Wahroonga

Performance Report

1 Wahroonga Street
BILOELA QLD 4715
Phone number: 07 4992 8300

**Commission ID:** 5128

**Provider name:** Lutheran Church of Australia - Queensland District

**Site Audit date:** 01 February 2022 to 03 February 2022

**Date of Performance Report:** 08 March 2022

# Performance report prepared by

Kimberley Reed, 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 02 March 2022
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers and representatives confirmed staff treat consumers with dignity and respect and consumers’ background and cultural preferences were accepted and valued.

Consumers were encouraged to do things for themselves, exercise choice and independence and staff knew them as individuals and what was important to the individual consumer. Staff respected the personal privacy of consumers. Consumers could make decisions about their care and were supported to take risks.

Staff knew what was important to consumers and described how they ensured that consumers’ preferences were known and respected. Care documentation included information regarding people who were important to the consumer and their individual preferences in relation to care and services. Information provided to consumers was current, timely and accurate.

Observation of staff practices during the Site audit demonstrated staff interacting with consumers in a kind, caring and respectful manner and consumers’ privacy was observed to be respected throughout the audit.

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

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

Assessment and care planning informed the delivery of safe and effective care, through regular review and assessment of consumers’ changing care needs.

Consumers considered they felt like partners in the ongoing assessment and planning of their care and services. Consumers and representatives confirmed they were involved in the initial and ongoing planning of consumers’ care, including end of life planning. Consumers and representatives confirmed they were informed of the outcomes of assessment and care planning and could have access to their care and services plan if they wished. Consumers and representatives confirmed the service sought input from their Medical officer, other health professionals and family to inform the assessment of consumers’ care and services. Outcomes of assessments and care planning were discussed with consumers and representatives at care plan reviews, during case conferences or when there was a change in the consumer’s health.

Assessment and care planning documentation identified consumers’ needs, goals and preferences. Review of care planning documentation identified three-monthly care planning reviews were conducted on a regular basis and when there were changes in consumers’ condition. The service had policies and procedures to guide staff in completing care plan reviews.

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.*

Actions have been taken in response to the decision of non-compliance following an Assessment Contact on 28-29 April 2021 in relation to this Requirement. Review of relevant care planning documentation demonstrated, and interviews with consumers/representatives and staff confirmed, assessment and care planning informed the delivery of safe and effective care, through regular review and assessment of consumers changing care needs.

Rectification actions have included a review of all care plans. A schedule of care plan assessment and reviews had been established to ensure the ability of registered staff to complete the required assessments and reviews within the required timeframes. Timeframes had been recorded as every three months or when a consumer’s condition changes. Consumer files sampled by the Assessment Team demonstrated a review had occurred within the last three months. Consumers’ progress notes were reviewed daily to identify any potential risks which may trigger the requirement for a care plan review.

Registered staff complete initial assessments to identify consumers’ needs, goals and preferences and develop an interim care and services plan, to guide staff practice. Further assessments are conducted within the first 28 days of a consumer entering the service, with a detailed care and services plan developed in consultation with the consumer/representatives and in accordance with the service’s entry policy and procedures. Consumers and representatives, Medical officers and other allied health professionals were involved in the assessment process as required. The service utilised a daily routine checklist, to identify any consumers who required increased monitoring.

Assessment and care and services plans were individualised and included information relative to the risk for each consumer's health and well-being. Wound charts were reviewed by the Care manager on a weekly basis to identify any concerns relating to wound care provision. Documentation relating to consumer falls was also reviewed to ensure falls risk assessments were completed and updated.
Registered staff demonstrated an awareness of assessment processes to identify risks to the consumer’s health, safety and well-being. Identified risks included, but were not limited to, falls and wounds. Staff were provided information about new consumers, or updates regarding a consumer’s care needs, during verbal and written handover notes and had access to the electronic care management system if clarification or further information was required. The service had a suite of evidenced-based assessment tools available for registered staff to access. Policies and procedures were available to guide staff in their practice, in relation to assessment and planning.

Based on the information contained above, it is my decision this Requirement is now Compliant.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Consumers received personal care and clinical care that was safe and right for them. Consumers and representatives confirmed consumers received the care they required and had access to a Medical officer or other health professionals when required.

Care planning documents reflected individualised care delivery was safe, effective and tailored to the specific needs and preferences of the consumer. The identification of, and response to, changes or deterioration in consumers’ condition and health status was made in a timely manner. Consumers with high impact or high prevalence risk associated with their care were effectively managed by the service. Clinical records reflected referrals to Medical officers and allied health professionals including specialist dementia services, dietitian and wound specialists, which were made in a timely manner.

Staff described how they ensured care delivery was best practice, their opportunities for continuing education and how they ensured information regarding consumer care was shared both within the organisation and with others outside the organisation. Staff supported consumers near the end of their life, respecting their individual preferences for the provision of comfort cares.

The service had an effective infection control program, including the prevention and detection of COVID-19. Consumers and staff were encouraged and supported with vaccinations against COVID-19 and Influenza.

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

### Assessment of Standard 3 Requirements

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

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

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

Actions have been taken in response to the decision of non-compliance following an Assessment Contact on 28-29 April 2021 in relation to this Requirement. Consumers were receiving safe and effective personal and clinical care to optimise their health and well-being. Review of consumers’ files reflected individualised care that was tailored to the specific needs and preferences of the consumer.

Registered and care staff described consumers’ individual needs, preferences, the most significant clinical or personal care risks to consumers and how these were being managed or monitored, in line with their care and services plans.

Actions taken to address the Non-compliance in this Requirement included the provision of education across several topics relating to consumer care including wound care, wound care products, nutrition, restraint management, mandatory reporting and medication management.

Wound care documentation demonstrated regular review of consumers’ wound was occurring, wounds were attended to as prescribed. Clinical management staff in consultation with registered staff were responsible for reviewing wound care documentation. A wound care action plan was developed and included monthly meetings, a review of clinical data and weekly reviews of wounds by clinical management. The service’s wound management manual provided instructions to staff delivering wound care including the utilisation of appropriate scale scoring risk assessment tools. The service promoted repositioning, hygiene care, moisturisers, pressure relieving equipment and limb protectors to manage consumers’ skin integrity.

The service had a Restrictive Practice Policy and procedure which had been updated to reflect recent legislative changes. The policy outlined the organisation’s commitment to reduce and where possible eliminate the use of restrictive practices. The psychotropic monitoring tool demonstrated regular monitoring and review of psychotropic usage. The service was able to demonstrate two consumers had their psychotropic medication ceased with no negative impact. Restrictive practice authorisations demonstrated authorisations were current, including regular review by a Medical officer and discussions were held during three-monthly care plan reviews with representatives.

The service utilised pain assessments and monitoring charts to assess consumers who had pain, including consumers unable to voice their pain levels. Documentation for consumers who were described as having chronic pain or recently changed needs regarding pain management, identified pain related care delivery was safe, effective and tailored to the needs and preferences of the consumers.

Based on the information recorded above, consumers received safe and effective clinical and personal care, therefore, it is my decision this Requirement is now Compliant.

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

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

Actions have been taken in response to the decision of non-compliance following an Assessment Contact on 28-29 April 2021 in relation to this Requirement. Clinical indicator reports support there has been a reduction in falls sustained by consumers. The reduction in falls was attributed to a Medical officer had identified potential triggers for consumers who sustained falls. Activities had improved to include exercise programs. Education had been provided to registered staff in relation to falls management. Care documentation for consumers at risk of falls included directives for care staff such as manual handling instructions, use of equipment and referrals to the physiotherapist for review if required. Consumers who sustained falls were reviewed by a physiotherapist as soon as possible following the fall.

Care planning documentation described the key risks to consumers and contained directives to manage the risk. Access to a number of specialist services including wound specialists, behaviour specialists and increased access to both Speech pathology and Dietitians has resulted in improvements in wound management and nutrition for consumers. Challenging behaviours have also decreased at the service following the implementation of directives following review by a behavioural specialist service.

Based on the information above, it is my decision high impact or high prevalence risk was effectively managed by the service, and therefore this Requirement is now Compliant.

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

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

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

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

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

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

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

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

Actions have been taken in response to the decision of non-compliance following an Assessment Contact on 28-29 April 2021 in relation to this Requirement. Consumers requiring referral to individuals or other organisation received timely and appropriate referrals. Consumers and representatives were satisfied timely and appropriate referrals occurred when needed and consumers had access to relevant health professions, such as allied health professionals and medical services. Care planning documentation confirmed the input of others and referrals where required, including dietitian, physiotherapy, speech pathology and Medical officers.

Actions taken to address the previous Non-compliance included the increase in availability of specialist services including the Dietitian and Speech Pathologist attending the service on a regular basis. Consumers requiring behavioural support had been referred to be behavioural specialist services. Wound specialist services supported the service in relation to consumers with complex wounds. Evidence in wound charts demonstrated the input of wound specialists.

Based on the information contained above, it is my decision consumers were referred to specialist services and others in an appropriate and timely manner, therefore this Requirement is now Compliant.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices and 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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they liked to do and how these things were enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents in relation to this Standard.

Consumers received the services and supports for daily living that were important for their health and well-being that enabled them to do the things they wanted to do. Consumers were supported and encouraged to engage in activities they were interested in, both inside the service and in the wider community. The service supported and facilitated them to maintain personal and social relationships and remain in contact with people who were important to them.

The activity schedule was varied and adequate to meet the consumers’ needs and preferences, and the service involved other individuals and external organisations to supplement the activity schedule as required or when beneficial to the consumer. Consumers were satisfied the service met their emotional, social, spiritual and psychological needs by way of the internal support provided by staff, visiting church groups, and external social workers.

Most consumers and representative expressed satisfaction in relation to the meals and dining experience at the service and said their feedback has led to improvements in the variety and quality of the meals served to consumers.

Care planning documentation demonstrated each consumer’s condition, needs and preferences were effectively communicated within the organisation and with others who provided services and supports for daily living, and timely and appropriate referrals were made to other providers of care and services as required.

Equipment used for services and supports for daily living was observed to be clean, well-maintained, safe and suitable to the needs of the consumer cohort.

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

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 Assessment team also examined relevant documents in relation to this Standard.

Consumers felt they belonged in the service and felt safe and comfortable in the service environment. Consumers could access indoor and outdoor areas, should they choose to do so. Consumers were satisfied with the cleanliness and maintenance of the service; their visitors were welcomed, and they had various areas where they could sit comfortably.

While consumers and representatives were satisfied with the safety and comfort of the living environment, several items were identified through a review of the maintenance schedule that had not been actioned with potential consequences to consumers residing and staff working in the service.

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

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

The service environment was not safe or well maintained at the time of the site audit. Risks to consumers and staff were identified, however, these risks had not been mitigated. Actions had not been taken to address identified hazards in the environment and therefore consumer and staff safety was at risk. Monitoring processes used by the service were not effective in identifying deficiencies in the safety and maintenance of the service environment.

Observations made by the Assessment Team at the time of the site audit included two large water features in the outdoor area of the memory support unit. The water quality of the water features was noted to be poor and safety mesh was not visible due to the quality of the water. A low brick wall surrounding both water features appeared inviting for consumers to sit. Consumers were observed near the water features and were not supervised. A risk assessment had been completed by the service (24 November 2021) in relation to the water features which identified the likelihood of a fall and drowning incident was possible, and the consequences would likely be major; resulting in an extreme level of risk. Despite the identified risk of the water features, no action had been taken to ensure the safety of consumers near the water features. Uneven surfaces and overgrown garden areas were noted in the garden area of the memory support unit with a gap between the paved area and the grassed areas which were a potential trip hazard for consumers.

The Approved provider’s response to the site audit report included a plan of action to address the deficiencies identified in the living environment. In relation to the water features, the water has been drained and the features are drying and will be filled with plants of the consumers choice. This will be discussed at the next consumer meeting to gain the consumers’ feedback. The Approved provider in its response to the site audit report has committed to a risk assessment of the garden bed edges to determine the correct height with a planned completion date of 17 March 2022.

The service sustained storm damage during the site audit which resulted in roof leakage in the memory support unit, staff had placed hazard signage and towels on the floor to address the leaking roof but had not considered this action as a potential trip hazard for the consumers with cognitive impairment that reside in the unit. The Approved provider in its response to the site audit report has committed to training for staff on trip and hazard assessments, encompassing hazard identification, documentation and risk mitigation, this action has a proposed completion date of 17 March 2022.

Despite the organisation’s workplace health and safety officer urgently identifying on 09 September 2022 the ceiling in the service laundry required painting to control asbestos, this deficit has not been actioned, and staff continued to work in an environment with potential asbestos exposure. The Approved provider in its response to the findings of the site audit report indicated a contractor assessed the ceiling on 07 February 2022 and works are planned to be completed by 30 March 2022. There was no indication included in the Approved provider’s response as to how the safety of staff working in the laundry would be supported in relation to asbestos exposure while rectification work is completed.

Water was noted to be leaking above the gas cooktop and food preparation area in the kitchen in November 2021, despite this identification action had not been taken to address this deficit. The action plan submitted by the Approved provider as part of its response to the site audit report has committed to repairs on the leaking roof, however a completion date was not provided in the action plan.

The action plan submitted by the Approved provider as their response to the site audit report identified the need for regular review and oversight of the reactive maintenance log, including a fill review and analysis of open issues, a daily review of the maintenance log and a weekly meeting between management of the service and hotel services to discuss outstanding items and progress actions relating to the maintenance log.

While I considered the actions taken by the Approved provider to rectify deficits to the service’s living environment to be reasonable, these actions have not been completed, and despite the service identifying issues in the environment prior to the site audit, these issues had not been actioned in a timely manner. Therefore, it is my decision the service environment was not safe, clean, well maintained or comfortable and this Requirement is Non-compliant.

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

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers were encouraged and supported to provide feedback and make complaints, and that appropriate action was taken in response to their feedback or concerns. Consumers and representatives were aware of the various avenues to raise concerns or complaints; and they felt comfortable and safe providing feedback. Most consumers or representatives who had raised complaints or concerns stated their feedback was acknowledged and management and relevant staff had apologised regarding the issue that raised the complaint. Consumers and their representatives were aware they could access external complaints, advocacy and language services if these were required.

The service’s complaint and feedback system information were provided when consumers first enter the service and was also available throughout the service. Complaint, advocacy and interpreter information was displayed on the service notice boards and located in various locations around the service.

Management addressed complaints using an open disclosure approach, and feedback and complaints were inputted into the service’s continuous improvement process.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers received quality care and services when required from people who were knowledgeable, capable and caring. Consumers and representatives were complimentary about staff, indicating staff were kind and caring and skilled in providing services to them. Most consumers and representatives confirmed staffing numbers were adequate to meet their care needs.

Management confirmed the service reviewed the adequacy of staffing levels via staff, consumer and representative feedback, analysis of incidents, observations and adjusted staffing levels if required. The minutes of consumer meetings demonstrated staffing is discussed by management, and call bell response time satisfaction was confirmed by consumers.

Most staff stated there was adequate staff to provide care and services in accordance with consumers’ needs and preferences. Care staff confirmed registered staff were available to provide support when needed to meet consumer needs, and that senior clinical personnel were contactable at any time. When unplanned leave occurred, shifts were replaced by offering the shift to existing staff or extending shifts in accordance with the organisation’s policy. Staff confirmed they received training, support and professional development to enable them to carry out their role and responsibilities and underwent performance review on a regular basis.

Observations of staff practice during the site audit confirmed care and services were delivered in a kind, caring and respectful manner.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Consumers considered the organisation to be well run and they could partner with the organisation in improving the delivery of care and services. Consumers were engaged and supported in the development, delivery and evaluation of care and services.

The governing body promoted and exercised accountability for the delivery of safe and quality care and services. A culture of safe, inclusive and quality care was incorporated into the organisation’s mission statement and various policies, procedures and frameworks.

The organisation’s governance systems are effective including information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Monthly reports were provided by management of the service to the governing body to enable the governing body to monitor the service’s performance.

The organisation had implemented effective risk and incident management systems and practices to identify, report, prevent and manage risks to the health, safety and well-being of consumers and incidents, including incidents that are required to be reported in accordance with legislation to the Serious incident response scheme.

The organisation had a documented clinical governance framework which outlines the core elements of clinical governance and their application at a service and organisational level. The clinical governance framework outlined the safety and quality systems that are required to maintain and improve the reliability, safety and quality of clinical care to improve clinical outcomes for consumers.

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.

* The service must ensure the service environment is safe, clean and well-maintained.

# Other relevant matters

The service is co-located with another service managed by the same Approved provider (Wahroonga RACS ID 5206). Consumers who reside in the memory support unit are combined between the two services Wahroonga RACS ID 5128 and Wahroonga 5128. Both services utilise the same systems and processes when delivering care and services to consumers.