Benetas St George’s

Performance Report

13-19 Howard Street
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**Commission ID:** 4472

**Provider name:** Anglican Aged Care Services Group

**Site Audit date:** 7 March 2022 to 10 March 2022

**Date of Performance Report:** 22 April 2022

# Performance report prepared by

Melissa Frost, 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) | 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** | **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) | 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 12 April 2022.
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The non-compliance is in relation to Requirement (3)(f) as the Assessment Team found each consumer’s privacy was not respected and consumers’ personal information was not always kept confidential. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Most consumers and their representatives said staff treat consumers with respect and dignity. Staff showed understanding of consumers’ backgrounds and preferences and described how these influence care delivery. Staff were observed to be interacting with consumers respectfully.

Consumers gave examples of how staff respect their cultural values and needs. Care planning documents reviewed reflected consumers’ cultural, religious, spiritual and personal preferences. Staff receive training to provide culturally safe care to consumers, consistent with the service’s policies and procedures.

Consumers are supported to exercise choice and independence, including through maintaining relationships and attending social activities within and outside the service. Staff described how they tailor care, encourage consumers to be independent, and respect consumers’ choices. Consumers said information provided to them is accurate and timely and supports them to make choices.

Care planning documents reflect that staff complete risk assessments, involving discussions with consumers and their representatives, to support consumers to take risks. Consumers said staff had discussed individual risks with them and they felt staff respect their choices to engage in activities involving risk that are important to them. Staff described strategies implemented to support consumers’ choices, which are documented in care plans.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

While some consumers stated their personal privacy was respected, the Assessment Team brought forward an example of a consumer who expressed their privacy was not respected. The Assessment Team observed the door of a nurses’ station in one wing of the service was open and some confidential consumer information was left unattended on a desk inside.

The Approved Provider responded on 12 April 2022 and considered they had met this Requirement. They supplied an action plan regarding how the service is addressing the concerns brought forward in the Site Audit Report. They included staff reminders and training records on privacy, dignity and confidentiality, dated prior to and following the Site Audit. They provided evidence of actions taken before and after the Site Audit in relation to the named consumer’s feedback.

The named consumer said on the first day of the Site Audit, a staff member entered their room without knocking while the consumer was receiving personal care. The Approved Provider responded that all staff attend training on privacy and dignity and are monitored through regular observations and reminders. The Approved Provider considered this was an isolated incident. I consider the consumer’s feedback supports staff did not respect consumer’s privacy in this instance, and therefore this evidence supports non-compliance with this Requirement.

The named consumer also stated a consumer with cognitive impairment often enters the named consumer’s room, they are unable to close their door due their care needs, and as a result they do not feel safe. The named consumer tried various alternatives including the use of a sensor and chairs to barricade their room, which were ineffective. The Assessment Team observed the consumer with cognitive impairment entering the named consumer’s room and being redirected by the named consumer’s representative. The named consumer said management were working on addressing this, however it was occurring for months.

The Approved Provider stated the consumer with cognitive impairment has been previously reviewed by specialists who recommended various interventions, which were commenced, were successful for a short period or were unsuccessful. After the Site Audit, a special door was installed for the named consumer’s room and the consumer was satisfied with the action taken. As the concerns raised by the named consumer were ongoing for a period and satisfactory action took place after the Site Audit, I consider this demonstrates at the time of the Site Audit the service was non-compliant with this Requirement.

A consumer identified in Requirement 5(3)(b) expressed concerns that some consumers wander into their room and take their belongings. The Approved Provider stated they are aware of ongoing wandering behaviours at the service and provided their action plan and supporting material, including information about consumers’ assessments, strategies implemented and ongoing staff training. Most actions in the plan were noted to be completed after the Site Audit. While I acknowledge a plan is in place, the effectiveness of the plan and has not been established due to ongoing negative impact on consumers. I consider this example evidences non-compliance with this Requirement.

Regarding the Assessment Team’s observation of the nurses’ station door being open, the unattended confidential consumer documentation was removed from the room on the day of the Site Audit. The service has since consulted with the staff member involved, published a memorandum, conducted staff education on privacy and dignity, and installed an automatic closure door for all nurses’ stations to maintain privacy. I consider this example evidences non-compliance with this Requirement, as these actions occurred after the Site Audit.

While the Approved Provider has implemented strategies to address the concerns raised by the Assessment Team following the Site Audit, there has not been sufficient time to demonstrate the sustainability and effectiveness of the Approved Provider’s changes. I consider at the time of the Site Audit the service did not demonstrate that each consumer’s privacy was respected, and personal information was consistently kept confidential.

Therefore, I find this Requirement is Non-compliant.

# 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

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

Consumers and their representatives stated they are involved in assessment and care planning process. Staff complete initial assessments on a consumer’s entry to the service, which is developed into a comprehensive care plan in the first month.

Care plans identify and address consumers’ needs, goals and preferences, including for advance care and end of life care. Staff described how assessment and planning process informs the delivery of care.

Care planning documents reflected input from consumers, representatives and other organisations and services, including recommendations or directives from health professionals. Consumers and their representatives said staff explain information regarding care and they have access to care planning documents.

Care planning documents showed regular reviews occur, at least every three months and following any change of circumstances or condition of the consumer. This includes reassessments occurring after incidents such as falls. Consumers and their representatives said they are informed regularly of any changes. Clinical indicators, including incidents, are trended and analysed monthly, which influences care delivery.

## 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

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

Most consumers and their representatives said consumers receive personal and clinical care that is safe, effective and tailored to their needs. Some consumers and their representatives expressed concerns for safety and well-being in relation to a consumer who wanders into other consumers’ rooms. This has been further considered in Standard 1 Requirement (3)(f).

Staff said they are guided by policies and procedures to deliver best practice care. Consumers subject to restrictive practices have appropriate documentation, monitoring and review in place. Consumers requiring skin integrity and pain management care receive suitable care consistent with applicable policies and directives.

Care documentation showed high impact and high prevalence risks associated with the care of consumers were identified using formal assessment tools, and interventions to minimise and manage these risks were documented. Staff described how they deliver care to manage risks, consistent with the documentation and policies.

Care documents reflected consumers nearing the end of life received care consistent with their wishes, and steps were taken to preserve their dignity. Staff described how they maximise comfort for those consumers. The service has policies for palliative care planning to guide staff practice.

Staff identify deterioration or change of consumers’ condition and respond in a timely manner, including through referrals to other health providers or hospital. Representatives were satisfied with how staff manage changes to consumers’ condition and the information received from the service.

Information relating to consumers’ condition, needs and preferences is reflected in care documentation, including care plans and progress notes, and is shared through handover meetings. Staff speak to external providers and health professionals regarding consumers’ needs. Care planning documents reflected timely and appropriate referrals occurred for consumers to other individuals, external allied health providers or organisations.

The service has policies and procedures in place to prevent and control infections, and for the appropriate prescribing of antibiotics. Staff demonstrated understanding of these procedures and were observed to be following adequate infection prevention and control practices.

### 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

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

The Assessment Team found the service did not meet Requirement (3)(f) regarding meals being of suitable quality. I have considered the evidence brought forward by the Assessment Team and the Approved Provider’s response, and found the service is Compliant. I have provided reasons for the finding in the relevant Requirement below.

Most consumers and their representatives said staff support consumers to participate in activities that are of interest to them, and the service provides supports to enable consumers to optimise their independence and well-being. Care planning documents reflect consumers’ goals and preferences. Staff described how the activities program is tailored to varying consumers’ interests and levels of functional ability, and how they seek feedback to enhance consumers’ enjoyment and quality of life. Consumers were observed participating in individual and group activities.

Staff described how they provide support to consumers to promote their spiritual and psychological well-being, including engaging with consumers, referral to other services, and supporting consumers to attend religious services.

Consumers and their representatives said consumers are supported to maintain relationships and participate in the community. Staff described how they support consumers to keep in contact with their family and friends. The service facilitates bus outings, arts and crafts group, theme days and musical activities for consumers.

Staff described how they are kept informed of consumers’ needs and preferences through handover meetings, talking to consumers and review of care documentation. Care plans show referrals are made to other services and organisations to support consumers to engage in activities and enhance their well-being.

Equipment was observed to be safe, suitable and well maintained. Consumers and staff said suitable equipment was available to meet consumers’ needs. Staff described equipment cleaning and maintenance processes.

## 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.*

### Care plans, menus, and staff interviews supported that consumers are provided with meals that are varied, of suitable quality and quantity. The Assessment Team brought forward mixed feedback from consumers and representatives in relation to the quality of meals. Consumers were satisfied with the portion size, however, a number of consumers had unresolved concerns related to the temperature and quality of the meals being served.

The Approved Provider responded on 12 April 2022 and did not agree with the Assessment Team’s findings. They stated catering is provided by an external company, and supplied supporting information addressing the feedback of each named consumer and evidence of consultation with consumers before and after the Site Audit. As reflected in the Site Audit Report, the Approved Provider said menus are created in consultation with the consumers (subject to Covid-19 impacts) and ongoing feedback is sought. Supporting evidence reflected regular food focus meetings occur and consumers’ feedback is considered, and the caterer and service had engaged a dietician review of the menu.

One named consumer expressed ongoing concerns about the temperature of meals and stated they have been complaining about the food temperature for about 3 years with no improvements. I consider this feedback is better dealt under Requirement 6(3)(d) as it relates to the consumer’s ongoing concerns.

One consumer and one named consumer representative were not satisfied that the service applies their feedback to make improvements, as they did not receive a response in relation to their feedback. I consider this feedback is better dealt with under Requirement 6(3)(d).

One named consumer representative stated the consumer hardly eats the provided meals, does not receive their preferences and they were not satisfied with the staff assistance to support the consumer eating. Following the Site Audit, the Approved Provider has updated the consumer’s care plan with their requested preferences. The Approved Provider gave evidence of previous consultations with the consumer’s representative, which indicate concerns regarding meal texture. I accept the service was communicating with the consumer representative and seeking to address concerns, and consider insufficient evidence has been brought forward to evidence non-compliance with this Requirement.

I consider that the examples brought forward by the Assessment Team demonstrate consumers were provided with meals that are varied and suitable. Feedback regarding meal quality is further considered at Requirement 6(3)(d).

Therefore, I find this Requirement is Compliant.

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team recommended Requirements (3)(a) and (3)(b) were not met, regarding homeliness, safety and cleanliness of the service environment. I have considered the evidence brought forward by the Assessment Team and the Approved Provider’s response. I find the service Compliant with Requirement (3)(a) and Non-compliant with Requirement (3)(b). I have provided reasons for my findings in the specific Requirements below.

Consumers and their representatives expressed mixed feedback in relation to feeling at home at the service. The service environment was observed to be unclean and not well-maintained at the time of the Site Audit.

The service environment had signage to guide consumers and visitors and handrails to support mobility. Consumers are encouraged to personalise their rooms with photographs, artwork and furniture. They have access to indoor and outdoor spaces with suitable seating.

Consumers said the furniture, fittings and equipment at the service are safe and suitable. The service has a maintenance schedule for regular checking and servicing of different equipment.

## 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.*

### The Assessment Team found the service environment was welcoming and easy to understand with clear signage and dementia enabling principles of design. Consumers’ rooms were personalised, and the service had communal areas and worship rooms to optimise consumer’s sense of belonging. However, the Assessment Team brought forward examples of some consumers who did not always feel at home at the service.

### The Approved Provider responded on 12 April 2022 and included clarifying information and an action plan. They gave examples of how the service supports consumers to maintain independence, consistent with consumers’ interests and preferences.

The Assessment Team noted many consumers with cognitive impairment were observed to be wandering throughout the service and entering other consumers’ rooms. I have further considered the effectiveness of the Approved Provider’s action plan and impact of wandering behaviours on some consumers under the Requirement 1(3)(f).

Regarding the named consumer who stated they do not feel at home and keep their room door locked at all times to prevent consumers from entering, the Approved Provider referred to extracts from the Site Audit Report supporting the consumer is encouraged to maintain independence and interaction at the service. The Approved Provider submitted evidence stating since the consumer entered the service, they have preferred to lock their door. I am satisfied with the Approved Provider’s response and consider overall this example supports the service is compliant with this Requirement.

A named consumer representative expressed the consumer is not happy at the service, perhaps related to the consumer’s state of mind. The Approved Provider stated the representative had communicated this information prior to the Site Audit, they have consulted with the representative to organise meaningful and enjoyable activities for the consumer, and the consumer has diagnoses which impact their mood. I acknowledge the actions being taken by the Approved Provider to engage the consumer and consider overall this example supports the service is compliant with this Requirement.

I am satisfied the service demonstrated the environment is welcoming and easy to understand. Consumers are supported to be independent, have spaces to interact with others and are encouraged to personalise their rooms to enhance their sense of belonging.

Therefore, I find this Requirement is Compliant.

### 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 consumers were able to move freely around the service environment, indoors and outdoors. However, the Assessment Team observed some areas of the service were not clean, well-maintained or comfortable for consumers. Some consumers also expressed their dissatisfaction with the level of cleanliness at the service. Consumer feedback regarding wandering behaviours of some consumers is considered at Requirement 1(3)(f).

The Approved Provider responded on 12 April 2022 with evidence of actions completed following the Site Audit to address the deficiencies noted by the Assessment Team and communication to staff. The Assessment Team also noted issues relating to bugs and carpet cleaning, which were actively being addressed by the Approved Provider prior to the Site Audit. Therefore, I have not considered those items as reflective of non-compliance.

The Assessment Team observed consumers in one area of the service watching television at a high volume, which masked the voice of a consumer who was calling out for help from the adjacent dining room and made it difficult to have a conversation with the staff. The Approved Provider acknowledged the Assessment Team’s observation and have implemented a process to have the television at a set volume.

The Assessment Team observed the laundry at one area of the service to be untidy, cluttered, and having clothing items scattered throughout. A staff member was observed to be unable to utilise appropriate workspace to complete their duties. A sink in a servery area and some Bain-maire lids were observed to be unclean. The Approved Provider acknowledged the Assessment Team’s observations and submitted evidence of actioning all the items raised by the Assessment Team, following the Site Audit.

Regarding the named consumer representative who raised concerns about cleanliness and items in the consumer’s room, the Approved Provider stated they have since replaced an item of furniture and suggested the consumer’s personal belonging be replaced with one of more suitable material, since cleaning staff are not permitted to clean personal belongings.

Regarding the named consumer representative who expressed concerns about cleanliness of the consumer’s bathroom, the Approved Provider stated these concerns were lodged in the service’s feedback system and an email was sent to the cleaning manager after the Site Audit.

The Approved Provider said more frequent cleaning audits will occur to address the cleanliness concerns raised by consumers and their representatives, and enhanced communication to cleaning staff regarding items for attention.

I consider the examples identified above evidence non-compliance with this Requirement as the corrective actions undertaken by the Approved Provider occurred after the Site Audit took place, and the deficiencies were not identified by the Approved Provider’s governance systems. The corrective actions require time to demonstrate suitability and effectiveness. I consider the service did not demonstrate that the service environment was consistently clean, well-maintained and comfortable for consumers at the time of the Site Audit.

Therefore, I find this Requirement is Non-compliant.

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

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

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team recommended Requirements (3)(c) and (3)(d) were not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response. I find the service Compliant with Requirement (3)(c) and Non-compliant with Requirement (3)(d). I have provided reasons for my findings in the specific Requirements below.

Most consumers and their representatives said they are encouraged and supported to make complaints and provide feedback and, felt comfortable in doing so. Options to provide feedback or complaints include through care consultations, feedback forms, and verbal discussions with staff or management. Feedback forms were observed to be located in different entrances and areas throughout the service.

Consumers and their representatives were aware of external compliant mechanisms. Whilst most consumers were not aware of advocacy services available, information was available to consumers through posters and pamphlets displayed throughout the service. Staff described the advocacy and language services available to consumers, and how consumers with communication difficulties or cognitive impairment are aided to provide feedback or make complaints.

For those consumers who had raised complaints, some were unsatisfied with the outcomes. The service was unable to demonstrate how feedback and complaints are used to inform continuous improvement at the service.

## 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.*

The Site Audit Report reflected the service has a process for recording and investigating complaints, including an open disclosure policy. The Assessment Team brought forward mixed feedback from consumers regarding actions taken in response to their complaints.

The Approved Provider responded on 12 April 2022, described the complaint handling process and how the service follows up regarding complaint outcomes. They provided supporting information regarding the feedback in the Site Audit Report.

Regarding the named consumer who stated they did not receive an apology following their complaint, the Approved Provider submitted evidence of providing an apology to the consumer. Further, the Approved Provider submitted evidence of apologies being provided to consumers whose complaints were recorded on the service’s complaints register. I consider this evidence demonstrates compliance with this Requirement.

Regarding one named consumer and one named consumer representative who expressed concerns about the staffing levels at the service, the Approved Provider gave evidence of addressing these concerns. However, consumers did not see an improvement in the quality of care and services. I consider this feedback is better dealt with under Requirement 6(3)(d).

I am satisfied with the Approved Provider’s response and consider that overall the service has shown it does take action in response to complaints and apply open disclosure processes.

Therefore, I find the Requirement is Compliant.

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

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

The Site Audit Report reflected that, despite the service taking action in response to complaints, consumers remained dissatisfied. The Assessment Team brought forward examples of this, from consumers with concerns regarding meals and staffing levels at the service.

The Approved Provider responded on 12 April 2022 and included information addressing consumer feedback, including items referenced at Requirement 6(3)(c) around staffing levels.

One named consumer and one named consumer representative stated they have raised concerns about the staffing levels and wandering behaviours of consumers, however, have not seen any improvements. The Approved Provider submitted evidence of actions taken in relation the raised concerns and information about staffing ratios. They stated they are considering bringing future proposed changes to staffing levels forward as a result of consumer feedback during the Site Audit. Due to ongoing impact of wandering behaviours on other consumers as also identified under Requirement 1(3)(f), I consider the service has not used the feedback to improve the quality of care and services for consumers at the time of the Site Audit. I consider this example evidences non-compliance with this Requirement.

One named consumer expressed ongoing concerns about the temperature of the meals and stated they have been complaining about the food temperature for about 3 years without improvement. The Approved Provider said they have trialled various options previously and following the Site Audit, they have further consulted with the consumer to commence a trial process to better meet the consumer’s expectations. The chef has since documented meal temperatures daily and the consumer is satisfied with the outcome. The concerns raised by the named consumer were ongoing and not promptly used to improve the meal temperature for the consumer. As a satisfactory action only took place after the Site Audit, I consider this demonstrates at the time of the Site Audit the service was non-compliant with this Requirement.

One consumer and two named consumer representatives (one identified in Requirement 4(3)(f)) stated they have raised ongoing concerns about food to staff and/or management, however, have not received any response or seen any improvements. The Approved Provider responded by explaining their processes of consultation, stated they were not aware of one raised concern and will follow up with the respective consumer and provided evidence of discussions with one consumer representative following the Site Audit. As many actions took place after the Site Audit, it is not evident how the service was proactively documenting and reviewing feedback to improve the quality of care and services. I consider this example evidences non-compliance with this Requirement.

I acknowledge that the Approved Provider has provided opportunities for feedback regarding meals, such as through the food forum meetings. However, the volume of negative feedback reflected in the Site Audit Report supports that the service was not sufficiently demonstrating to consumers that their feedback was being used to improve care and services.

Due to ongoing consumer dissatisfaction and majority of consumer feedback being addressed after the Site Audit, the service has not clearly demonstrated how feedback and complaints received in relation to food and staffing levels have been applied to inform continuous improvement. The actions undertaken following the Site Audit require time to demonstrate suitability and effectiveness. I consider the service’s process were not mature and did not demonstrate continuous improvement was applied for these issues at the time of the Site Audit.

Therefore, I find this Requirement is Non-compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The non-compliance is in relation to Requirement (3)(a) as the Assessment Team found deficits in the sufficiency of staff members to enable safe and effective care to be consistently delivered.

Consumers and representatives said staff are kind, caring and respectful, which was also observed through staff interaction with consumers. The service has recruitment processes in place to recruit suitable staff. Staff qualifications and competencies are aligned to their relevant roles and monitored.

The service delivers formal and periodic training to support staff in delivering appropriate care. Staff training needs are identified through complaints data, annual performance appraisals and observations. Staff undertake mandatory role-specific training. Most staff had completed mandatory training at the time of the audit.

Staff undertake annual performance reviews, including self-assessment and identification of any additional training needs or support. Some performance reviews were outstanding at the time of the Site Audit.

## 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 Site Audit Report reflected the service was proactively considering workforce planning needs. Some conflicting information was presented in the Site Audit Report around staff deployment, with the Assessment Team bringing forward examples of consumers and staff expressing concerns relating to staffing levels at the service.

The Approved Provider responded on 12 April 2022 and did not agree with the Assessment Team’s findings. They stated they maintain sufficient staffing levels as per consumers’ needs and provided evidence of workforce planning that occurred prior to the Site Audit, following staff feedback, and proposed future workforce planning that is being expedited. Call bell reports submitted reflected most call bells were attended to within a reasonable timeframe that exceeds the service’s benchmarks.

Two named consumers and one named consumer representative expressed concerns around insufficient staff at the service. The Approved Provider’s response clarified and provided context to the concerns raised. While I accept the feedback is reflective of consumers’ feelings, the Approved Provider’s response supports these examples did not evidence any clinical impact to consumers due to perceived reduced staffing levels. I do not consider these examples as reflective of non-compliance.

One named consumer and one named consumer representative stated wandering behaviours at the service were not being managed effectively due to insufficient staff, which impacted on consumer’s well-being and perception of safety. Similar consumer feedback pertaining to wandering behaviours has also been raised in Requirement 1(3)(f). The prevalence of wandering behaviours described by consumer feedback supports insufficient numbers of staff are deployed to consistently maintain safe and quality care and services (including through behaviour management).

Staff described they are unable to manage consumers with additional needs, including behaviour management. This results in incidents, sometimes rushing consumers when providing personal care, adding pressure to deliver quality care whilst doing multiple tasks, and inability to provide individual time to consumers. The Approved Provider supplied evidence of acting on staff feedback prior to the Site Audit and having rostered additional hours. I acknowledge the Approved Provider’s response; however, the volume and nature of staff feedback provided in relation to current staffing levels is significant and suggests issues persisted. I consider this feedback as reflective of non-compliance.

I acknowledge the Approved Provider has demonstrated workforce planning prior to the Site Audit and has expedited future plans to address the concerns raised. While there was mixed consumer feedback around staffing levels, I have placed significant weight on staff feedback and impact on consumers due to ongoing wandering behaviours at the service. The actions implemented after the Site Audit require time to demonstrate suitability and effectiveness. I consider at the time of the Site Audit; the service did not demonstrate that number and deployment of the workforce is sufficient to enable delivery of safe and effective care for consumers.

Therefore, 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-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team recommended Requirements (3)(a), (3)(c) and (3)(e) were not met, regarding consumer engagement, service’s governance systems and the clinical governance framework. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response. I find the service Compliant with Requirement (3)(a) and (3)(e) and Non-compliant with Requirement (3)(c). I have provided reasons for my findings in the specific Requirements below.

Consumers and their representatives provided mixed feedback about their engagement in developing and partnering in improving care and service delivery.

The service’s Board shows accountability for a culture of safe and inclusive care through ongoing auditing and monitoring of quality and risk reports. The Board has endorsed improvements to the service, such as implementation of pre-admission clinic and participating in joint dairy fracture study.

The service has a risk management framework. Staff described relevant policies and how they apply them, such as through reporting incidents, abuse or neglect. The service has a suite of policies, subject to ongoing review, to guide staff in delivering care and services. However, the Assessment Team identified deficiencies with the effectiveness of governance systems.

## 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.*

The Assessment Team brought forward examples of consumers who provided mixed feedback about their engagement in development and improvement of care and services. Most of the consumer feedback provided by the Assessment Team related to ongoing concerns raised by consumers and their representatives that have not resulted in continuous improvement of quality of care and services. I have considered this feedback under Requirement 6(3)(d).

The Approved Provider responded on 12 April 2022 and provided references from the Site Audit Report where consumers and their representatives were involved in assessment and care planning on an ongoing basis. The Approved Provider stated consumers and their representatives are actively involved in resident meetings, food focus meetings, resident committee meetings, and technology classes to engage in developing and improving care and services.

I am not satisfied the Assessment Team has brought forward sufficient evidence to substantiate non-compliance with this Requirement, as it pertains to supporting and encouraging consumers to be involved in designing and improving care and services. Where consumer feedback has not been consistently used to improve the quality of care and services, I have considered it under Requirement 6(3)(d).

I consider the Approved Provider has facilitated suitable opportunities for consumers to be engaged in the delivery and evaluation of care and services.

Therefore, I find the service is Compliant with this Requirement.

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

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

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

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

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

The service has functional governance systems in place for financial governance and regulatory compliance. The Assessment Team brought forward deficiencies in the systems for information management (as examined in Standard 1), continuous improvement (as examined in Standard 6), workforce governance (as examined in Standard 7), and feedback and complaints (as examined in Standard 6).

The Approved Provider responded on 12 April 2022 regarding deficiencies identified. Regarding information management, as evidenced under Requirement 1(3)(f), there was confidential consumer information left unattended at a nurses’ station. The Approved Provider addressed this concern after the Site Audit and I have considered this example under Requirement 1(3)(f). However, I do not consider this example as demonstrating ineffective information management governance systems at the service as no other examples of such nature were raised elsewhere in the Assessment Team’s report. I consider this example does not evidence non-compliance with this Requirement.

Regarding continuous improvement and feedback and complaints, the Assessment Team identified several consumers and their representatives have raised ongoing concerns regarding meals and staffing support at the service which has not informed continuous improvement to improve quality of care and services for consumers. As there were some deficiencies identified with the feedback and complaints and continuous improvement process, as outlined in Requirement 6(3)(d), and the service’s governance systems had not adequately identified and rectified the deficiencies before the Site Audit, I consider this is reflective of non-compliance with this Requirement.

The Assessment Team identified deficits in sufficiency of the workforce to provide safe and effective care to consumers. I have considered these deficits under Requirement 7(3)(a). However, I do not consider these deficits as demonstrating ineffective workforce governance systems as the Approved Provider’s response showed workforce planning that had occurred prior to the Site Audit and proposed future workforce planning that is being expedited. This indicates the Approved Provider has effective oversight on workforce, includingthe assignment of clear responsibilities and accountabilities. I do not consider these examples as reflective of non-compliance.

Some of the organisation’s governance systems were not operating effectively during the Site Audit to pre-emptively identify and address deficiencies, specifically in relation to continuous improvement and feedback and complaints.

Therefore, I find this Requirement is Non-compliant.

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

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

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

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

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

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

The Assessment Team noted the service had an adequate clinical governance framework in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. However, inadequate governance was noted in relation to behaviour management, which was supported by consumer feedback.

The Approved Provider responded on 12 April 2022 and provided an action plan for ongoing responsive behaviours at the service. Most actions identified on the plan were noted to be completed after the Site Audit. I have considered the impact of responsive behaviours to consumers under Requirement 1(3)(f) and staff in Requirement 7(3)(a).

I have further considered how the ongoing negative consumer feedback in relation to wandering behaviours has not been used to improve the quality of care and services for consumers under Requirement 6(3)(d). This has also demonstrated ineffective governance systems, which I have considered under Requirement 8(3)(c).

As there has been no clinical impact on consumers as a result of the wandering behaviours, I do not consider the service has inadequate clinical governance framework in relation to behaviour management.

Therefore, I find this Requirement is Compliant.

# 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)(f) – the Approved Provider ensures each consumer’s privacy is respected and personal information is kept confidential, including through management of wandering behaviours of consumers to prevent them from entering into other consumers’ rooms.
* Requirement 5(3)(b) – the Approved Provider ensures the service environment is clean, well-maintained and comfortable for all consumers.
* Requirement 6(3)(d) – the Approved Provider ensures feedback and complaints are reviewed and used to improve the quality of care and services, including through evidencing continuous improvements are undertaken in response.
* Requirement 7(3)(a) – the Approved Provider ensures the workforce is suitably planned to enable the delivery and management of safe and quality care and services, including through addressing staffing numbers to support consumers’ well-being and safety.
* Requirement 8(3)(c) – the Approved Provider improves their organisation wide governance systems to ensure effectiveness, specifically in relation to continuous improvement and feedback and complaints.
* The Approved Provider implements all planned actions to address identified deficiencies and establishes monitoring process to ensure ongoing compliance with the Aged Care Quality Standards.