Whiddon Moree NH

Performance Report

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**Commission ID:** 2647

**Provider name:** The Frank Whiddon Masonic Homes of New South Wales

**Site Audit date:** 25 May 2021 to 28 May 2021

**Date of Performance Report:** 8 July 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) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-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) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-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, 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 25 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

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

Most sampled consumers who spoke with the Assessment Team 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. For example:

* Consumers and representatives said they are treated with dignity and respect, and they feel valued for who they are. However, some consumer and representatives provided information of occurrences where dignity and respect was not always maintained.
* Consumer feedback, interviews with staff, review of documentation and observations were found to reflect for the consumers sampled they are supported to exercise choice and independence in decision making, maintain relationships of choice and communicate their decisions.
* Consumers are satisfied care and services, including personal care are undertaken in a way that respects their privacy. The Assessment Team observed that the delivery of care and services is respectful of consumer privacy.
* Information provided by consumers confirmed they are supported to take risks and staff discuss risk and benefits with consumers to ensure they make informed choices and are able to live the best life they can.
* The service demonstrated each consumer is provided with current, accurate and timely information to enable them to make decisions. Consumers and representatives confirmed they have the information they need to make informed choices.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

The Assessment Team’s report details that staff can generally describe how they adapt the individual care of each consumer, so they are culturally safe and respectful for each consumer. The service can demonstrate that their documents, policies, and procedures have an inclusive, consumer-centred approach to their practices.

The Assessment Team found that some of the consumers sampled reported that the service provides care and services that are in line with their culture and values. However, some sampled consumers and representatives did not believe the consumers culture influenced the care they received, particularly in relation to indigenous cultures.

The approved provider submitted further evidence that demonstrated care and services are culturally safe. In their response, it includes strategies and the organisations commitment to enable delivery of culturally safe care. This includes individualised plans that are developed to meet each consumers own emotional, spiritual, social and cultural needs/ preferences, the service also has initiated the development of an indigenous-specific committee and is seeking additional indigenous cultural specific training for staff.

I find the approved provider is compliant with this requirement as there is evidence to show 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:

### 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 who spoke to the Assessment Team provided mixed feedback in relation to feeling like partners in the ongoing assessment and planning of their care and services. For example:

* Representatives interviewed confirmed that they are initially involved in care planning, but this did not extend to ongoing reviews and planning.
* Consumers and representatives said staff are inconsistent at updating them with changes to care needs and incidents.
* Consumer and/or representatives sampled, described what was important to them in terms of how their care is delivered.
* Most consumers and representatives said staff have had discussions with them about advance care and end of life planning.

The Assessment Team found a review of documents and feedback confirms that the outcomes of assessment and planning are readily available and shared with the consumer and/or representatives if they wish.

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-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and 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.

Some sampled consumers who spoke to the Assessment Team considered that they receive personal care and clinical care that is safe and right for them. For example, consumers and representatives interviewed confirmed they have access to a doctor or other health professional when they need it.

The Assessment Team found clinical deterioration is usually recognised early and interventions are put in place in a timely manner. The service demonstrates they undertake timely and appropriate referrals to individuals, other organisations and providers of other care and services. Staff were able to demonstrate understanding of the importance of infection control and could describe infection control processes in their work.

However, the service was not able to demonstrate that the use of chemical restraint for sampled consumers has been reduced and/or ceased when appropriate. Care planning documents and progress notes for the consumers sampled did not reflect individualised care that is safe, effective and tailored to the specific needs and preferences of each consumer. The Assessment Team found inaccuracies of sampled consumers care plans as some plans were incomplete, and care is not being provided in line with the care plan.

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’s report details that the organisation has systems and processes to enable appropriate assessment and planning to support best outcomes for consumers, however, these were not always being transferred to the care plans or being followed by staff.

The Assessment Team found care planning documentation is not always accurate or tailored to the needs of consumers to optimise their health and well-being. The Assessment Team identified deficiencies in the documentation of care planning, restraint, and wound care. The Assessment Team found for sampled consumers who have specific personal or clinical care needs, these are not always documented in care planning documentation.

The approved provider submitted a written response that provided further information about the service’s processes to ensure safe and effective personal and clinical care. The information did provide more context to some sampled consumers personal and clinical care needs, however, evidence did not show for some consumers that all personal and clinical care practices are best practice, tailored to their needs and optimises their health and well-being. In their response, the approved provider acknowledges that additional education and training is required in relation to wound care, and there was a lack of understanding and management of the service’s self-assessment tool for psychotropic medications.

The approved provider’s response includes a number of improvement actions relating to wound care, such as training, and review and updates for electronic documentation including wound reports. The approved provider’s response also includes a range of improvement actions to ensure safe and effective medication management, pain management, recording of blood glucose monitoring, and the documentation and use of restraint.

While the approved provider has undertaken improvements, these occurred following feedback from the Assessment Team. The approved provider also needs time to demonstrate that the actions taken have resulted in sustained systemic improvements to ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care.

I find this requirement is Non-compliant.

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

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

The Assessment Team found staff could describe the high prevalence and high impact risks at the service. The service demonstrated effective management of those risks for the consumers sampled. Care planning documents demonstrated evidence of risks being updated and planned interventions to minimise risk were implemented.

I find this requirement is Compliant.

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

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

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

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

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

The Assessment Team found care planning documents and progress notes for the consumers sampled did not reflect individualised care that is safe, effective and tailored to the specific needs and preferences of each consumer. The sampled consumers care plans were incomplete, inaccurate and were found to include another consumers information.

The Assessment Team’s report details that care staff said that the handover process was not always effective. Information is provided immediately after the consumers care change but is not reported on enough subsequent days for all staff to be informed of the change.

The approved provider submitted a written response that provided further information relating to the sampled consumers and the service’s handover process. The approved provider’s response includes they have reviewed the handover and communication process and identified areas that could be improved. It includes that staff awareness and access of care plan summaries requires additional education and reinforcement of these processes at the service. The approved provider has undertaken and is undertaking improvement actions to address the gaps identified including additional training, and revised handover processes to enable more effective communication and sharing of information.

While the approved provider submitted further evidence to show information sharing system improvements, this information alone does not confirm they were compliant at the time of the site audit. The approved provider also needs time to demonstrate that the actions taken, results in sustained improvements to ensure 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.

I find this requirement is Non-compliant.

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANTServices and 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.

Most sampled consumers who spoke to the Assessment Team 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.

Consumers at the service said they felt satisfied with the services provided and staff support them to optimise their health, well-being and enable their independence and quality of life.

The service provides support to meet consumers wishes for emotional, spiritual and psychological well-being. This can be through the use of mental health services, providing access to church services or being aware of a consumer’s demeaner and being able to spend a few moments chatting when they are feeling low.

The service demonstrated that services and supports for daily living assist each consumer to participate in their community within and outside the service’s environment. Consumers are supported to have social and personal relationships and do the things of interest to them.

The service is providing timely and appropriate referrals to a variety of individuals, organisations and providers of other care and services to meet the needs and preferences of consumers.

Consumers interviewed said meals are varied and of suitable quality and quantity. Consumers interviewed confirmed they are satisfied with the meals provided. However, whilst meals were served hot there was a delay in assisting consumers with some of the tray services resulting in cold meals.

However, the Assessment Team found the care and service records of consumers and interviews with staff, show staff lack knowledge about the consumers in relation to services and supports for daily living.The service could not demonstrate they have effective processes in place to ensure equipment to assist daily living is safe, suitable, clean and well maintained 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 4 Requirements

### Requirement 4(3)(a) Compliant

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

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

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

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

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

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

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

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

The Assessment Team’s report details that consumers and representatives generally said they felt there is effective communication within the organisation. However, for the consumers sampled, care and service records include limited information to support effective and safe services and supports for daily living. Interviews with staff and representatives, show staff lack knowledge about the consumers in relation to services and supports for daily living.

The approved provider submitted a written response and a range of information that provided further context about the issues identified by the Assessment Team. The approved provider has undertaken improvement actions in relation to their handover processes and have commenced the using a dedicated roster and developing a specialised team to support consumers living in the service’s secured unit to assist improving the effectiveness of information sharing about the consumer’s condition, needs and preferences.

The approved provider is undertaking improvement actions to ensure information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared, however, this does not confirm the approved provider was compliant at the time of the site audit. The approved provider also needs time to demonstrate the actions taken results in sustained improvements.

I find this requirement is Non-complaint.

### 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) Non-compliant

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

#### The Assessment Team’s observation identified most equipment was safe suitable and well-maintained. However, the Assessment Team found the service could not demonstrate they have effective processes in place to ensure equipment is safe, suitable, clean and well maintained for consumers.

The Assessment Team’s report details there were inconsistencies in staff knowledge across the service in relation to checking and cleaning of consumer equipment. The laundry environment was observed not fit for purpose. The Assessment Team found there was insufficient bench space to sort clothes, the tin shed did not have an effective cooling/ heating system and there was insufficient storage resulting in clothes trolleys and linen skips left in the open air in the walkway through to the staff carpark.

The approved provider submitted a written response and information that provided further context about the identified issues in the Assessment Team report. The approved provider’s response details that when the service was formally acquired by the organisation in February 2020, the service identified the laundry was not fit for purpose and commenced plans to address the identified issues with the laundry. It is acknowledged these works for upgrading the laundry commenced prior to the site audit and actual works commenced 8 June 2021.

The approved provider’s response includes acknowledgement there was a delay in repairing a sampled consumer walking frame handle grips as detailed in the Assessment Team’s report. This issue has now been rectified and the approved provider has implemented a change in process to improve reporting and response times to effectively manage any equipment issues identified. The approved provider’s response also acknowledged that the awareness of air mattress checks was inconsistent and has introduced monthly checks of air mattresses to ensure it is meeting the consumer’s needs to minimise risk of pressure injury development.

It is acknowledged the approved provider has undertaken immediate actions during and following the site audit to address matters raised by the Assessment Team. However, this does not confirm they were compliant at the time of the site audit as it did not demonstrate that equipment for the delivery of some daily living services and supports to consumers is always suitable, safe and maintained.

I find this requirement is Non-compliant.

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall sampled consumers who spoke with the Assessment Team considered they feel they belong in the service and feel safe and comfortable in the service environment. For example:

Consumers sampled said the service provides a safe and comfortable service environment that promotes their independence, function and enjoyment. Consumers interviewed were satisfied the service is safe, clean, well maintained, and meeting their needs. However, one consumer sampled was using equipment that was not fit for purpose.

The service environment was observed to be safe, clean, well maintained and comfortable and there are systems in place for the cleaning and maintenance of the service environment.

Management and the maintenance officer explained the systems in place for the cleaning and maintenance of the furniture, fittings and equipment. However, the clinical and care staff were not able explain the systems in place. The Assessment Team observed the furniture, fittings and equipment are suitable for consumers and are safe, clean and well maintained.

The call bell system was limited in its effectiveness due to the location of the call bell points in the communal areas and the systems network to the care staff digital enhanced cordlesstelecommunications​ phones. The consumers did not have access to neck pendants to enable their independence.

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) 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) Non-compliant

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

The Assessment Team’s report details that overall consumers were satisfied that the furniture fittings and equipment are safe, clean, well maintained, and meeting their needs. Management and the maintenance officer explained the systems in place for the cleaning and maintenance of the furniture, fittings and equipment.

The Assessment Team observed that furniture, most fittings and equipment are suitable for consumers and are safe, clean and well maintained. However, the call bell system was found to not be safe or suitable for all consumers due to the location of the call bell points in the communal areas and the systems network to the care staff cordlesstelecommunications​ phones.

The Assessment team also observed consumers did not have access to neck pendants to enhance their independence and their freedom to walk outside safely whilst still having access to care staff support.

The approved provider submitted a written response and further information that provided more context to the issues detailed in the Assessment Team’s report. It includes information in relation to the calls bells located in the communal areas are designed for staff use in the event of an emergency. The approved provider’s response acknowledged there was some issues in relation to use and availability of pendant alarms for consumers. The approved provider has undertaken improvement actions in relation to this requirement including ordering a number of devices to overcome the identified issues.

While the approved provider has undertaken immediate actions during and following the site audit to address matters raised by the Assessment Team, this does not confirm they were compliant at the time of the site audit. The approved provider also requires time to ensure the improvement actions taken results in furniture, fittings and equipment are safe, clean, well maintained and suitable for each consumer.

I find this requirement is Non-complaint.

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall sampled consumers who spoke with the Assessment Team considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and representatives interviewed said they felt comfortable to make a complaint and felt safe to do so. This could be in writing, or directly to a staff member. Information on complaints mechanisms, including external mechanisms is available throughout the service.
* Consumers and representatives interviewed gave examples of changes being made after a complaint. For example, consumers complained they did not know staff names and asked if they could wear badges. This was taken on board by management who have ordered name badges. In the meantime, until the badges arrive, management advised staff are wearing labels to ensure consumers know who they are.

The Assessment Team found there are established processes for the management of feedback and complaints. Management and staff demonstrated an understanding of preferred practices which is confirmed through the sample review of complaints documentation. The service encourages consumers to give both positive and negative feedback about the care and services they receive, and responses include actions taken to resolve concerns and improve the way they deliver care and service.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall sampled consumers who spoke to the Assessment Team considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers interviewed said they felt staff at the service are kind and caring. The Assessment Team observed examples of staff interacting with consumers in kind, respectful ways and with familiarity.
* Consumers interviewed said staff know what they are doing, and they could not think of any areas staff needed more training in.

However, staff interviewed said they do not feel there is enough time or staff to meet all the needs and preferences of consumers. Although consumers and representatives felt confident staff are competent and knowledgeable in their roles, a review of care and service records and discussions with staff and the deputy director of care services indicate a lack of knowledge across chemical restraint and wound management.

The Assessment Team’s report details analysis of call bell reports showing long wait times and feedback received from consumers and representatives indicate a lack of staff particularly in areas where consumers require two staff members to assist them leaving other consumers waiting. A review of rosters and allocations demonstrate not all shifts have been covered. While staff have the necessary qualifications to undertake their roles, they do not demonstrate knowledge to undertake care and services in accordance with the Aged Care Quality Standards in relation to restraint minimisation and wound management.

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

## Assessment of Standard 7 Requirements

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

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

#### The Assessment Team’s report details feedback from consumers, representatives and staff that there is a lack of staff to meet consumers’ needs and preferences. The Assessment Team reviewed rostering and allocation sheets which show not all shifts are filled.

Staff interviewed by the Assessment Team said they need more staff especially when behaviour occurrences are happening with consumers as there are not enough staff to help with the situations as they occur. This impacts the staff ability to de-escalate and respond to the behaviours.

A review of call bell reports indicates consumers are not being attended to in a timely manner resulting in consumers not receiving the personal care they need or prefer. For example, from 2 May 2021 to 23 May 2021, the call bell report indicates there were 23 calls answered in over 15 minutes and 45 consumers had to wait for over 20 minutes for their calls to be answered.

The approved provider submitted a written response that provided further information in recent staff shortages, the organisation’s approach to recruit new staff and the management of call bell response times. The approved provider’s response includes improvement actions being undertaken such as a review of workflows across the service, strategies to respond to call bell response times including closer monitoring and staff education.

While the approved provider has undertaken immediate actions during and following the site audit to address matters raised by the Assessment Team, this does not confirm they were compliant at the time of the site audit. The approved provider also needs time to demonstrate that the actions taken, results in sustained improvements to ensure 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 this requirement is Non-compliant.

### 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) Non-compliant

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

The Assessment Team found while staff have the necessary qualifications to undertake their roles, they do not demonstrate knowledge to undertake care and services in accordance with all the Quality Standards.

Although most consumers and representatives who spoke with the Assessment Team felt confident that staff are competent and knowledgeable in their roles, some did not. The Assessment Team reviewed care and service records and discussions with staff indicate a lack of knowledge across restraint minimisation and wound management.

The approved provider submitted a written response and further information including education for new and existing staff about caring for consumers, chemical restraint and wound management. While the approved provider has undertaken and is undertaking improvement actions to address the gaps in staff knowledge, I have preferred the feedback from sampled consumers which states they are not satisfied that all staff have the knowledge to effectively perform their roles.

While the approved provider is undertaking improvement actions to ensure the workforce is competent and that they have the knowledge to perform their roles, this information alone does not demonstrate that staff have the knowledge to effectively perform their roles. The approved provider also requires time to conduct the planned education and training with staff to address the identified deficiencies in staff practices and knowledge.

I find this requirement is Non-compliant.

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall sampled consumers who spoke to the Assessment Team considered the organisation is well run and that they can partner in improving the delivery of care and services.

The organisation’s board promotes a culture of safe, inclusive, quality care and services and works with senior management to ensure this occurs. Information from the board is passed down to the staff and consumers via emails from the chief executive officer and meetings with management. The organisation can demonstrate there is a clinical governance framework in place and opportunities for continuous improvement are documented on their continuous improvement plan.

However, the Assessment Team found staff do not demonstrate an understanding of Serious Incident Response Scheme, and there is a lack understanding of the proper escalation process of incidents in relation to neglect under Serious Incident Response Scheme.

Some consumers are not being supported to live the best life they can, for example being chemically restrained and ineffective food services being provided meaning they either get assisted with their food very late, or food is served cold and inedible due to staffing shortages.

Information management systems for communication and sharing of information in relation to consumers health and wellbeing is not effective.

The Quality Standard is assessed as Non-compliant as one 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) 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 staff do not demonstrate an understanding of the Serious Incident Response Scheme, and found there was a lack understanding of the proper escalation process of incidents in relation to neglect under Serious Incident Response Scheme.

The Assessment Team found information management systems for communication and sharing of information in relation to consumers health and wellbeing is not effective. The service has governance systems which provide oversight across key areas and includes reporting mechanisms within the service to guide improvements and changes as well as inform senior management and the board.

The approved provider’s written response includes information in their previous responses and further information about the service’s organisation wide governance systems. In their response, the approved provider acknowledged areas of improvement for handovers and acknowledged there is an education need around wound care and chemical restraint. It also included further information in relation to a sampled consumer detailed in the Assessment Team’s report in relation to the escalation of incidents. It included information about the investigation of the incident and actions taken including additional education that was delivered to staff about the Serious Incident Response Scheme.

I find that the approved provider demonstrated there is evidence of effective organisation wide governance systems. The approved provider also outlined improvement actions the service has undertaken and is undertaking to address areas of continuous improvement to ensure effective management of the organisation wide governance systems.

I find this requirement is Compliant.

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

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

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

The Assessment Team found that while the service has systems in place to manage high impact, high prevalence risks and identifying and responding to the abuse and neglect of consumers it is not proven to be effective.

During this site audit, the Assessment Team found deficiencies in relation to staffs’ understanding of the Serious Incident Response Scheme, and effective behaviour management strategies which has resulted in consumers being assaulted by other consumers, and a lack of understanding around chemical restraint.

A review of documents by the Assessment Team demonstrates referrals are occurring, however, this is only after a critical incident has occurred, and the use of chemical restraint is currently being used to manage consumers behaviours.

The Assessment Team’s report details the service is unable to demonstrate that all consumers are being supported to live the best life they can through organisational processes. For example, the Assessment Team’s report details occurrences where consumers are left waiting for food service and it is reported some consumers who are immobile and/or unable to help themselves.

The approved provider’s written response includes information in their previous responses and information that provided further context in relation the issues to the Assessment Team’s findings. It includes further information about a sampled consumer who sustained dermatitis as a result of continence aids. It is noted the approved provider responded to the incident and completed an investigation. The approved provider’s response includes improvement actions taken by the service such as further training on continence management, processes for use of restraint and the Serious Incident Response Scheme.

The approved provider is undertaking improvement actions to ensure effective implementation of their risk management systems and practices and is committed to continued work on a wide range of improvement strategies relating to risk management. However, this information alone does not demonstrate the effectiveness of these risk management systems and practices. The approved provider also needs time to demonstrate that the actions taken have resulted in sustained improvements to ensure effective use of their risk management systems and practices including effective management and prevent of incidents and minimisation of restraint.

I find this requirement is Non-compliant.

### 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)

*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.*

Improvements required

* Review individual care plans and progress notes to ensure that consumers are receiving the care that is right for them. Where deficiencies are identified these should be addressed and a process implemented on the continuous improvement plan.
* Review practices in relation to wound, medication management, pain management, recording of blood glucose monitoring, and documentation and use of restraint. This includes review of practices relating to use of the service’s restrictive practices authority form to ensure this process is used correctly and is best practice.
* Implement planned actions including delivery of toolbox talks and education in relation to the personal and clinical care for consumers.

### Requirement 3(3)(e)

*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.*

Improvements required

* Review, implement and monitor current information management and documentation process to ensure a consistent approach to document and communicate information about the consumer’s condition, needs and preferences within the organisation, and with others where responsibility for care is shared.
* Complete planned action to review shower list to determine it meets each consumers preferences for showering.
* Implement planned actions in relation to handover processes and deliver planned education. Review these actions for staff understanding and effectiveness to ensure clear and consistent documentation and communication processes.

### Requirement 4(3)(d)

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

Improvements required

* Ensure information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.
* Implement, monitor and review planned changes to the handover process and associated training ensure all staff have access and knowledge to the new processes implemented.

### Requirement 4(3)(g)

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

Improvements required

* Implement, monitor and review processes to ensure where equipment is provided, it is safe, suitable, clean and well maintained.
* Implement, monitor and review updated process in relation to ‘resident of the day’ to ensure appropriate actions are taken when consumer equipment is found to not be safe, suitable, clean or well maintained.
* Implement, monitor and review processes in relation to the service’s monthly air mattress checks to ensure the equipment is safe and suitable to assist with the minimisation of pressure injury development.

### Requirement 5(3)(c)

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

Improvements required

* Establish clear roles and responsibilities for cleaning consumer equipment.
* Implement, monitor and review processes to ensure consumers have access to the use of a call bell, including call bell neck pendants and ensure this equipment is suitable for the consumer.

### Requirement 7(3)(a)

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

Improvements required

* Ensure the workforce deployed enables delivery and management of safe and quality care and services to consumers.
* Implement, monitor, and review call bell response times to ensure delivery and management of safe and quality care and services in a timely manner.
* Monitor effectiveness of the actions taken to ensure timely and appropriate care and service provision to consumers, including consulting consumers/representatives.

### Requirement 7(3)(c)

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

Improvements required

* Monitor effectiveness of the actions taken to ensure the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Monitor and review staff competency to ensure they can apply appropriate knowledge to effectively perform their roles.

### Requirement 8(3)(d)

*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.*

Improvements required

* Monitor the effectiveness of the actions taken in relation to training to ensure staff have an appropriate understanding of effective risk management systems and practices. In particular relating to the Serious Incident Response Scheme and aspects of personal and clinical care including wound, medication and pain management, blood glucose monitoring, and use of restraint.
* Continue to review and conduct staff training where there are gaps in the knowledge on organisational policies and procedures and risk management.
* Review and enhance organisational systems to support consumers to live the best life they can.