Wynwood Nursing Home

Performance Report

77 Sydenham Road   
NORWOOD SA 5067  
Phone number: 08 8362 3568

**Commission ID:** 6865

**Provider name:** Wynwood Nursing Home Pty Ltd

**Site Audit date:** 7 January 2020 to 9 January 2020

# 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** | **Non-Compliant** |
| Requirement 2(3)(a) | Non-Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **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) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **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 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 04 February 2020.

# 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.

The Assessment Team found consumers and representatives interviewed said they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are treated in a dignified and respectful manner by staff and were able to cite examples of how this was carried out.
* they are encouraged to do things for themselves and they make decisions in relation to risk taking.
* that staff know what is important to them and that where possible staff try to accommodate their wishes.
* that staff respect their personal privacy.

The Assessment team found the service provides consumers with an information booklet on admission which includes information in relation to decision making and encourages consumers to contribute their thoughts and desires concerning all aspects of the care recipients’ life that affects them.

Care planning documentation viewed by the Assessment Team outlined specific cultural needs. Staff interviewed were able to describe how they attempt to maintain a culturally safe environment for individual consumers.

Staff interviewed by the Assessment team were able to outline individual consumer backgrounds and spoke about how they use individual consumer experiences and needs to direct the care. Staff also spoke about how their knowledge of individual consumer’s backgrounds can help them to initiate meaningful conversations. Staff were able to describe how they attempt to maintain a culturally safe environment for individual consumers.

The Assessment Team observed staff interacting with consumers in a warm and respectful manner.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure the service has a culture of inclusion and respect for consumers whereby consumers are respected and enabled to exercise choice and independence.

## 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 NON-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 Non-Compliant as two of the five specific requirements have been assessed as Non-Compliant.

The Assessment Team recommended requirements (3) (a) and (e) in Standard 2 as not met. I have considered the Assessment Team’s findings, approved provider’s response and the totality of the evidence within the report to come to a view about compliance with Standard 2 and find requirements (3) (a) and (e) as Non-compliant. I have provided my reasons for my decision in the respective requirements in the body of the report.

The Assessment Team found consumers and representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* that staff speak to them in relation to assessments and assessing care and clinical needs for all consumers.
* they are aware of the assessment process and the development of the care plan and stated they have access to the care plan if required.
* they were aware of the care plan however they had never seen it .

Clinical staff interviewed by the Assessment Team stated during the assessment process they speak to the consumers in relation to the assessments or if required speak to the consumers’ representatives; they will contact them via the phone if they are not at the service to discuss the assessment. Staff interviewed confirmed advance care and end of life planning is reviewed and discussed with consumers and/or representatives during the three-monthly review process.

The Assessment Team found the service could not demonstrate assessments are carried out and reassessments of consumers’ care needs are identified to ensure the care plans are updated with the correct information for staff to ensure all consumers are receiving the correct care.

All assessments and care plans viewed by the Assessment Team included consumers’ care needs, goals and preferences. All Care plans viewed by the Assessment Team included consumers’ wishes, directives and goals in relation to end of life care. The Assessment Team viewed ten consumer care plans and noted three consumers’ care plans were not reflective of the consumers’ current care needs.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.

The Assessment Team found the service did not meet this requirement. The service could not demonstrate assessment and planning is effective and how it supports the organisation to deliver safe and effective care and services in relation to behaviour assessments. The behavioural assessment and planning processes do not inform safe and effective care. The behavioural assessment uses codes such a behaviour code and does not describe the actual behaviour. Staff interviews, and documentation review showed the service did not actually know what the behaviour the consumer was displaying by reviewing the coding. The management team stated the information about the behaviour is articulated in the consumer’s progress notes. The Assessment Team reviewed progress notes and did not identify the behaviour stated in the behaviour assessment. Medication chart and Special observation chart for a consumer demonstrated inconsistency regarding the frequency of taking Blood Pressure; and there was no information and no reportable ranges were identified.

The approved provider’s response stated it can be seen that staff are not always using the behaviour chart to the highest possible standard. For example, behaviour code used refers to seven different types of verbal behaviour. Staff have been retrained on how to use the form correctly as there are numerical identifiers for each of the seven verbal behaviours. Furthermore, when a numerical code describes a behaviour which lists multiple different behaviours in that field, staff will list that specific behaviour with a written description. Staff have been reminded in the staff meeting of the importance of documenting significant behaviours in the progress notes of each consumer. These improvements will be made through a dedicated focus meeting, a training session with an educator for behaviour identification and documentation, as well as a staff memo reinforcing all of this. The approved provider response indicated the Assessment Team misinterpreted the information about the frequency. The service contacted the Medical officer on the day of the visit and advised reportable range. A continuous improvement plan has been established to record all daily and weekly frequency Blood Pressure and or Blood Glucose Levels monitored; consumers will now use a new Special Observation Chart which must have a reportable range for Blood Pressure and/or Blood Glucose Levels where applicable. A focus meeting has been held in regarding this issue to specifically raise concerns and educate staff. This will also be discussed in the next staff meeting.

Based on my review of the Assessment Team’s report and approved provider’s response, I am satisfied the requirement is Non-compliant. While I acknowledge the approved provider’s proactive actions to the Assessment Team’s findings, I find at the time of the site performance audit behaviour assessments and care plan were not effective to provide information to deliver safe and effective care to consumers. In addition, the inconsistency regarding reporting reportable ranges for Blood Pressure and/or Blood Glucose Levels to ensure staff deliver 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 who 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) Non-Compliant

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

The Assessment Team found the service did not meet this requirement. The service could not demonstrate assessments and care plans are reviewed and updated as consumers’ care and clinical needs change. Review of three of ten consumer care plans showed information was not reflective of the consumers’ current care needs Reassessments had occurred and the information was not used to update the care plans for three consumers. Management stated they will review and update care plans to reflect current needs, goals and preferences. The service’s policies and procedures did not outline when staff need to complete the reassessments.

The approved provider’s response stated plans to eliminate inconsistencies within care documentation, the following actions have been taken:

* Training sessions conducted one-on-one with educator and Registered Nurse ensuring consumer needs are reflected accurately on assessments and care plans.
* Importance of ensuring some areas of care plan are not missed has been reinforced to Registered Nurses such as goals being updated to reflect up to date information.
* Three monthly care review checklists were created to capture when care reviews become due.
* Focus meeting held and will be further discussed in next Registered Nurse meeting.

Based on my review of the Assessment Team’s report and approved provider’s response, I am satisfied the requirement is Non-compliant. While I acknowledge the approved provider’s proactive actions to the Assessment Team’s findings, I find at the time of the site performance audit three consumers had a care review however the care plans were not updated to meet the consumers’ current needs.

# 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.

The Assessment Team recommended requirements (3) (b) and (c) in Standard 3 as not met. I have considered the Assessment Team’s findings, approved provider’s response and the totality of the evidence within the report to come to a view about compliance with Standard 3 and find all the requirements as Compliant. I have provided my reasons for my decision in the respective requirements in the body of the report.

The Assessment Team found consumers and representatives interviewed stated they receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* staff provide safe and effective care and they receive the care they require.
* they are receiving the care they need, and staff are kind and respectful to their needs.
* they are able to see the Medical Officer when they need to.

The Assessment Team found the organisation has written materials which direct clinical care delivery.

The Assessment Team viewed policies and procedures, documentation, care plans, progress notes and assessments in relation to restraint, skin integrity and pain management, and confirmed that the service’s approach to each of these areas is consistent with current best practice.

The Assessment Team viewed progress notes (and other documents) for the consumers sampled and noted that they reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer.

All care/clinical staff interviewed by the Assessment Team confirmed that they undertake a formal handover at the commencement of each shift where they are updated in relation to individual consumer care requirements. All staff were able to describe where they would source additional consumer information as required.

The Service provided the Assessment Team with evidence of the infection control policies and procedures and all staff clarified they receive training on a regular basis in relation to infection control.

The Service was unable to demonstrate effective monitoring, interventions and review used in relation to behaviour management. The care plan outlined behaviours and interventions, however assessments and progress notes did not identify interventions applied to assist in the management of ongoing behaviours.

The Assessment team found the service has a range of mechanisms to monitor the consumers’ clinical and personal care needs, supported through the documentation system, which facilitates the trending of incident and clinical data however not all verbal and physical behaviours documented in the progress notes appeared on the incident register, and interventions and effectiveness of managing behaviours were not clearly identified.

### 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.

The Assessment Team found the service did not meet this requirement. The Assessment Team notes the risk register review schedule was not complete. Management indicated there were no consumers who self-medicate however while viewing the consumers’ medication charts, the Assessment Team noted six consumers had a completed self-administering medication assessment completed. All consumers had a completed risk assessment however five risk assessments were not completed and required identification of the rating of the risk identified. Staff and Management were unable to identify strategies and interventions used when behaviours occurred for a consumer, and they were not clearly documented within the progress notes. Reviewing the consumer progress notes between 23 October 2019 and 23 December 2019 showed seven incidents such as yelling to staff, verbally aggression such as swearing to staff documented, however the service did not complete incident reports.

The approved provider refuted the Assessment Team’s findings and has submitted further clarifying information in relation to the consumers named in the report. The provider indicated all consumers had correctly completed risk assessments in their care plans. However, the five mentioned with no rating were from an old risk assessment folder which was used when the forms were first introduced, and staff were learning to use the forms. These documents were never in use and were merely drafts used for training purposes; the accurate, completed versions were already in the consumers’ care plan. This was explained to the Assessment Team on the day and physical copies of the completed risk assessments were shown to them. The approved provider stated incident reports are not created for ‘raised voice’ or ‘yelling’ unless it has an impact on a consumer or staff member as per their policy.

Based on my review of the Assessment Team’s report and approved provider’s response, in making my decision I noted the failures raised by the Assessment Team concerning the not recording of incident reports in this requirement are relevant in the non-compliance regarding requirement (3) (c) in Standard 8 and have been addressed.

Based on my review of the Assessment Team’s report and approved provider’s response, I am satisfied the requirement is Compliant as the approved provider was able to demonstrate in their response the organisation manages risks related to the care of each consumer’s care.

### 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.

The Assessment Team found the service did not meet this requirement. The Assessment Team notes the organisation demonstrated that consumers have a generic Palliative care plan, however the organisation was unable to demonstrate that the plans are regularly updated. The Palliative care plan signed by the medical officer for a consumer was commenced on 4 January 2020, two days before the consumer died. The plan did not provide any specific guidance to staff to ensure that all needs were addressed, and continuity of care was delivered. The clinical staff were unable to locate any information to confirm when the consumer had been assessed as being on the end of life pathway.

The approved provider refuted the Assessment Team’s findings and provided further clarifying information that Palliative care plans are reviewed in the three-monthly care plan review process, and as necessary. The consumer mentioned in the Assessment Team’s report did have a palliative care plan reviewed on 27 December 2019, undertaken by the Registered nurse, that can be seen dated on the Palliative Care Plan via their electronic program. In the three-monthly care plan review, all aspects of care are discussed with the consumer and/or representative, including their palliative care plan and wishes when ill or dying. The Palliative care plan presented in the response describes procedures to be implemented to ensure consumer needs were addressed and continuity of care delivered as well as notes in progress Notes showing the consumer was assessed as being on the end of life pathway from the 27 December 2019 due to sudden deterioration of health.

Based on my review of the Assessment Team’s report and approved provider’s response, in making my decision I noted the failures raised by the Assessment Team concerning documentation issues in this requirement, relevant in the noncompliance regarding requirement (3) (c) in Standard 8, have been addressed.

Based on my review of the Assessment Team’s report and approved provider’s response, I am satisfied the requirement is Compliant as the approved provider was able to demonstrate in their response the consumer named in the Assessment Team’s report needs, goals and preferences of the consumer nearing the end of life were recognised and addressed.

### 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 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team found three consumers and four representatives interviewed said 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. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are supported through a variety of lifestyle supports, including a range of activities based on consumer choice and various supported outings.
* that consumers are supported by the service to do the things they like to do.
* that consumers are supported to keep in touch with people who are important to them.
* that consumers like the food.
* they like the meals and they can have an alternative meal if they want.
* they are supported to be taken out by their family members for social leave.

Lifestyle and care staff interviewed by the Assessment Team could explain what is important to consumers, and what they like to do; this information was reflective of consumer feedback and lifestyle care plans. The lifestyle coordinator said the activities program has been tailored to consumers and supports their quality of life. Resident meetings, activity evaluations and ongoing discussions with consumers demonstrated consumer input into the activities schedule. Activities such as craft and cooking are provided based on consumers’ choice and preferences and are modified to meet the needs of consumers with varying levels of functional ability.

Five consumer lifestyle care plans viewed by the Assessment Team show consumer preferences for spiritual/religious choices and significant events that may impact their emotional or psychological well-being. Five consumer lifestyle assessments, lifestyle care plans and activity evaluations viewed demonstrated individual consumer’s preferences are documented in relation to their participation within the service and the wider outside community.

Hospitality staff interviewed by the Assessment Team explained how they monitor consumer satisfaction with meals, and how they cook a range of culturally appropriate food for their consumers. The management team said the menu is discussed with consumers at ‘resident meetings’ and the menu committee; changes are made based on consumer preferences. The menu and any changes are reviewed by a dietitian to maintain the appropriate nutritional content. In addition, culturally diverse meals are provided, and consumers can request special meals which can be made.

The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure the service provides safe and effective services and support for daily living to optimise the consumer’s impendence, health, well-being and quality of life.

## 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) Compliant

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

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

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

# STANDARD 5 COMPLIANT Organisation’s services environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team found consumers and representatives interviewed said they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they feel safe living in the service.
* they had felt some anxiety living in their family home, however since coming into the service, they felt completely safe.
* the service supports family and friends to visit and they are made to feel welcome.
* the home is small and offers a unique caring home-like environment with good communication, care and services provided.
* the facility is clean and well maintained.

The Assessment Team viewed the service preventative maintenance plans and processes for reporting and recording unplanned maintenance. Care and lifestyle staff said they know how to identify and report on any safety issues they may identify. Staff provided information to the Assessment Team on how they request identified maintenance through the service’s system.

The Assessment team found through observations that the furniture, fittings and equipment demonstrated they are safe, clean, well-maintained and fit for purpose. Staff were observed to wipe down dining tables and chairs after meals and furniture in public areas was noted to be clean. Consumer rooms were observed to be personalised, clean and well maintained.

The service environment was observed by the Assessment team to be safe, clean and well-maintained, staff were observed to undertaking regular scheduled cleaning duties. Consumers have access to secured outdoor areas, with garden areas and a range of plants they can assist in maintaining.

The Assessment Team found the organisation has monitoring processes in relation to Standard 5 to ensure the service provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) Compliant

The service environment:

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team found consumers and representatives interviewed said they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* that should they have a complaint they would be happy to address this with staff and that they would feel safe to do so.
* they had not had cause to complain but they were confident that change would be implemented because of any complaints they might have.

The Assessment Team found the organisation was able to provide evidence of how they inform consumers of the process to make an internal or external complaint. The organisation has a written complaints procedure which is readily available in paper format to all staff. Staff interviewed confirmed that they receive training monthly which includes updates on policies and procedures. All consumers and/or their representatives are provided with an Information Handbook on admission which promotes ‘open communication between care recipients, relatives and staff.’ Information is provided on how to make a complaint or suggestion.

The organisation has an open disclosure policy relating to complaints in place to guide staff and management on how to apply open disclosure processes, and open disclosure actions taken are documented in the incident report.

Staff interviewed by the Assessment Team were able to appropriately outline the actions they would take in the event of a consumer or representative raising a concern or complaint about the care and services they receive. Staff stated that if a consumer or representative was unable to write a complaint, they would assist them to so do and escalate it on their behalf.

The Assessment Team found the service has had one recorded complaint for the twelve-month period preceding the audit. One consumer stated that they did not know how to make a complaint, however they felt confident that if they needed to do so, they would speak to staff. The service has a complaints/comments register which management review on a regular basis. Management confirmed that complaints and comments are closely monitored with any significant incidents and trends being reported to the Board.

The Assessment Team observed brochures and posters to inform consumers and others about advocacy services and external complaints processes, in English and other languages.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure the service 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 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 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 found 10 consumers and representatives interviewed said they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* that staff are kind and caring, they know and understand consumer care needs and know what they are doing for consumers.
* they would like more staff, they felt there were adequate staff allocated to meet consumer care needs.
* that staff are skilled and qualified.
* they like that staff in the home speak their native language, this has assisted in the care of their family member and has helped in the past to relieve their family member’s anxiety.

The Assessment Team found the management team monitor and adjust the staffing levels based on consumer care needs, feedback from staff and consumers and representatives. Shifts are filled, and where needed, shifts can be extended. Staff interviewed all stated they have enough time to do their work and provide care to consumers.

The Assessment Team found there were no complaints identified based on call bell and sensor mat response times; consumers interviewed did not identify this as an issue or concern. Management said their call bell system is not very advanced, that they monitor call bell response times through feedback from consumers and staff.

Education records reviewed by the Assessment Team demonstrated staff undertake a variety of education, including education related to the new Standards. Consumers and representatives sampled said staff are kind, caring and gentle and they explain things to consumers when providing care. The Assessment Team observe staff interactions to be kind, caring and respectful.

The Assessment Team found the organisation has monitoring processes in relation to Standard 7 to ensure the service has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.

## 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.

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team recommended requirement (3) (c) in Standard 8 as not met. I have considered the Assessment Team’s findings, approved provider’s response and the totality of the evidence within the report to come to a view about compliance with Standard 8 and find requirement (3) (c) as Non-compliant. I have provided my reasons for my decision in the respective requirements in the body of the report.

The Assessment Team found four consumers and representatives interviewed said the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* that the service is well run, they are informed of changes and can partner in improving the delivery of care and services to consumers.
* they are involved in the development, delivery and evaluation of care and services.
* they are supported and involved in the development, delivery and evaluation of care and services.
* they have been involved in improving care and services that are reflective of their personal choices and experience.

The Assessment Team found the organisation has governance systems which are overseen by the Board of Directors. Management describe how the governing body promotes a culture of safe, inclusive quality care for consumers. Management said the Board of Directors have reviewed their organisational strategic business plan, this includes the vision, mission, strategic objectives and partnerships, purpose (mission), values and four objectives.

The Assessment Team found the consumers are engaged in a number of forums, including the menu committee and, as a result, additional food choices have been added to the standard menu.

The Assessment Team were informed by the management team that they have undertaken a number of improvements as a result of feedback from consumers, including new built-in wardrobes, widening doors, additional bus trips and the establishing consumer garden areas.

The Assessment Team found the service has a system for mandatory reporting in relation to incidents of elder abuse, including discretion not to report and absconding incidents. Management demonstrated a recent incident that was escalated to the Police, investigated and actioned at a site level.

Clinical staff interviewed by the Assessment Team could talk about a clinical governance framework, how they are working towards restraint reduction and how they notify representatives of incidents. The Assessment Team did note that not all staff are familiar with the new terminology, such as open disclosure and antimicrobial stewardship. However, education records did demonstrate staff have received education.

While the service has an overarching system for the identification of consumer care needs, which includes risk profiling, the Assessment Team identified these were not always completed to identify the risk to consumers.

The Assessment Team found Information management systems have not identified medical directives, they are not always recorded or followed for blood pressure monitoring, blood glucose levels and care plans and or medication charts are not always updated to inform and direct care.

The Assessment Team were shown a range of mechanisms to monitor the consumers’ clinical and personal care needs, supported through an electronic documentation system which facilitates the trending of incident and clinical data, however not all verbal and physical behaviours documented in the progress notes appeared on the incident register, and interventions and effectiveness of managing behaviours were not clearly identified.

The Assessment Team found, while undertaken, the incident reporting and analysis is generic and does not identify consumers who are on antibiotics for lengthy periods or show follow-up and review of pathology to exclude multi-resistant organisms and their management.

## Assessment of Standard 8 Requirements

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

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

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

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

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

Effective organisation wide governance systems relating to the following:

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

The Assessment Team found the service did not meet this requirement. The service could not demonstrate information management systems have identified medical directives, these were not always recorded or contained clear directives for staff to follow for two consumers in relation to blood pressure monitoring and blood glucose levels. Three medication charts have not been signed by the medical officer and updated following the cessation of antibiotics. Not all nursing care plans contain current information to guide staff practice including medical directives such as blood glucose levels and blood pressure monitoring. Three medication charts did not contain the medical officers’ signature when antibiotics were ceased. A complaint was not logged on to the complaints register to assist the service to identify new or emerging trends. Incident reporting and analysis, while undertaken, is generic and does not identify consumers who are on antibiotics for lengthy periods, there are no actions recorded to show follow up and review of pathology to exclude multi-resistant organisms and their management.

The approved provider’s response refutes some of the Assessment Team’s report, they responded by indicating the Medical officer issuing medication directives was notified immediately as to the errors and the Medical officer attended on that day of the site audit to rectify the issue. Additionally, it is clear that the audit in place was not entirely effective, and hence a new revised audit system has been put in place to ensure an error like this is identified promptly. A staff memo has been given out to remind staff that all concerns, complaints, and feedback, whether given in written form, or verbally, should be reported through the comments/concern form. This will also be discussed in the next staff meeting. The organisation has improved their clinical indicator system and will now identify by analysing the information. If staff observe a behaviour that has been identified and is of a repetitive nature, staff will document this in the service’s computerised program notes but will not file an incident report unless it is deemed to be significant or has an impact on another consumer or staff member. For example, behaviours such as yelling at the Registered nurse happens more than once a day with a consumer and it would be impractical to write an incident report every time this occurs considering all the interventions are working well. Incident reports are not created for ‘raised voice’ or ‘yelling’ unless it has an impact on a consumer or staff member.

Based on my review of the Assessment Team’s report and approved provider’s response, I am satisfied the requirement is Non-compliant. While I acknowledge the approved provider’s proactive actions to the Assessment Team’s findings, I find at the time of the site performance audit, information management systems and processes were not effective to give appropriate members of the workforce access to information that is clear and helps them in their roles.

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

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

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can.

### Requirement 8(3)(e) 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 2(3)(a)

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.

* To ensure behaviour assessments capture clear information about the behaviours to develop strategies in the care plans for staff to follow and to ensure staff deliver safe and effective care to consumers.

### Requirement 2(3)(e)

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

* To develop a system when clinical needs change the information is used to update the care plans and reflects current consumer needs.

### Requirement 8(3)(c)

Effective organisation wide governance systems relating to the following:

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

* To develop a system to ensure information management systems and processes is effective to give appropriate members of the workforce access to information that is clear and helps them in their roles.