Vaucluse Nursing Home

Performance Report

13 Young Street
VAUCLUSE NSW 2030
Phone number: 02 9337 3235

**Commission ID:** 2414

**Provider name:** Fresh Fields Aged Care (NSW) - NO 1 Pty Ltd

**Site Audit date:** 6 December 2021 to 8 December 2021

**Date of Performance Report:** 25 January 2022

# Performance report prepared by

Alice Redden, 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** | **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** | **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** | **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 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; 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 on 4 January 2022.

# 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

Overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers and representatives said they can maintain relationships of importance and their cultures are valued. Consumers said that staff are aware of the diversity of residents in the facility and make efforts to learn about their backgrounds and to treat everyone equally. For example, staff support one consumer to maintain a strong connection to their Russian culture and they celebrate various holidays including Christmas and Shabbat.

Most consumers and representatives confirmed they are able to make their own decisions about their care, maintain their personal relationships as they wish and are supported by staff in engaging in risk-taking activities of their choice for as long as possible. Consumers and representatives said they feel they are always kept up to date by staff and that information is communicated in an effective manner. Consumers were happy with the efforts made by the service to maintain their privacy and to protect their personal information. Consumers said the staff were very respectful of their boundaries and made sure to give them their own space when needed.

Staff and management showed awareness of their responsibilities and nurtured a culture of inclusion and respect for consumers. Staff interviewed spoke about consumers in a way that indicated respect and demonstrated an understanding of the personal circumstances and life journey of sampled consumers. The care planning documentation sampled identified what and who, is important to each consumer and detailed information about their life journey, cultural background, family relationships, activities of interest, and individual personal preferences.

Management advised that consumer choices and decisions are supported through the care planning process and consumer and representative meetings. Care staff said they are guided by consumers about care preferences. For example, in relation to shower times and whether they prefer to be attended to by male or female staff.

Staff and management are aware of their responsibility to assist consumers in making an informed decision around risky activities in order to live the best life they can. The Assessment Team found the care planning documentation and relevant risk assessments were consistently conducted and reviewed in consultation with consumers.

Staff were able to demonstrate their strategies for keeping consumers informed including for consumers who may need additional assistance to access information.

The service has various policies and training in place to guide staff in their engagement with consumers. An organisational framework for dignity and respect is in place which addresses the needs of consumers at the service. Staff were acutely aware of the need to maintain consumers privacy within the facility and were able to articulate their responsibilities in line with the services policies and procedures.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

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

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

# STANDARD 2 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

Most consumers and representatives interviewed said they felt like partners in the planning of their care and services, both on entry to the service and on an ongoing basis. Consumers advised they are consulted when changes occur in their care needs and a review of consumer files indicated care plans are generally individualised to reflect consumer’s needs, goals and preferences. Consumers confirmed they would be able to access copies of their care plans if they chose to and they are provided with relevant information about their assessed care needs. One consumer’s representative interviewed said that staff “would definitely listen to me” if they ever queried the consumer’s care. For consumers sampled, care planning documentation included end of life preferences including whether they wished to be transferred to hospital.

Staff were able to describe how consumers, representatives and health professionals contribute to care planning to deliver a tailored care and service plan. Staff said changes in a consumer’s condition may lead to reassessment by the medical officer or allied health professionals. This information is noted in the consumer’s file which are accessible to staff and visiting health professionals through an electronic care system. Care and service planning documents are based on the consumer’s needs, goals and preferences and include, (but are not limited to), mobility, pain management, nutrition and hydration, skin integrity, behaviour management and communication.

The service demonstrates it regularly reviews the care and services it provides to consumers and care and services plans are up to date and meet the consumer’s current needs. Staff are aware of their responsibility in relation to the incident reporting process, escalation of incidents and the requirement to report any change in the consumer’s condition, needs or preferences, which may prompt a reassessment. Staff sampled demonstrated an awareness of the service’s 4 monthly (or more frequently as required) care planning review process.

Staff are guided by organisational policies and guidelines on processes to support palliative care and advance care planning which directs a collaborative and holistic approach to assessment and care planning for end of life. Staff sampled explained that the service reviews all chemical restraint practices every three months. The service monitors and analyses trends from clinical indicators including; skin integrity, falls and pressure injuries. These are reviewed monthly and are reported at an organisational level.

The service demonstrates it identifies and addresses consumer’s current needs, goals and preferences, including advance care planning and end of life planning. Staff advised the service attempts to discuss advance care planning and end of life wishes with consumers and their representatives on entry to the service. If the consumer or representative does not wish to discuss end of life plans at that time, they revisit the conversation during care plan reviews or Resident of the Day (ROD) reviews with respect for the consumer’s choice whether they want to be engaged in end-of-life discussions.

The service has a suite of evidence-based assessment tools, clinical guidelines, policies and procedures to guide staff in their practice. The service monitors and trends clinical indicators such as; falls, pressure injuries, behaviours, and infections. These are reviewed monthly in scheduled audits. The management team identified strategies to minimise the risk of reoccurrence of incidents to individual consumers and aims to identify improvements to practice. Incidents and accidents are recorded and investigated, care plans are reviewed and changed whenever a risk is identified, and interventions have been identified.

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

## 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 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them and provided examples of how staff ensured their care delivery aligned with their personal and clinical care, goals and needs.

All the consumers and representatives interviewed were happy with the overall care provided by the service and confirmed their care needs and preferences were effectively communicated between staff, their medical officer and other providers of care with referrals undertaken promptly. Consumers and representatives interviewed said they had access to doctors when they needed them and expressed confidence in the management of their high-impact or high-prevalence risk related care. Consumers/representatives confirmed that deterioration or changes in the consumer’s condition were promptly recognised and responded to in a timely manner by staff. Most consumers/representatives interviewed said they were satisfied with the service’s management of COVID-19 precautions and infection control practices.

The service was able to demonstrate how each consumer gets safe and effective personal care that is best practice, tailored to their needs and optimises their health and well-being. Staff interviewed were able provide examples of how they would tailor the care to the individual’s preferences, needs and risks.

Care documentation showed how staff identified, communicated and responded to a deterioration or changes in a consumer’s condition or health status. Responses included; referrals to a range of medical officers, specialists and allied health professionals such as speech pathologists and physiotherapists.

Organisational policies and procedures provide guidance to staff in the delivery of personal and clinical care in line with best practice, including; restraint, maintaining skin integrity, management of pain and recognising deterioration. The service was found to provide consumers nearing the end of life (EOL) with care that is consumer focused and provides dignity and comfort. The service has policies and procedures that guide staff in providing EOL care including; palliative care, pain management and practical comfort care. Staff could speak to the policies during interviews. Most care plans reviewed had advanced care plans in place that relevant staff could easily access.

The service had policies and procedures for antimicrobial stewardship, falls, wound care, restrictive practices and pressure injuries which were seen being implemented by staff. Care and clinical staff demonstrated knowledge of the strategies implemented to manage high impact or high prevalence risks and minimise the use of antibiotics.

The service had policies, procedures and plans to prevent or manage an infectious outbreak and infection rates are monitored through monthly clinical indicator reports. All staff were able to explain about infection control principles and confirm they had received training on it. For example, staff interviewed were able to describe how infection related risks are minimised and they were observed correctly using Personal Protective Equipment (PPE) and good hand hygiene practice. Within the facility there was large supply of personal protective equipment in the storeroom, contamination waste bins were locked and the treatment room was clean and tidy.

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

### 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.*

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services 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 that they receive the services and supports for daily living that are important for their health and well-being and that enable them to maintain relationships and do the things they want to do. Consumers sampled were satisfied that their emotional, spiritual, and psychological well-being was supported. Consumers said staff were very caring and assisted them to remain in contact with family throughout the Covid-19 lockdowns. For example, one representative said that staff helped the consumer to make a facetime call every day during lockdown as they can no longer pick up the phone.

Most consumers are satisfied that information about their condition, needs and preferences is communicated within the organisation and with others involved in their care. Consumers said that timely referrals are made as needed and services such as physiotherapists are in constant contact with the service and staff are keenly aware of their needs.

Most consumers said that lifestyle activities were engaging and varied and promoted independence and social interaction with other consumers. However, one consumer said the lifestyle program does not align with their interests.

Most consumers and representatives sampled said the quality and quantity of the food is very good and the service accommodates their individual needs and preferences. Consumers said the hospitality staff are effective communicators and are able to provide a multitude of food options. One consumer interviewed thought the food was a bit basic and repetitive however, consumers have the opportunity to provide feedback and input into the food menu and lifestyle program.

The consumer care documentation includes information about each consumer’s recreational interests, spiritual beliefs, strategies to support their emotional well-being and identifies social supports, such as people that are important to them. Staff were able to verbalise the strategies they use to support consumers who are struggling emotionally.

The service’s lifestyle program provided activities of interest and supported consumers independence. The lifestyle program adapts activities to cater for consumer’s needs, preferences and varying levels of functional ability. Lifestyle staff explained how, on entry to the service, they partner with the consumer or their representative to determine the consumer’s individual preferences. For example, leisure needs, religious beliefs, social and community ties and cultural traditions.

Staff were able to describe how consumers are involved in the design and delivery of the food menu. The menu is changed every three months with food forums and informal chats with consumers invited to help design the new menu. The menu is analysed by a dietitian and they have a meeting with staff anytime a new consumer enters the facility or there is a change in a consumer’s condition. The care planning documentation reflected the dietary needs and preferences for the consumers sampled. Hospitality staff demonstrated they were aware of the dietary needs and preferences of the consumers.

Staff were observed during the meal service assisting consumers, offering them choices and consumers appeared to be enjoying their meals. The kitchen was observed to be clean and tidy and hospitality staff were observed to be adhering to general food and work health and safety protocols. The dietary information in the kitchen was current and reflected the preferences and needs of sampled consumers.

The equipment used for activities of daily living was observed to be suitable, clean and well maintained. Staff were able to demonstrate the processes they must follow if any issues arise with equipment used at the service. Preventative maintenance logs showed that equipment is regularly serviced under a preventative maintenance schedule and ad hoc requests are also attended to. Equipment to assist consumers with their independence and mobility was accessible, clean and sufficient to meet consumer needs as was the equipment used by staff for cleaning or catering. The Assessment Team observed staff cleaning lifestyle equipment during activities to ensure it is sanitised before the use by another consumer.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

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

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

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

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

# STANDARD 5 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

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

The Assessment Team recommended Requirement (3)(b) in relation to Standard 5 Organisation’s service environment as not met. I have considered the information in the Assessment Team’s report and the Approved Provider’s response and find the service Non-compliant with Requirement (3)(b) and have provided detailed reasons in the relevant Requirement below.

Consumers sampled said the service layout and environment is welcoming. The Assessment Team observed staff and consumers celebrating and singing "Happy Birthday" to a consumer and found the environment to be generally welcoming, easy to understand and optimised each consumer's sense of independence.

Management were able to describe how the service layout was used to support different levels of functioning for consumers. While a lack of signage in the service environment was noted, management advised that this was due to the painting works which had required the removal of anything on the wall. Signage was immediately replaced while the Assessment Team was onsite.

The Assessment Team noted the service is currently undergoing extensive renovations and some sampled consumers did not feel safe and comfortable in the service environment. Consumers sampled said the service environment is dusty and dirty and they have experienced early sleep disturbance and disruptions due to the noise of power tools. (Further details provided at 5(3)(b) below)

The Assessment Team observed the furniture, fittings and equipment in the service to be mostly safe, suitable, clean and well-maintained. For example, the lifting equipment and wheelchairs were observed to be available for use when needed and appeared clean and maintained in the storage room.

The outdoor furniture in some courtyard spaces appeared dirty and dusty as a result of the building works.

Staff interviewed were able to consistently describe how equipment is cleaned and available for use. The cleaning and preventative maintenance schedule shows furniture, fittings and equipment are regularly cleaned and maintained for consumers.

## 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 Assessment Team found the service environment was not safe, clean, well maintained and comfortable at the time of the site audit. Consumers were not all satisfied the living environment was clean and comfortable and observations confirmed the service environment was not maintained in a safe, clean and comfortable way. Evidence and examples relevant to my decision include:

Four consumers interviewed were not satisfied the service environment was safe, clean and comfortable, complaining the service was dusty and dirty or the noise from the building works was excessively loud and disruptive to their sleep and comfort.

Observations by the Assessment Team confirmed the service environment was not safe, clean and comfortable due to; building debris and thick dust throughout the floors and common areas, tools not being packed away safely and loud construction noise without advance notice.

Documentation in relation to the planned building works confirmed the works were not being completed in accordance with the arrangements agreed to ensure consumer comfort and a clean and safe service environment. Agreed arrangements not being observed included; works starting before 8.30am, power tools being used without notifying the Director of Nursing, plastic dust sheets not being utilised, tools not being stored safely, dust affected areas not being cleaned each shift.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team during the site audit and set out improvements to address the deficits. Improvements being implemented include; immediate safety training for relevant building services staff, a continuous improvement plan addressing the construction related issues and monitoring the building contractor’s compliance with their agreement to minimise disruption.

The Provider contended the building works at the service were an essential aspect of the program of works to ensure that the home continues to offer a residential environment that is representative of consumer need. The organisation will also be making changes across their home building and works procedures, with a focus on risk management and minimising resident disruption.

In reaching my decision I have considered both the audit team report and the Approved Provider’s written response and accompanying documents.

While the Approved Provider had consulted with residents about the planned building works and had established proper guidelines to ensure the building contractors minimised the risk and disruption to consumers, the site audit revealed the Approved Provider had failed to adequately monitor the building works and ensure these expectations were being met. The service environment was therefore not safe, clean and well maintained at the time of the audit.

Based on the evidence summarised above, I find the service Non-compliant in this Requirement.

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Overall, consumers sampled consider they are encouraged and supported to provide feedback and make complaints, and that generally appropriate action is taken thereafter. Consumers/representatives interviewed confirmed they felt safe to make complaints and provide feedback, either anonymously through the use of feedback forms or with the support of management and staff.

Consumers/representatives were able to explain the internal and external feedback and complaints mechanisms available to them, including advocacy support and language services, and said that when raising an issue, management generally acknowledges their complaint, promptly addresses the issue and resolves it to the consumers’/representatives’ satisfaction. For example, one consumer representative said that “if something isn’t quite right, I just speak to the staff and they quickly rectify any issues”. All consumers interviewed were satisfied that they are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Consumers said that they are given regular reminders about these services both verbally from staff and through the written materials found throughout the facility.

Consumers/representatives said they feel confident that the feedback they provide is considered by the service and suggestions are implemented, as far as reasonably practicable. Consumers said the most significant changes that have recently been made at the service relate to the laundry service, lifestyle activities, and commencement of a food focus group. Consumers confirmed that the changes have been positive and directly follow feedback they provided through feedback and complaints mechanisms.

All consumers and representatives interviewed were satisfied that an open disclosure process is used when things go wrong. Consumers said that management and staff at the service take ownership when something goes wrong, seek an optimal solution for the consumer and provide an apology.

The organisation has a suite of documented policies and procedures which guides staff in documenting, investigating, resolving and evaluating feedback and complaints. The service has an open disclosure framework which guides staff through the process and staff and management were able to demonstrate a firm understanding of the open disclosure process.

Staff and management were able to verbalise how the analysis of feedback trends and subsequent continuous improvement occurs. The service’s complaint and incident registers and plan for continuous improvement demonstrated, how feedback, complaints and incidents are recorded, actioned, resolved, and used to inform continuous improvement.  Management advised that there are currently no trends in complaints as they are spread across a variety of areas.

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

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Overall, sampled consumers consider that they receive quality care and services when they need them and from people who are knowledgeable, capable and caring.

Most consumers interviewed thought there were sufficient staff to support care and services and stated they have confidence staff know what they are doing. Some consumers thought the service was understaffed, yet no consumers said their care was ever compromised due to staffing levels. Consumers and representatives felt staff were well trained and competent in their roles.

The service was able to demonstrate the workforce was planned and able to deliver and manage safe and quality care services. All care staff interviewed said that it was hard work but they could always get all the care tasks done. Care staff said they work as a team and could ask management for help if needed. They provided multiple examples of how management would support staff if they were busy. Management said that the service did not have any vacant shifts in the past few months and only started to use agency staff recently to cover two sick leave gaps. Clinical management staff fill in if they needed extra support on the day. Multiple care files and progress notes showed examples of how the service had engaged other specialities such as; wound specialist, dietitians and palliative care specialists to support staff in delivering care. Audits on daily care charts were used to assess levels of staffing. The service is unable to do call bell reporting, so the clinical manager checks files monthly to monitor staffing and workload.

The service was found to provide care that was kind, caring and respectful of the consumers identity. All consumers and representatives interviewed said staff were kind and provided care that was respectful and caring. For example; one consumer said “I am immobile and need help toileting, everyone is very kind about it”. The Assessment Team witnessed staff playing cards with a consumer and making a collage of photos of another consumer for their family.

The service was able to show the workforce is competent and have the qualifications and knowledge to effectively perform their roles. Management were able to explain how they continued to educate and support staff to provide quality care. During the most recent Covid lockdown they used SMS notification and online learning. The staff felt the management was responsive to their ongoing education in the service.

The service was able to show how their workforce was recruited, trained, equipped and supported to deliver quality care to consumers. The Assessment Team reviewed a sample of staff employment files and all files included the position job description, code of conduct, confidentially agreement and performance appraisal. An electronic system was used to track roster, police records, mandatory training, visas and other work requirements.

The service demonstrated how they monitored and reviewed the performance of all staff. All staff had an annual formal performance appraisal. Management had an open-door policy for staff to resolve small matters and they would follow up with staffs four weeks later. All staff said that management was open and receptive to any issues they raised with management.

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

## Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

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

### Requirement 7(3)(d) Compliant

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers said information provided to them met their needs and they were involved in the implementation and improvements of their ongoing care.

The service was able to demonstrate that they have established processes to engage consumers in the development, delivery and evaluation of care and services. Consumers are involved in planning and evaluation of care, services, food, and activities. Management conduct regular care and service plan reviews, feedback and complaints initiatives, focus groups, audits, surveys and consumer meetings. The Assessment Team was able to corroborate this with evidence sighted in the Continuous Improvement Plan.

The organisation’s board of directors (the Board) meets regularly and is composed of members having key skills in accordance with an organisational policy. This is designed to provide the technical knowledge necessary for effective oversight and governance. The skill sets sought in Board members includes; clinical and industry expertise, financial, human resources, marketing and operations. The service has a Governance Framework which includes a flowchart of how the Board and services connect. The Chief Executive Officer (CEO) communicates with the Board as needed.

The service operates as part of a broader organisation with effective governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

Management confirmed they have sound information management systems in place and staff advised they have access to the information they need to perform their roles. Nursing and care staff, lifestyle staff, services staff and managers were satisfied with the organisation’s information management systems. Clinical care documentation is currently paper based but the service are progressively moving to care plans online. The service has a Breach of Privacy Policy which includes notification of data breaches.

The service has a Continuous Improvement Plan and an annual Quality Management Plan which ensures the service makes improvements in response to the changing needs of consumers/representatives, staff and the organisation. The results of internal audits and scheduled external audits drive continuous improvement activities.

The service has appropriate workforce governance which includes the assignment of clear responsibilities and accountabilities. The organisation’s policies and procedures guide the management and development of the workforce. The Chief Executive Officer and Board support staff wellbeing as cornerstones of consumer care. Clear roles and responsibilities are defined for staff and committees within delegations.

Staff have position descriptions to guide them in their work performance. The Clinical Governance Committee outlines clinical staff responsibilities and defines the process for monitoring, reviewing and reporting to management.

The organisation has a robust feedback and complaints process with a complaints management policy that outlines the processes for recording, responding, and investigating complaints, including the application of the principles of open disclosure. (See Standard 6 for more detail.)

Governance arrangements were in place to provide effective risk management systems and practices. The organisation provided a documented risk management framework, including policies for:

* management of high impact or high prevalence risks
* incident management systems
* supporting consumers to live the best life they can.

Staff were able to explain how these polices had been implemented and how they were used in practice. Staff had received training on Serious Incident Reporting System (SIRS), high impact and high prevalence risk, and no blame policy. The facility could explain how it tracked and reported all incidents (both serious and non-serious) through a reporting mechanism.

The service used a clinical governance framework in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. Management explained how staff had been educated about the policies and were able to provide examples of their relevance to their work.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

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

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

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Standard 5 Requirement (3)(b): Ensure the service environment is safe, clean, well maintained and comfortable. Essential building works and maintenance must be carried out in a way that does not adversely impact the safety and amenity of the service environment for consumers.