Alton Lodge

Performance Report

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**Commission ID:** 0373

**Provider name:** Seventh-day Adventist Aged Care (North New South Wales) Ltd

**Site Audit date:** 11 April 2022 to 14 April 2022

**Date of Performance Report:** 19 May 2022

# Performance report prepared by

G Cherry, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-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) | 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) | Non-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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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) | Non-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 dated 11-14 April 2022; 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 12 May 2022.
* information held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Most sampled consumers consider they are treated with dignity and respect, can maintain their identity, maintain connections with those of importance and live the life they choose. Most consumers expressed satisfaction they are engaged in discussions, have access to information, are supported to exercise choice and gave examples of respectful staff interactions.

The Assessment Team noted consumer dissatisfaction relating to culturally safe care and services for two consumers and while staff could describe consumer’s background and life history, examples of how this informed culturally safe care was not consistently demonstrated by staff however management demonstrated successful/positive outcomes for these consumers.

While most consumers and representatives said they are kept informed of changes to care and services, some consumers gave examples of not being engaged in discussions to enable them to make choices/decisions relating to their care.

Consumers consider they are supported and enabled to do everything they have wanted to, including activities which include an element of risk. Documentation review demonstrated risk assessments conducted with consumer involvement. Staff demonstrated awareness and support for consumers who choose to independently leave the service.

The Assessment Team observed staff ensuring privacy to consumers when providing care, and respectfully interacting with them. Registered staff gave examples of supporting consumers to make informed choices through engagement and consultation and how they ensure consumers choices/preferences are supported. They demonstrated knowledge of consumers’ personal history/background and how care and services are delivered taking into account lifestyle needs, and life experiences. Examples provided validated consumers wishes are generally respected and observed and the way staff maintain consumers’ confidentiality and privacy when providing care and communicating with others.

Care and services planning documentation include information relating to consumers interests, preferences, identity, culture, background, likes and dislikes. Documentation is stored in a confidential manner and electronic records are password protected.

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.*

Via consumer and staff interviews and documentation review the Assessment Team noted some consumer dissatisfaction relating to culturally safe care and services. Examples included not observing requests for gender specific staff to provide hygiene care and removal of personal effects without consultation and/or discussion. Management demonstrated consumer consultation/engagement and successful strategies relating to gender specific staff.

While some staff could describe consumer’s background and life history, examples of how this informed culturally safe care was not consistently demonstrated by staff however management demonstrated successful/positive outcomes for these consumers.

In their response, the approved provider cited incomplete assessment and information gathering was due to recent admission and timelines required in gathering relevant information relating to all aspects of care delivery; subsequently demonstrating positive actions to support consumers’ cultural needs.

I acknowledge timeframes in relation to assessment and information gathering processes, and the approved provider’s evidence of obtaining a successful outcome relating to cultural needs and choices. In addition, I have given weight to positive feedback and satisfaction expressed by most sampled consumers.

I find this requirement is compliant.

### 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.*

Most sampled consumers and their representatives consider consumers can maintain contact with family, friends and others as they choose. Staff gave examples of how they support consumers to maintain relationships of choice however did not consistently demonstrate consumers had input into delivery of care and services.

Documentation review noted consultation/engagement with decision makers although does not ascertain as to who made the decision and/or if consumers were involved and the Assessment Team noted feedback from two consumers regarding not being involved in decisions relating to their care and services.

Staff provided examples of how they support consumers to maintain relationships of choice; including assisting consumers with electronic devices, letter writing and communication via telephone.

In their response, the approved provider substantiated support provided for consumers evidenced by the Assessment Team including a commitment to enhance processes by reviewing guardianship/alternate decision makers involvement, seeking input from hearing support services, reviewing policy documentation and additional staff training.

I acknowledge the approved provider’s commitment to enhancing processes and I have given weight to positive feedback and satisfaction expressed by most sampled consumers.

I find this requirement is compliant.

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Sampled consumers consider they are involved in assessment and planning of care and services, including end of life choices. Consumers and representatives consider they are involved in assessment and planning of care through various means including when incidents occur and/or consumers’ needs change. They said staff explain care needs/outcomes and risks relating to individual choices and discuss end of life wishes.

Most consumers and representatives consider they are included and informed in the outcomes of assessment and care and services planning, and while they understand they could ask for a copy of the care plan they are not consistently offered/provided a copy. They consider appropriate medical officer, specialist and other relevant health professionals are included in the assessment and development of care plan process.

Clinical and care staff described the assessment, care and services planning and review processes, how staff involve consumers and others and when risk assessment are required. The organisation has a documented process to guide staff practice in undertaking assessment, care planning and ongoing reassessment processes. Staff demonstrated knowledge of their responsibilities.

The Assessment Team reviewed documentation, including advanced care plans/end of life plans and noted review and case conferencing meetings are regularly conducted, with input from consumers and others of their choosing. The Assessment Team noted a lack of individualised information relating to skin integrity, independence and mobility needs/preferences and lack of documentation to guide diabetic management for a consumer. The service did not demonstrate an effective system to ensure care and services are reviewed in a timely manner when circumstances change, or when incidents occur.

Care and services plans contain information relative to risks to each consumer’s health and wellbeing and noted agreed strategies to mitigate risk. Documentation reflects involvement by consumers, their representatives, medical officers, specialists and other allied health professionals. Representatives and appropriate medical and allied health professionals are generally involved when circumstances changes and/or when incidents occur.

Policies and procedures are accessible to guide staff in the provision of care relating to this Standard.

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

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

The service did not demonstrate an effective system to ensure care and services are reviewed in a timely manner when circumstances change, or when incidents occur.

The Assessment Team bought forward evidence of regular ongoing review for most sampled consumers however, review and reassessment did not consistently occur in a timely manner when incidents occur. For example, timely reassessment, monitoring, and review for pain management did not occur for two consumers who experienced falls. In addition, investigation as to the cause of the incident did not occur in a timely manner (refer to Standard 3 for the impact to consumers).

Management and staff attribute the lack of timeliness due to lack of skilled staff to provide appropriate clinical oversight (refer to requirement 7(3)(a)).

In their response, the approved provider advised of immediate review of consumers pain management. Planned actions include care plan review, review of all consumers identified at risk of experiencing falls, clinical meetings to discuss consumers at risk and review of relevant policy and procedure documentation.

I acknowledge responsive and planned actions however the service’s self-monitoring processes did not identify deficits bought forward by the Assessment Team.

I find this requirement is non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

While some sampled consumers consider they receive personal and clinical care that is safe and appropriate, others expressed dissatisfaction that consumer’s clinical care needs are not being addressed in a timely manner by appropriately skilled/competent staff. Representatives said they are contacted when a change in consumer’s health occurs.

The service did not demonstrate an effective system to ensure consumers consistently receive safe and effective personal/clinical care tailored to their needs in relation to diabetes, pain and falls management and a lack of effective processes to demonstrate reassessment and currency of informed consent regarding some restrictive practices.

The service did not demonstrate an effective system to ensure high impact and high prevalence risks associated with consumers’ care are appropriately managed. Via review of documentation and staff interview the Assessment Team bought forward evidence consumer’s weight monitoring, falls, medication, behaviour and pain management needs are not managed to ensure consumers risks are appropriately managed and/or minimised.

Consumers’ needs, goals and preferences, when nearing end of life, are recognised and addressed to ensure their comfort is maximised and dignity maintained. Care planning documentation reflects end of life wishes and staff demonstrate knowledge of managing care for consumers nearing end of life.

Information about consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. Consumers are generally referred to specialists and allied health services in a timely manner. Staff demonstrated knowledge of most consumers needs including the process of communicating between registered and clinical staff. The service demonstrated timely and appropriate referrals are generally made for consumers to a range of allied health professionals and other services. Consumers expressed satisfaction with referrals to meet their personal and clinical care needs.

Minimisation of infection related risk is occurring at the service through standardand transmission-based precautions to prevent and control infection, and practices promoting appropriate antibiotic use. The Assessment Team observed this in practice and within documentation. Staff demonstrated understanding of infection control prevention and management methods including principles of antimicrobial stewardship.

Organisational policy and procedural documents are accessible to guide staff and documentation detailed staff education and training; however, the service does not have an effective system to ensure staff consistently reference relevant guidance materials.

The Quality Standard is assessed as Non-compliant as three 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.*

While some sampled consumers consider they receive personal/clinical care that is safe and appropriate, other consumers and representatives expressed dissatisfaction clinical care needs are not being addressed in a timely manner by appropriately skilled/competent staff.

Organisational policy and procedural documents are accessible to guide staff and documentation detailed staff education and training; however, the service does not have an effective system to ensure staff consistently reference guidance materials.

The service did not demonstrate an effective system to ensure consumers consistently receive safe and effective personal and clinical care tailored to their needs which optimises their health and well-being.

The Assessment Team bought forward evidence of deficits in diabetes and pain management and lack of monitoring processes when a consumer experiences a fall. Staff are not consistently monitoring and/or recording blood glucose levels to ensure appropriate management of diabetes, pain is not being reassessed/monitored when consumers experience a fall, pain medication not consistently being administered when consumers exhibit episodes of acute pain.

Interviewed management and staff attribute lack of appropriate clinical care due to unavailability of registered staff (refer requirement 7(3)(a)).

The service demonstrated strategies to minimise the use of some restrictive practices and a process to ensure risk assessment and documentation relating to environmental restraint, however the Assessment Team bought forward evidence regarding a lack of effective process to demonstrate reassessment and currency of informed consent. Documentation review demonstrated regular reassessment and/or discussion to ensure currency of environmental restraint was not evident.

In their response, the approved provider advised of immediate review of consumers pain management. Planned actions include care plan review, review of all consumers identified at risk of experiencing falls, clinical meetings to discuss consumers at risk, staff training to be conducted, review of admission processes and relevant policy and procedure documentation.

I acknowledge responsive and planned actions however the service’s self-monitoring processes did not ensure compliance with this requirement or identify deficits bought forward by the Assessment Team.

I find this requirement is non-compliant.

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

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

Most sampled representatives expressed satisfaction they are advised of consumers’ incidents. Some consumers expressed dissatisfaction staff do not consistently respond to their pain management needs in a timely manner.

The service did not demonstrate an effective system to ensure high impact and high prevalence risks associated with consumers’ care are appropriately managed. Via review of documentation and staff interview the Assessment Team bought forward evidence consumer’s weight monitoring, falls, medication, behaviour and pain management are not managed to ensure consumers risks are appropriately managed and/or minimised. Directives have not been consistently followed relating to weight management, neurological observations post fall and effectiveness of pain management strategies not evaluated to ensure pain minimisation. The Assessment Team bought forward inconsistencies in documentation to guide staff in supporting consumers mobility needs.

Management and staff did not consistently demonstrate knowledge of legislative requirements relating to reporting incidents via the Serious Incident Response Scheme (SIRS). Via documentation review the Assessment Team bought forward evidence incidents were not reported as per legislative requirements/timeframes. Management advised the incident management system (IMS) is not effectively notifying of all SIRS incidents to ensure appropriate actions. The service did not demonstrate the clinical management framework is effectively recording/analysing high impact/prevalence risks.

Management and staff had differing views in relation to consumer and service-related risks. Management attributed the lack of appropriate medication management due to inability to administer some pain-relieving medications due to unavailability of registered nurses on all shifts (refer to requirement 7(3)(a)).

Organisational policy and procedural documents are accessible to guide staff and documentation detailed staff education and training, however staff to not consistently reference guidance materials.

In their response, the approved provider advised of actions include pain and mobility review, clinical meetings to discuss consumers at risk, staff training to be conducted, review of incidents to ensure appropriate and/or retrospective reporting, changing process to ensure effective communication relating to risk management.

I acknowledge responsive and planned actions however the service’s self-monitoring processes did not ensure compliance with this requirement or identify deficits bought forward by the Assessment Team.

I find this requirement is non-compliant.

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

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

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

There is not an effective system to ensure deterioration or change in consumer condition is identified and responded to in a timely manner.

The Assessment Team bought forward evidence consumers have experienced unrecognised clinical deterioration resulting in negative outcomes. Via review of documentation and staff interview the Assessment Team bought forward evidence consumer’s experiencing a decline/change in condition did not consistently result in timely response to ensure clinical care needs addressed. Consumers experiencing pain as a result of falls were not provided with pain relieving medication, not reviewed by a registered nurse, medical officer or relevant specialist and/or administration of pain-relieving medication. Complex behaviours (which impacted on the safety of others) did not result in timely management, implementation of strategies to minimise behaviours and/or referral to specialists.

Sampled consumers and representatives expressed dissatisfaction regarding unavailability of a registered nurse resulted in pain-relieving medication not being administered and clinical review not occurring. Interviewed management and staff attribute lack of appropriate clinical care due to unavailability of registered staff (refer requirement 7(3)(a)).

In their response, the approved provider advised of staff training and incident review and explained the required processes/expectations relating to clinical oversight when registered nurses are not on site. While I acknowledge organisational expectations, I am concerned the lack of monitoring/management to ensure staff are adhering to these directives. I am persuaded by the evidence demonstrating a lack of clinical oversight/management to ensure consumers’ clinical needs are identified and responded to in a timely manner.

I find this requirement is non-compliant.

### 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

The service demonstrated how daily living supports are in place to optimise independence and the needs, goals, and preferences of consumers. Sampled consumers consider they receive services and support to daily living that are important to their well-being and enhance their quality of life.

Consumers and representatives expressed positive feedback in relation to support received enabling consumers to maintain relationships with those of importance and attend activities of choice within and external to the service. They expressed satisfaction of availability of spiritual services, a variety of foods and provision of food preferences and dietary needs.

Staff generally demonstrated knowledge of consumer’s individual preferences/needs and described supports to assist independence. Staff gave examples of supporting consumers to participate in leisure and lifestyle activities within and external to the service. There are processes to seek consumer feedback and input into the lifestyle program and meal preferences. The lifestyle program caters to include consumers in activities of choice including those who prefer to participate in one-to-one activities rather than group settings.

Staff described emotional, spiritual and psychological supports available for consumers, including access to community service groups and attendance at spiritual services. Lifestyle staff advised of supporting consumers wellbeing through a variety of methods including discussions at clinical meetings, access to chaplain and referrals to social workers.

Care planning documentation detailed some information relevant to consumer’s needs including life history and working career, religious beliefs, preferences, emotional/psychological needs and preferences, family, social connections and days of significance and interests. The Assessment Team noted care planning documentation did not consistently contain details of consumers preferred activities and some discrepancies relating to consumers careers. Lifestyle staff advised they would review these details with consumer input.

The service demonstrated how external services and organisations are engaged to meet the needs and preferences of consumers. Care planning documentation demonstrated evidence of consumers being referred to/engaged with external services and organisations. Examples include volunteers, library services, Older Persons Advocacy Network and music therapy. Care planning documentation detailed dietary preferences and needs. Policies and procedures are available to guide staff in relation to this Standard.

The Assessment Team observed staff offering support and encouragement in their interaction with consumers. They observed the environment and furniture/fittings to be clean, maintained and suitable for consumer use. Consumers were observed to be engaged in activities and eating meals.

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

Sampled consumers consider they feel safe and comfortable within the service. Consumers feedback included feeling at home, visitors are welcomed, independent access to outdoor and several areas to interact with others. They advised of satisfaction with cleaning of the environment, furniture and equipment.

Staff described the process for ensuring equipment is cleaned, maintained and reporting of hazards. Management described features of the environment designed to support consumer’s function such as appropriately placed ceiling lights in bathrooms and level flooring in consumer’s rooms. The Assessment Team observed navigational aids including handrails, signage and naming on doors, well-lit corridors, natural lighting, walkways free from clutter and comfortable room temperature. The overall service environment was observed to be clean, comfortable, safe and well maintained.

Consumers have access to outdoor areas, were observed to be utilising communal areas and leaving the service for outings. The Assessment Team noted consumers require staff assistance to exit the service. Management advised due to recent refurbishment the keypad and card system to enable consumers to independently exit the service had not yet been installed and committed to immediately addressing this.

There is a preventative and responsive maintenance program, a cleaning program and a system to ensure appropriate stocks of goods and equipment. Policies and procedures are available to guide staff in relation to this Standard.

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-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Sampled consumers and their representatives consider they are encouraged to give feedback and complaints, and appropriate, timely action is taken in response. There are several methods to capture feedback and concerns.

Consumers expressed confidence they are familiar with ways to provide feedback and gave examples of receiving appropriate, timely response and resolution. Consumers consider management/staff appropriately manage issues when raised.

Staff gave examples of how to manage feedback and advised of training received relating to these topics, plus knowledge of organisational guidance documentation. Staff demonstrated knowledge of open disclosure processes.

Management advised complaints are risk evaluated and critical concerns are escalated for organisational management review. Communication methods include representative involvement to ensure consistent information is disseminated relating to topical issues, for example Covid-19 pandemic management. Policies and procedures are available to guide staff in relation to this Standard.

Information for consumers and representatives regarding language services, advocates and modes of complaints management is provided in several formats, however it was noted these documents were not on display; management committed to immediately rectifying this.

While the service demonstrated a complaints process and there is an organisational framework, review of documentation detailed the service did not demonstrate an effective monitoring system to ensure feedback/complaints are consistently captured, reviewed/analysed or used to inform service improvement.

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.*

Consumers generally expressed satisfaction with outcomes following complaints and noted some examples of improvements resulting from feedback/complaints.

While the service demonstrated a complaints process and there is an organisational framework, review of documentation noted the service did not demonstrate an effective monitoring system to ensure feedback/complaints are consistently captured, reviewed/analysed and/or used to inform service improvement.

Management and senior staff acknowledged limited feedback had been recorded recently although both had awareness of feedback being provided. Management advised significant recent change in leadership may have resulted in limited completion of documentation.

Via document review the Assessment Team bought forward evidence of open complaints from consumers/representatives and staff in relation to lack of staff to meet consumers clinical care needs (refer requirement 7(3)(a)).

In their response, the approved provider advised of actions including staff attendance at consumer meetings to capture feedback, complaints processed discussed at management meetings, implementation of new processes linking improvement to suggestions and survey process for consumers and representatives.

I acknowledge responsive and planned actions however the service’s self-monitoring processes did not ensure compliance with this requirement or identify deficits bought forward by the Assessment Team.

I find this requirement is non-compliant.

# STANDARD 7 NON-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

Sampled consumers consider staff are kind and gentle when providing care, know them well and they generally feel safe when staff are assisting them. The Assessment Team observed staff interactions with consumers to be kind, caring and respectful of identify, culture and diversity.

All sampled consumers and representatives expressed dissatisfaction relating to not enough staff to address consumers’ needs in a timely manner. They gave examples of negative consumer impact including staff not responding to requests for assistance regarding hygiene and continence needs in a timely manner which causes distress and lack of registered nurses during the evening resulting in lack of clinical care/oversight.

Staff said they are provided with equipment and supports to conduct their required duties and receive support, training, development opportunities and supervision. Management demonstrated staff are required to have qualifications specific to the role and the service provides orientation and training relevant to processes and consumers’ needs.

Education and training records demonstrate examples of training provided to staff regarding the Aged Care Quality Standards, changes in legislative requirements and relevant competencies for designated roles. The Assessment Team noted the service did not have a process to ensure/monitoring competency of non-registered staff assisting with medications. The Assessment Team noted deficits in staff reporting as per legislative requirements (refer to Standard 3). Management provided examples of how staff competency and professional registrations are monitored for currency and suitability to the role. There are systems for the regular assessment, monitoring and review of staff performance. Policies and procedures are available to guide staff in relation to this Standard.

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

## Assessment of Standard 7 Requirements

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

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

The service did not demonstrate an effective system to ensure a planned workforce for the delivery and management of safe quality care and services.

All sampled consumers and representatives expressed dissatisfaction relating to not enough staff to address consumers’ needs in a timely manner. They gave examples of negative consumer impact including staff not responding to requests for assistance regarding hygiene and continence needs in a timely manner which causes distress and lack of registered nurses during the evening resulting in lack of clinical care/oversight.

Staff across several designations expressed concerns they regularly work without enough staff numbers due to staff not being replaced when unplanned leave occurs. Staff gave examples of not being able to attend to consumer’s needs and being rushed when providing cares, resulting in inability to spend time with consumers.

Management acknowledged an awareness of staffing issues and advised care staff could contact a registered nurse at another facility which enabled medication administration to occur without registered nurse physical assessment and/or evaluation of effectiveness. They advised of rostering adjustments to address specific issues such as managing complex behaviours and pandemic management, however noted this was ad-hoc and not on an ongoing basis.

The Assessment Team noted the number and skills mix of staff is not effectively managed. The Assessment Team bought forward evidence appropriate monitoring and management of clinical care needs is occurring as a result of registered nurse unavailability (refer to Standard 3). Documentation review detailed multiple incidents of insufficient staffing over the prior four-month period.

In their response, the approved provider advised of responsive actions including introduction of programs to increase recruitment and staff retention, traineeship programs, roster review and consideration of 24hour registered nurse coverage.

I acknowledge planned actions however the service’s self-monitoring processes did not ensure sufficiency of staff to provide appropriate care for consumers or identify deficits bought forward by the Assessment Team.

I find this requirement is non-compliant.

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

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

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

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

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

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

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Sampled consumers and their representatives generally consider the service is well run and they can participate/engage in some aspects of improvement delivery through a variety of methods. The organisational governing body ensures consumers and representatives are engaged; management cited an example of consumer input relating to recent service refurbishment.

There are organisational governance systems of which the service demonstrated effectiveness relating to finance, some aspects of continuous improvement, workforce, feedback and complaints. Management demonstrated some monitoring of the clinical governance framework occurs however the Assessment Team bought forward evidence these systems are not effectively implemented at the service level. The service did not demonstrate effective governance systems relating to some aspects of regulatory compliance, management of high impact/high prevalence risks and workforce sufficiency to provide safe, effective personal and clinical care.

Governing frameworks and reporting structures involve board members. The clinical governance framework includes the management of antimicrobial stewardship, minimising use of restrictive practices and open disclosure.

The Assessment Team observed documentation in relation to the organisation’s clinical governance and risk management frameworks, noting a variety of policies and procedures to support these. While management and staff advised of education/training received and could articulate their responsibilities in reporting of incidents/escalating incidents of concern, the Assessment Team bought forward evidence monitoring systems are ineffective in ensuring incident reporting or escalation of critical incidents as per legislative requirements.

While there is a process for the governing body to monitor compliance with the Quality Standards, the Assessment Team bought forward evidence resulting in a decision the service does not meet four of the eight Quality Standards.

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.*

### 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 serviced demonstrated effective governance systems in regarding some aspects of this requirement. Demonstration of organisational governance systems was evident however, it was not demonstrated these are effective at the service level in relation to workforce governance, regulatory compliance in relation to SIRS/IMS and continuous improvement resulting from feedback/complaints. Board member involvement ensured education/training was provided to consumers in relation to pandemic management.

Consumers expressed dissatisfaction relating to insufficient staff to consistently meet consumers needs. Sampled consumers and representatives expressed dissatisfaction regarding unavailability of a registered nurse resulted in pain-relieving medication not being administered and clinical review not occurring. Interviewed management and staff attribute lack of appropriate clinical care due to unavailability of registered staff.

The service did not demonstrate an effective system to ensure consumers consistently receive safe and effective personal/clinical care tailored to their needs. or an effective system to ensure high impact and high prevalence risks associated with consumers’ care are appropriately managed. The service did not demonstrate the clinical management framework is effectively recording/analysing high impact/prevalence risks.

The system to ensure legislative requirements relating to reporting incidents via the Serious Incident Response Scheme (SIRS) is not effective at the service. Via documentation review the Assessment Team bought forward evidence reportable incidents were not reported as per legislative requirements/timeframes.

The service is non-complaint in four of the eight Quality Standards.

In their response the approved provider advised a lack of integration between two documentation/reporting systems has resulted in the deficits identified by the Assessment Team and committed to rectification, plus review of policy documentation and governance frameworks.

I acknowledge planned actions however the service’s self-monitoring processes did not ensure compliance with this requirement or identify deficits bought forward by the Assessment Team.

I find this requirement is non-compliant.

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

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

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

The serviced demonstrated effective governance systems in regarding some aspects of this requirement. Demonstration of organisational governance systems was evident however; it was not demonstrated these are effective at the service level in relation to managing high impact/prevalence risks, including identification and responding to abuse and management advised the incident management system (IMS) is not effectively notifying of all incidents to ensure appropriate management.

In their response the approved provider advised a lack of integration between two documentation/reporting systems has resulted in the deficits identified by the Assessment Team and committed to rectification, plus review of policy documentation and governance frameworks.

I acknowledge planned actions however the service’s self-monitoring processes did not ensure compliance with this requirement or identify deficits bought forward by the Assessment Team.

I find this requirement is non-compliant.

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

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

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

# Areas for improvement

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

The service is required to implement effective systems to ensure compliance with following requirements:

* Requirement 2(3)(e)
* Requirements 3(3)(a), (b), and (d)
* Requirement 6(3)(d)
* Requirement 7(3)(a)
* Requirements 8(3)(c) and (d)