Warrigal Care Bundanoon

Performance Report

20 Hill Street
BUNDANOON NSW 2578
Phone number: 02 4884 6100

**Commission ID:** 2205

**Provider name:** Warrigal Care

**Site Audit date:** 15 February 2022 to 17 February 2022

**Date of Performance Report:** 14 April 2022

# Performance report prepared by

Samantha Hicks, 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** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-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** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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 5 April 2022.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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.

Most consumers interviewed confirmed that they are treated with respect and that staff respect their privacy most of the time. However, some sampled 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. In addition, some consumers provided feedback and examples where staff have been too rushed to provide quality care and respect their dignity, identity, culture and emotional wellbeing.

Consumer and representative interviews and care planning documents reviewed demonstrated personal relationships are valued and supported by the service. There is information provided to consumers and representatives to ensure they can make informed decisions about their care and services. Consumers are also supported to take risks. In contrast, care plans do not include detail adequately describing consumers’ identity, culture and what is important to them and relevant information is not effectively shared with other staff or service providers within or outside of the service.

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 that consumers are not always treated with dignity and respect. There are not always enough staff to ensure consumers receive quality care to ensure their identity, culture and diversity is valued. Care plans do not include detail adequately describing consumers’ identity, culture and what is important to them. In addition, the Assessment Team spoke to sampled consumers that could describe instances where they were not treated with dignity and respect during personal care due to staff being rushed.

Staff consistently spoke about consumers in a way that indicated respect and that they understood their personal circumstances and life journey. However, care staff and a registered nurse said they are not able to provide quality care as there are not enough staff to provide even basic personal care. The Assessment Team observed staff interacting with consumers respectfully but also observed several interactions that were rushed, and the quality of care was compromised.

Care planning documentation sampled do not always include accurate and up to date information about what was important to consumers and the things that define their culture and identity. Some care planning documentation included some information about the diversity of consumers but not how staff could support consumers’ identity and diversity in the way they delivered care and services.

The Approved Provider submitted a comprehensive response relating to the findings of the Assessment Team including additional information and evidence. It is acknowledged that the Approved Provider has had recent high scores in a consumer feedback survey relating to dignity and respect. The Approved Provider also supplied additional information in relation to some of the personal care concerns as stated by some of the sampled consumers. However, on examination, this information was not able to substantiate clearly enough to fully dispel the evidence as seen during the site audit by the Assessment Team. Taking all this into consideration the Approved Provider has not been able to sufficiently show consistency in relation to respectful and dignified interactions with consumers and that culture and diversity manifests in practice in a meaningful way for each consumer.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

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

*Care and services are culturally safe.*

The Assessment Team found that care and services provided to consumers is not always culturally safe. Consumers’ care planning documentation is not always descriptive in how care and services are to be delivered and to be considered culturally safe.

The lifestyle officer was able to provide several examples describing how consumers’ culture influenced how staff deliver care and services. The Assessment Team reviewed the activities schedule with the lifestyle officer who was able to describe how and why activities were meaningful to consumers who attended group activities. Management were able to articulate some consumers with special needs and how care and services were provided to meet those special needs.

The Assessment Team sampled consumer’s care planning documentation and found that they did not reflect adequate information for staff to deliver culturally safe care. Two consumers sampled had strong ties to their ethnicity noted in their care plans however there were no strategies or interventions describing how staff supported this.

The Assessment Team found that there were issues particularly relating to specific special needs groups that have not been considered in lifestyle and other care planning. These included special needs groups such as people who have lived in rural and remote areas, financially and socially disadvantage people, veterans, people who were homeless or at risk of becoming homeless, care leavers, and parents separated from their children by forced removal or adoption. This information is not adequately reflected in lifestyle care plans and profiles that is necessary to ensure that interventions are culturally safe.

The Approved Provider submitted a comprehensive response relating to the findings of the Assessment Team including additional information and evidence. The Approved Provider acknowledged that there were improvements that could be made and that there had been an immediate response to the findings of the Assessment Team. The information included a comprehensive training schedule for improvements to cultural safety as well as indicating that the Approved Provider has a strong commitment to try and address this issue.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning 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 organization 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 and representatives interviewed considered they are partners in the ongoing assessment and planning of consumer's care. Some expressed dissatisfaction about how staffing might have impacted some aspects of their assessment and care planning, while others felt well looked after. In addition, most sampled consumers/representatives said the service had discussed end of life planning with them and end of life preferences have been discussed regularly during care plan reviews and case conferences.

Review of documentation found inconsistencies in regular review of care and services post incidents and that care plans are also not consistently evaluated to reflect updates after a medical review.

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

The Assessment Team found the service demonstrated that the outcomes of assessments are communicated to the consumers and their representatives in most cases. However, some consumers and representatives sampled felt communication in relation to their care and services could be improved. In addition, some care plans reviewed by the Assessment team were not accurate reflections of the outcomes of assessment and planning. This meant that the care and service plan did not corroborate information following a review from the external specialists.

A review of consumers' care and service records did not reflect outcomes from assessment and planning are updated in the care plans. As an example, a consumer with challenging behaviours was assessed by an external organisation and recommendations, including strategies and possible contributing factors were recognised and highlighted to assist staff. However, the consumer care plan has no information about the review and recommended strategies. In addition, whilst the representative was told about the review there is no evidence in the progress notes to state that the recommendations were discussed with the representative. This was also confirmed during an interview with the representative. In addition, staff who refer to care plan prior to providing care were unaware about the recommendation and how to manage the challenging behaviours.

Staff said that they discuss the care plan and contents of the care plan with the consumers or their representative during their resident of the day program. The registered nurse on duty calls the next of kin and updates about any changes in the care plan. Care staff interviewed confirmed they have access to the electronic clinical care planning system and can check the care plan if they were concerned about a consumer's personal or clinical care.

The Approved Provider submitted a comprehensive response relating to the findings of the Assessment Team including additional information and evidence. It is acknowledged that the Approved Provider does make care plans readily available to consumers/representatives and staff. In addition, this information did provide extra context around some of the timing with reporting of external care reviews however this did not show relevance to the care plans not being updated once recommendations were received. The Approved Provider also provided evidence of improvements made since the site audit. However, the information and evidence supplied did not dispel that care plans were not consistently updated upon review and that information is shared with consumer/representative as seen by the Assessment Team during the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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) Non-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.*

The Assessment Team found that the service could not demonstrate that care and services are reviewed regularly for some consumers. It was noted that a comprehensive review of care plans is not conducted for effectiveness when circumstances change, or incidents occur that impact consumers' needs, goals, or preferences. While the service has a schedule to ensure regular reviews of care plans are undertaken, updates of the care plan post reviews are not occurring.

From the consumers sampled not all care and services plans showed evidence of regular review for effectiveness when circumstances change, when incidents occur or when the needs of consumers changes. This was evidenced for consumers with challenging behaviours, use of mechanical restraint and follow up after incidents. In addition, the regular review of care plans has not identified whether interventions have been evaluated for their effectiveness.

While some sampled care plans are being developed with consideration of risks to the consumer's health and wellbeing and are being reviewed at least every three months, the Assessment Team found some lack of a personalised and effective strategies in place for some consumers. Some care plans do not consistently inform the delivery of safe and effective care and services for the consumer. For example, a care plan did not include information about equipment use and there was no associated risk assessment in place. This demonstrates that her care plans are not regularly reviewed for effectiveness.

Staff interviewed could describe the service's assessment and care plan evaluation processes and how consumers' care plans are reviewed regularly. They said assessments for skin, mobility and falls are conducted annually unless the consumer has a fall, then it will be assessed as required. The physiotherapist said they review consumers after every fall, the care plan for consumers' mobility and dexterity is 'adjusted as needed’.

The Approved Provider submitted a comprehensive response relating to the findings of the Assessment Team including additional information and evidence. It is acknowledged that the Approved Provider does make care plans readily available to consumers/representatives and staff. In addition, this information did provide extra context around some of the timing with reporting of external care reviews however this did not show relevance to the care plans not being updated once recommendations were received. The Approved Provider also provided evidence of improvements made since the site audit. However, the information and evidence supplied did not dispel that care plans were not consistently updated upon review and that information is shared with consumer/representative as seen by the Assessment Team during the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer's experience and how the organization 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 Assessment Team also examined relevant documents.

Most consumers/representatives confirmed that they get the care they need, including personal hygiene, meals, medication, wound and skincare, pain management, mobility and exercise and assistance with continence care needs. In addition, consumers and representatives interviewed confirmed that they could access a doctor or other health professional when they need to.

While consumers/representatives mostly gave positive feedback about clinical and personal care, the review of care and service records does show that for some consumers the clinical care provided is not consistently best practice and does not optimise consumers' health and wellbeing.

The service has written materials and systems to enable staff to provide comfort and maximise the dignity of a consumer receiving palliative care. The service also has practices to minimise infections and promote appropriate prescribing and usage of antibiotics.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that whilst consumers/representatives mainly gave positive feedback about clinical and personal care, the review of care and service records do not consistently support the optimisation consumers' health and wellbeing. A review of care and other records indicates that each consumer does not always get safe or effective care.

The Assessment Team found this was the case for choking hazard management, diabetes management, wound care and risk management. In contrast, whilst there have been some inconsistencies found with the care for some consumers there were other consumer files reviewed where consumers are receiving clinical and personal care tailored to their needs which is safe and effective. Also noted was that restrictive practises were effectively managed.

The Approved Provider submitted a comprehensive response relating to the findings of the Assessment Team including addition information and evidence. This information did provide extra context around some of consumer care provided which did provide some explanation as to consumer care provided. The Approved Provider also acknowledged that improvements could be made to wound care and had already made improvements to apply more consistency. Taking this into consideration there is no strong evidence to show that there is a systemic issue relating to the provision of effective and safe consumer care. In addition, most consumers felt they were receiving the best care that was right for them. The Approved Provider has shown that it is able to provide safe and effective personal care for consumers but has also shown that it is responsive to feedback and willing to make improvements where necessary to achieve a high standard of care consistently for each consumer.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANTServices and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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.

Some sampled consumers did not consider 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 and did not always feel supported to do the things they want to do. In addition, some consumers said they did not get safe and effective services compromising their emotional and physical wellbeing and quality of life and they did not receive assistance to be connected with communities of significance to them outside the service.

Consumer interviews and meal menus reviewed evidenced meals provided are varied and of suitable quality and quantity. The Assessment Team also observed that lifestyle and other equipment provided was safe, suitable, clean and well maintained.

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

The Assessment Team found that consumers do not receive 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 sampled provided feedback that they are not regularly and consistently supported to do the things they want to do. This was seen in relation to faith and cultural connections. In addition, some requests to improve the comfort in their rooms were not addressed.

Care planning documentation for consumers sampled did not always include information about the services and supports they need to help them do the things they want to do. Care plans are developed did not include needs/preferences and goals did not appear to be individualised. In addition, interventions were not always clearly connected to identified needs/preferences and goals.

The Assessment Team also found that care planning documentation did not include accurate and up to date profile information about what was important to consumers. This could be linked to the information technology software issues where assessment information not being automatically populated into consumer profiles. Management acknowledged this issue with the Assessment Team and said all profiles will be reviewed and updated and a process put in place to ensure profiles are updated when consumer assessments and reassessments are completed.

Care staff, lifestyle staff and management confirmed they were conversant with consumers’ lifestyle needs and preferences and could explain in detail how services and supports should be provided to them. However, most staff interviewed said there are not enough staff to provide quality care and not all consumers are supported to attend the activities of their choice. The lifestyle officer said lifestyle assessments and care plans are completed for all the consumers. The lifestyle officer confirmed she was not up to date with a consumer lifestyle reassessment schedule. They also confirmed that while consumers are consulted about group activities, the schedule usually remains the same with recurring activities and that there was no lifestyle co-ordinator for consumers on weekends except for the dementia unit.

The Approved Provider submitted a comprehensive response relating to the findings of the Assessment Team including addition information and evidence. This information was able to provide context about two of the consumers sampled that had raised is acknowledged that the Approved Provider does make care plans readily available to consumers/representatives and staff. In addition, this information did provide extra context around some of the consumers having issues with their room environment and this has been taken into consideration. However, the Approved Provider was unable to dispel the findings in relation to other consumers sampled and had acknowledged that there is improvement to be made in relation to lifestyle assessments and the co-ordination of information across paper and system generated plans and consumer goals.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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) Non-compliant

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

The Assessment Team found that the services and supports are not always provided to promote each consumer’s emotional, spiritual and psychological wellbeing. Some consumers interviewed confirmed staff are usually too busy to provide quality care including emotional, spiritual and psychological well-being.

For the consumers sampled, lifestyle profiles and care planning documentation did not include templated domains about cultural, emotional, spiritual or psychological wellbeing. Furthermore, there are no specific needs, goals, preferences or strategies to specifically addressing emotional, spiritual or psychological wellbeing for some sampled consumers within their lifestyle care plans. However, there is limited information such as references to religious and cultural history or preferences and some things that are important to them.

The Approved Provider submitted a comprehensive response relating to the findings of the Assessment Team including addition information and evidence. This information was able to provide context about the structure of the information they capture in multiple locations. However, the Approved Provider was unable to dispel the findings and acknowledges that there is improvement to be made in relation to capturing consumer needs and connections so that these are more co-ordinated and more readily accessible so that the consumers well-bring is supported

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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.*

The Assessment team found that services and supports for daily living do not assist each consumer to participate in their community within and outside the service and do the things of interest to them. However, the Assessment Team found that the service does support and assist with the maintenance of social and personal relationships.

For the consumers sampled, lifestyle profiles and care planning documentation contained limited information relating to consumer participation in their community and current activities of interest to them.

Management and staff were able to explain how consumers participate in the community and how they keep in touch with the people important to them. Mobile phone contact and face to face communications have been put in place for many consumers and there are regular visitors. Volunteers told the Assessment Team they are happy to be back volunteering at the service.

The Approved Provider submitted a comprehensive response relating to the findings of the Assessment Team including addition information and evidence. This information did substantiate further this requirement by providing extra evidence around celebrations and links to the community in which consumers are involved. In addition, the Approved Provider has shown they have a strong commitment and plan to improve documentation to support daily living to consumers. Therefore, there is little evidence to support a systemic ongoing concern.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that 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.*

The Assessment Team found that information about the consumer’s condition, needs and preferences is not effectively communicated within the organisation in relation to lifestyle care plans. These plans did not adequately identify the cultural, diversity, emotional wellbeing and other needs. This information is necessary for staff to complete all clinical and other domains of the care plan and to meet consumers’ needs.

When asked at interview by the Assessment Team, the lifestyle officer did not provide information of how relevant information is considered and recorded in care plans for all consumers so that it could be shared within the service to ensure care and services are culturally safe. However, meeting minutes reviewed by the Assessment Team demonstrate a range of consumer issues are discussed. Staff handovers are conducted in private locations away from consumers and visitors. Handover documents record information relevant to the daily change/s in consumers' care, referrals and appointments. Electronic alerts in the care documentation system notify staff of consumers' health status changes.

The Approved Provider submitted a comprehensive response relating to the findings of the Assessment Team including addition information and evidence. This information did provide context around the use of polices in relation to this requirement. From the evidence provided by the Assessment Team it is difficult to formulate enough information to substantiate that the Approved Provider has difficulty sharing consumer care information across the organisation that is systemic; particularly when the Assessment Team found a range of consumer needs were highlighted across a range of different communication avenues. It is noted that the lifestyle area does require improvement however the Approved Provider has shown they have a strong commitment and plan to improve documentation in relation to this.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that services 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.*

The Assessment Team found that timely and appropriate referrals to individuals, other organisations and providers of other care and services was not evidenced from consumer and staff feedback and care planning documents reviewed. Consumers and their representatives did not provide any examples where they have been referred to or facilitated access to individuals, other organisations and providers of care and services that relate to services and supports for daily living.

The Assessment Team reviewed each lifestyle care plan for consumers sampled and did not find any examples of the involvement of others in provision of lifestyle supports.

The Approved Provider submitted a response relating to the findings of the Assessment Team including addition information and evidence. This information did provide context around the use of polices in relation to this requirement. From the evidence provided by the Assessment Team it is difficult to formulate enough information to substantiate that the Approved Provider does not initiate timely and appropriate referrals for consumers outside of the organisation. The only evidence provided was in relation to the lifestyle area which does not show a systemic issue. It is also hard to determine if consumer feedback was only in relation to lifestyle areas which again does not support a systemic issue.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation 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 sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed confirmed they feel safe and at home in the service, their visitors feel welcome and there are nice areas to entertain their visitors. In addition, most consumers and representatives expressed high level satisfaction with the cleanliness of the environment and equipment provided to them was suitable for their needs and well maintained.

The service has spacious single and shared rooms with well-maintained furniture and fittings. There are several lounge and dining areas and external garden and sitting areas. The dementia support unit has its own large garden area designed specifically for people with cognitive decline to enjoy in a safe way. Consumers can move freely indoors and outdoors with assistance if required.

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 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.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Staff spoke of encouraging and supporting consumers to do so and records reviewed confirmed this occurs.

Consumers and representatives were aware of advocacy services and some were aware of external complaint mechanisms. Promotion of advocacy services and external complaint mechanisms were observed throughout the service and in documentation provided to consumers/representatives.

Staff understood their responsibilities in the open disclosure process. Management were able to demonstrate that complaints had been adequately addressed and an open disclosure process was consistently applied. The service was also able to demonstrate it endeavours to record and review all feedback and uses the information to improve quality of care and services. Review of the service’s system demonstrated that feedback is consistently recorded, monitored and reviewed to drive continuous improvement.

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 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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 sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. In addition, most consumers interviewed were satisfied with the staff at the service and that they attend to their needs in a respectful manner. However, some consumers were not satisfied with the number of staff at the service and provided examples of when they have not had their needs met in a timely manner.

The Assessment Team observed staff attending to consumers in a calm and kind manner. Majority of staff interviewed confirmed that they are able to complete their allocated tasks each day.

The Quality Standard is assessed as Non-compliant as one 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 found that the organisation could not effectively demonstrate that the workforce is planned and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. In addition, some consumers interviewed identified issues regarding the adequacy of staff numbers. Some consumers said that the staff are “very good” but they are very busy and do not always meet their needs in a timely manner.

Management said there is a system within the organisation to fill unexpected unfilled shifts. Management also stated that they are in the process of recruiting additional permanent part time staff to ensure that their core roster is filled at all times.

One staff member said there are never enough staff and she often has to assist care staff with basic care such as showering and toileting. Another staff member said it upsets her to talk about how understaffed they always are and that they need more staff or more floaters. She said the only chance they have to talk to consumers is when they are busy giving them care such as when they are giving them a shower.

The organisation has a centralised rostering system, which elevates the service management team from the task of rostering and filling unexpected leave. However, service management still have oversight of the roster and staff allocations.

The Approved Provider submitted a comprehensive response relating to the findings of the Assessment Team including addition information and evidence. This information provided in depth details about staffing levels and the recent consumer satisfaction survey. Whilst this information did provide further detail it did not address the concerns as outlined by the consumers and some staff. Whilst I can also agree with the Approved Provider that staffing levels are provided for a higher capacity rate than the service currently has this in itself does not dispel the finding of the Assessment Team.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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.*

The Assessment Team found that work force interaction with consumers is not always kind caring and respectful of each consumer. Two consumers interviewed expressed that staff are often busy and this compromises their care. They also stated that staff are particularly rushed over the weekend and sometimes in the afternoon. In contrast, most other consumers spoke positively about the staff at the service.

The Assessment Team observed many respectful, kind and caring interactions between staff and consumers throughout the Site Audit.

The Approved Provider submitted a response relating to the findings of the Assessment Team including addition information and evidence. This information did provide context relating to the consumers who were concerned about their interactions with staff. With this information combined with the evidence seen by the Assessment Team of staff interactions on the day of the site audit, the service can demonstrate that staff interactions are kind, caring and respectful. There is also no evidence to suggest that these interactions are not kind and caring even if they are rushed as it’s possible that at times staff will need to prioritise interactions.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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).

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers could provide examples of how they are involved in the development, delivery and evaluation of care and services. They also confirmed that they are familiar with management, the executive team and are aware that the CEO and board members sometimes attend their service and gain their feedback.

The service is part of the organisation wide-governance structure and framework. The executive management team were able to demonstrate the governance systems through which the board ensures and engages in the provision of safe, quality and effective consumer care compliant with legislative requirements and the Quality Standards.

The service has effective organisation-wide governance systems in the key areas of information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. It demonstrated that it has sound local governance systems that feed into and are supported by the overall organisational governance framework and accountability structure.

The service has risk management systems in the areas of high impact high prevalence risk, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can. Staff also demonstrated they are able to apply the framework in their day-to-day practice.

The organisation provided a documented risk management framework as part of its overall governance framework. The governance framework outlines the responsibilities, structures and expectations regarding the provision of quality clinical care to ensure the safety, health and wellbeing of consumers. In addition, the organisation was able to provide a documented clinical governance framework that included a policy for antimicrobial stewardship, minimising the use of restraint and open disclosure policy.

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.

### Requirement 1(3)(a)

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

* Review consumer records and speak with consumers to ensure their identity is captured consistently and that this translates into practice to meet their identity and cultural needs.
* Continue to investigate the feedback relating to the provision of inappropriate care and escalate ensuring that all mandatory reporting requirements are met.
* Ensure staff are treating all consumers with respect and dignity and if time pressures are the cause that this is investigated and improved so staff have the ability to treat all consumers with dignity and respect.

### Requirement 1(3)(b)

Care and services are culturally safe.

* Ensure that the improvement plan as supplied in response to the site audit report is completed as scheduled.
* Review consumer records and speak with consumers to ensure their care is culturally safe and reflective of what is culturally important to them.

### Requirement 2(3)(d)

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.

* Review and improve processes for updating care plans after consumer care needs are updated by health professionals and external organisations.
* Review and improve processes for informing consumers/representatives once a care plan has been updated.

### Requirement 2(3)(e)

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.

* Improve the process for capturing information when circumstances change or when incidents occur to enable effective care and services for consumers.
* Ensure that all improvements are applied in practice consistently.
* Ensure staff are consistently applying the expected level of reviews and updates to care plans as outlined by the processes and procedures.

### Requirement 4(3)(a)

*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.*

* Continue to improve to ensure that each consumer gets safe and effective care supporting independence and consumer goals as outlined in your response to the site audit report.
* Ensure goals and preferences recorded are individualised and meaningful for each consumer.
* Make improvements to the cultural connections that are important to consumers.

### Requirement 4(3)(b)

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

* Continue to improve the recording mechanisms so they are streamlines and easy for staff to access to ensure that each consumer’s emotional, spiritual and psychological well-being is supported.
* Make improvements to the cultural connections that are important to consumers to improve spiritual well-being.

### Requirement 7(3)(a)

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.

* Continue to recruit as planned and continue to review staffing levels for effectiveness.
* Seek staff and consumer feedback on staffing levels in relation to the ability to provide high quality consumer care. Use this feedback to work through potential issues and better support staff.