Wesley Rayward

Performance Report

3 Dalmar Place   
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**Commission ID:** 1007

**Provider name:** Wesley Community Services Limited

**Site Audit date:** 4 November 2020 to 6 November 2020

**Date of Performance Report:** 27 January 2021

# Publication of report

This Performance Report **may 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) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-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) | 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) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | 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) | Non-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) | Non-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, 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 4 December 2020.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation, and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation.

Overall, sampled consumers considered they are treated with dignity and respect, can maintain their identity make informed choices about their care and services, and live the life they choose.

For example:

* Consumers interviewed said staff demonstrate respect by calling them by the title of ‘doctor or sister’.
* One consumer said he is encouraged to do things for himself like walk to the courtyard each morning.
* All consumers said their personal privacy is respected by staff knocking on the doors and closing the bathroom doors when they are showering or toileting.
* Staff were observed to treat consumers respectfully while providing care and services and when speaking to consumers.

However, the Assessment Team could not identify that the Approved Provider (provider) adequately supported consumers from a non-English speaking background. The provider has since responded to this finding demonstrating that consumers are supported with a wide range of communication tools.

The Assessment Team also found the provider unable to demonstrate adequate risk management and support for consumers. Whilst the provider has identified risk to the consumer and a risk acknowledgment has been signed, a risk assessment process has not been completed on all occasions. This may indicate consumers are not adequately informed on why the activity is a risk, possible alternatives, interventions, and strategies to minimise the risk.

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

## Assessment of Standard 1 Requirements

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

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

The Assessment Team interviewed a sample of consumers who mostly stated that staff treat them with dignity and respect. Their care planning documents were also reviewed and were found to identify their diversity and what was important to them.

The Assessment Team interviewed a sample of staff who confirmed they have received training about dignity and respect, were able to demonstrate knowledge on how to apply this with consumers, and were able to demonstrate familiarity with consumer backgrounds and individual care needs. Staff interviewed were also able to describe how non-English speaking consumers were supported, including the use of bilingual staff, communication aids such as cue cards and calls to consumers representatives for translation. Management staff also suggested that Translating and Interpreting Service (TIS) was available for staff to use to communicate to consumers. During the assessment, the team observed staff interactions to be kind and respectful.

However, one staff stated it was difficult to communicate to a non-English speaking consumer in the Dementia Staff Unit (DSU) whom had reverted to her native language. The staff also said it was also difficult to identify the consumer’s needs. The Assessment team reviewed the consumer’s care documents and found no evidence translating services were utilised to assist communication with this participant. Furthermore, the team was unable to identify that the consumer was referred to Dementia Support Australia (DSA) to manage her needs, implying the management of her needs may have been impacted by a language barrier. The provider has since responded to this finding stating there are strategies to communicate with the consumer which are evidenced in her care plan; this includes gestures, cue cards, use of family and staff for interpreting. Within her progress notes, it evidences these strategies working well with the consumer. For example, the consumer effectively communicated with non-verbal gestures (entry dated 4th October), with a staff that speaks her language (entry dated 5th October), and with a communication folder (entry dated 9th October). The provider states there has not been the use of TIS with the consumer as to date as there has not been an occasion identified where staff reported difficulty communicating with her. Nevertheless, the provider has since provided further TIS training to staff and ensured TIS details are recorded in each consumer’s care plan. The provider’s response evidenced that the consumer was referred to DSA and other services in a timely manner to identify her needs, indicating her care was not delayed by her non-English speaking background.

The Assessment Team also identified two other non-English speaking consumers whose care plan did not completely note communication strategies. The provider responded that one of these consumers did have existing strategies noted in his care plans at the time of assessment (cue cards, gestures, identified staff and family who could assist with communication), and his care plan and progress notes have since been further updated after the assessment. For the other non-English speaking consumer, the provider notes she has been supported by gestures, bilingual staff and calls to her representative, although her care plan has now been updated to more accurately reflect the strategies used.

The Assessment Team had recommended this requirement as not met, but I am satisfied with the response from the provider regarding the team’s findings.

Based on the evidence (summarised above), I find this requirement is Compliant as 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) Non-compliant

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

The Assessment Team interviewed a sample of consumers who generally stated they feel heard when they tell members of the workforce what matters to them and what they want. Some consumers also stated they can take risk and have signed risk acknowledgement forms. Management staff were able to provide examples of these risk acknowledgement forms.

However, the Assessment Team found that not all consumers were adequately supported to take risks. Some did not have risk assessments completed as required, or their assessment was otherwise incomplete. Examples of incomplete risk assessments were assessments for self-medication and bed rails. The Assessment Team was also unable to identify that some consumers have been adequately informed of the risk, including why the activity is a risk, possible alternatives, interventions, and strategies to minimise the risk. The provider has responded to these findings by completing the risk assessments for these consumers, and organising family case conferences to discuss the risks with the consumer’s representatives or health professionals.

### Based on the evidence (summarised above), I find this requirement is Non-Compliant as it could not be demonstrated consumers are supported to take risks to enable them to live the best life they can.

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall, sampled consumers reported that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers and/or representatives interviewed confirmed they are involved in care planning. Where consumers were unsure (due to age related cognitive decline) they were confident that their family was involved, and they were receiving care that met their needs and preferences.
* Consumers and/or their representatives confirmed they are informed about the outcomes of assessment and planning and have been offered the option of receiving a copy of the care and services plan – should they wish.
* Review of sampled care plans showed they have been developed in consultation with the consumer and/or their representative and they are reviewed and updated regularly or when a change occurs. There are assessment templates and checklists to ensure relevant information is collected and recorded.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Most consumers and/or representatives interviewed said they receive the care they need. They confirmed they have access to doctors, specialists and other health professionals when needed.
* The organisation has policies and procedures which provide guidance to staff about the provision of safe and effective personal and clinical care.
* Staff demonstrated knowledge in relation to end of life care and the service was able to demonstrate how consumer end of life care needs are met.

However, the Assessment Team identified one consumer that received physical restraints did not receive care that was best practice, tailored to her needs, or optimised to her health and well-being. The consumer was also involved in an incident while physically restrained, resulting in an injury.

Also, whilst staff interviewed demonstrated knowledge of infection control, they did not adequately demonstrate this in practice. For example, staff did not always wash or sanitise their hands between caring for consumers.

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

### 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 reviewed care planning documents for a sample of consumers and found it reflected individualised care that is safe, effective and tailored. The team also reviewed the provider’s policies and note it has written documents related to fall management, pain management behaviour management and wound care.

The Assessment Team interviewed a sample of consumers and most said they receive good personal and clinical care. They generally reported to be happy with the service provided, had access to care when they need it, their representatives were advised of the care they received, and staff are attentive to needs.

However, the team identified one consumer that did not receive care that was best practice, tailored to her needs, or optimised to her wellbeing. During the assessment, the consumer was observed to be physically restrained in a wheelchair by a lap belt and spent most of her day alone and asleep. On one occasion, the team observed she was awake but was left sitting alone with no television, music, or nearby staff. When approached by the team, the consumer indicated she wanted to participate in activities, but she did not know what was available. She also stated she wanted to go outside, and she was observed to attempt unsuccessfully to move her wheelchair. During the assessment, the consumer was involved in an incident whilst sitting in her wheelchair with her lap belt applied; she was unsupervised and had propelled her wheelchair into the courtyard area, resulting in a fall and a subsequent head injury that required a visit to the hospital. The Assessment Team reviewed this consumer’s care documents and considered that best practice is not followed as restraint could not be demonstrated to be the last resort, not all interventions and strategies have been trialled prior to the restraint usage, and consideration has not been thoroughly given to meet her possible unmet needs and/or involvement in activities and 1:1 engagement.

Based on the evidence (summarised above), I find that this requirement is Non-Compliant as the provider could not demonstrate that each consumer receives care that is best practice, tailored to their needs, or optimises their health and wellbeing.

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

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

### 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.*

The Assessment Team interviewed consumers who stated they have access to doctors and allied health professionals. The organisation demonstrated they make referrals to the speech pathologist and physiotherapist and have responsive access to a General Practitioner and the Geriatric Assessment Team at the local hospital for advice.

The Assessment Team also reviewed care planning documents that evidence the input of others including and referrals where needed such as the general practitioner, the palliative care team, the dietician, the speech pathologist, the physiotherapist and the podiatrist. External consultations are documented and shared with the service and/or with the general PR actioner through discharge plans, telephone call reports or letters.

However, the Assessment Team interviewed staff who reported that one consumer did not receive a referral to Dementia Support Australia (DSA) as needed. As a result, the Assessment Team recommended this requirement is not met.

The provider has since responded to this finding and has demonstrated that the consumer was referred to DSA in Oct 2020. The referral was declined by DSA at the time, and the provider was able to further evidence immediate communication and referrals to other services for this consumer during the same period which identified and met her care needs.

Based on the evidence (summarised above), I find this requirement is Compliant as timely and appropriate referrals to individuals, other organisations, and providers are made.

### Requirement 3(3)(g) Non-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.*

The Assessment Team identified the provider has comprehensive policies and procedure for infection control related issues, including standard and transmission-based precautions and antimicrobial stewardship. There is also evidence of regular training for staff.

Staff interviewed were aware to work proactively with GPs to reduce the prescription of antibiotics where appropriate, and it was stated that broad spectrum antibiotics are now prescribed less frequently. The Care Manager has oversight of infection management at the service and receives an updated report which assists in monitoring the use of antibiotics in the service. Pharmacy maintains a list of consumers taking antibiotics with the start and end dates documented.

The Assessment Team observed that staff had gaps in precautions to minimise transmission based infection risks. Some staff were observed to not wash or sanitise their hands between attending to different consumers. When interviewed, the staff suggested this to be due to a lack of hand washing facilities or hand sanitiser dispensers in the immediate vicinity. Some staff were also observed to be wearing masks inappropriately through frequent touching and re-adjustment of the mask, not covering their nose with the mask, or wearing the mask under the chin. The provider has since responded to this finding by stating staff have been provided further training and memos regarding infection control, improvements have been made to hand basins, and additional sanitisers have been provided.

The Assessment Team also reviewed the service’s outbreak management plan at the time of assessment and identified gaps in the communication plans, surge workforce, contingency planning, contact details for suppliers, staff and key contacts. Information in the outbreak management plan also referred to other templates or documents of which the Assessment Team could not locate. The provider has since responded to this finding stating that these gaps have since been updated on 18th November.

Based on the evidence at the time of the assessment, I find this requirement is Non-Compliant as the provider could not demonstrate minimisation of infection related risks through implementing standard and transmission based precautions to prevent and control infection.

# 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

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.

Overall, sampled consumers considered they get the services and supports for daily living that are important for their health.

For example:

* All consumers interviewed said staff support them in keeping in contact with people that are important to them. They assist in ensuring regular phone, video links and non-contact visits continue to occur.
* Consumers interviewed considered that staff are doing their best to provide activities within the service, however, their wellbeing is impacted by the COVID-19 restrictions imposed on them for safety.
* Consumers interviewed said they like the food at the service. They also said staff are knowledgeable on their food preferences and dietary needs. They stated the food is plentiful and alternatives are available for those wanting something different.

However, the Assessment team observed that one consumer did not receive supports for daily living that optimised her health, wellbeing and quality of life. Also, the team identified that activities available to consumers in the Dementia Specific Unit (DSU) were limited.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment Team reviewed a sample of care planning documents and identified that leisure and lifestyle assessments were recorded.

However, the provider was unable to demonstrate that this information was effectively utilised for each consumer to enable them to receive safe and effective service that optimises their wellbeing. For example, the Assessment Team observed one consumer that was consistently alone in a satellite lounge room despite care planning documents stating she enjoys activities; the only activity observed for her during the assessment was an approximate 30 minute session of ‘Bingo’. During the assessment, the team also observed that consumers in the Dementia Specific Unit (DSU) did not have many activities in place; the only two ‘activities’ that were observed over the three days of assessment were the TV turned on for consumers, and the lifestyle officer playing music to consumers on the third day of the assessment.

The Assessment Team interviewed staff who were unable to demonstrate that they were aware of effective daily living supports for consumers. One staff stated that they do not have time to attend to leisure and lifestyle activities. The leisure and lifestyle officer interviewed was unable to provide further information on the lifestyle activities, as she said the previous two leisure and lifestyle officers resigned the week prior and she is only filling in. One staff member did report that activities for DSU consumers included a walking group in the afternoon led by the lifestyle officer, although this was not observed by the assessment team.

The provider has since responded to these findings stating that a program is now being developed specific to the DSU for daily activities, and dementia specific activity boxes will also be created.

Based on the evidence (summarised above), I find that this requirement is Non-compliant as the service did not demonstrate that each consumer gets safe and effective services and supports for daily living.

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

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

* Consumers sampled confirmed they feel safe and at home living in the service. However, one consumer said it doesn’t feel like home because they cannot come and go as they choose.
* Consumers and/or representatives sampled reported the service is clean and well maintained.

The Assessment Team observed the environment to be welcoming, mostly clean, and easy to move around. Some furniture was observed to be worn and some areas of paint were observed to be chipped or marked.

However, the team observed that movement inside and outside of the service was restricted with the doors locked to all balconies, and the outside area of the secure DSU was locked throughout day one and day two of the assessment. Equipment was observed to be clean, well maintained and appropriate to consumer needs.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

The Assessment Team observed the service environment is mostly clean and maintained. Some furniture was observed to be worn and some parts of the environment had chipped or marked paint; however, all consumers interviewed have stated they feel the environment is safe, clean and well maintained. The provider has also responded to this finding with a commitment that the worn furniture would be replaced, and areas of the environment will be repainted.

The Assessment Team found that consumers were unable to entirely move freely both indoors and outdoors of the service. The team found the balcony areas (including dining and lounge room balconies) were locked during the assessment, which restricted some outside access for consumers. Consumers interviewed were not aware why they were locked, with one consumer suggesting the access was reserved for consumers who pay more for service at the provider. Management interviewed were initially unable to identify a reason for the locked balconies, although they later informed it was due to an incident a long time ago with a consumer. The provider has responded to this finding stating that all balconies have now been unlocked after the assessment.

The Assessment Team also found that onsite hazards restricted safe movement of consumers. During the assessment, an incident occurred with a consumer in a wheelchair who was physically restrained and unsupervised, and she fell into a garden bed due to a drop between the pathway and the garden bed. Several other unlevel pathways were also observed by the Assessment Team. The provider has responded to this finding by scheduling risk assessments to identify onsite hazards and conducted hazard identification training with staff.

Based on the evidence (summarised above), I find this requirement is Non-Compliant as the service environment does not enable consumers to move freely, both indoors and outdoors in the environment.

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

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

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

All sampled consumers considered they are encouraged and supported to give feedback and make complaints. There are examples of consumers observing changes made at the service as a response to their feedback and complaints.

However, most consumers were unaware on how to follow up a complaint if they were not satisfied with the provider’s response. They were generally uninformed of advocacy services available, although information about advocacy was available in the service.

Similarly, staff were also unable to demonstrate awareness of advocacy services to support consumers raise and resolve complaints. They were also unable to demonstrate adequate knowledge of the open disclosure policy and process.

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

## Assessment of Standard 6 Requirements

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

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

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

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

The Assessment team interviewed a sample of consumers who all stated they were unaware of advocacy services and were not able to describe how they would make a complaint or provide feedback if they felt uncomfortable raising it with management or staff at the service. However, the team observed there were written advocacy and complaints information in various languages located at reception. The provider has also responded stating that the resident handbook and resident agreement both detail the process for advocacy and there are posters on noticeboards regarding advocacy.

The Assessment Team interviewed a sample of staff and they were able to describe how they would assist non-English speaking consumers to raise and resolve complaints, such as using communication cards, family members, or bilingual staff to assist. However, four out of five staff interviewed were not aware of advocacy services available and were not able to describe how to support consumers with advocacy. The provider has since responded to this finding by providing further training to staff in advocacy.

### Based on the evidence (summarised above), I find this requirement is Non-Compliant as consumers and staff could not demonstrate awareness of advocacy services, although written information or resources were present in the service.

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

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

The Assessment Team interviewed a sample of consumers who stated they were satisfied with the service’s actions in response to their complaints. They were unable to confirm whether an open disclosure process has ever been used with them, as they do not believe they’ve had a concern requiring this process.

The Assessment Team reviewed the documentation by the provider and identified an open disclosure policy.

However, when staff were interviewed about this policy, four out of five staff stated they were not aware of this open disclosure policy, it’s relevance to complaints, and were unable to describe the open disclosure process. The Assessment Team has therefore recommended this requirement to not be met.

The provider has responded to this finding stating that staff are aware of the feedback and complaints process including ‘open disclosure’, but were simply not able to discern that assessors were asking about this process in their interview. The provider wished to highlight that all consumers interviewed were satisfied with action taken in response to complaints, implying an effective process is already in place and used by staff. Furthermore, the provider has since delivered further training regarding ‘open disclosure’ after the assessment.

I have considered the above finding and the provider response. Although four staff interviewed were unable to describe the open disclosure process, I believe it does not necessarily equate to the absence of an open disclosure process when things go wrong. In reviewing the consumer’s feedback for indications that an open disclosure process might not be used, the consumers did not seem to indicate any concerns and were satisfied with the service’s action in response to their complaints. The Assessment Team also did not identify any example incidents where open disclosure should have been used but was not appropriately completed by staff. Furthermore, the provider has since committed staff to further training in open disclosure. On balance, I consider that appropriate action is currently taken in response to complaints, and open disclosure processes will/are used moving forward.

### Based on the evidence (summarised above), I find this requirement is Compliant as appropriate action is taken in response to complaints.

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. They felt staffing numbers were adequate. The provider has also demonstrated a commitment to further improve their workforce and is considering increasing their numbers of casual staff to improve the quality of care.

However, the provider could not demonstrate that staff were adequately supported to deliver the outcomes required by the Quality Standards. For example, staff requests for training relevant to the standards were not adequately responded to, and some staff were unable to describe an open disclosure process. The provider was also not able to evidence that staff performance was regularly assessed and monitored.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

### The Assessment Team interviewed a sample of staff who stated they have received a variety of training and toolbox sessions relevant to their roles from the service. By way of example this includes: COVID-19 training, manual handling, new quality standards, and other training. The Care Manager stated the training schedule was informed by complaints, incidents, performance reviews and mandatory training.

Whilst the provider could demonstrate that they deliver training, staff still demonstrated gaps in their competencies to implement this training in practice. For example, staff were unable to demonstrate adequate knowledge of physical restraint management, which impacted a consumer that was left restrained and mostly isolated in a wheelchair, and involved in an incident while restrained. Some staff interviewed were also unable to describe the open disclosure process or the use of advocates to support consumers. Furthermore, a few staff interviewed reported they did not receive training they requested to support them deliver these outcomes.

The Assessment team observed some policies and procedures related to the Quality Standards were not up to date or were still in draft form. The provider has since responded to this finding demonstrating that the policies identified to be outdated were otherwise up to date at the time of the assessment, although it was acknowledged one was still in draft form.

Based on the evidence (summarised above), I find this requirement non-compliant as the workforce is not adequately recruited, trained, equipped and supported to deliver the outcomes required by these standards.

### 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 reviewed staff documentation and identified that performance appraisals have not occurred for some staff members for over two years and other staff have not yet completed or have their 2020 performance appraisals scheduled.

In the provider’s response to this finding, they have stated they have previously already identified this as a concern, and an Employee Contribution Development Plan (ECD) was scheduled to be developed in September 2020. As of 4 December 2020, the ECD was active and 54% of staff had completed their performance reviews, with all staff planned to complete their reviews by 15th January 2021. Although I acknowledge the provider’s response that a plan was already in place to address the issue, the service was not able to demonstrate any other methods that they’ve used to review and monitor the performance of staff reviews in the meantime. I am not satisfied that assessment, monitoring, and review of staff performance was adequate while the ECD was being developed.

Based on the evidence (summarised above), I find this requirement is Non-compliant as the provider could not demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with consumers, staff (including management), and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services.

Overall, sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The review of systems, processes, and staff interviewed also demonstrated that the governance system is effective for information management, continuous improvement, and financial governance.

However, the Assessment Team identified gaps in the other governance systems for other areas of the service, such as regulatory compliance, workforce and management, and feedback and complaints. Furthermore, an effective clinical governance framework was unable to demonstrated as staff interviewed were not able to provide an adequate understanding or examples of antimicrobial stewardship, minimising the use of restraint, or open disclosure.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The Assessment Team identified the provider was able to demonstrate effective organisation wide governance systems for information management, continuous improvement, feedback and complaints, and financial governance.

However, the team identified gaps in the provider’s workforce governance. The provider did not demonstrate they have a system to support and develop its workforce to deliver safe and quality care and services, as they did not have a system to regularly monitor the performance of workers, nor ensure they are receiving training as required.

Furthermore, the provider demonstrated a gap regarding regulatory compliance. On one occasion, the provider did not report an allegation of staff abuse towards a consumer to the local police. The provider had responded to this finding stating that the consumer’s family had requested not to report this allegation to the police, and at the time, the provider had sought advice from the Aged Care Commission on whether this was permitted. The provider stated a response was not received from the Commission, and a report to the police was therefore not made. Although I acknowledge that the provider had proactively sought advice from the Aged Care Commission to take appropriate action, the provider has not been able to demonstrate their familiarity with their reporting requirements at the time of the incident, and therefore an effective regularly compliance system could not be evidenced.

Based on the evidence (summarised above), I find that this requirement is non-compliant as the provider was not able to demonstrate effective organisation wide governance system for workforce governance and regulatory compliance.

### 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.*

### Requirement 8(3)(e) Non-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.*

The Assessment Team has identified the provider has a documented clinical governance framework and relating policies in place. Management staff interviewed were able to provide examples of the way care was planned, delivered, or evaluated as a result of these policies.

However, most staff interviewed stated they were not educated about these policies, and had difficulty demonstrating their understanding of antimicrobial stewardship, minimising the use of restraint, and open disclosure.

Staff interviewed stated they were not educated in the existing antimicrobial policies, although a few staff could provide examples of antimicrobial stewardship.

Three out of five staff interviewed were unable to explain or provide examples relating to minimising the use of restraint. The Assessment Team had also identified an example of physical restraints not managed appropriately.

Four out of five staff members were unable to demonstrate understanding or provide examples of open disclosure or demonstrate they have been educated in their open disclosure policy.

The provider has responded to this finding stating that further staff training in these areas were scheduled after the assessment, and most staff have completed the training.

Based on the available evidence at the time of the assessment, I find this requirement is Non-compliant as an effective clinical governance framework was not demonstrated in relation to antimicrobial stewardship, minimising the use of restraint and 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)(d)

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

The provider to ensure all risk assessments have been completed for consumers where appropriate, and consumers have their risks adequately explained to them.

### Requirement 3(3)(a)

*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 provider to review current risks related to restraints and ensure the consumers are informed of the risks. Staff should be provided further training on restraints and person-centred care.

### Requirement 3(3)(g)

*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.*

The provider to implement further staff training and infection control improvements as outlined in their provider response. The outbreak management plan should be reviewed and updated whenever necessary.

### 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.*

The provider to implement further activities for DSU consumers as outlined in their provider response. Ensure staff are familiar with consumers preferences and interest, and this information is effectively used to ensure activities of interest have been identified and implemented for all consumers.

### Requirement 5(3)(b)

*The service environment:*

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

The provider to proceed with refurbishing the environment and improving indoor/outdoor access as outlined in their provider response. Staff should receive further training on hazard identification and environmental restraints.

### Requirement 6(3)(b)

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

The provider to organise additional training for staff on the advocacy process, and to assist consumers to be informed of an available advocacy process.

### Requirement 7(3)(d)

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

The provider to review and identify the training needed or requested by staff, and continue implementing their Employee Contribution and Development plan. Ensure staff have received training on the standards, particularly in regards to restraints and the open disclosure process.

### Requirement 7(3)(e)

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

The provider to continue implementation of their Employee Contribution and Development plan and ensure staff receive regular performance assessment, monitoring and review.

### Requirement 8(3)(c)

*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 provider to review and improve their governance systems in relation to workforce governance and regulatory compliance.

### Requirement 8(3)(e)

*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.*

The provider to develop a more robust clinical governance framework with additional training and guidance provided to staff around antimicrobial stewardship, restraint, and open disclosure.