Alkira Lodge

Performance Report

2A Bushland Drive
TAREE NSW 2430
Phone number: 02 6592 0015

**Commission ID:** 0165

**Provider name:** Bushland Health Group Limited

**Site Audit date:** 21 June 2022 to 23 June 2022

**Date of Performance Report:** 9 August 2022

# Performance report prepared by

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# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | 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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 19 July 2022

# STANDARD 1 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

Consumers/representatives reported they feel they can be whoever they want to be, and the staff respect their individuality. They reported they can express themselves through decorating their rooms with items from home that represent their heritage and backgrounds.

Consumers/representatives described various ways in which they are made to feel valued and included and are provided with opportunities to engage in different activities and involvement in various cultural and religious events that are important to them.

Staff demonstrated they are familiar with consumers’ backgrounds and culture, and where able to describe the ways they enable and support consumers’ lifestyle choices and preferences.

Consumers/representatives interviewed reported they feel supported by the service to exercise choice and independence. They reported they are involved in making decisions about the care they receive and how it is delivered. They reported they can make decisions about their family and friends and who is involved in their care and communicate decisions with those people.

Care planning documentation for sampled consumers included details and contact information for nominated representatives and other primary contacts. Dignity of risk policies and completed consumer risk assessments in consultation with health care specialist and consumer/representative were reviewed.

Review of minutes from consumer/representative meetings identified consumers are given the opportunity to participate in decision making in various forums including food forums, meetings and can exercise choice and independence.

Staff interviewed were able to identify consumers who are supported to take risks and explained how the service monitors and supports them and has engaged in discussions with their representatives if required.

Consumers/representatives interviewed confirmed they are provided with current information in many forms, including verbally at meetings, during individual meetings one on one, during activity programs, feedback surveys, daily newsletters, minutes of meetings and via the service management.

Consumers/representatives reported staff respect each consumer’s personal privacy and confirmed actions undertaken by staff include; staff knocking on the consumer’s door and announcing themselves prior to entering the room, staff respecting and adhering to consumer preferences, including how, when and where care and services are delivered.

The Assessment Team observed staff practices and staff work areas to generally be aligned with privacy of personal information protection principles.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

A review of care planning documentation confirmed assessments are completed upon entry to the service and are reviewed periodically and when changes occur. Initial assessments are undertaken by registered staff and a care and services plan is developed in consultation with the consumer/representative. The need for referrals to allied health professionals are identified and initiated where necessary during the assessment process.

The service has a suite of evidence-based assessment tools available for staff to use. The service has clinical guidelines, policies and procedures to guide staff in their practice and incidents and accidents are recorded and investigated, care plans are reviewed and changed whenever a risk is identified, and interventions to mitigate the risk have been identified.

The Assessment Team reviewed consumer care documentation and identified that advance care planning and end of life information is discussed with consumers on entry to the service; when the consumer wishes and as the consumer’s care needs change. Care planning documents for sampled consumers details their individual and current needs, goals and preferences.

Consumers sampled confirmed they are involved in assessment and planning, and that staff regularly communicate with them. Consumers advised allied health services are regularly involved in care planning, including physiotherapy, podiatry, speech pathology and dietetics.

#### The service demonstrated consumers and those important to the consumer, are engaged in communication regarding the outcomes of assessment and planning. Consumers sampled confirmed staff explained relevant information about the consumer’s changed needs, and they can access the consumer’s care plan if they wish.

For consumers sampled, care plans show evidence of review on both a regular basis and when circumstances change, or when incidents occur. Consumers/representatives confirmed that care and services are reviewed regularly, reviewed when the circumstances have changed or when incidents impact on the needs, goals or preferences of the consumer.

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

## Assessment of Standard 2 Requirements*.*

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

For sampled consumers, care planning documentation demonstrates the service identifies risks associated with the care of the consumer and actions to remove or minimise the risk are implemented. Risks and actions are documented in care and service plans and communicated to staff.

Care planning documentation confirms the needs and preferences of consumers nearing the end of life are recognised. Staff could describe how they support the comfort and dignity of consumers nearing the end of life.

Care planning documentation demonstrated deterioration or changes in a consumer’s health are recognised and responded to in a timely manner. Staff could describe the process for escalating changes in a consumer’s health.

Care staff attend shift handover to ensure information regarding consumers are consistently shared and understood.

The Assessment Team reviewed documentation which identified care documentation including progress notes and handover information, provided information to support effective and safe sharing of the consumer’s needs and preferences.

Consumer care plans included changes to care directives following reassessment, review by allied health and/or the medical officer and with feedback from the consumer/representative.

Care planning documentation evidenced a referral process to other health care providers as needed, and consumers interviewed advised they are satisfied timely and appropriate referrals occur when needed and that the consumer has access to relevant health supports.

Registered staff described how information is shared when referrals are made to individuals, other organisations and providers of other care and services. They also described when changes occur, how these changes are documented in handover documentation and the care documentation system.

Staff interviewed reported they receive training in the management of antimicrobials and infection minimisation strategies, including hand hygiene, the use of appropriate personal protective equipment, cough etiquette and cleaning processes, at orientation and at mandatory education.

Registered staff demonstrated an understanding of antimicrobial stewardship and reported they encourage the medical officers to review pathology results prior to commencing antibiotics, and that they ensure consumers complete the course of antibiotics.

The service has policies, procedures and tools in place to support the delivery of care provided, for example, policies, procedures and guidelines in relation to restrictive practices, pressure injury prevention and management, and a pain management policy that incorporates ongoing pain assessment to guide staff practice.

However, a review of consumers’ clinical files and interviews with management and staff identified deficiencies in the service’s process for managing restrictive practices. The service was unable to provide evidence that the medical officer and/or the service had an informed discussion with consumers/representatives about the use of a chemical and/or environmental restrictive practice or that consent was obtained prior to the commencement of the chemical and/or environmental restraint.

The service’s monitoring processes including audits, clinical indicator reports, and the provision of policies, procedures and guidelines were not effective in identifying systemic deficiencies in the management of restrictive practices.

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

### Assessment of Standard 3 Requirements

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

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

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

The service did not demonstrate personal and clinical care delivery is best practice to optimises each consumer’s health and well-being, in relation to consent and authorisation of chemical, physical and environmental restraint.

The service’s restrictive practice policy is consistent with the requirements set out in the Quality of Care Principles 2014. The policy includes definitions of physical and chemical restraint and requires the following:

* + A risk assessment to be conducted prior to the use of a restrictive practice.
	+ The use of a restrictive practice must be consented to and signed by the medical officer, consumer and/or legal decision maker prior to the use of the restrictive practice or in case of emergency as soon as practicable.
	+ All restrictive practices to be reassessed at regular intervals by the registered nurse and the medical officer to ensure the correct restrictive practice management is being applied.

However, a review of the services psychotropic register, care documentation and restrictive practice authorisations does not evidence that this policy has been followed by the service.

The Approved Provider responded on 19 July 2022 and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps within their systems and processes.

The Approved Provider outlined their action plan to address deficiencies raised, including a review of all consumers receiving psychotropic medication, collaboration with the pharmacy to identify consumers on psychotropic medication, review and verification of diagnoses as documented by the medical officer and consultation with the consumer/representative and the medical officer to ensure consent.

The evidence complied at the site audit shows the service was unable to demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, is tailored to their needs, and optimises their health and well-being.

In making my decision, I have considered the information provided by the Assessment Team and the Approved Provider. The actions planned by the Approved Provider to address the concerns by the Assessment Team require time to be implemented effectively and demonstrate effectiveness.

Therefore, I find this requirement is Non-compliant.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers confirmed they receive safe and effective services and supports for daily living. Their needs, goals and preferences are identified through a process of assessment in collaboration with the consumer/representative. The services and supports provided enable consumers to optimise their independence, health, well-being and quality of life.

Consumers/representatives interviewed indicated consumers’ emotional, spiritual and psychological needs are being met. They confirmed the staff are kind and supportive, and consumers/representatives interviewed explained different ways they are supported by the service.

The management team and care staff reported they can access the Emotional Wellbeing for Older Persons program which is a free service to support the emotional and psychological wellbeing of the elderly. The Assessment Team observed several other organisations that provide support advertised around the service.

Consumers interviewed confirmed they are supported to participate in their community within and outside the organisation’s service environment, to have social and personal relationships and to do things of interest to them. There is an activities program with a variety of group activities run in the service to support consumers leisure interests and social needs.

Consumers/representatives interviewed were satisfied staff are aware of their needs and preferences and did not raise any concerns about staff communication. The service has communication systems in place and a meeting structure to ensure all staff are kept informed of changes to consumers’ conditions and matters occurring at the service.

The Service manager explained consumers are referred to appropriate organisations or services when needed or when the consumer expresses an interest. The Service also have access to pastoral service from the Uniting church. The manager reported they have access to Dementia Support Australia if needed which is coordinated by the care manager. There is currently one consumer receiving services through the National Disability Insurance Scheme.

Most consumers interviewed were satisfied with the meals provided at the service. They confirmed they are given choice, there is variety on the menu, special dietary needs and preferences are catered for, and they are given enough to eat.

The chef explained there is a four-week rotating menu that offers choice and variety. The menu changes twice each year - Summer/Winter - and is approved by a dietician. Special diets are catered for, and other alternatives are available upon request. Morning and afternoon tea is provided with fresh cooked cake or biscuits. Savoury options are also available, and fruit, snacks and sandwiches are available at other times at the serveries.

The Assessment Team observed the meal service throughout the site audit. Staff were interacting with consumers to determine their preference for lunch. Meals were plated in the servery, delivered to table and were well presented. Staff were assisting consumers to the tables and supporting them with their meals as needed. Information about individual consumer dietary needs and preferences were available in the serveries of each unit.

Observations by the Assessment Team confirmed that the service environment provides equipment used for daily living that is safe, suitable, clean and well maintained. Staff were observed to be cleaning wheelchairs and the lifters during the site audit.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

### Requirement 4(3)(d) 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 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

Consumers interviewed reported the service environment is welcoming to them, their family, their friends, other visitors including dogs. The workforce could describe strategies to support consumers to get around the service environment at their own pace and with dignity.

The service environment was observed to be safe, clean, well maintained and comfortable. Consumers were observed to have free access to indoor and outdoor areas. There are systems in place for the cleaning and maintenance of the service environment and to ensure it is safe. Consumers interviewed confirmed the service is safe, clean and well maintained, and they can move freely within the facility and outdoors.

The Assessment Team observed consumers moving freely both indoors and outdoors, and observed consumers leaving the service to go out with relatives and friends.

The Assessment Team observed the furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. Consumers are satisfied that the furniture, fittings and equipment are safe, clean, well maintained, and meeting their needs. Management and staff explained the systems in place for the cleaning and maintenance of the furniture, fittings and equipment.

A review of maintenance records showed that maintenance of equipment is carried out as scheduled, by both maintenance staff and service contracts.

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.*

# 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

Sampled consumers/representatives were aware of how to make a complaint. Most consumers/representatives were aware of the available complaint and feedback forms, while others said they speak directly to staff/management or their family member if they wish to provide feedback and/or make a complaint.

Staff were aware of how the service’s feedback and complaints reporting processes work and how they would support a consumer to provide feedback or make a complaint. The management team reported consumers/representatives are encouraged to raise feedback and complaints and that complaints/feedback boxes are located at the service and information is available in the consumer handbook.

Some consumers/representatives reported the service has provided them with information on how to access advocacy services to assist them with various matters, they were aware of how to access these services to raise feedback or make a complaint.

Staff reported they are aware of advocacy services and inform consumers of how they are able to access these services should they wish. The service had advocacy and language brochures available throughout the service that included Older Person Advocacy Network and Senior’s Rights Service.

Most sampled consumers/representatives who had raised a complaint reported staff and management are approachable for discussion and proactive in working towards a resolution.

However, some consumers provided feedback that while management and staff are approachable, they sometimes have to repeat their feedback and complaint before action is taken or a response is provided.

Some consumers/representatives reported they are not always informed of outcomes following feedback and suggestions provided to management and staff.

The management team reported that staff are not required to report all feedback and complaints raised by consumers/representative and are required to escalate complaints they are unable to manage.

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

## Assessment of Standard 6 Requirements

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

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

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

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

The service was unable to demonstrate that all feedback and complaints are reviewed and used to improve the quality of care and services, as the service does not document all concerns raised by consumers in the service’s Electronic Care Management System.

Some consumers/representatives reported they were not confident the service uses their feedback and complaints to improve the quality of their care and services, as they often have to repeat their concerns to staff and management.

Some consumers/representatives reported they are not always informed of outcomes following feedback and suggestions provided to management and staff. The consumers/representatives reported they are unsure if management receives and reviews their feedback and complaints.

The management team reported not all feedback and complaints are documented in the service’s Electronic Care Management System and complaints managed by staff are not analysed as part of care and service improvements.

The Assessment Team reviewed consumer meeting minutes and identified feedback raised by consumers had not been transferred into the service’s Electronic Care Management System for review and improvement considerations.

A review of staff meeting minutes identified a few outcome resolutions had been reported by management during the meeting however, the feedback raised by staff had not been captured in the minutes or documented in the service’s feedback and complaints register for improvement consideration.

During the site audit, the Director of Care Service’s advised that information relating to feedback, and complaints captured during consumer, staff and executive meetings will in future be entered into the service’s Electronic Care Management System and analysed for continuous improvement purposes. All feedback and complaints raised with staff by consumers/representatives will be used to identify improvements and inform the governing body.

### The Approved Provider responded on 19 July 2022 and acknowledged that there is opportunity for improvement around capturing feedback from residents received through information communication.

### The Approved Provider acknowledged the gaps within their systems and processes and outlined their action plan to address deficiencies raised.

The evidence complied at the site audit shows the service was unable to demonstrate effective review of feedback and complaints and utilising feedback and complaints to improve the quality of care and services.

In making my decision, I have considered the information provided by the Assessment Team and the Approved Provider. The actions planned by the Approved Provider to address the concerns by the Assessment Team require time to be implemented effectively and demonstrate effectiveness.

Therefore, I find this requirement is Non-compliant.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The service was able to demonstrate the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services. Consumers/representatives sampled, reported the service had enough staff to meet their activities and daily needs and respond to call bells when needed.

Clinical and care staff are satisfied with the roster. Most reported that while they were busy, enough staff and time were allocated to allow them to meet consumers’ care and service needs.

Interactions between consumers and staff were observed by The Assessment Team and staff were observed knocking on consumers doors before entering, using respectful language and assisting consumers as required. Review of care documentation demonstrates kind and respectful language is used.

The service was able to demonstrate through consumer/representative feedback that staff are competent and human resource records identified staffs’ qualifications and knowledge to effectively perform their roles.

Competency tools are used to assist staff to maintain their skills. The service has a policy guide in their response to staff if they have not completed mandatory training or competencies. Staff are reminded to complete mandatory training and it is the supervisor’s responsibility to ensure mandatory training is completed.

The management team described the service’s training program as one that includes an orientation program for new staff, followed by the completion of mandatory training.

Ongoing training includes a combination of mandatory and non-mandatory training topics. As required training occurs in response to incidents, events and identified skill and knowledge gaps.

The service was able to demonstrate they conduct regular assessments, monitoring and reviews of the performance of each staff member at the service. Performance reviews are conducted post probation period and annually thereafter. Scheduled appraisals are monitored by the service’s Human Resource department. Employees training needs are identified at appraisals and integrated into the employee development program.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

### Requirement 7(3)(d) 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

Consumers/representatives sampled advised they have ongoing input in how consumer care and services are delivered and confirmed that the service has sought their input in a variety of ways. Examples given include consumer engagement during consumer meetings, consumer satisfaction surveys and ongoing discussions related to care.

The service has policies and other documents to promote safe, inclusive and quality care and services. The service has online training for staff to promote safe, inclusive and quality care and services.

The service has implemented effective risk management systems related to managing high-impact, high-prevalence risks associated with the care of consumers.

The service’s clinical governance framework has been implemented and management and staff apply the principles of the framework when providing clinical care.

The service’s incident management system is designed to document incidents, incident investigations and incident outcomes. The system categorises incidents based on their severity, with critical incidents being reported through to the Board.

The service has systems to monitor data on incidents, infections, mandatory reports, complaints and hazards. The systems enable the reporting and escalation of incidents involving elder abuse. Management and staff were aware of these systems and how they are used to minimise risk.

The service’s clinical governance framework has been implemented at the service and management and staff apply the principles of the framework when providing clinical care.

* The organisation has:
	+ a documented clinical governance framework.
	+ a policy relating to antimicrobial stewardship.
	+ a policy relating to minimising the use of restrictive practice.
	+ a policy for complaints including open disclosure.

The service was able to demonstrate effective organisation wide governance systems relating to financial and workforce governance. However, the service was unable to provide evidence of maintaining, storing and sharing of accurate information from their information management systems relating to information management, regulatory compliance and feedback and complaints.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) 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 service was unable to provide evidence of maintaining, storing and sharing of accurate information from their information management systems relating to information management, regulatory compliance and feedback and complaints. The service was able to demonstrate effective organisation wide governance systems relating to financial and workforce governance as well as continuous improvement.

The Assessment Team identified that some of the information management systems utilised by the service are not maintained in accordance with the organisations policies.

The service’s incident system contains information relating to incidents that have occurred at the service, including reportable incidents under the Serious Incident Response Scheme in accordance with regulatory compliance. A review of the incident information system identified one reportable incident described as ‘unreasonable use of force’ by one consumer towards another had not been reported.

A review of the service’s feedback and complaints information system in conjunction with consumer and staff meeting minutes and consumer/representative’s interviews, identified that not all feedback, suggestions and complaints raised, is transferred to the information system to be stored and analysed.

A review of the service’s psychotropic register and care documentation identified consumers with a chemical and/or environmental restraint that did not meet the Quality of Care Principles 2014. The service did not conduct a risk assessment prior to the use of the restrictive practice and/or obtained consent by the medical officer, consumer and/or legal decision maker prior to the administration of the restraint.

The Approved Provider responded on 19 July 2022 with an action plan outlining the actions the service will implement to address concerns raised by The Assessment Team.

The evidence complied at the site audit shows the service was unable to demonstrate effective organisation wide governance systems relating to information management, regulatory compliance and feedback and complaints.

In making my decision, I have considered the information provided by the Assessment Team and the Approved Provider. The actions planned by the Approved Provider to address the concerns by the Assessment Team require time to be implemented effectively and demonstrate effectiveness.

Therefore, I find this requirement is Non-compliant.

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

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

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

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

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

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

# Areas for improvement

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

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

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

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

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being, including in the areas of restrictive practices.
* All consumers receiving a form of restrictive practices have a current consent form in place.
* All consumers receiving a form of restrictive practices have a current completed risk assessment.

**Requirement 6(3)(d)**

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

The approved provider must demonstrate:

* Feedback and complaints are effectively captured, reviewed and analysed to improve the quality of care and services.
* Consumer and representative feedback informs continuous improvement actions for the service.

**Requirement 8(3)(c)**

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

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

The approved provider must demonstrate:

* The organisation wide governance systems implemented at the service are effective. This includes in relation to information management, regulatory compliance, and feedback and complaints.