Anglican Care Warnervale Gardens

Performance Report

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**Commission ID:** 0645

**Provider name:** Anglican Care

**Site Audit date:** 22 March 2022 to 24 March 2022

**Date of Performance Report:** 21 April 2022

# Performance report prepared by

Samantha Hicks, 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** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | 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 Aril 2022.

# STANDARD 1 NON-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

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

Overall sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Staff were observed to treat consumers respectfully while providing care and services and when speaking to consumers. However, examples were provided from a consumer of staff being rough when assisting with his care needs and not speaking respectfully to him.

The service demonstrates care and services generally are culturally safe. The organisation’s staff and consumers’ handbooks recognise inclusiveness, dignity, compassion, and integrity. Consumer feedback and staff interviews support that care and services provided are culturally safe.

Any consumers that are married and living within the service, where possible are given the opportunity to live in the same room. If not, they are able to spend as much time as wanted together.

The service has systems in place that are designed to engage and include consumers and their family members in care and service planning, delivery, and evaluation, as well as to provide each consumer with information that is current, accurate, and timely.

Consumers are enabled to maintain their identity, make informed choices about their care and services, and live the life they choose. The service enables consumers to choose to participate in activities that enable the consumer to live the best life they can, risk involved in these choices are always discussed or recorded for all of the consumers choosing to take these risks.

Lastly, whilst consumers and representatives interviewed confirmed that staff respects their privacy, the Assessment Team observed consumers’ right to privacy is not always maintained by some staff.

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

## Assessment of Standard 1 Requirements

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

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

The Assessment Team found that most consumers and representatives sampled say they feel accepted and valued. They are treated fairly and do not experience discrimination. Staff can describe how they respect and promote cultural awareness in their everyday practice and the service documents, policies and procedures have an inclusive, consumer-centred approach to delivering care and services. However, one consumer provided feedback on how he does not feel respected, as some staff speak rudely to him and are rough when they are assisting with his personal care.

Most consumers and representatives interviewed by the Assessment Team advised that staff treat them with dignity and respect with their identity, culture and diversity valued. However, a consumer provided feedback to the contrary stating that staff are not respectful in conversing with them and are rough when providing personal care.

In contrast, the staff were able to provide detailed information about the consumers’ background, families, likes and dislikes. Staff spoke highly and kindly of the consumers when interviewed by the Assessment Team. Staff also advised that they always check with the consumer as to how they like things or as to what they would like. In addition, staff have been trained on how to treat consumers with dignity and respect.

The Assessment Team observed staff interact with consumers respectfully. They were observed to speak with consumers at eye level and were friendly in approach. Staff were laughing and sharing a joke with consumers.

Care planning documents identified consumer interests, likes and dislikes. The initial assessment completed on entry to the service provides information on the consumer’s background and past hobbies and interests. In addition, all consumers have been given information on the Charter of Aged Care Rights to read and sign. This information is given to consumers in the services welcome pack when they enter the service. The service also has an orientation program includes training and education on respect, dignity, and choice.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needed to be an improvement in consumer outcomes relating to dignity and respect during care provision and has supplied an improvement plan to address this. Whilst the majority of consumers provided positive feedback in relation to dignity and respect the feedback relating to staff not being respectful and providing personal care in a rough manner is significant enough evidence to show that not each consumer is treated with dignity and respect. Therefore, whilst the Approved Provider has demonstrated that it provides consumer care where their identity, culture and diversity is valued it has not been able to demonstrate that every consumer is treated consistently with dignity and respect.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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) Non-compliant

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

The Assessment Team found that most consumers and representatives provided feedback that they feel staff protect their privacy and confidentially. However, the Assessment Team identified through observations that consumers’ right to privacy and confidentially is not always maintained.

All staff interviewed stated that they knock before entering a consumer’s room and do their best to ensure consumers have privacy when they have visitors or request time alone. Staff identified how they keep personal information protected and the importance of not discussing consumers’ information common areas or in front of other consumers.

The Assessment Team observed on most occasions staff to speak quietly with consumers when care was being provided. Permission was sought from the consumer before care was delivered to the consumer. Staff were also observed knocking on doors before entering consumers’ rooms. However, signage practices were observed following where a consumer’s privacy was not maintained. In addition, while sitting at a nurses’ station the Assessment Team observed staff loudly calling out consumers’ clinical care needs and changes. While the staff did not use the consumers names the consumers were with the staff and could easily be identified as the person the staff was talking about.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needed to be an improvement in consumer outcomes relating to the maintenance of consumer privacy. It is noted that the Approved Provider has addressed some of the concerns seen by the Assessment Team by the removal of inappropriate signage. It does however remain, as confirmed by the Approved Provider, that there is still a need for improvement and therefore at the time of the site audit the Approved Provider was unable to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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

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

Overall sampled consumers consider that they feel like partners in the ongoing assessment and planning of their care and services. Consumers/representatives said they are involved in the care and service planning process and are consulted regularly and as circumstances change. They also confirmed that they are informed about the outcomes of assessment and care and service planning and have access to their care and services plan if they wish.

Furthermore, consumers/representatives confirmed the service seeks input from the medical officer, other health professionals, and families or representatives to inform their care and services. On addition most consumers/representatives said the service had discussed, end of life planning with them and that end of life preferences are regularly discussed during care plan reviews and care conferences.

The Assessment Team found that information in consumers’ assessment and care planning documents is current and reflects consumers’ needs, goals and preferences.

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 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

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

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Consumers/representatives interviewed confirmed they are provided timely personal and clinical care that is safe and provided in the manner they have requested. They also said they have access to appropriate clinical and other specialists to manage their complex health needs including when there has been an impactful incident.

Furthermore, consumers/representatives reported they see the medical officer and other health specialists, including a physiotherapist, dietician, dentist and podiatrist. In addition, representatives confirmed they are comfortable with staff knowledge and communication, and said they are confident that staff are able to identify and respond appropriately if their consumer is unwell.

Documentation review and interviews confirm there is regular assessment and planning of each consumer’s clinical and personal care. Progress notes capture daily changes in consumer health and appropriate follow up is completed by the clinical team. Care plans are updated following an incident or decline in health.

Staff could describe individual consumer’s needs and preferences, and how they are informed of changes to each consumer’s care. Staff also identified high prevalence risks for individual consumers and strategies in place to minimise these risks.

The organisation continues to review its precautions to prevent and control infection at the service considering the current COVID-19 pandemic. This includes visiting restrictions, infection prevention and control activities and the management of consumer illness.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 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

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

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. The consumers also provided feedback that the service will assist them with participating in activities they enjoy and will encourage them to try different things offered in the activities calendar. In addition, the Service supports consumers to keep in touch with people who are important to them through visits, telephone calls, and through social outings.

Furthermore, consumers advised that they do like the variety and the amount of food provided saying it is good quality and plenty of it. Consumers also stated that if they did have a concern they know how and will raise their concern and feel confident that the issue will be heard, addressed and resolved quickly.

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 NON-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

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

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers/representatives interviewed confirmed they find the environment to be safe and well maintained. In addition, consumers/representatives said the service is a relaxed, welcoming, safe and comfortable environment and enables consumers to move freely, both indoors and outdoors.

Consumers said they are very happy with the cleaning of the environment and their rooms. They like that they can decorate their bedroom according to their taste, with personal items to make their home as comfortable as possible. In addition, the service has well-equipped communal spaces where they can interact with others, including family and friends, and it has adequate spaces for quiet reflection, including sitting areas and garden courtyards. However, some of the outdoor equipment were observed to be unclean and unsafe.

The Assessment Team was not able to establish which staff are responsible for the monitoring, reviewing or cleaning of the outdoor furniture and soft furnishings. There was also no clear process on how the service monitors and reviews the service environment, furniture and consumers’ equipment. It was also observed by the Assessment Team that regular painting of the service environment has not been maintained, with some areas of the service looking damaged.

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

*The service environment:*

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

The Assessment Team found that the service's environment reflects the safety and comfort needs of consumer’s including comfortable temperatures, noise and light levels. The environment is clean and enables consumers to move freely indoors and outdoors areas. However, some parts of the service environment are not well maintained. Areas of the service were observed to have damaged walls, doors and door frames. The courtyards were unclean and some of outdoor furniture was observed to be unsafe as they were worn and/or rusted.

The Assessment Team observed the cleaning staff to complete; general and detailed room cleaning and common area cleaning, as well as completing the scheduled extra cleaning. Consumers were observed to use external areas for walking and activities during the site audit. A consumer who is a smoker was observed to freely access the smoking area on a regular basis. However, there was no firefighting equipment near the consumer smoking area. This was discussed with the management team, and it was quickly rectified with a fire blanket being hung in the area.

Consumer/representative feedback was positive about the environment and they felt that it was safe and well maintained. Consumers and their representatives confirmed that they were satisfied with the cleanliness of the service.

Staff interviewed were aware of how to report a range of issues including those requiring the attention of maintenance staff. They stated that issues reported relating to the building and equipment are dealt with in a timely manner. The maintenance officer outlined the services has planned preventative and corrective maintenance systems which are ensuring that the service environment (including the grounds, the building and equipment) is well maintained. In addition, cleaning audits are completed monthly by the service’s hospitality team leader.

The service’s lift and fire safety certificates are current. Fire evacuation instructions and illuminated emergency exits are displayed and firefighting equipment is readily available.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needed to be an improvement specifically in relation to the maintenance of the outdoor environment. It has been noted that the Approved Provider has already taken steps to improve this by attending to overdue cleaning and the purchase of new outdoor equipment. It also has been noted that renovation requests are in place that have slowed the maintenance schedule somewhat until the outcome of this is known. However, the Approved Provider at the time of the site audit could not demonstrate thoroughly that there was consistency with the maintenance of the service environment.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated the service environment:

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

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

Consumers interviewed on this topic did not indicate they currently had any concerns and said they would let their family know if they were unhappy about anything. Representatives interviewed confirmed they felt they can give feedback if needed. Some representatives advised they would raise any concerns directly with management whilst others would speak initially with care staff, dependent upon the type of complaint or issue being raised.

Most representatives interviewed on this topic could not specifically recall improvements made at the service as a result of their complaints or feedback. However, they considered that staff at the service were generally responsive if they raised any issues.

Whilst there were limited complaints documented within the system the acting residential care manager, who has been in this role for a few weeks, was aware of the importance of ensuring issues were being recorded whilst in this role.

Information regarding advocacy services and on raising and resolving complaints is on public display at the main reception in the service. A compendium, which also includes a range of information pamphlets on contact details for advocacy services and the ACQSC complaints scheme, has been developed and is being placed in consumers rooms. The new resident liaison officer advised information in the compendium is also being discussed with representatives when a new consumer moves into the service.

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

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

# 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

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

Some sampled representatives and consumers generally did consider that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. However, some concerns were raised regarding the availability of staff when responding to call bells.

Representatives said they generally felt confident staff knew what they needed to do and did not identify any training they felt staff needed. No negative feedback was received from consumers. However, management has not been able to effectively ensure that the number and mix of staff is able to provide safe quality care and services. Staff advised there are ongoing issues in managing the replacement of staff and that this was impacting on their ability to provide appropriate care for consumers. Some representatives had also observed staff being rushed or consumers not being engaged in activities.

The organisation also does not have an effective system to monitor the completion of annual compulsory courses such as code of conduct, bullying and harassment, manual handling, work, health and safety, elder abuse and sexual harassment. In addition, the organisation is not able to determine that these staff are competent within these areas and has not taken appropriate action in a timely manner to ensure these staff members completed the required training.

The Quality Standard is assessed as Non-compliant as three 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 Assessment Team found that management has not been able to effectively ensure that the number and mix of staff is able to provide safe quality care and services. Staff advised there are ongoing issues in managing the replacement of staff and that this was impacting on their ability to provide appropriate care for consumers for example responding if a consumer used their call bell. Whilst feedback from consumers was generally positive about staff, one consumer indicated staff were not always responsive and this was impacting the provision of their care. In addition, some representatives had observed staff being minimal, rushed, frequently changing or consumers are not being engaged in activities and siting for long periods of time.

Feedback from staff did indicate issues with staffing levels. Staff reported that there were frequent occasions when they were working short on their shift either because they were not able to find a replacement for absent staff. To assist with the shortfalls some staff have done double shifts or come in from leave to assist. In addition, the lifestyle and wellbeing staff advised that on occasions they have also been allocated as a care staff member rather than a lifestyle staff member due to shortages in care staff. This impacts on the ability to provide activities of interest to the consumers.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that there needed to be an improvement to the mix and number of staff providing care to consumers. It is acknowledged that staffing levels is a long-term issue being faced by the industry overall however, it is important that the impacts to consumers are limited. The Approve Provider has shown that it is attempting to plan the workforce however given that the Assessment Team did see/hear evidence that this is directly impacting consumers quality of care the requirement cannot be substantiated.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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) Non-compliant

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

The Assessment Team found that some consumers/representatives generally indicated that staff interactions with consumers are managed in way that is kind, caring and respectful. However, the Assessment Team received feedback from one consumer which indicated staff were not kind, caring or respectful of their culture and identity.

For the consumers sampled, they indicated that staff were generally kind, caring and gentle when providing care. This was also reflected in comments from representatives interviewed. However, one consumer interviewed said they felt staff are not always kind, caring or respectful whilst staff assisted them.

The Assessment Team observed the interactions between staff and consumers throughout the time of the site audit and noted staff appeared to be kind and caring in their interactions.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that workforce interactions needed improvement. It is noted that most consumers/representatives felt that staff interactions with consumers are kind, caring and respectful. However, with the evidence as found by the Assessment Team and the acknowledgement of improvement being required, the approved provider has not been able to demonstrate compliance with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

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

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

The Assessment Team found that the organisation does not have an effective system to monitor the completion of the education/training courses which it deems are compulsory and must be completed on an annual basis. Monitoring of the completion of mandatory education is also not identified in a timely manner when staff have not completed the required training. In addition, the organisation is not able to determine that these staff are competent after training has occurred.

Positive feedback was received from representatives regarding staff members knowledge and competency to effectively perform their roles. Representatives generally felt confident staff knew what they needed to do.

The organisation has a central selection criterion for all prospective staff and new staff members are required to complete an e-learning pack with various modules dependent upon their role. However, there are no formal ongoing competencies for ongoing staff to be completed.

The Assessment Team reviewed the report on completion of compulsory education and noted a number of staff who have not yet completed the compulsory education sessions. The Service advised they would follow up on the completion of these sessions with the human resource section.

The Approved Provider submitted a response relating to the findings of the Assessment Team acknowledging that improvements in the tracking of training was warranted. It is also noted that some of these issues with tracking training have been due to recent staff changes. However, based on the evidence at the time of the site audit and through the acknowledgement of the Approved Provider there does need to be improvements made to for the Service to be fully complaint with this requirement.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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 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

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

Overall sampled representatives and consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers choice with personal care and involvement in activities is respected by staff. The service also seeks engagement though representatives during the care conference process or on an ad-hoc basis when any discussions are being held either face to face or via telephone conversations.

The organisation has effective governance systems which provide oversight across a range of clinical matters as well as management systems. These include various reporting mechanisms within the service to guide improvements and changes as well as inform senior management within the organisation. These indicators enable senior management to monitor any trends and to develop and implement strategies to minimise risks to consumers.

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

### 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 1(3)(a)

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

* Make and evaluate all improvements as outlined in the Approved Provider response to address shortfalls in the provision of dignity and respect for consumers. Ensure these become of the continuing improvement process.
* Investigate the feedback relating to the provision of inappropriate care and escalate ensuring that all mandatory reporting requirements are met.

### Requirement 1(3)(f)

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

* Make and evaluate all improvements as outlined in the Approved Provider response to address shortfalls in the maintenance of confidentiality. Ensure these become of the continuing improvement process.
* Ensure staff are working as a team to keep each other in check and can immediately stop inappropriate conversations as they are happening and feel confident and supported enough to do so.

### Requirement 5(3)(b)

*The service environment:*

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

* Make and evaluate all improvements as outlined in the Approved Provider response to address shortfalls in the service environment. Ensure these become of the continuing improvement process.
* Review fire safety procedures to ensure they include designated smoking areas.
* Review cleaning schedule so that includes the outdoor areas more frequently.

### Requirement 7(3)(a)

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

* Make and evaluate all improvements as outlined in the Approved Provider response to the mix and planning of the workforce. Ensure these become of the continuing improvement process.
* Continue to be creative in the ways the Service looks to attract and retain qualified staff.
* Seek regular feedback from consumers/representatives to more readily know how staff shortages may be impacting the quality of consumer care.

### Requirement 7(3)(b)

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

* Make and evaluate all improvements as outlined in the Approved Provider response to the improving workforce interactions. Ensure they address the immediate concerns of the individual consumer who is being impacted by poor workforce interactions. Ensure these become of the continuing improvement process.

### Requirement 7(3)(c)

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

* Make and evaluate all improvements as outlined in the Approved Provider response to the improving workforce competency.
* Continue to identify knowledge gaps for staff to improve their competency.
* Look for ways to ensure the continuity of tracking workforce training and education.