Woodlands Park

Performance Report

34 Free Street
NEWMARKET QLD 4051
Phone number: 07 3352 6488

**Commission ID:** 5264

**Provider name:** Mellreach Pty Ltd

**Site Audit date:** 6 December 2021 to 9 December 2021

**Date of Performance Report:** 24 January 2022

# Performance report prepared by

Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | 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** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 17 January 2022
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers said they are treated with respect and they are supported to maintain their culture. Consumers and their representatives were satisfied that consumer preferences are respected. Care planning documents reflected consumers’ background, identity, religion and cultural practices. Staff described consumers’ backgrounds, and how they support consumers’ needs and preferences, in line with the service’s policies. The service hosts events for different cultural celebrations.

Consumers and their representatives said consumers are supported to make decisions about their care, including who is involved, and to maintain relationships. Staff described how they support consumers to be independent and make choices about when and how care is delivered. Care planning documents reflect the people consumers would like involved in their care.

Consumers said they are supported to take risks in line with their preferences. Staff described the risks relevant to consumers and how they support the consumer’s choice, consistent with training they have completed. Care planning documents contained risk assessments, which are developed with consumers and their representatives and are reviewed by staff.

The service displays information and provides newsletters to support consumers to exercise choice. Consumers and their representatives were satisfied with the information provided.

Staff were observed respecting consumers’ privacy by knocking on doors before entering and closing doors when care was provided. Consumers and their representatives said staff are respectful of privacy. Staff complete training on privacy and confidentiality, and information is stored on a password protected electronic system to maintain confidentiality.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Care planning documents reflected that comprehensive assessment and planning occurs when consumers enter the service to identify their needs, goals and preferences, and documents are reviewed regularly. Care plans contain information about risks, who is involved in the consumer’s care, and advance care planning and end of life preferences. Consumers and their representatives said they are involved in the assessment and planning process, which was reflected in progress notes. Staff use tools, guidelines and policies to conduct assessment and planning. Staff described how they use care planning information to deliver safe and effective care.

Consumers and their representatives said they partner with the service in the care planning process, and allied health services and other service providers are involved where relevant. Staff said they are guided by what the consumer wants and who consumers wish to be involved in care and planning. The service has policies and procedures to support staff in involving relevant health professionals and guide staff in information sharing.

Staff said they offer consumers a copy of their care plans. Consumers said staff provide them with information about care planning in plain language they can understand. Representatives said they know they may access care planning documents on request.

Care plans show evidence of regular review, and that additional review occurs when circumstances change or incidents occur. Staff described examples of when reviews are conducted, the involvement of other healthcare professionals and how the reviews impact future care requirements.

## 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 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Consumers and their representatives said they were satisfied with the personal and clinical care delivered by the service, and consumers have input into their care. Care documents reflect that care is supported by best practice, tailored to consumer needs and is delivered in line with recommendations or directives from other healthcare professionals. Staff are guided by policies and procedures, and described how support is available if they have any concerns regarding a consumer’s condition.

For consumers subject to restrictive practice, the service had signed consents and authorisations and care planning documents reflected that regular monitoring and evaluation occurred. Staff described using alternative interventions to support behaviour management. The service promotes skin integrity care through a wound care champion and information from staff and care plans supported that consumers’ wounds are monitored and treated. Pain management is addressed through assessment, monitoring and tailored medication and strategies.

Care planning documents reflect the risks associated with each consumer’s care, mitigating strategies and instructions. Clinical risks are assessed on entry. Staff described risks relevant to consumers, how they report and document incidents, and how they communicate any escalating issues. Clinical indicator data is used to inform improvements.

Care planning documents evidence that consumers’ end of life preferences are followed. Consumers and representatives said they believe the service will support their needs. Staff described how they maximise comfort when providing end of life care, and knew where to review consumers’ preferences.

Progress notes reflect that the service identifies and responds to deterioration or change in consumers’ condition, including referral to other providers or organisations. Care staff described how they report changes to registered staff, and how information is communicated at handover.

Information is documented and communicated within and outside the organisation, as evidenced by progress notes and case conference information, to support continuity of care. Staff described how information is shared with relevant health professionals, consumers’ representatives and the hospital when relevant. Alerts appear within the care management system to notify of changes.

Care planning documents reflected that consumers are referred to other health professionals to support their health and well-being, and that any changes in care needs are communicated. Consumers said they were satisfied that timely referrals occurred.

The service has policies and procedures to minimise infection-related risks. Staff described how they deliver care to support appropriate antibiotic prescribing. Training records reflect staff received training in infection minimisation strategies. Staff were observed following relevant infection control practices.

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The non-compliance is in relation to Requirement (3)(f) as the service had not sufficiently addressed consumers’ dissatisfaction with the quality and variety of meals at the time of the Site Audit. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Consumers said the lifestyle program supports their needs, and staff support them to engage in activities of interest. Care plans list the activity preferences of consumers, and lifestyle staff said they use this information to inform the activity schedule. Staff said they design activities to suit the range of needs of consumers, engage with other organisations and services to supplement activities, and support consumers to attend activities outside the service environment. Consumers were observed interacting and engaging in activities. Equipment provided was observed to be in good condition.

Consumers said they are comfortable speaking to staff if they would like emotional support. Staff described how they provide support, and staff were observed speaking with consumers in a caring and respectful manner. The service supports consumers’ spiritual well-being through regular religious services.

Consumers said they are supported to maintain relationships, and that the service has supported them to make friendships and spend time together. Staff described how they assist consumers to participate in the community and keep in contact with their families. Care planning documents evidence that consumers are referred to other organisations and providers, where relevant.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

Consumers and their representatives provided mixed feedback in relation to the meals provided by the service. The Assessment Team brought forward examples of consumers who were dissatisfied with meal quality, variety, and contents. No concerns were listed regarding portion size or that consumers were not receiving meals in line with dietary requirements. No examples were brought forward of significant consequences as a result of consumer dissatisfaction, such as weight loss. The Site Audit Report reflected that the service said menu changes are continuously made and surveys are completed to gather consumer choice.

A food satisfaction survey was completed during the Site Audit and reflected that consumers did not enjoy meals, they wanted further choice regarding food and drink options, they did not enjoy how meat is cooked and they sought more fresh fruit and vegetables to be used.

The Approved Provider responded on 17 January 2022 and stated they were aware of concerns raised by consumers. They described action taken to address issues raised and said management had met with consumers individually to discuss options. They said for some consumers these meetings resulted in the consumers reporting higher satisfaction with meals when they were followed up, however for some consumers they were unable to obtain sufficient information to resolve the concerns.

Regarding the named consumer who sought variety for a particular meal, the Approved Provider said alternative options were purchased however the consumer would not eat them and the items later had to be disposed of. I am satisfied this reflects that the service has sought to offer variety to the consumer, and this example is not reflective of non-compliance with this Requirement.

The Approved Provider supplied evidence of a dietician’s review of the service’s menu conducted in January 2021. This review stated the menu met Australian Guide to Healthy Eating requirements, with variety offered in various food categories to support the requirements. The Approved Provider said the chef is suitably qualified for their role. While I am satisfied this information reflects the service has the potential to cater to consumers’ dietary needs and preferences, the reported level of consumer dissatisfaction does not support that the meal options are of satisfactory variety for the consumers and therefore is evidence of non-compliance with this Requirement.

Regarding the comments from named consumers who sought more fresh vegetables, the Approved Provider stated in season fruits and vegetables are purchased twice weekly and frozen items are used for produce that is out of season. I note this information is conflicting with the consumer feedback. I was not provided information supporting that the reasoning for reduced fresh produce has been communicated to consumers, or a reflection of acknowledgement or understanding from the consumers. As a number of consumers raised that the fruit and vegetables impacted their opinion of meal quality, I consider this example is reflective of non-compliance with this Requirement.

The Approved Provider said they will continue with meal satisfaction surveys. They said staff completed an additional survey to obtain consumers’ preferred meal options, and these will be included to meet the consumers’ preferences. They said they plan to implement variety through theme days during 2022. They said consumers are able to request a dish of their choice for their birthday outside the menu. The chef and a management team representative have enrolled in a nutrition course, and will communicate learnings to other staff at the service.

While I am satisfied that the service was taking action, or has since taken action, in response to the negative consumer feedback, the volume of negative comments reported in the Site Audit Report suggests that the service had not sufficiently identified and addressed the consumers’ concerns prior to the Site Audit. No evidence was brought forward to support that ongoing engagement had occurred regarding these issues, or the action in progress was recent, and its suitability could not be determined at the time of the Site Audit.

I consider the improvements described in the Approved Provider’s response will take time to demonstrate effectiveness. At the time of the Site Audit, based on consumer feedback the service had not demonstrated it was providing meals that were suitably varied and of high quality.

Therefore, I find this Requirement is Non-Compliant.

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The non-compliance is in relation to Requirement (3)(c) as the Assessment Team raised concerns regarding some items of furniture, consistent with consumer and representative feedback. Most of the furniture, fixtures and fittings were observed to be suitable, clean and well-maintained. Overall consumers and representatives said they were satisfied with cleanliness and equipment safety. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

The service environment was observed to be welcoming, and consumers said they felt at home at the service. Consumers may decorate their rooms with personal belongings and bring furniture. Consumers may access indoor and outdoor areas. There are wide and level pathways to support consumers to move freely, and outdoor areas have shaded sections and furniture. Staff assist consumers to enter and exit the service.

Consumers said they were satisfied with the cleanliness of the service. Staff described how they report, manage and attend to maintenance issues and address any hazards or safety concerns. The service has a preventative and corrective maintenance program, with action being completed in a timely manner.

## 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 observed during the Site Audit that most furniture, fittings and equipment were clean and safe. Call bells and mobility aids were in reach of consumers, and mobility equipment appeared clean. Maintenance staff said they conduct reviews of cleanliness of equipment.

The Assessment Team brought forward examples of furniture being unclean, not maintained or in apparent unsafe condition. Some consumers and representatives interviewed raised concerns regarding cleanliness and furniture in the common lounge area. The Assessment Team reviewed the service’s maintenance logs and hazard spreadsheet, which supported that equipment is identified as being in need of cleaning or repair. However, the Assessment Team considered that a number of the issues they observed were not identified by the service in the service’s documents.

The Approved Provider responded on 17 January 2022. They stated a full audit of furniture and equipment will be completed, approval will be sought to replace items as required, and the environmental staff will complete cleaning. They stated there was a roof leak recently prior to the Site Audit, with some delay to reparation work occurring due to rain, which impacted what the Assessment Team observed.

The Site Audit Report referenced observations regarding some lounge chairs being unstable due to detached cushioning, of wheelchairs being stored outside, and some outdoor furniture appearing unclean and unsafe. The Approved Provider stated these issues would be addressed through the action in progress as referenced above. While I am satisfied that the Approved Provider is taking action to rectify these issues, at the time of the Site Audit the issues were not clearly identified by the service’s own systems. While no harm to consumers was identified in the Site Audit Report, consumers had reported concerns. I consider this example is reflective of non-compliance with this Requirement, as at the time of the Site Audit.

A named consumer said they did not like to spend time in the common area due to its cleanliness and odour. The Assessment Team observed some odour and considered cleaning staff had been attending to the issue. The Approved Provider said staff have acknowledged the issue with the consumer in the past, and cleaning staff are rostered throughout the facility to manage cleaning. I am satisfied that the service was taking action to address the concerns, including prior to the Site Audit, and that this example is not reflective of overall non-compliance with this Requirement.

Regarding an item of equipment observed by the Assessment Team as being unclean, the Approved Provider gave an explanation of why the equipment was in that state and how they have escalated this to an external service provider for action, as they have been unable to address the cleanliness within the service. I am satisfied based on the information from the Approved Provider that this is an isolated example and not reflective of non-compliance with this Requirement.

Renovation works were in progress during the Site Audit. The Assessment Team observed potential hazards and a consumer in the area of the works was leaning against the construction for support. The Approved Provider stated different options were trialled to maintain safety around the construction, some alternatives were assessed as being a greater hazard during trials, and staff were provided feedback. I consider this example is reflective of a potential safety issue, noting that no harm was identified to consumers as a result.

While I am satisfied the service is taking suitable action to rectify the issues identified in the Site Audit Report, at the time of the Site Audit the service’s systems and processes had not identified concerns regarding cleanliness and maintenance of some furniture. As a result, I am not satisfied that the service has consistently demonstrated furniture is safe, clean, well-maintained and suitable for consumers.

Therefore, I find this Requirement is Non-Compliant.

# 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

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

The Assessment Team recommended Requirement (3)(d) was not met, regarding how feedback and complaints are used to improve the quality of care and services. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response. I find the service Compliant and have provided reasons for my findings in the specific Requirement below.

Consumers and their representatives said they are encouraged and supported to provide feedback about care and services, and they would feel comfortable to raise concerns if needed. They described the ways they can provide feedback or complaints, such as meetings, surveys and approaching staff. Staff described seeking feedback from consumers and how information is obtained through audits and surveys.

Consumers and their representatives said they are aware of advocacy services. Staff said they support consumers by communicating concerns raised to management on consumers’ behalf, encouraging consumer feedback and assisting to complete feedback forms if necessary. Staff said they support consumers with communication difficulties, including through assessing their expressions and body language, and have access to cue cards. The service displayed information regarding complaint processes, external advocacy and language services.

Staff described how they apply their training to address complaints raised, including through apologising and taking action to prevent recurrence. Staff gave examples of action taken in response to complaints and feedback. The service maintains a complaints register which reflects feedback, suggestions and action taken.

Consumers provided mixed feedback on whether the service uses complaints to improve quality of care and services. Consumers primarily raised complaints relating to meals, which has been further considered at Requirement 4(3)(f).

## 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.*

The Assessment Team brought forward feedback from consumers and representatives stating they had raised complaints regarding meal quality and variety, and were not satisfied that suitable action was taken. The Assessment Team reviewed the service’s complaints register during the Site Audit and reported that it did not reflect verbal complaints, and there was not a record in the activity log regarding improvement action relating to food and meals. During the site audit management of the service said feedback and suggestions are obtained verbally, via meetings and surveys, and analysis occurs to inform action.

Regarding the complaints register, recording of verbal feedback, and action taken to remedy complaints, I have considered this further at Requirement 8(3)(c).

The Approved Provider responded on 17 January 2022 and stated the service has taken action to remedy the complaints regarding meals. They said staff speak to consumers who raise the complaints, the chef makes changes in line with consumers’ requests, and staff seek to supplement meals through purchasing specialty items.

I have considered the feedback and complaints relating to meals in detail at Requirement 4(3)(f), which also references the action planned by the service in response. There were no other material issues raised in the Site Audit Report regarding complaints that support a decision of non-compliance with this Requirement.

Though the service’s review and improvement action remained dissatisfactory based on the consumer and representative feedback, I consider the improvements sought would take time to implement. It would not be reasonable to determine non-compliance with this Requirement when the same issues have been found non-compliant at Requirement 4(3)(f). I consider the service was generally reviewing and taking improvement actions in relation to feedback and complaints at the time of the Site Audit.

Therefore, I find this Requirement is Compliant.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team recommended Requirement (3)(d) was not met, regarding staff training, as staff provided mixed feedback regarding their level of training. The service has staff training programs to deliver initial and ongoing training, and systems in place to track and monitor completion of training. I find the service Compliant and have provided reasons for my findings in the specific Requirement below.

Consumers said they were satisfied with care delivery, that staff are responsive and staff treat them with care and respect. Staff were observed engaging with consumers respectfully. Staff said their roles are busy and were satisfied with their roster. Management said they use strategies to address staff absence that do not require use of agency staff, to support quality care delivery. Call bell audits reflected a reduction of call bell response times, and consumer satisfaction with call bell response and care delivery is monitored monthly.

Consumers and their representatives said they were satisfied staff at the service are competent and have suitable skills to meet care and clinical needs. The service has recruitment and selection processes to evaluate that staff engaged have relevant qualifications and credentials. Position descriptions reflect the skills, qualifications and responsibilities that staff require. Staff said they complete performance appraisals and have regular discussions with their manager regarding development areas.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

Consumers said they were satisfied with care delivery and staff skills. The service’s training matrix identified a range of mandatory and role-specific training modules, reflecting all relevant training was completed as scheduled (excepting a manual handling module).

The Assessment Team brought forward examples of staff concerns regarding training for issues such as manual handling equipment, wound care and supporting consumers living with dementia and managing complex behaviours. At the time of the Site Audit, management stated that the portion of manual handling training was delayed due to availability of a physiotherapist and training was scheduled to occur within one month.

The Approved Provider responded on 17 January 2022 with additional information regarding training. They supplied the 2022 education calendar reflecting training planned for staff and described how staff have input into the calendar.

Regarding the manual handling training, an incident regarding manual handling was subject to review at the time of the Site Audit. While this is reflective of consumer impact, I accept the Approved Provider’s comments that there was a delay in completing the practical component of the training and that this was to occur promptly. No further evidence was brought forward of consumer impact. As a result of the service identifying and taking steps to address this issue prior to the Site Audit, I do not consider this is reflective of non-compliance with this Requirement.

Regarding wound care, evidence was provided in the Site Audit Report at Requirement 3(3)(a) that a less experienced staff member had not identified correct treatment for a particular wound. More experienced staff identified the error, took action and no adverse impact to the consumer was noted. There was no further evidence brought forward to support that wound care was an area of concern for other staff. As a result, I consider the example is reflective of an isolated incident by one staff member, and that it is not sufficient to determine non-compliance with this Requirement.

Regarding staff seeking further training to care for people living with dementia and with complex behaviours, the Approved Provider described comprehensive training attended by a number of staff in 2021, and additional training is scheduled for 2022. As there was no harm or risk to consumers identified, and the service has described past and future training in place to address the staff feedback, I consider that the service has supported staff in receiving training for this area.

The Site Audit Report did not identify evidence of repeated or significant impact to consumers as a result of staff training deficiencies. The service was taking action to evaluate incidents and address staff feedback prior to the Site Audit. I am satisfied that the service had processes in place to support and train staff in delivering safe and quality care.

Therefore, I find this Requirement is Compliant.

### 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

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

The non-compliance is in relation to Requirement (3)(c) as the service had not demonstrated fully effective governance systems. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Consumers and their representatives provided examples of how they participate in development and evaluation of care and services. They said management at the service are approachable. The service holds consumer and representative meetings, and focus groups, to support partnering in care delivery and improvement. Meeting agendas and minutes evidence that information about complaints, incidents and quality indicators is communicated to the governing body via committees.

The organisation’s governing body reviews the reports received from the service and endorses actions that contribute to improvement in care and services. The governing body is in regular contact with the service to support accountability.

The service has a suitable information management system to communicate care information, policies and procedures. Examples were given of how financial governance is applied to support safe and quality care. The service demonstrates regulatory compliance through monitoring legislative change and communicating information to staff. However, the Site Audit Report identified deficiencies relating to continuous improvement, feedback and complaints.

The service has effective risk management systems, with documented frameworks. Staff receive training on high-impact and high-prevalence risks and could describe how they apply training in a practical way. The incident management system was observed to be effective, and improvement actions had occurred as a result of incident findings to improve consumers’ safety. The systems support reporting and escalation of incidents of abuse.

The service has a clinical governance framework, with supporting policies to promote antimicrobial stewardship, minimise the use of restrictive practice and apply open disclosure. Staff described training they received regarding these policies and how they applied this training in their role.

## 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 Site Audit Report reflected concerns regarding how the service applies continuous improvement and addresses feedback and complaints. It also identified mixed feedback from staff regarding their training, suggesting a deficit in workforce governance.

The Approved Provider responded on 17 January 2022 and described a change in software that occurred in early 2021 and may have contributed to information not being accurately reflected in the service’s complaints register, or its continuous improvement plan.

Regarding continuous improvement, a number of relevant examples were provided to support the operation of the service’s governance system. However, the Site Audit Report reflected deficiencies in how complaints and feedback regarding meals were being captured, addressed and reflected in the complaints register. I am satisfied that this has been rectified following the Site Audit, based on the continuous improvement plan submitted in the Approved Provider’s response, however I was not provided with sufficient information relevant to the time of the Site Audit to support that the service’s continuous improvement governance system was fully functional.

Further to the comments regarding feedback and complaints, the Assessment Team brought forward evidence that the service’s processes and systems for documenting and dealing with feedback and complaints was not consistently effective in informing continuous improvement. In line with the comments at Requirement 4(3)(f) and Requirement 6(3)(d), I consider there is sufficient evidence brought forward to support that the service’s governance system was not consistently identifying consumers’ dissatisfaction with meal-related issues, or if it was then this was not being suitably recorded to evidence continuous improvement and action being taken.

I am satisfied the service’s governance system was effective in the areas of information management, financial and workforce governance and regulatory compliance. I am not satisfied of the effectiveness regarding continuous improvement, feedback and complaints to demonstrate that the service was addressing consumer concerns through its own developed methods and channels.

Therefore, I find this Requirement is Non-compliant.

### Requirement 8(3)(d) Compliant

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

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

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 4(3)(f) – the Approved Provider ensures consumers are provided with meals that are varied, and of suitable quality, incorporating the feedback given by consumers regarding meal contents.
* Requirement 5(3)(c) – the Approved Provider ensures furniture, fittings and equipment are consistently clean, safe and well maintained, to address consumer and representative concerns regarding safety and cleanliness of furniture in the communal areas of the service.
* Requirement 8(3)(c) – the Approved Provider improves their organisation wide governance systems to ensure effectiveness, specifically in relation to continuous improvement, feedback and complaints, and demonstrate that any concerns are being identified and addressed within the service’s governance systems.
* The Approved Provider implements all planned actions to address identified deficiencies and establishes monitoring process to ensure ongoing compliance with the Aged Care Quality Standards.