Warrigal Care Calwell

Performance Report

43 Were Street
CALWELL ACT 2905
Phone number: 02 6298 5200

**Commission ID:** 2948

**Provider name:** Warrigal Care

**Site Audit date:** 17 May 2021 to 20 May 2021

**Date of Performance Report:** 22 June 2021

# 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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | 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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

**Detailed assessment**

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment conducted 17 - 20 May 2021, 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 15 June 2021.

**STANDARD 1 COMPLIANT
Consumer dignity and choice**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 1**

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

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.

The Assessment Team found that most sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

The Assessment Team interviewed consumers who confirmed they are supported and receive information from the service to make decisions about the care and services they receive. The consumers confirmed personal privacy is respected and the Assessment Team observed staff practices that respected consumers’ privacy and personal information.

The Assessment Team interviewed staff who described how they support consumers to make decisions about their care and services.

**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 COMPLIANT
Ongoing assessment and planning with consumers**

**Consumer outcome:**

1. 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**

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

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

The Assessment Team found that most sampled consumer representatives said they felt satisfied in relation to the ongoing assessment and planning of consumer care and services. Consumer representatives were involved with the assessment and care planning but were not always offered a copy of the care plan following the case conference.

The Assessment Team spoke to management who advised that they did ask the representatives if they wanted a copy at the completion of the meeting. However, management reported that there were case conferences that still needed to be conducted to ensure that consumers and representatives are involved in assessment and planning. Management also advised that many consumers did not have any advanced care planning or end of life planning in place.

The Assessment Team reviewed care planning documents which contains the documentation of goals that refer to the current needs described in care domains and preferences for the consumers sampled. The team identified that there is a process for assessment and planning for consumers at the service including the completion of risk screening tools. Risk assessments were observed in relation to consumers managing dignity of risk. Consumers found to be on anti-coagulant therapy, all had an alert for taking this medication which described what staff need to observe for and report.

Consumer representatives reported the care and services of consumers are reviewed when a change in condition occurs. All care plans reviewed by the Assessment Team had been regularly evaluated.

The Assessment Team identified that the organisation seeks input from various health professionals to ensure the consumer receives comprehensive assessment of their needs.

**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.*

The Assessment Team found that some consumers had advanced care planning or end of life planning in place. Care plans at the service are in the process of being completed and uploaded on to the electronic management system. Management advised the Assessment Team that all the care plans had been completed, however there were case conferences that remained to be completed and advance care planning has not been completed for many of the consumers. Management advised that care plans at the service were in the process of being reviewed and entered onto the electronic management system as the previous provider had a paper-based system.

The Assessment Team found that care plans at the service include goals for the consumers sampled. The goals relate to the needs and preferences of the consumer in specific domains. Care planning documents detail current care needs and preferences for the consumers sampled. Care plans including specific care domains which are completed by the clinical care manager following a case conference meeting with the consumer and/or representative. Care plans sampled document individualised personal preferences for consumers such as personal care.

The approved provider submitted further evidence demonstrating that 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.

I find that the approved provider is compliant with this requirement.

**Requirement 2(3)(c) Compliant**

*The organisation demonstrates that assessment and planning:*

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

**Requirement 2(3)(d) Compliant**

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

**Requirement 2(3)(e) Compliant**

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

**STANDARD 3 NON-COMPLIANT
Personal care and clinical care**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 3**

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The Assessment Team interviewed consumers and representatives with most consumers saying they felt at home and most representatives being satisfied with the care and services received for consumer and that the staff were kind, caring and they had no complaints.

However, the Assessment Team found management at the service are not aware of the definition of chemical restraint. The service demonstrated they were not aware of what a relevant diagnosis is for specific classes of psychotropics. The psychotropic register did not always list relevant diagnoses for certain classes of prescribed psychotropics. Medical authorisations for chemical restraint were presented on request. Wound management did not always follow best practice guidelines. Pain management for consumers sampled was effectively assessed or reviewed for consumers sampled, however one consumer said that her pain was not managed well overnight by the service.

**Assessment of Standard 3 Requirements**

**Requirement 3(3)(a) Non-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 care documents generally reflected individualised care that is safe, effective and tailored to consumer specific needs. Care documents sampled demonstrated the identification and management of pressure injuries and pain. However, the service did not demonstrate that it always follows best practice as some consumers still do not have an appropriate diagnosis for the use of psychotropic medications and staff are not always documenting wound assessments and following the services’ skin injury prevention and wound care policy and procedure.

The approved provider responded to the Assessment Teams report and advised there had been instances where wound management was not followed as per the Warrigal Care wound care policy and corrective actions have been put in place with further training implemented.

I find that the approved provider is not compliant with this requirement.

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

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

The Assessment Team found that consumer care documents demonstrated effective management of high impact and high prevalence risks including risk of falls and diabetes. However, risks for consumers are not always effectively assessed in the areas of medication management and recognition of challenging behaviours. The Assessment Team interviewed sampled consumers who reported that another consumer was entering their rooms without consent and management were unaware of who the consumer was or of the situation.

The Assessment Team spoke with a representative who advised the team that staff are leaving medication in the rooms to be taken unsupervised.

The approved provider responded to the Assessment Teams report and advised that the staff member involved in the medication management incident has been counselled with further competency training completed. Further monitoring has identified no further issues related to medication management.

I find that the approved provider is not compliant with this requirement.

**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.*

The Assessment Team found that for sampled consumers the service is identifying the deterioration or change in condition for most consumers sampled with appropriate response and escalation in a timely manner.

The Assessment Team interviewed consumer representatives who confirmed that they were informed of any changes and deterioration of condition of the consumer.

I find that the approved provider is compliant with this requirement.

**Requirement 3(3)(e) Compliant**

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

**Requirement 3(3)(f) Compliant**

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

**Requirement 3(3)(g) Compliant**

*Minimisation of infection related risks through implementing:*

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

**STANDARD 4 NON-COMPLIANT
Services and support for daily living**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 4**

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

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.

The Assessment Team found that most sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do and to participate in their community if they want to.

The Assessment Team interviewed consumers who confirmed they are supported to keep in touch with people who are important to them. Consumers provided mixed feedback about the food service. While most consumers sampled said they get enough food and it is varied, some consumers said that although there are forums in the service for raising feedback about meals, they feel they are not listened to when they raise their concerns.

The Assessment Team found that most consumers interviewed said there are enough activities in the service for them to engage in. Although some sampled consumers said they never felt low, others said they feel lonely, or have times when they feel down and would like staff to spend more time talking with them. While care staff explained how they would sit and talk with a consumer if they noticed they were feeling low, some care staff said they did not have the time to do this and said there were no volunteers or counsellors to just sit and talk with consumers.

**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) Non-compliant**

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

The Assessment Team found that some consumers sampled said they never felt low, others said they feel lonely, or have times when they feel down, and would like staff to spend more time talking with them. Care plans included information about how to support consumers’ emotional, spiritual or psychological well-being. Although care staff explained how they would sit and talk with a consumer if they noticed they were feeling low, some care staff said they did not have the time to do this as they are often short staffed and had to prioritise tasks and did not identify any other providers of emotional support consumers could access. Clinical care managers and registered nurses identified mental health services and an external pastoral care team who they could refer consumers to however said there were no volunteers or counsellors to just sit and talk with consumers.

The approved provider responded to the Assessment Teams report and advised that their multidisciplinary team actively engages with residents and that volunteers will commence with the service on 30 June 2021. I acknowledge that the service is initiating measures to support the consumers, however at the time of assessment, feedback received was that staffing levels inhibited meaningful interaction with consumers.

I find that the approved provider is not compliant with this requirement.

**Requirement 4(3)(c) Compliant**

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

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

**Requirement 4(3)(d) Compliant**

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

**Requirement 4(3)(e) Compliant**

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

**Requirement 4(3)(f) Compliant**

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

**Requirement 4(3)(g) Compliant**

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

**STANDARD 5 COMPLIANT
Organisation’s service environment**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 5**

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

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.

The Assessment Team found that most sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. However, one consumer did not feel safe when staff were using manual handling techniques to provide care.

The Assessment Team interviewed consumers who confirmed that they feel at home and they can access outdoors. However, there were some doors that led to garden areas in the memory support unit that were locked. Consumers said the service welcomes visitors and the service environment is clean and well maintained.

The Assessment Team observed consumer rooms contained personal items, such as furniture, photos and pictures.

The Assessment Team found that the service demonstrated the use of cleaning schedules, and maintenance systems are in place for reactive and preventative maintenance at the service. While the service environment of three communities was observed by the Assessment Team to be welcoming, the memory support unit’s environment is not welcoming and does not adhere to dementia enabling principles to optimise each consumer’s sense of belonging, independence, interaction and function. This was recognised by management who said renovations to the area would take around six months to complete.

**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.*

The Assessment Team found that the service environment outside the memory support unit has areas for consumers to interact with other consumers or sit quietly by themselves. The areas contain different seating options with different colours and styles. There are small and large chess boards, tables with jigsaws to complete, vases with flowers, magazines to read on coffee tables, plants, a piano and bookcases filled with magazines and novels. All consumer rooms have handmade name plaques on them, positioned at an appropriate eye level. The environment is bright with natural light, and all curtains were open. All doors to access outside were open.

However, the Assessment Team found that the entry to the memory support unit is not welcoming. Although there are small quiet areas to sit at the end of corridors, the curtains were all closed. One small quiet area was very dark and had a lot of furniture which made the area cramped. Although there were doors to access the garden area that were unlocked, the doors in the kitchen/activity areas and another door were locked. Two large clocks showed the wrong time and not all the furniture was clean and well maintained.

The approved provider responded to the Assessment Teams report and advised that there have been continuous improvements to the memory support unit with further discussion for improvements to occur in the upcoming resident and representatives meeting. The provider also advised that the curtains are closed on consumers request and that the issues identified in the report have been addressed or are being addressed.

I find that the approved provider is compliant with this requirement.

**Requirement 5(3)(b) Compliant**

*The service environment:*

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

**Requirement 5(3)(c) Compliant**

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

**STANDARD 6 NON-COMPLIANT
Feedback and complaints**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 6**

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

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.

The Assessment Team found that overall sampled consumers and representatives considered that they are encouraged and supported to give feedback and make complaints, however not all felt that appropriate action is taken.

The Assessment Team interviewed consumers and representatives who said they were aware of the resident/relative meetings however none had attended any meetings in the last six months and representatives said they could not attend as they occur during business hours. One representative said they were hesitant to raise any issues with the previous general manager but was able to do so with CCMs and RNs. Some representatives said they can raise their concerns and make a complaint but were not confident the service would resolve them and were not aware of changes made as a result of feedback and complaints made. No consumers or representatives interviewed were aware of advocacy or language services available to them.

The Assessment Team observed that open disclosure was not well understood by all staff and that not all complaints are recorded on the service’s complaints register, particularly complaints made in relation to non-clinical issues such as food and staffing levels.

**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.*

The Assessment Team found that although the service arranges for ADACAS to visit once a year to meet with consumers, all consumers and representatives interviewed were not aware of advocacy services available. No consumers and representatives were aware of language services available to them. Staff interviewed were also not aware of advocacy services and not all staff were aware of language services available to consumers.

The Assessment Team interviewed sampled representatives and found they were aware that they could make a complaint through the Commission but could not recall if they were informed about this by the service or through their own research.

The approved provider responded to the Assessment Teams report and advised that, access to advocates and language services are available for all residents. Posters and pamphlets are displayed in the home, information is included in the welcome pack, language services have been emailed to families and the ACT Disability Aged and Carer Advocacy Service is attending the home on 3 June 2021. Further information about advocacy and language services will be provided at the resident/representative meetings and included in the newsletter. Further information to staff will be included in the staff meeting and promoted at handover.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team found that while most consumers and some representatives were satisfied with the actions taken in relation to their complaints or issues they raised, many representatives said they were not always confident the service would take appropriate action and were not satisfied with actions taken to resolve their complaint. Despite consultation with consumers about food, ongoing complaints since the service transitioned to Warrigal indicate that appropriate action has not yet been taken. Open disclosure was not well understood by all staff.

The Assessment Team interviewed consumers and representative who said they did not receive a complaint acknowledgment letter in accordance with the service’s policy and procedure.

The Assessment Team interviewed staff and found that they had a mixed understanding of the term ‘open disclosure’ and knowledge of the service’s open disclosure policy. Four out of five care staff interviewed did not know what open disclosure was. Some believed it related to maintaining confidentiality. CCMs and RNs were generally aware of what open disclosure is and were able to provide examples of how it effects their day-to-day work.

The approved provider responded to the Assessment Teams report and provided examples of when consumers complaints had been addressed and numbers of staff have undertaken open disclosure training, however there was considerable feedback from consumers about complaints that have not been resolved.

I find that the approved provider is not compliant with this requirement.

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

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

The Assessment Team found that all representatives interviewed said they were not aware of changes made as a result of feedback and complaints made. After review of the service’s complaint register and interviews with consumers, representatives and staff, the Assessment Team found that not all complaints were recorded on the complaints register. Management said complaint trends identify missing dentures and communication. However, management advised they were aware of complaints in relation to staffing and food. However, these are not reflected in the complaints register and have not been fully addressed to improve the quality of care and services.

The Assessment Team reviewed the complaint register which showed that not every complaint logged provided details necessary to be able to follow up and resolve the complaint. For example, many complaints did not identify who the complainant was or which consumer it related to. Management was asked to clarify who some of the complaints related to and they were not aware, so had to clarify with the CCMs.

The Assessment Team reviewed the resident/representative meeting minutes for 19 January 2021 and 9 March 2021. The meeting minutes show that issues raised by consumers at the 19 January 2021 meeting, around staff not introducing themselves/not identifying themselves upon entering a consumer’s room and lack of staff continuity, were unresolved and raised again in the 9 March 2021 meeting minutes.

The approved provider responded to the Assessment Teams report and advised that information contained in the Riskman (complaints) system may not have been reviewed. However, consumer interviews substantiate that the consumers and representatives have not identified improvements as a result of complaints and feedback, and the complaints that the team reviewed were not contained in the complaints register provided to the team.

I find that the approved provider is not compliant with this requirement.

**STANDARD 7 NON-COMPLIANT
Human resources**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 7**

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

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.

The Assessment Team found that most sampled consumers and representatives considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The Assessment Team interviewed consumers and representatives and observations made show staff are kind, caring and respectful to consumers. Most consumers and representative interviewed felt that staff were skilled enough to meet care needs. Some representatives said there are some language barriers with staff and this could impact on staff’s ability to deliver care needs. Representatives interviewed provided examples in areas that they felt staff required more training in. All consumers and representatives interviewed considered there were not enough staff at the service

The Assessment Team interviewed staff who also felt there were not enough staff at the service. As a result of staffing issues, some staff felt this compromised the care and services delivered to consumers. Staff generally said they receive training when requested but felt that training could be better delivered to ensure maximum learning. Not all staff were able to demonstrate their knowledge and responsibilities in relation to SIRS. Most staff could not recall when their last performance review had occurred but said that it had not occurred since the service transitioned to Warrigal care in December 2020. Not all staff felt supported to continuously improve.

**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.*

The Assessment Team found that all staff, consumers and representatives interviewed considered there were not enough staff at the service and this compromises the care and services delivered to consumers. For example, consumers do not receive personal care in accordance with their needs and preferences. Sometimes clinical care, such as wound dressing, must be passed on to the staff in the afternoon shift because morning staff do not have time to attend to them. The service does not have a system in place for monitoring and reviewing unfilled vacancies and call bell response times to identify gaps in staffing.

The Assessment Team asked management if there were unfilled vacancies and how many there had been in the last two weeks. Management said there were none. However, staff interviewed over the second and third day of the site audit indicated there were many unfilled vacancies leading to a shortage in staff.

The approved provider responded to the Assessment Teams report and provided additional documentation to support that the staffing levels were over the industry benchmarking which supported 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

I find that the approved provider is compliant with this requirement.

**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.*

The Assessment Team interviewed representatives who provided examples in areas that they felt staff required more training. These included providing physical and emotional support, basic care needs such as correctly putting on compression stockings and manual handling.

The Assessment Team interviewed staff who generally said they receive training when requested however, felt that training could be better delivered to ensure maximum learning. Not all staff were able to demonstrate their knowledge and responsibilities in relation to the serious incident response scheme (SIRS). The service has a range of policies and procedures in relation to staff review to identify training needs, but all were outdated, and scheduled review dates had lapsed in 2016.

The approved provider responded to the Assessment Teams report and provided evidence of training, that had been completed since acquiring the service in December 2020. I accept the additional information provided that staff have been trained, equipped and supported to deliver the outcomes of these standards, however, I also acknowledge the staff feedback which indicates that the training could be better delivered in order to be conducive to their learning.

I find that the approved provider is compliant with this requirement.

**Requirement 7(3)(e) Non-compliant**

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

The Assessment Team interviewed staff and found that most staff could not recall when their last performance review had occurred but said that it had not occurred since the service transitioned to Warrigal Care in December 2020. Not all staff felt supported to continuously improve.

The Assessment Team asked management how they monitor and review staff performance. Management and the CCMs said this is done through annual appraisals where staff self-assess their own performance and discuss with an RN in the case for care staff, CCM in the case of RNs, or the general manager in the case of CCMs. This process is used to identify training needs of staff. Some roles, such as RNs, also require annual competencies to be conducted and this is used monitor and review staff performance.

The approved provider responded to the Assessment Teams report and advised that the intention is Performance Appraisals should be completed once the management team was in place and the staff had the opportunity to be trained and understand Warrigal’s policies and processes. Further performance planning information will be provided to staff at the next staff meeting.

I find that the approved provider is not compliant with this requirement.

**STANDARD 8 NON-COMPLIANT
Organisational governance**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 8**

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

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).

The Assessment Team found that some sampled consumers and representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services. One representative believes there are no major issues at the service but rather there is a build-up of various small issues that have not improved such as communication between staff and maintenance issues not being logged. One representative believes the service is not well run because of management and low staffing levels. One representative said that she attended a recent Board meeting online to meet with the new management and this made her feel engaged with the service. Not all consumers and representatives interviewed considered the service to be well run or knew how they can take part in deciding how things are run or how care is delivered at the service.

The Assessment Team found that the Board demonstrated heavy involvement and presence at the service to support and promote a culture of safe, inclusive and quality care and service. The service has not undertaken any surveys or formal mechanisms to engage consumers or representative since transitioning to Warrigal. Effective organisation wide governance systems have been demonstrated in relation to information management, financial governance, and regulatory compliance. However, governance systems do not demonstrate effectiveness in relation to continuous improvement, workforce governance and feedback and complaints.

The Assessment Team interviewed staff who were able to demonstrate their knowledge on the service’s risk management system and how it applies to their day-to-day work. However, the service was not able to provide documents demonstrating that the service has an effective risk management system. Staff were able to demonstrate their knowledge on the service’s clinical governance framework and how it applies to their day-to-day work.

**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.*

The Assessment Team found that not all consumers and representatives interviewed considered the service to be well run or know how they can take part in deciding how things are run or how care is delivered at the service. No consumer or representative was able to provide an example of service improvements as a result of consumer or representative involvement. Overall representatives felt that the resident and representative meetings during work hours was not effective as they were not able to attend and cannot take part on deciding how things are run or how care is delivered.

The Assessment Team reviewed the service’s continuous improvement plan. All entries relate to improvements in clinical care and do not reflect that consumer engagement feeds into continuous improvement to drive changes in the service.

The approved provider responded to the Assessment Teams report and provided additional information about the range of mechanisms that are used to engage consumers and representatives in the development, delivery and evaluation of care and services.

I find that the approved provider is compliant with this requirement.

**Requirement 8(3)(b) Compliant**

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

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

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

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

The Assessment Team found that effective organisation wide governance systems have been demonstrated in relation to information management, financial governance, and regulatory compliance. However, governance systems do not demonstrate effectiveness in relation to continuous improvement, workforce governance and feedback and complaints.

The Assessment Team reviewed the service’s continuous improvement plan which reflects improvement in clinical care is the service’s current focus. However, the continuous improvement plan does not reflect other improvements required in relation to non-clinical issues as identified by staff, consumers and representatives and through complaints that are not logged in the complaints register.

The Assessment Team reviewed the service’s complaint register and found that not all complaints were recorded on the complaints register. Management said complaint trends identify missing dentures and communication and they were aware of complaints in relation to staffing and food. However, these are not reflected in the complaints register and have not been fully addressed to improve the quality of care and services.

The approved provider responded to the Assessment Teams report and provided information about the new feedback and complaint system and continuous improvement platform to capture complaints. However, I find at the time of Assessment, not all governance systems were effectively addressing non-clinical issues.

I find that the approved provider is not compliant with this requirement.

**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 3(3)(a) Non-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 approved provider must demonstrate that:

* Psychotropic medication register is completed with diagnosis for the use of medication.
* Wound Care is followed and documented as per organisational guidelines.

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

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

The approved provider must demonstrate that:

* Pain assessment and charting are completed for all consumers
* Medication evaluation is documented for effectiveness of the medication.
* Additional training is provided to staff administering medication to decrease the risk of consumers not taking their medication.
* The consumer is observed taking medication by staff.

**Requirement 4(3)(b) Non-compliant**

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

The approved provider must demonstrate that:

* Consumers’ emotional, spiritual and psychological well-being is recognised and considered by staff and that meaningful interaction occurs.
* Emotional support is accessible to consumers who are feeling low.

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

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

The approved provider must demonstrate that:

* All complaints are recorded and followed up for appropriate action.
* Open disclosure principles and training is discussed with staff.

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

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

The approved provider must demonstrate that:

* All complaints clinical and non-clinical are documented and appropriate action is taken to improve the quality of care and services.
* Complaints documentation guides continuous improvement.

**Requirement 7(3)(e) Non-compliant**

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

The approved provider must demonstrate that:

* Performance planning, monitoring and assessment is conducted regularly with staff.

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

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

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

*feedback and complaints*

The approved provider must demonstrate that:

* Governance systems capture and reflect effective wide governance in complaints and feedback, continuous improvement and workforce.