Yallambee Lodge

Performance Report

1 Binalong Street
COOMA NSW 2630
Phone number: 02 6452 1669

**Commission ID:** 0352

**Provider name:** Snowy Monaro Regional Council

**Site Audit date:** 10 March 2020 to 12 March 2020

**Date of Performance Report:** 30 April 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 21 April 2020.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Most of the sampled consumers and representatives considered that consumers are treated with respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Some of them said that staff do not always treat consumers with dignity during their interactions or maintain their dignity when they need it.

For example:

Most of the consumers and representatives interviewed confirmed that consumers are treated with respect and their identity is valued. However, some of them said that consumers are not always treated with respect, felt ignored and their dignity is not always preserved when care and services are delivered. They also commented about the impact of staff shortages and high workloads on consumer’s dignity. They said consumers are often made to wait for long periods when consumers press their call bells for help with their personal care. Some of their comments include:

* ‘I was calling out, lying on the floor, it took ages, hours before somebody came’.
* ‘In the evening when I am in bed, I press the buzzer to go to the toilet but sometimes they (staff) don’t even come. I have no choice but go back to sleep’.
* ‘Some of them are good, some are terrible, some talk to me, some don’t, it makes me feel uncomfortable’.
* ‘Some of the staff are a lot better than others, it seems to be an effort for some of them’.

Most consumers and representatives interviewed confirmed that consumers are encouraged to do things for themselves and maintain relationships however, some of them said consumers are not always supported to do the things they want to do. They said most staff have an idea of what is important to consumers, but staff are often too busy to attend to them. Five consumers and representatives said there is not a lot for the consumers to do at the service and consumers seem to spend most of the time in their bedrooms.

Consumers and representatives interviewed confirmed that consumers personal privacy is generally respected however, a few of the consumers said staff do not always knock when they enter their bedrooms. They also said that consumer’s personal information is sometimes discussed in common areas during medical consultation.

Feedback from staff interviews indicate that most of them are familiar with consumers individual preferences and how this influences the way which care and services are delivered. They however said the shortage of staff sometimes impacts on their ability to support consumers to exercise choice.

Information derived from consumers, representatives, staff and document review indicate that consumers are not always treated with respect and their dignity not always maintained. Some consumers said their personal information is sometimes discussed in common areas.

The Quality Standard is assessed as Non-compliant as one (1) of the six specific requirements has been assessed as Non-compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

I consider the service to be non-compliant with this requirement. The assessment team identified several instances of consumer and representative concerns about lack of staff and long wait times to be attended to, particularly in response to calls for assistance and call bells and how this has impacted on consumer’s dignity, including personal hygiene. Consumers also stated staff were unable to respect their personal choices relating to showering times and provision of care. Staff also identified concerns about their ability to respond appropriately to consumers. In its response the approved provider gave context on individual consumers identified, however I am persuaded by the extent of consumer sentiment about impacts on them. The approved provider has reinforced to staff the importance of responding to call bells in a timely manner and is in the process of upgrading its call bell system, however I consider the service to be non-compliant with this requirement.

### 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.*

I consider the service to be compliant with this requirement. The assessment team identified consumer and representative concerns about curtailment of some external or group activities, however the approved provider gave context about recent external events which impacted on its ability to deliver these activities. I have considered issues in relation to respecting personal choices relating to showering times and provision of care in requirement 1(3)(a). I have considered information about provision of activities generally in relation to Standard 4 requirement 4(3)(a)

### 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.*

I consider the service to be compliant with this requirement. The approved provider submitted information about confidentiality of discussions about medical information and immediately addressed one issue identified issue regarding personal information.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Most sampled consumers and representatives considered that they feel like partners in the ongoing assessment and planning of consumer’s care and services. However, some of them expressed dissatisfaction about aspects of consumer’s assessment and care planning.

For example:

Consumers and representatives interviewed confirmed that they are involved in consumer’s care planning to some extent. Most of them confirmed that they are not always informed about the outcomes of assessment and planning, do not always have ready access to consumer’s care and services plan but could if they wish. Some of the comments include:

* “No, we don’t know what's in (the care plans) and we have not sat down with the manager to discuss them”.
* “No copy, (staff) come in and don’t even explain, we have to ask them (staff) what’s in (the care plans)”.

Care planning and assessment documentation do not adequately reflect changes to consumer’s needs or preferences and are not updated or reviewed when required.

Care plans are not consistently individualised relative to the risk to each consumer’s health and well-being. Physiotherapy review do not routinely occur after falls incidents or for consumers identified as high falls risks. Relevant assessments to identify pain in consumers diagnosed with dementia and challenging behaviour are not conducted as instructed.

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

## 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.*

I consider the service to be non-compliant with this requirement. The approved provider submitted information about risk assessments for named consumers regarding vision, swallowing and post hospitalisation physiotherapy and I have identified no concerns regarding these issues. However, in its response I do not consider that the approved provider has demonstrated that pain was adequately assessed or the risks associated with the use of an antipsychotic medication were fully considered and detailed in relation to a named consumer.

### 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.*

On balance I consider the service to be compliant with this requirement. In its response the approved provider identified processes for communication with consumers and accessibility of care plans. It amended consumer care checklists to more accurately reflect care 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.*

I consider the service to be non-compliant with this requirement. The approved provider was unable to demonstrate that scheduled reviews were undertaken for a consumer with recurrent falls, or that incremental reviews adequately reflected changes in use of mobility aides or that consumer’s exercise program. For another consumer, although behavioural interventions were recorded in a care plan, the requirement for 24-hour behavioural assessments every three months was not seen to have been undertaken.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Most sampled consumers and representatives consider that consumers receive personal care and clinical care that is right for them but shortage of staff impact on whether the care is delivered safely.

For example:

Most consumers and representatives interviewed confirmed that consumers get the care they need however some consumers do not always get care that is safe, and this is impacted by staff shortage:

* One of them said they understand staff are “super busy” and thought the care that consumer get was just for the consumer to “survive” rather than to “live”.

Most consumers and representatives interviewed confirmed that consumers have access to a doctor, but they do not always have access to other health professional when they need it.

The service’s approach evidence lack of appropriate trained and inadequate staffing numbers impact on the delivery of care that optimises consumer’s health and wellbeing. Other staff members identified staff approach as an issue with consumer’s behaviour management.

The service does not have up to date policy and procedure relating to restraint minimisation or reflecting the Quality Standards. However, some staff could generally describe the process on restraint minimisation.

Records suggest that psychotropic medication prescribed for a consumer to manage challenging behaviour has not been effectively managed.

High impact and high prevalent risks are not always minimised for the sampled consumers. Consumers identified with challenging behaviour, falls risks are not properly managed. There has been consistent medication incidents since July 2019. It involved high risk medications such as: Controlled drugs not appropriately managed as per legislative requirements: Incorrect and wrong medication doses provided to consumers with multiple risk factors.

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

### Assessment of Standard 3 Requirements

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

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

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

Based on the information presented by the assessment team, and after having considered the approved provider’s response I consider the service to be non-compliant with this requirement. I consider that there was no follow up when a consumer’s blood pressure was reported to be below the recommended range, that non-pharmacological strategies were not always fully explored or engaged for a consumer with challenging behaviours. In addition, while a number of measures to manage the chronic pain of a consumer, who had been identified as prone to agitation due to pain were documented, medical instructions to use a specific pain assessment when signs of pain were shown were not followed. In this regard the approved provider stated an alternative pain measurement process was put in place, however no information was provided about medical input into that decision. That consumer was recorded to be consistently agitated.

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

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

Based on the information presented by the assessment team, and after having considered the approved provider’s response I consider the service to be non-compliant with this requirement. In relation to falls, staff stated they were not always able to assist consumers at risk of falling. One consumer was not visually checked by staff at night as required and was unattended for a period of time after having fallen. There was a delay in obtaining pain medications for that consumer, and I am not satisfied there was a timely review of capacity to mobilise post hospitalisation. I am not satisfied, on the information provided, that the falls risk of other consumers is always effectively managed. The assessment team identified a number of medications incidents. The approved provider indicated that many incidents were documentation errors and described the actions it was implementing to ensure a safe and effective system, however I consider these improvements will take further time to become embedded.

### 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.*

I consider the service to be compliant with this requirement. I have considered information in this requirement under other requirements in this Standard.

### 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.*

I consider the service to be compliant with this requirement. I have considered information in this requirement under other requirements in this Standard.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Some sampled consumers consider that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

Most consumers and representatives interviewed confirmed that consumers are not always supported to do the things they like to do within or outside the service. Some of their comments include:

* “I keep asking when somebody else can do the card dealing, they say we will look into it but they are not doing it”.
* “We don’t go out that much, can’t get into the bus. They used to take us out shopping once a week but it doesn’t happen, no one ask if you want to go shopping. It used to be like home away from home, not anymore”.

Most consumers and representatives interviewed confirmed that consumers are supported to keep in touch with people who are important to them.

Most consumers interviewed advised that they like the food however commented about the lack of variety and the poor quality of dinner meals and soups.

Consumers are not adequately supported to engage in lifestyle interests and activities that they enjoy. The service is not always proactive in maximising consumer’s connection to the community or make alternative arrangements where it cannot meet consumer’s needs. Staff confirmed they use to take consumers out for excursions but this has been cancelled, however some context was provided about the reasons for reduction in activities

Consumers and representatives confirmed the lack of support from the service to enable consumers to do the things they want to do. There are limited options available on the activities schedule. Shortage of staff and heavy workload impacts on consumers services and supports for daily living.

Planned activities are sometimes cancelled without notice to consumers and activities enjoyed by the consumers are cancelled and not replaced. The Quality Standard is assessed as Non-compliant as one (1) of the seven specific requirements has been assessed as Non-compliant.

## Assessment of Standard 4 Requirements

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

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

I consider the service to be non-compliant with this requirement. The assessment team identified consumer and representative concerns about curtailment of some external or group activities, however the approved provider gave context about recent external events which impacted on its ability to deliver these activities. However, consumers and representatives expressed concern about loss of a number of activities both internal and external, staff no longer accompanying them to town for various outings and not being asked what they wanted to do for the day. I have given weight to this input. The lifestyle officer was recorded as stating that due to staff shortage, they sometimes struggle to meet the needs of consumers with varying levels of functional ability but try to help where possible. The approved provider noted that historic and informal arrangements for transport to town no longer existed, however I am not satisfied that cessation of these arrangements was satisfactorily communicated, or that alternative arrangements were put in place to cover ceased or suspended activities or provide alternate other activities. While the approved provider noted it had employed additional lifestyle officers with consumers reporting that they enjoy time with these extra staff, I consider that ongoing improvements are required.

### 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.*

I consider the service to be compliant with this requirement. I have considered information in this requirement under other requirements.

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

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

I consider the service to be compliant with this requirement. I have considered information in this requirement under other requirements.

### 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 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Most sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment. However, some of the consumers said they do not always feel safe at the service and are not made to feel that they belong in the service. They also said the service “use to feel like home but hardly does now". Some of the comments included “this was a beautiful place, we were like family, it was a feeling of a home away from home” but that has been “lost”.

For example:

* Most consumers interviewed confirmed that they generally feel safe at the service. They said most staff are kind and they are generally satisfied with the care they receive however consumers report waiting long periods of time for staff to respond to call bells however this information has been considered under another Standard. Consumers felt satisfied that the staff have the skills and knowledge required to look after them and said that most staff know them and what they need however they do have to repeat themselves at times.

Consumers interviewed stated that they were happy living at the service. They confirmed that their visitors are made to feel welcome and gave examples of how staff help to welcome their visitors. For example, ensuring they have enough seating and offering to make a cup of tea for them. Consumers said there are plenty of areas they can meet with privacy and comfort and observations by the Assessment Team were that the core lounge/dining room was very popular. One consumer said it was a nice place to live as it feels like a home and has lovely gardens.

Consumers confirmed that the service is always kept clean and well maintained and spoke positively about most of the staff and said they keep the environment in their room and in the communal areas clean and tidy.

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

* The service's environment reflects the safety and comfort needs of consumers, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. However, there has been complaints about delays for the heating system taking too long to warm up. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and is clean, well-furnished and free of clutter. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

I consider the service to be compliant with this requirement. The assessment team identified issues with the call bell system and call bell responsiveness which I have considered under other requirements.

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall sampled consumers did consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Most consumers and representatives interviewed expressed confidence that they could make complaints and felt safe to do so saying they were familiar with the ways in which they could do this, from speaking directly to staff, raising it with management, documenting on the feedback form or raising their concern or query at the consumer meetings. Consumers and representatives were also aware of the external complaint’s mechanisms available.
* However, some consumers said they were not confident their issues were addressed. For example, one consumer said questions were asked at meetings and the manager either did not respond, or changed the subject leaving them without a resolution for their concerns.
* While most consumers felt the service were responsive in their actions to issues being raised some consumers said they can ask and complain about things however things don’t seem to change leaving them feeling frustrated.
* Most consumers and representatives interviewed indicated that management listens to them and that efforts are always made to address concerns raised. Consumers and representatives said they are confident that feedback and complaints are used to improve services. For example, a complaint about food resulted in positive changes for the consumers.

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

* The Assessment Team found that the service is mostly responsive to feedback and complaints however some consumers and staff do not agree. Where consumers or their representative had provided feedback on the complaints form, actions taken to address the complaint or implement the suggestion were recorded.

The Quality Standard is assessed as Non-compliant as one (1) of the four specific requirements has been assessed as Non-compliant.

## Assessment of Standard 6 Requirements

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

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

I consider the service to be non-compliant with this requirement. While the assessment team found that most consumers and representatives felt safe in raising a complaint, others were reluctant to lodge complaints or felt issues raised at resident meetings were not taken on board. I have given weight to this feedback. Some staff stated management was not approachable in relation to complaints. In its response the approved provider stated its data showed that feedback and complaints are encouraged, but noted it was working on building deeper connections with consumers and staff.

### 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.*

I consider the service to be compliant with this requirement. The information reviewed indicated that of the feedback and complaints received that information was reviewed and used to inform improvements.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Most consumers interviewed confirmed staff at the service are kind and caring. However, some consumers and representatives said certain staff are “abrupt, very rude, pushy and bossy” and are not always caring to the consumers.
* All consumers interviewed confirmed staff know what they are doing, and they are confident in their skills when using the equipment to provide care. Two consumers said the majority do however, some ESL staff have trouble understanding the needs of the consumers.
* Consumers interviewed said they believe there is not enough staff to provide adequate care. One consumer said they think staff are overworked, another said they are always short staffed, and two representatives expressed concern that staff had to leave to assist with feeding consumers in other areas leaving the area completely unstaffed. This caused concern for consumers with mobility issues wanting to go back to their rooms as they are left without assistance.
* All consumers interviewed said they waited a long time for staff to answer the call bells.

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

Consumers and representatives were generally happy with the standard of care and support provided to them by staff although they said there were not enough staff leaving them waiting for assistance for long periods of time. Training issues have been identified in relation to open disclosure, medication management and providing respectful and dignified care.

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

## Assessment of Standard 7 Requirements

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

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

I consider the service to be non-compliant with this requirement. I have considered consumer, representative and staff feedback regarding staffing pressures and how this has impacted on provision of care and services as identified in other requirements, including responsiveness to call bells and concerns about staffing levels. In this regard the approved provider has reinforced to staff the importance of responding to call bells in a timely manner and is in the process of upgrading its call bell system. The approved provider acknowledged recruitment difficulties but noted that it had completed a recruitment process. However, I consider that these improvements will take time to become embedded.

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

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

I consider the service to be compliant with this requirement. Although I have identified concerns about long wait times for staff assistance impacting on consumer dignity, and personal choices relating to showering times and provision of care not always being catered to, I have considered this in relation to Standard 1 requirement 1(3)(a). The assessment team generally observed staff interacting with consumers in an appropriate manner.

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

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

I consider the service to be non-compliant with this requirement. The assessment team identified that although the service had documented core competencies for different roles including medication management, the service has consistently recorded a high number of medication incidents. The approved provider indicated that many incidents were documentation errors and described the actions it was implementing to ensure a safe and effective system, however stated that it had identified the need for completion of medication management modules for staff and was in the process of completing this module.

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Most sampled consumers indicated that the organisation is well run and say they can partner in improving the delivery of care and services.

For example:

* Most consumers sampled confirmed they feel the service is well run and that management has an open-door policy and they can approach them at any time. However, some consumers and staff said they are not confident when raising issues with management.
* Consumers and representatives provided examples of giving feedback through resident/family and food focus meetings, through the internal and external complaints process and directly to staff and management.
* The service demonstrated that it involves consumers in decision making processes through meetings and other feedback processes including surveys.
* Generally, consumers are satisfied with the care and services they receive at the service and are confident their preferences and wishes are considered to provide them with safe and effective care however representatives interviewed by the Assessment Team said they have been waiting for months to go through care plans which has not happened. Consumers confirmed they live the best life they possibly can and are supported by staff to maintain independence as long as possible.

Whilst the service demonstrated they had organisational governance systems in place, the Assessment Team identified gaps in the service’s understanding, application, monitoring or review of:

* Consumer engagement in the development, delivery and evaluation of care and services.
* Risk management systems, including managing high prevalence risks associated with the care of consumers, specifically in relation to consumers sampled.
* Clinical governance and its application at the service. Specifically, for those consumers sampled, around deterioration and changes to their conditions not being consistently recognised or responded to, impacting poorly on them. The clinical information regarding these consumers’ conditions, needs and preferences was not consistently documented or appropriately communicated within the organisation. Refer to Standard 2 Requirement 3 (d) and Standard 4 Requirement 3(d).

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

The organisation provides a number of opportunities for consumers to engage in the development of care and services however gaps were identified, specifically in Standard 2 for the consumers sampled. Staff stated they can access policies and procedures required for their roles in the policy folder however not all the policies are current. Consumers report the service is short staffed and consumers are waiting for long periods of time for staff to answer call bells and consumers are left unattended. High impact or high prevalence risks associated with the care of consumers is not managed effectively.

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

## Assessment of Standard 8 Requirements

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

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

I consider the service to be compliant with this requirement. Although I have identified concerns in relation to some assessment and planning, I have considered those issues in relation to Standard 2 requirement 2(3)(a). The information available indicates that there are avenues in which for consumers and representatives are involved, or are encouraged to be involved, in the development, delivery and evaluation of care and services.

### 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.*

I consider the service to be non-compliant with this requirement, specifically in relation to workforce governance. I have identified concerns in relation to staffing levels and staff responsiveness in relation to Standard 7 requirement (3)(a). In relation to feedback and complaints, although I have identified concerns in relation to feedback and complaints being encouraged and supported, I have found the service’s systems generally effective in this regard.

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

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

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

I consider the service to be non-compliant with this requirement. In particular, I do not consider that the service’s systems and practices in relation to management of medication and falls were adequate. I acknowledge the approved provider’s response in relation to these issues and the improvements being undertaken, however I consider these processes require further refinement.

### 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.*

On balance I consider the service to be compliant with this requirement. In is response the approved provider stated it had an existing clinical governance framework in place and was waiting for approval of a draft clinical governance framework. In relation to antimicrobial stewardship, minimising the use of restraint and open disclosure, the approved provider submitted policies which appeared to indicate they were in current form and relevant to the Aged Care Quality Standards, noting that the assessment team indicated they were in draft at the time of the site audit. However, staff indicated they were able to view the policies and generally indicated an understanding of the relevant and contemporary principles behind those policies.

# 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.

**Standard 1**

**Requirement 1(3)(a)**

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

* Ensure consumers are treated with dignity and respect by implementing and maintaining a process to ensure consumers are attended to in a timely fashion as required or in response to requests for assistance, and that their preferences are reasonably adhered to.

**Standard 2**

**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.

Demonstrate that, for all consumers, assessment and planning adequately considers risks to the consumer’s health and well-being and that these considerations are appropriately documented.

**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.

Ensure that 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**

**Requirement 3(3)(a)**

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

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.
* Demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, including but not limited to exhibiting adequate follow up when clinical signs are shown to be outside normal range, full exploration of engagement of use of non-pharmacological strategies to manage challenging behaviours and appropriately monitoring pain.

**Requirement 3(3)(b)**

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

* Demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, including but not limited to falls and medication management.

**Standard 4**

**Requirement 4(3)(a)**

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

* Ensure that, in relation to activities and outings, all consumers are provided with a diverse range of activities including alternate activities and opportunities for outings, and that communication with consumers about the provision and availability of this is effective.

**Standard 6**

**Requirement 6(3)(a)**

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

* Demonstrate that consumers are encouraged and supported to provide feedback and make complaints.

**Standard 7**

**Requirement 7(3)(a)**

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

* Demonstrate adequate staffing levels and responsiveness to consumer’s needs for requests for assistance, to ensure the delivery and management of safe and quality care and services.

**Requirement 7(3)(c)**

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

* Demonstrate, particularly in relation to the safe management of medications, that relevant staff have the knowledge and capability to effectively perform their roles.

**Standard 8**

**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.
* Demonstrate, in relation to workforce governance, an effective organisation wide system in relation to staffing levels and staff responsiveness

**Requirement 8(3)(d)**

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

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can.
* Demonstrate, in relation to management ofhigh impact or high prevalence risks associated with the care of consumers and in particular in relation to medication management, that effective systems and practices are in place.