Calvary St Judes

Performance Report

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**Commission ID:** 4183

**Provider name:** Calvary Aged Care Services Pty Ltd

**Site Audit date:** 9 May 2022 to 12 May 2022

**Date of Performance Report:** 30 June 2022

# Performance report prepared by

James Howard, 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) | 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** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | 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) | Compliant |
| Requirement 7(3)(c) | 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 conducted from 9 May 2022 to 12 May 2022; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the Approved Provider’s response to the Site Audit report, received 7 June 2022.
* Relevant information about the service and the Approved Provider received from the Secretary.

# 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-compliant as one of the six specific requirements was assessed as non-compliant.

In the site audit report, the Assessment Team found Requirement 1(3)(a) was Not Met. Having considered the information in the site audit report and the Approved Provider’s response, I found the service was Non-compliant with Requirement 1(3)(a) and I have provided reasons in the relevant Requirement below.

Consumers and their representatives advised they were supported and encouraged to exercise choice and independence in the way their care and services were delivered. Consumers confirmed they were supported to maintain relationships with people important to them and involve them in the care planning process. Representatives spoke of receiving regular updates from the service regarding consumers’ health and conditions. Consumers said that they were supported to take risks which enabled them to live their best lives, such as smoking and being supported in this activity by staff, completing risk assessments and ensuring consumers were supervised whilst smoking. Consumers and their representatives advised that staff communicated clearly, in an understandable way that helped consumers make informed choices. Consumers interviewed said their personal privacy was respected and gave examples such as knocking before entering their rooms, being mindful of their personal information and using privacy conscious practices when assisting with bathing and other personal care.

Staff described how they supported consumers to make choices through providing information about the risks involved and safety measures needed, to assist consumers with making decisions. Staff spoke of supporting consumers to maintain contact with people important to them by using technology such as tablets for video calls. Staff confirmed they were guided by risk management and dignity of risk policies when supporting consumers in engaging with risk. Staff spoke of checking with consumers before they provided care and services to them to support consumers in maintaining independence and choice in how care was provided. Staff described different communication methods they used according to consumers’ needs and preferences and of using privacy measures such as password protected information systems and knocking on room doors before entering.

Organisational policies and procedures included ‘supporting choice and decision making’ demonstrated a commitment to consumers making decisions themselves and exercising choice, supported by clear and accurate provision of information by staff. Care planning documents demonstrated instances where staff supported consumers to engage with risk, the organisation had a risk management framework and policies in place which supported consumers to do the things they wanted to do. The policies supported dignity of risk which, in turn, supported and respected consumers’ rights to make decisions. Care planning documentation was regularly communicated to consumers and feedback by clinical staff was addressed so that consumers and their representatives could make informed decisions regarding their care. The service had a personal information and privacy disclosure policy and could demonstrate that communication, behaviour and interactions between staff and others promoted consumers’ privacy and confidentiality.

## 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.*

Some consumers and representatives spoke of negative experiences, due to staff treatment of consumers. Consumers advised they did not always receive respectful and dignified treatment and staff did not always demonstrate they consistently delivered culturally-sensitive care and services to culturally diverse consumers.

Consumers reported differences in how they were treated by staff and gave examples of varying attitudes, manners, and communication skills. Consumers and representatives also reported deficiencies in care practices by staff specifically around dignity and respect.

The Assessment Team raised the issues with management during the site audit and management advised it would investigate and provide further training to staff.

At the time of the site audit, the service did not include privacy and dignity training as a mandatory training requirement for care and services staff to guide staff with their consumer engagement.

The Approved Provider’s response showed it commenced to take action once it was advised of the issues raised in the site audit report, by investigating reports and providing training to staff on dignity and respect.

I considered the evidence put forward by the Assessment Team in the site audit report and the Approved Provider’s response. The site audit report detailed several issues with personal care delivered to consumers and noted the lack of mandatory staff training on privacy and dignity. The Assessment Team observed instances of staff showing dignity and respect to consumers in the service during the site audit; however, the evidence showed this was not consistently demonstrated by staff, nor was it applied across all consumers.

While I acknowledge the service is taking action to address the issues raised in the site audit report, there has not been sufficient time to demonstrate the sustainability and effectiveness of the changes. I consider at the time of the site audit, the service did not demonstrate each consumer was treated with dignity and respect, with their identity, culture and diversity valued.

Therefore, given the above information, I decided the service was non-compliant with Requirement 1(3)(a) at the time of the site audit.

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Consumers and representatives sampled advised they were happy with the level of involvement they have in the care planning assessment process and ongoing reviews. Consumers and representatives confirmed they are made aware of the outcomes of care planning and care plans are readily available to them. Consumers provided several examples of their specific needs/ risks and how the service provides effective and safe care for them including management of their risk by using various strategies and intervention. Consumers interviewed expressed they were happy, and they receive the care they need. Care planning documentation was reviewed by the Assessment Team and showed the regular review of care plans occurs with representatives, psychiatrists, General Practitioners, nursing staff and other health professionals such as physiotherapists every 3 months or when changes occur. Consumers advised their satisfaction with communication from the service regarding all changes or updates to their care plans advising they were kept well informed.

The Clinical Care Coordinator and/or nursing staff complete consumers’ initial assessments on entry to the service, and an assessment schedule commences. The results of the assessments inform the comprehensive care and service plans. Staff interviewed advised they are provided information about consumers care needs and /or updates to their condition through various ways such as handover meetings, handover notes and through care planning documentation. Staff demonstrated their awareness of risks for sampled consumers. Staff described the assessment and care planning process involved a partnership with the consumer and identified the services process, including gathering information about the consumer’s life history, needs, goals and preferences. Staff described how consumers and their representatives, and other individuals and providers, are involved in assessment and care planning. Staff confirmed the ways they record and document the outcomes from consumers care planning, and the ways in which any changes are communicated amongst people involved in providing care to the consumers. Staff advised the service has an electronic care management system and they have access to this to ensure care is provided in line with the care plan. The staff interviewed described the monthly consumer review process including health condition, such as skin integrity, pain, and behaviour changes. There is a three-monthly care plan evaluation process where nursing staff across the three shifts review consumers. Staff interviewed said they are aware of the incident reporting process and how these incidents may trigger a reassessment or review, and care planning is reviewed if changes are required.

The service uses an electronic care documentation system and has multiple policies and processes in place to guide staff in providing care and services, including a palliative care policy. A care plan is developed within 28 days of a consumer entering the service and is reviewed at least every three months or as a consumer’s needs change. Care plans sampled show that end of life needs, and preferences are recorded. The electronic care system contains in built assessment tools including nonverbal pain assessments, falls risk assessment tools and psychogeriatric assessment scales. The service demonstrated it completes assessment and planning for the consumer, which includes the consumer, others who the consumer wishes to involve in the process and other providers as required. The service could demonstrate that consumers/representatives are engaged in communication regarding the outcomes of assessment and planning and those care plans are readily available to the consumer and representative.

## 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 were assessed as Compliant.

Consumers and representatives sampled confirmed the care provided was safe and right for them as well as being tailored to their needs and preferences. Consumers and representatives confirmed the care provided promoted health and wellbeing and effectively managed risks associated with consumers. Representatives sampled provided specific examples to demonstrate how the service met the requirements. One representative sampled described their loved one’s condition as improving after the involvement of an external service provider following a referral made by the service. Representatives spoke also of having access to medical officers as required, along with regular discussions with nursing and care staff. Consumer representatives were satisfied with infection control practices in place at the service and one representative spoke of a situation that involved wound management and subsequent improvement in the condition of their loved one.

Staff highlighted policies and procedures in place at the service which guided them in ensuring they followed best practice in providing care and services. Staff confirmed they could use assessment and care planning documentation to align care and services to be safe and effective for consumers. Staff described how they escalated matters to registered staff including the clinical care coordinator, medical officers, or allied health professionals as required and could utilise other services available to support consumers; this included physiotherapists, podiatrists, and other health professionals. Staff described high impact and high prevalence risks for consumers, including falls risk, pressure injuries and skin tears. Staff described strategies to manage these risks, such as the use of hip protectors for falls risk, regular repositioning for pressure injuries and skin tears, and limb protectors. Staff confirmed details of advanced care planning and end of life wishes were documented on file where consumers or their representatives have chosen to complete them; however, staff still contacted the representative to ensure current needs and preferences were followed. Staff advised they followed policies and procedures in place for managing end of life including pain management and comfort care. Staff described policies, procedures, and guidelines available for identifying and managing deterioration in a consumer’s health and condition. Staff advised these were available in paper-based form in the staff team room and electronically for all staff to access and guide practice. Staff advised information relating to consumers’ conditions, needs and preferences was documented in handover documentation and discussed at shift handover, to ensure all staff were aware. Staff confirmed they attended shift handover to ensure information regarding consumers was consistently shared and understood. Staff described the process for referring consumers to external health providers or organisations including documenting any recommendations in the care plans of consumers. Staff described how the input of other health professionals directed care and services, for example, change in mobility or transfer needs, dietary needs, pain management or wound care. Staff demonstrated knowledge of infection control practices and stated they received training in infection control, donning and doffing personal protective equipment, and handwashing competencies. Staff advised they completed infection prevention control training as part of their online mandatory training program, which was supplemented by regular training conducted by the service’s clinical care coordinator.

The organisation had policies and procedures in place to guide and support staff in their provision of care and services. The organisation has systems in place to ensure consumers receive safe and effective care. The measures in place included policies for:

* the use of restraint
* Nutrition and hydration
* Falls management
* Pain management
* Sensory loss management
* Recognising deterioration

The organisation maintained a clinical risk register, clinical incidents are recorded on the service’s electronic system, and these provided data for the monthly clinical indicator report. The organisation demonstrated consumers’ wishes and dignity were maintained at end of life through policies and procedures which guided staff. The organisation managed the identification and treatment for deterioration in a consumer’s condition through established policies and procedures which ensured changes in consumers’ conditions were recognised and responded to in a timely way. The service had a clinical governance framework which guided staff practice in sharing consumer information appropriately and effectively, including changes in condition and changes in needs/preferences. Referral documentation was stored on consumers’ files and was readily accessible to staff. The service’s referral policy supported staff in identifying consumers’ needs and ensuring they were met by referral to outside professionals and organisations.

The service had policies, procedures and plans to prevent or manage an infectious outbreak, and infection rates were monitored through monthly clinical indicator reports. The Assessment Team observed infection control training records, an outbreak management policy, the food safety program, vaccination records for consumers and staff, antimicrobial stewardship policy and the service’s procedures for screening and testing for COVID-19.

### 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 were assessed as Compliant.

Consumers reported to the Assessment Team they felt supported to engage in things they liked to do, the staff encouraged and help them to participate in activities but also respected times when they did not want to engage. Consumers said they could provide feedback and suggestions to staff about activities in various ways such as consumer meetings and feedback forms. Consumers advised they felt they were listened to, and their feedback was taken onboard and actioned. Consumers provided examples of how their emotional and psychological needs and preferences were met, these included spending time with their spouse at the service and maintaining religious practices. Consumers also reported the ways they were supported to maintain relationships with people important to them, maintain their links to the community and engage in activities they wanted to. Consumers and representatives interviewed felt their conditions, needs, goals and preferences were well communicated amongst staff and gave examples of this in practice. Representatives provided examples of how the service used timely and appropriate referrals to maximise consumers’ health and wellbeing. Consumers and their representatives expressed satisfaction with the variety, quality and quantity of food provided. Consumers stated the equipment used by staff was clean and suitable for their needs.

Staff described how they worked with consumers to design and implement activities suited to their interests, culture, ability, and needs. Staff described how activities were adaptable as needs changed. Staff demonstrated how they supported consumer’s emotional, spiritual, and psychological needs and preferences. Staff spoke about how they identified changes in consumers and strategies they used to assist consumers. Staff gave examples of how they encouraged and supported consumers to maintain relationships with people important to them by assisting consumers to stay in touch through technology and to have contact with people important to them. Staff showed they were aware of changes to consumers’ needs, condition and preferences, spoke of specific consumers and showed how they communicated the needs and preferences amongst staff. Staff demonstrated how referrals were made for outside organisations to assist with activities for consumers, including religious organisations, community volunteers from different cultural backgrounds and the local RSL Club to help with ANZAC Day commemorations. Hospitality staff demonstrated knowledge of consumer specific dietary needs and preferences and described the ways consumers’ needs and preferences were identified. Hospitality staff discussed how the electronic care management system was used for capturing dietary needs and other specific details for consumers’ food plans. Staff demonstrated flexibility in meal delivery, which included types of food and different menu options available. Staff confirmed that equipment was available when they needed it and described the process for maintenance requests. Staff advised there was sufficient equipment for their needs and the maintenance team kept the service in good order.

The organisation demonstrated it had effective policies and procedures in place to ensure consumer’s needs, goals and preferences were known and used to guide and inform staff in the delivery of care and services. The Assessment Team observed monthly activity calendars on display, which included photos from previous activities showing consumers engaged and enjoying the activities. The Assessment Team observed on-site activities taking place with consumers participating in various activities such as craft work, board games and movies. Notice boards throughout the service displayed information for a range of support services, including for consumers from diverse backgrounds, LGBTQI+ consumers, mental health resources, and spiritual care flyers. The service had a chapel and maintained chaplaincy services, which included an on-site chaplain five days per week. The Assessment Team sighted visitors and family members throughout the service whilst they were on site and activity records showed strong consumer involvement in activities offered, particularly bus outings. Each consumer had their lifestyle care documentation reviewed regularly or if a change was required and documents showed the service incorporated consumer preferences and needs into services and supports available to the consumer. The organisation had policies and procedures in place which guided staff in making timely and appropriate referrals to individuals and other providers external to the service. The Assessment Team observed staff following these processes in making referrals for consumers. In addition, the service had brochures and other resources available to consumers and representatives to support them in understanding referral options. Observations of the kitchen area demonstrated the kitchen was clean and tidy and there were procedures, information, and resources in place to meet food safety standards. Kitchen staff followed appropriate food safety handling processes, including infection control measurements, by wearing gloves, hairnets, clean uniforms, and aprons and kitchen equipment was kept clean, safe, and available for use. Preventative and reactive maintenance logs reflected effective maintenance practices.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

### Requirement 4(3)(d) Compliant

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

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

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers advised they felt safe and at home in the service and confirmed the staff and environment were welcoming and made them feel they belonged. Consumers and their representatives reported the service was well maintained, clean and easy to move around. Consumers showed how they could personalise their rooms as they wished. Consumers advised they could move about freely without fear of getting lost within the service. Consumers were observed accessing areas throughout all wings of the service including courtyards, grassed areas, available seating areas, dining rooms and multipurpose rooms. Consumers and representatives said they were happy with the cleanliness and maintenance of furniture and fittings in the service.

Staff described the service as welcoming and designed to make consumers feel safe and at home. Staff spoke about strategies in place which helped consumers navigate the facility and maintain their independence, such as environmental design features, signage, and methods to assist consumers navigate the service. Staff gave examples such as signage throughout the service to provide directions to consumer rooms and how shared spaces and personalisation of consumer rooms was encouraged, with name plates next to bedroom doors. Staff confirmed they were trained to support consumers with their daily mobility and maintaining their independence. Staff confirmed furniture and fittings were well maintained and described the policies and processes for ensuring maintenance was completed.

The service demonstrated it was designed to be a welcoming and safe environment for consumers and representatives. The organisation had a single point of entry and other features which enabled consumers to move independently around the service as well as feel safe and at home. Corridors were wide, with handrails running the length of the corridor on both sides and most corridors allowed clear and safe movement for consumers and representatives. Fire training records were fully completed and current. Staff explained the use and location of the maintenance request books located at each of the nurse stations. The Assessment Team observed the service was clean and tidy, with no risks sighted in terms of the environment or 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.*

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

*The service environment:*

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

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

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

# STANDARD 6 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

The Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as Compliant.

Consumers and their representatives said they were supported and encouraged to provide feedback and lodge complaints and were confident their feedback would be actioned. Consumers and representatives were aware of the various ways they could provide feedback and lodge complaints; this included internal and external processes. Consumers advised staff were always receptive to feedback and did not feel any negative pressure if they spoke about concerns. Consumers were aware of how to access advocacy services and language services, if required. Consumers and their representatives said where they had provided feedback and/or complaints their concerns were responded to quickly and issues addressed appropriately.

Staff described how they encouraged and supported consumers to give feedback and lodge complaints. Staff demonstrated their understanding of the service’s complaints handling system and their role in the process, which included escalation to management, engaging with consumers to find solutions, and recording and documenting feedback and complaints. Staff ensured consumers were aware of advocacy services and interpreter services as needed. Staff described the ways in which feedback informed the organisation’s continuous improvement practices and gave examples. When asked about open disclosure, all staff defined it and described how it was relevant to their practice. Staff consistently described open disclosure as being honest about a mistake or incident, informing the consumer and/or representative and providing support to them.

The service supported and encouraged feedback and complaints from consumers and their representatives through various mechanisms such as feedback forms, suggestion boxes, consumer meetings and encouraging staff to engage with consumers in open discussions. The organisation demonstrated training for staff in complaints and feedback process, which incorporated training in open disclosure. The Assessment Team observed written material for consumers and representatives included information about the feedback and complaints process and supports available, such as language and advocacy services. The service’s resident handbook contained information on internal and external complaints mechanisms and advocacy services. Posters were displayed throughout the service which informed consumers and their representatives about interpreting and advocacy services. The service had policies and processes for receiving, monitoring, and actioning feedback from consumers and their representatives. The Assessment Team examined the service’s feedback and complaints register and noted it contained information from a variety of sources, such as consumer meetings, feedback forms and verbal discussions. The Assessment Team reviewed complaint forms and improvement opportunities raised over the past six months; feedback showed actions taken were deemed satisfactory by consumers and the service responded in a timely manner.

## 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-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 was assessed as non-compliant.

In the site audit report, the Assessment Team found Requirement 7(3)(a) was Not Met. Having considered the information in the site audit report and the Approved Provider’s response, I found the service was Non-compliant with Requirement 7(3)(a) and provided reasons in the relevant Requirement below.

Consumers and representatives advised staff were kind, caring and gentle when providing care. Consumers and representatives said staff knew what they were doing, knew their needs well and proactively responded to consumers' individual needs and care. Consumers and representatives stated they felt staff were trained, equipped, and recruited to provide safe and effective care. However, some consumers considered staff could be better supported to perform their roles, by having more staff at the service.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful throughout the site audit. Staff knocked on the doors of consumers’ rooms before entering and verbally checked with consumers before providing care.

Staff confirmed they actively participated in annual performance review processes and undertook training to enhance their skills. Staff confirmed that position descriptions reflected qualifications and performance expectations aligned with the organisation’s values and day-to-day responsibilities.

Staff advised they received annual mandatory training, monthly training, toolbox learning, and self-directed learning. Staff advised they felt comfortable asking for support and training when needed. Staff stated that the training provided by the service supported their needs and was sufficient for their purposes.

The Assessment Team sighted evidence as to how the service assessed and checked members of the workforce had the right skills, qualifications, and knowledge to be competent at their jobs, this included job descriptions with specific requirements and qualifications. The Assessment Team noted learning and development plans were current for staff. The organisation had processes for performance appraisals, mandatory training and competency including fire safety, infection control and prevention, and manual handling procedures.

## 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.*

Consumers and their representatives reported they did not feel there were enough staff rostered to provide safe and quality care. The Assessment Team noted internal complaints and other information which identified a deficiency in this area.

Consumers and representatives provided examples of where they felt this was evident:

* Reports of staff rushing to complete personal care tasks, which resulted in consumers feeling rushed
* Staff not having time for meaningful one-on-one engagement with consumers
* Slow response times for call bells
* Observations of staff working alone without support

Staff interviewed by the Assessment Team confirmed the service did not have enough staff, stated they were short-staffed most days and advised this could lead to poor outcomes for care provision. The food services team could not provide more than one hot meal option for lunch and dinner because they did not have enough staff to support the additional cooking requirements.

A review of staff rosters for the period 4 April 2022 to 1 May 2022 showed unfilled shifts. Within the 4-weeks period reviewed, 86 staff shifts were unfilled. The 86 shifts were after staff took double shifts; some of the staff worked extended shifts (an extra hour or so) to help support other staff.

Management acknowledged it has been difficult to fill the roster and it is working on a business plan to add additional staffing numbers. Management noted the service was continuously recruiting new staff; however, providing sufficient staff was challenging due to issues such as COVID-19 infections, close contacts needing to isolate, and care staff leaving for reasons outside the service’s control.

Similarly, the Approved Provider’s response acknowledged issues with having sufficient numbers of staff rostered on, explained why this occurred, such as COVID-related issues, and outlined a process for recruiting and retaining staff going forward.

While I acknowledge the service is taking action to address the staffing shortage, there has not been sufficient time to demonstrate the sustainability and effectiveness of the changes. I consider at the time of the site audit, the service did not demonstrate the workforce was planned to enable the delivery and management of safe and quality care and services in line with consumers’ needs and preferences.

Therefore, given the above information, I decided the service was non-compliant with Requirement 7(3)(a) at the time of the site audit.

### 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 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

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

Consumers and representatives reported the service was well managed and there were opportunities to provide input into the way services were delivered. Consumers provided examples of how they were involved in the development, delivery and evaluation of care and services through ‘resident of the day’ meetings, providing feedback to care staff, surveys and consumer meetings. Consumers said they had full access to documentation for care planning and other service-related matters. Consumers and their representatives could engage in regular meetings with management to discuss concerns or issues. Consumers and representatives said the service’s culture was inclusive, safe, and focussed on quality delivery of care and services. Consumers advised they were happy with the feedback and complaints process and said they could see matters were followed up in a timely and efficient way. Consumers said they could see improvements implemented after feedback was provided.

Staff described how they engaged consumers and representatives in the design, evaluation, and implementation of care and services. Staff demonstrated they aimed to provide a consumer-centred approach to deliver best outcomes for consumers. Staff confirmed they had access to information which guided and informed them in providing safe and effective care to consumers. Staff confirmed they used an electronic care planning system and had access to training, policies, and procedures relevant to their role. Staff advised information about consumers was shared with them through regular handovers as well as through email, progress notes and during handover meetings. Staff demonstrated their understanding and knowledge of the complaints and feedback process, including their role in the process. Staff gave examples of how they provided practical ways for consumers to remain independent and live the best life possible, these included managing high risk falls consumers with mobility and managing aggression in proactive ways. The service had documented policies and procedures which informed and guided clinical practices and risk management and staff demonstrated their understanding of these policies and provided examples of how they were implemented. Staff demonstrated familiarity with open disclosure as well as antimicrobial stewardship and minimisation of restrictive practice strategies they used in providing care.

The organisation promoted a culture of safe, inclusive, and quality care and services and showed accountability for their delivery. The organisation implemented effective governance systems relating to the improvement of information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s risk management system was effective in managing high impact and high prevalence risks to consumer care which included skin integrity, pain management, falls and behaviour management. The Assessment Team saw documentation such as the organisational chart and organisational governance framework which included the governing board as well as various roles and responsibilities held by staff at different levels. The organisation regularly audits performance across all eight standards and reported the outcomes to the board.

## 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.

* Standard 1, Requirement 1(3)(a): *Each consumer is treated with dignity and respect, with their identity, culture and diversity valued*
* Standard 7, Requirement 7(3)(a): *The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*