Villa Maria Catholic Homes St Bernadette's Aged Care Residence

Performance Report

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Phone number: 03 9310 1000

**Commission ID:** 3323

**Provider name:** Villa Maria Catholic Homes Limited

**Site Audit date:** 22 February 2022 to 28 February 2022

**Date of Performance Report:** 13 April 2022

# Performance report prepared by

S Byers, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Non-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** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; 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 24 March 2022.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Some consumers did not consider 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. For example:

* Consumers said they are supported to maintain relationships of choice.
* Consumers said they are encouraged and supported to maintain activities of interest, connections with the community, access the community independently and live the best life they can.
* Consumers and representatives were satisfied that information is current, accurate, timely and communicated in a way that is clear and easy to understand.
* Consumers were satisfied their personal privacy is respected.

While care staff demonstrated knowledge of the consumers identity and culture, several consumers and a representative provided negative feedback that they are not always treated with dignity and respect and their identity valued.

The service did not demonstrate that all consumers receive culturally safe care and services. The Assessment Team identified three consumers who were receiving personal care that did not align with their personal and cultural preferences.

Staff described how they support consumers to take risks and assist consumers in making informed decisions.

Consumers’ care planning documents were individualised and reflected the consumers cultural needs and preferences. Consumer care files demonstrated the service supports consumers to take risks.

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

## Assessment of Standard 1 Requirements

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

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

The Assessment Team found the service did not treat each consumer with dignity and respect, with their identity, culture and diversity valued.

While care staff demonstrated knowledge of consumer’s individual experience and identity and were observed to value consumer’s diversity, several consumers and a representative provided negative feedback that they are not always treated with dignity and respect, with their identity valued. Two consumers described how staff respond to their call bells by turning the call bell off and walking out the room without communicating or assisting them. A consumer and representative provided examples where personal care was not being delivered in line with their needs and preferences including grooming care and meal assistance which impacted their dignity and identity.

The Assessment Team observed on two out of the three days of the site audit, the consumer did not receive their preferred grooming care.

Management and clinical staff were unaware the consumer was not receiving their preferred grooming care and acknowledged this was a very important part of their personal identity. A staff memo was issued during the site audit reminding staff to ensure they always respect consumer’s personal and cultural preferences.

The approved provider’s response included action since the audit:

* care consultations have been completed and care plans updated for relevant consumers
* mandatory staff training on Customer service and Consumer Dignity and Risk and Complaints Handling is planned
* a list of current consumers nationalities and cultural backgrounds has been collated
* work instructions for call bell audit procedures are being developed and call bell audits are to be completed daily.

I have considered the information provided by the Assessment Team and the approved provider’s response. While I acknowledge the actions taken by the service since the audit, these actions have not been fully implemented and evaluated. I consider at the time of the site audit the approved provider did not demonstrate compliance with the Requirement. I find the service is Non-compliant with this Requirement.

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

*Care and services are culturally safe.*

The Assessment Team found the service did not demonstrate care and services are culturally safe for all consumers.

The Assessment Team received negative feedback from a consumer who advised they were not receiving personal care in line with their cultural preferences. The consumer had requested only female staff attend to their care due to cultural requirements however, had received care from male staff.

All staff identified the consumer had requested female staff and two staff confirmed male staff had recently attended the consumer.

In response to feedback from the Assessment Team, management said they understood the consumers cultural requirements and were not aware that male staff were attending their care.

Review of the consumer’s care documentation and handover sheet clearly identified the consumer’s preference for female staff. Hygiene charting demonstrated male staff had attended the consumer on multiple occasions.

The Assessment Team identified from care documentation review, two other consumers who had requested a specific gender of staff and were not receiving care consistent with their needs, preferences and expectations.

The approved provider’s response included action since the audit:

* care consultations have been completed and care plans updated for relevant consumers
* mandatory staff training on Customer service and Consumer Dignity and Risk and Complaints Handling is planned.

I have considered the information provided by the Assessment Team and the approved provider’s response. While I acknowledge the actions taken by the service since the audit, these actions have not been fully implemented and evaluated. I consider at the time of the site audit the approved provider did not demonstrate compliance with the Requirement. I find the service is Non-compliant with this Requirement.

### 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 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Most consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* All consumers and representatives said they were aware they had a care plan and either had viewed it or knew they could view it on request.
* All representatives confirmed they are notified following an incident or change in the consumer’s health status.

Care documentation reflected consumers’ current needs, goals and preferences and this aligned with consumer feedback. All consumers have current risk assessments in place to manage individualised risks. Where appropriate, advanced care directives are completed for consumers. Care plans are readily accessible and contain language that is easy for consumers to understand.

While the service demonstrated clear processes are in place to involve the consumer and their nominated representative in care assessment, there was some dissatisfaction from consumers and representatives regarding their perception of being partners in care. Assessment Team observations and review of consumer documentation supported the involvement of consumers, representative’s and other providers of care in consumer assessment and planning.

While assessment and planning mostly included consideration of risk for clinical care requirements, the Assessment Team found the service did not appropriately consider the risk of one consumer commencing on a new psychotropic medication. Management acknowledged the deficit in documentation and updated the psychotropic register and consumer care plan during the site audit. An appropriate referral for clinical review was also activated as part of the consumer’s hospital discharge plan.

The approved provider submitted a response including clarifying information to the Assessment Team report and actions taken since the site audit. I am satisfied the approved provider has demonstrated it has appropriately updated its processes to ensure the risks associated with the commencement of psychotropic mediations are recognised, considered and documented appropriately for all consumers.

The service demonstrated care plans are regularly reviewed after incidents or when circumstances change that impact on consumers

The Quality Standard is assessed as Compliant as five 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 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies 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 ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall consumers considered they receive personal and clinical care that is safe and right for them however, the service did not demonstrate effective management of high impact or high prevalence risks in relation to falls prevention and fluid restrictions.

Consumer care documentation demonstrated that most consumers receive safe and effective personal and clinical care tailored to their individual needs, is best practice and optimises their health and well-being. The service demonstrated that chemical restrictive practice is consistent with best practice and used as a last resort. Documentation demonstrated non-pharmacological strategies are trialled prior to the administration of as required psychotropic medication.

The service demonstrated advanced care and end of life planning in line with consumers’ expressed needs, goals and preferences.

Care planning documentation demonstrated deterioration in a consumer’s health are identified and responded to in a timely manner. Staff described how they identify and respond to changes in a consumer’s health and well-being.

The service demonstrated information is documented and available to staff and others when a consumer’s condition, needs and preferences change and there are timely referrals to individuals, other organisations and providers of other care and services. Clinical staff, allied health professionals and care staff confirmed they have access to the information they need.

The service demonstrated it has an infection control policy in place, including an antimicrobial stewardship policy. Clinical staff demonstrated knowledge and understanding of infection control practices to reduce the spread of infection. The service has appointed an Infection Prevention and Control Lead, and staff are provided with training and Personal Protective Equipment (PPE) supplies to reduce cross-infection.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

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

The Assessment Team found the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team’s evidence included the management of falls and fluid restrictions. The Assessment Team found deficits in the way these aspects of consumers’ care is delivered. For example:

* fluid balance charting was not effectively assessed and monitored and weekly weighs were not completed in line with care directives for a consumer on fluid restrictions
* a consumer experienced an unwitnessed fall due to staff not responding to their call bell in a timely manner. The consumer is a high falls risk and requires two staff assistance with mobility. The service did not demonstrate risks associated with the consumers fall and delay in staff assistance had been effectively managed with appropriate falls prevention strategies put in place to mitigate future falls.

The Assessment Team also identified deficits with staff responding to call bells in a timely manner. I have considered this information under Standard 7 Requirement 7(3)(a).

The approved provider submitted a response that included clarifying information to the Assessment Team report as well additional materials including updated clinical and call bell response processes, staff memo’s, consumer consultations and care plans and medical practitioner directives.

Staff education and training in fluid balance management and food and fluid charting, weight management and falls prevention has been completed.

I have considered the information provided by the Assessment Team and the approved provider’s response. I find that at the time of the site audit the approved provider did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. I am not satisfied that the approved provider demonstrated that risks of falls and fluid restrictions had been managed effectively.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-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

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

Most consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers said they could be involved in activities of interest within the service and the external community and are supported to maintain their chosen relationships.
* Most consumers and representatives were satisfied the meals provided by the service meet the consumer’s needs and dietary requirements. Consumers can select from a variety of meals and snacks.
* Most consumers and representatives felt safe with the equipment used to support mobility and transfer

While the Assessment Team observed consumers engaging in activities during the site audit, the Assessment Team observed limited activities and support for consumers with cognitive and physical impairments.

Care plans documented consumers' goals, needs and preferences including information about what is important to the consumer and leisure activities they enjoy. Lifestyle staff described how they continue to support consumers to maintain relationships.

Care documents provided adequate information to guide staff in supporting effective and safe sharing of the consumer's care. Staff described how they communicate care needs and how they would know if an aspect of care has changed.

Care planning documents outlined consumer dietary requirements including their likes and dislikes. This information aligned with consumer and staff feedback.

The service demonstrated it accesses various support services to support consumer daily living needs, including engaging external organisations and volunteers to supplement lifestyle activities.

The Assessment Team observed equipment to be safe, suitable and well maintained.

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

## Assessment of Standard 4 Requirements

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

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

Consumers and representatives provided mixed feedback with regard to consumers being supported in daily living and optimising their independence. Some representatives were concerned their consumers did not engage in activities, while some consumers said they engage in some activities but not all the time.

Participation records demonstrated that consumer’s interviewed were attending and engaging in activities. Lifestyle staff described how they support consumers to engage in activities of their choice demonstrating a knowledge of each consumer as an individual.

While the Assessment Team observed consumers engaging in activities throughout the site audit, they observed that most of the activities were focused in the Mimosa area (main lounge) and limited activities and supports were available to consumers with cognitive and physical impairments in the Jasmine unit. Consumers in the Jasmine unit were observed to be in their rooms, sitting in front of the television or placed in front of building blocks or sensory cubes without staff engagement. Consumer’s receiving 1:1 support from staff were observed to be the same consumers during the site audit.

I acknowledge that in response to Assessment Team feedback, management arranged for activities to be conducted in Jasmine unit, however the Assessment Team continued to observe consumers with cognitive impairments were not engaged or supported in the activities.

I have also considered the deficits in dignity of risk and culturally safe care and services under Standard 1 Requirements 1(3)(a) and 1(3)(b) and consider these deficits in daily living impact consumer’s independence, health, well-being and quality of life.

The approved provider submitted a response that included clarifying information to the Assessment Team report as well additional materials including, consumer consultations and updated care plans and updated lifestyle calendar.

The approved provider’s response also included actions taken since the site audit:

* lifestyle staff to implement a list of consumers who require 1:1 support
* changes to the lifestyle program to move a number of activities to Jasmine unit including the introduction of sensory groups, gardening groups and musical activities
* staff training in customer service and consumer dignity of choice is planned.

I have considered the information provided by the Assessment Team and the approved provider’s response. While I acknowledge the actions taken by the service since the audit, these actions have not been fully implemented and evaluated. On the balance of the evidence available to me, I consider at the time of the site audit the approved provider did not demonstrate compliance with the Requirement. I find the service is Non-compliant with this Requirement.

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies 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 team also examined relevant documents.

Most consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment. For example:

* While all consumers and representatives felt safe and considered the service environment to be clean, several representatives raised concerns about the laundry service and condition of clothes. Representatives advised they had raised the issues with management.
* Consumers were satisfied they have access to outdoors as they wish and were observed to be moving freely throughout the service.

The approved provider submitted a response that included clarifying information to the Assessment Team report as well as actions taken since the site audit. The actions included consultations with consumers and representatives, education for laundry and care staff, monthly wardrobe checks and observational laundry services audits. I am satisfied the approved provider has demonstrated it has processes in place to effectively manage the deficits in laundry. I have considered the complaints made by representatives about laundry under Standard 6.

Staff interviews and documentation confirmed maintenance requests are a recorded and appropriately actioned. Maintenance documentation demonstrated regular and preventative maintenance of the service environment.

The service environment was observed to enable consumers to move freely, both indoors and outdoors. The courtyards were easily accessible, well maintained and contained adequate seating and shading.

The Assessment Team observed the environment to be clean, welcoming and a place where consumers can interact and remain independent. Furniture, fittings and equipment were safe, clean, well maintained and suitable for the consumer.

The Assessment Team observed staff welcoming visitors, and consumers enjoying the service’s internal living environment and outdoor areas.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

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

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

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

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies 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 team also examined the complaints register complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Some consumers did not consider that they are encouraged and supported to give feedback and make complaints and that appropriate action is taken. For example:

* Most consumers and representatives said they feel comfortable raising a complaint or concern.
* Consumers and representatives demonstrated an awareness of external avenues and supports available for them to access to raise concerns.

Consumers and representatives provided mixed feedback that appropriate action is taken in response to complaints. Complaints were not appropriately documented and management was unable to demonstrate how complaints are actioned.

Most consumer representatives were not confident that improvements were made as a result of feedback or complaints. The service did not demonstrate that feedback recorded in meeting minutes were actioned.

Staff described how they support consumers to make complaints and the process involved. Staff and management described when support such as interpreters is used.

External feedback brochures and feedback boxes were observed throughout the service and readily accessible to consumers.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The Assessment Team found

* mixed feedback from consumers and representatives that appropriate action is taken in response to complaints. Negative feedback included dissatisfaction with management’s response to and the outcome of complaints.
* the complaints register had not been completed since July 2021
* most staff could explain the principles of open disclosure.

While management provided evidence of informal complaints, they were unable to demonstrate how the complaints were actioned, and feedback provided to the complainant. Management demonstrated there are complaint handling processes in place, however acknowledged the difficulty in assessing actions to complaints without a current and complete register.

The approved provider’s response included action since the audit:

* mandatory staff training on Customer service and Consumer Dignity and Risk and Complaints Handling is planned
* feedback processes have been communicated to consumer’s, representatives and staff
* staff education in documenting feedback has been completed and ongoing quarterly training in open disclosure is planned
* the feedback and complaints register has been updated and all complaints have been followed up formally by management.

I have also considered complaints raised by representatives about laundry under Standard 5. Examples of complaints included missing clothing and condition of clothing. Representative feedback indicated the complaints had not been appropriately actioned by the service.

In relation to laundry services, the approved provider advised consultations have been completed with relevant consumers and representatives, laundry and care staff have completed education sessions, wardrobe checks and observational laundry services audits are planned as part of monthly reviews.

I have considered the information provided by the Assessment Team and the approved provider’s response. While I acknowledge the actions taken by the service since the audit, these actions have not been fully implemented and evaluated. On the balance of the evidence available to me, I consider at the time of the site audit the approved provider did not demonstrate compliance with the Requirement. I find the service is Non-compliant with this Requirement.

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

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

Most consumers and representatives were not satisfied that feedback and complaints are used to improve the quality of care and services. Several consumers and representatives stated nothing has changed as a result of their complaints.

Management said they have no current trends in complaints as they do not receive many complaints, however consumer and representative feedback and review of resident and representative meeting minutes demonstrates that several complaints have been made.

Management were unable to demonstrate how they have actioned the concerns raised in meeting minutes.

While management provided evidence of informal complaints, management could not demonstrate the complaints were reviewed or acted on to improve the quality of care and services for consumers.

I have also considered the deficits identified under Standard 6 Requirement 6(3)(c) particularly the failure to maintain a current and accurate complaints register.

The approved provider’s response included action since the audit:

* mandatory staff training on Customer service and Consumer Dignity and Risk and Complaints Handling is planned
* feedback processes have been reviewed and communicated to consumer’s, representatives and staff
* staff education in documenting feedback has been completed
* the feedback and complaints register has been updated and all complaints have been followed up formally by management.

I have considered the information provided by the Assessment Team and the approved provider’s response. While I acknowledge the actions taken by the service since the audit, these actions have not been fully implemented and evaluated. On the balance of the evidence available to me, I consider at the time of the site audit the approved provider did not demonstrate compliance with the Requirement. I find the service is Non-compliant with this Requirement.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies 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.

Most consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Most consumers and representatives were not satisfied the service has enough staff to ensure safe and quality care.
* While consumers and representatives were satisfied that staff are kind, caring and gentle when providing care, some consumers were not satisfied staff are providing individual care according to their cultural and personal needs.
* Consumers and representatives said staff know what they are doing.

Review of roster documentation and call bell reports demonstrated not all shifts are filled and staff are not responding to call bells in a timely manner.

Documentation demonstrated recruitment processes, and position descriptions set out minimum qualifications for all clinical, care and service roles. Training records demonstrated most staff had completed mandatory annual training.

The service has a performance management framework in place. Management described and demonstrated processes to assess, monitor and review the performance of staff working at the service. Staff confirmed performance appraisals occur.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

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

The Assessment Team’s evidence included negative feedback from consumers, representatives and staff about insufficient staffing levels at the service. Consumers and representatives described examples where lack of staff had directly impacted the quality of care and services provided to consumers. For example, consumers having to wait for staff assistance, continence care and falls prevention. Most consumers and representatives raised concern about staff not responding to call bells in a timely manner.

The Assessment Team reviewed call bell reports that demonstrated that call bells were not always being responded to in a timely manner and the services targets for response time were not being met.

The Assessment Team observed several instances where consumers had rung their call bell for assistance and were waiting longer than the target call bell response time. On two occasions the Assessment Team followed up with staff to ensure assistance was provided to consumers who were waiting.

Staff indicated they work short some days but it does not affect consumer care. Review of roster documentation indicated several shifts were unfilled.

Management described how call bells are monitored through monthly audits and reviewed after an incident. The service has introduced annunciator boards to assist manage call bell waiting times. Management acknowledged the service does not have enough dect phones for staff.

I have also considered the deficits in falls prevention associated with delayed response to call bells under Standard 3 Requirement 3(3)(b) and deficits in care and services delivered in line with consumers personal and cultural preferences under Standard 1 Requirements 1(3)(a) and 1(3)(b) and Standard 7 Requirement 7(3)(b). The approved provider advised it will regularly review the roster to ensure staffing allocations are based on the skills mix and consumers cultural preferences, to ensure consumers personal and cultural preferences are valued and respected.

The approved provider’s response included action since the audit:

* call bell audits to be completed daily with any call bells more than the target response time to be investigated
* excessive call bell work instructions have been developed and training for staff is planned
* review of current number of phone units and call bell system.

I have considered the information provided by the Assessment Team and the approved provider’s response. While I acknowledge the actions taken by the service since the audit, these actions have not been fully implemented and evaluated. On the balance of the evidence available to me, I consider at the time of the site audit the approved provider did not demonstrate compliance with the Requirement. I find the service is Non-compliant with this Requirement.

### Requirement 7(3)(b) Non-compliant

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

The Assessment Team found while workforce interactions with consumers are kind and caring, not all interactions were respectful of each consumers identity, culture and diversity.

While most consumers and representatives considered staff are kind, caring and respectful, some consumer’s and representatives were not satisfied their identity, culture, and diversity are respected.

The Assessment Team observed staff did not appropriately engage with a consumer while assisting with meals and some staff were observed to be dismissive of consumers asking for assistance.

I have also considered the deficits identified by the Assessment Team in the delivery of care and services in line with consumer’s personal and cultural preferences under Standard 1 Requirements 1(3)(a) and 1(3)(b).

The approved provider’s response included action since the audit:

* care consultations have been completed and care plans updated for relevant consumers
* mandatory staff training on Customer service and Consumer Dignity and Risk and Complaints Handling is planned.

I have considered the information provided by the Assessment Team and the approved provider’s response. While I acknowledge the actions taken by the service since the audit, these actions have not been fully implemented and evaluated. On the balance of the evidence available to me, I consider at the time of the site audit the approved provider did not demonstrate compliance with the Requirement. I find the service is Non-compliant with this Requirement.

### 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 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies 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).

Some consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

Management described how they engage consumers in the development, delivery and evaluation of care and services. Consumers expressed how they were supported in this engagement.

The organisation has a suite of systems, processes and materials to promote a culture that is safe, inclusive and quality care and service and is accountable for their delivery.

While the organisation demonstrated a risk framework is in place to identify high impact and high prevalence risks and abuse or neglect of consumers, the service did not demonstrate effective management of high impact, high prevalent risks associated with incidents including falls associated with delayed call bell response times.

The organisation did not demonstrate it has effective governance systems in place for feedback and complaints.

The organisation demonstrated an overarching clinical governance framework is in place with self-assessment, review, and monitoring systems.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Non-compliant

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

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

While the Assessment Team found the organisation has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance, the service did not demonstrate effective feedback and complaints governance systems.

The service did not demonstrate how it records, monitors and actions feedback and complaints. The service did not maintain a current and accurate feedback and complaints register.

Documentation review and consumer/representative interviews demonstrated that concerns are being raised however, appropriate action is not taken and complaints are not reviewed and monitored to actively improve care and services for consumers (refer to Standard 6, Requirements 6(3)(c) and 6(3)(d) for further information).

The approved provider’s response included actions since the site audit including updating the complaints register and staff training on complaints handling and documentation.

I have considered the information provided by the Assessment Team and the approved provider’s response. While I acknowledge the actions taken by the service since the audit, these actions have not been fully implemented and evaluated. On the balance of the evidence available to me, I consider at the time of the site audit the approved provider did not demonstrate compliance with the Requirement. I find the service is Non-compliant with this Requirement.

### Requirement 8(3)(d) Non-compliant

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

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

The organisation provided a documented risk management framework supported by policies and procedures to manage risk and abuse and neglect of consumers.

While management and staff demonstrated understanding and practical application of the policies and procedures, the service did not demonstrate how high prevalent risks are monitored and reviewed and effective strategies implemented to effectively manage and reduce the risk to consumers. This is supported by evidence within the Assessment Team report, most specifically Standards 3 and 7, that demonstrate the service is not effectively identifying and responding to risks associated with fluid restrictions and falls prevention associated with delayed call bell response times.

In addition to the actions taken by the provider outlined under Standard 3 Requirement 3(3)(b) and Standard 7, the approved providers response included staff training on complaints, incidents and hazards,

I have considered the information provided by the Assessment Team and the approved provider’s response. While I acknowledge the actions taken by the service since the audit, these actions have not been fully implemented and evaluated. On the balance of the evidence available to me, I consider at the time of the site audit the approved provider did not demonstrate compliance with the Requirement. I find the service is Non-compliant with this Requirement.

### 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.

**Requirement 1(3)(a) and 1(3)(b)**

* Ensure all consumers receive care and services in line with their personal and cultural needs and preferences.
* Ensure staff have the skills and knowledge to provide care that is culturally safe.

**Requirement 3(3)(b)**

* Ensure processes enable the effective management of high impact or high prevalence risks associated with the care of each consumer, specifically relating to fluid restrictions, falls prevention and management and delayed call bell responses.
* Ensure staff have the skills and knowledge to manage high impact high prevalent risks relevant to consumers living at the service.

**Requirement 4(3)(a)**

* Ensure all consumers get safe and effective services and supports for daily living including consumers with cognitive and physical impairments.

**Requirement 6(3)(c) and 6(3)(d)**

* Ensure all complaints are actioned appropriately.
* Ensure feedback and complaints are documented, reviewed and monitored to improve the quality of care and services.

**Requirement 7(3)(a) and 7(3)(b)**

* Ensure the number and mix of staff is planned and enables, the delivery and management of safe and quality care and services.
* Ensure all staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

**Requirement 8(3)(c) and 8(3)(d)**

* Ensure effective feedback and complaints governance systems are in place at the service.
* Ensure risk management systems are implemented in practice to manage high impact and high prevalence risks associated with the care of consumers, specifically the impact call bell response times have on incident management. For example, falls prevention and management.