had systems in place to ensure staff were qualified and were trained and competent in their roles. The service reviewed staff performance biannually through consultation and as required. The Assessment Team observed respectful and kind interactions between staff and consumers.

The Quality Standard is assessed as Compliant as all 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 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

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).

Sampled consumers considered that the organisation was well run, and they could partner in improving the delivery of care and services. All consumers sampled knew how they could take part in deciding how things were run or how care was delivered at the service, including through monthly consumer meetings or speaking directly to management.

Management was able to provide examples of how the Board promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. Management was able to demonstrate, through examples, the effectiveness of organisation wide governance systems, for example, in relation to continuous improvement and regulatory compliance.

The organisation had an effective clinical governance framework to support antimicrobial stewardship, minimisation of restraint and open disclosure.

Effective risk management system and practices were in place to manage high-impact, high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can.

Staff were able to demonstrate their knowledge on the service’s risk management system and clinical governance framework and how these apply to their day-to-day work.

The Quality Standard is assessed as Compliant as all 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.*

### 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.*

In making my compliance decision for this Requirement, I have considered information contained in the Site Audit report 10 -12 November 2020, information in the Monitoring Assessment Contact record dated 23 November 2020 and Assessment Contact – Desk report dated 16 December2020.The Assessment Team for the Assessment Contact – Desk (16 December 2020) recommended this Requirement was not met as effective risk management was not evident to identify and respond to abuse of consumers and the service’s consolidated record of reportable assaults has not been maintained to provide oversight of the service’s response of reportable assaults to the organisation. My decision is the organisation did have effective risk management systems and practices to identify and respond to abuse and neglect of consumers.

This was evidenced by the chain of events that occurred following the identification of a serious assault of a consumer on 1 May 2020. The Approved provider demonstrated the organisation had a risk management framework including an organisational wide risk register, service staff monitored and assessed high-risk areas for consumers, consultation with consumers and/or representatives during risk assessment process and an incident identification process which provided prompt and appropriate action to prevent recurrence. These processes were followed after the identification of the serious assault of a consumer on 1 May 2020, to demonstrate an effective risk management system.

The Assessment Team (Assessment Contact-Desk 16 December 2020) identified the service’s consolidated record of reportable assault contained incomplete information to provide effective oversight of the service’s elder abuse response. The incomplete information referred to by the Assessment Team included a lack of diagnosis for a consumer where discretion was utilised not to report the incident (this consumer had several entries in the register whereby their diagnosis was documented), a lack of evidence to support behavioural care plans have been reviewed within 24 hours of the incident and an incident (discretionary) occurring but not escalated until two days later. I have also considered the Approved provider’s actions by reviewing the organisational approach to reportable incidents as part of the organisation’s Ageing Care and Clinical Governance Workplan.

While I acknowledge, and the Approved provider acknowledged there have been some gaps in the consolidated record, the Approved provider demonstrated the service’s response to elder abuse incidents does not rely on the consolidated register alone. The Approved provider evidenced additional processes used to comply with mandatory reporting requirements. I have also taken into account the Approved provider’s commitment to improvements to the information contained in the consolidated reportable records. It is my decision the documentation gaps identified by the Assessment Team (Assessment Contact-Desk 16 December 2020) have not impacted on the organisation’s oversight in responding to elder abuse incidents.

Therefore, it is my decision this Requirement is Compliant as the organisation had effective risk management systems and practices.

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

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