Catholic Healthcare Holy Spirit Dubbo

Performance Report

6 Tony McGrane Place   
DUBBO NSW 2830  
Phone number: 02 6800 2300

**Commission ID:** 1484

**Provider name:** Catholic Healthcare Limited

**Site Audit date:** 15 March 2022 to 17 March 2022

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

# Performance report prepared by

GCherry, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-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 15 – 17 March 2022 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 11 April 2022
* Notice of Requirement to Agree dated 13 September 2021
* Information from the community

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Sampled consumers consider they are treated with dignity and respect, can maintain their identity, their culture and diversity are valued, can make informed choices about care and services and are supported to take risks to enable them to live the life they choose. They said staff discuss risks associated with their choices and gave examples of how they are supported to participate in a manner as safe as possible. Consumers expressed satisfaction regarding interactions with staff to be kind, caring and respectful and representatives said they regularly observe staff to be affording consumers respect and dignity.

Consumers said staff know their individual needs, likes and dislikes and they are supported to maintain dependence and relationships of significance. Consumers expressed comfort in expressing concerns and satisfaction information provided assists them in knowing what is occurring at the service. They feel their privacy is respected and personal information confidentially maintained.

Interviewed staff spoke respectful when discussing consumers and gave examples of consumers personal circumstances and individual preferences. The Assessment Team observed staff positively interacting with consumers and affording privacy in aspects of care delivery and interactions. Clinical and care staff described consumers life history, culture, spiritual and emotional needs and how these are considered when care planning and services are provided.

Registered staff gave examples of strategies to support consumers in making informed decisions in relation to choices which involve risk taking activities. Management described various methods of ensuring consumers and representatives are kept informed, including a new dedicated social media platform with password protection to ensure confidentiality. Documentation review demonstrated systems to identify, inform, support and review strategies to minimise and manage risk related activities. Language in care planning documentation demonstrated staff referencing consumers in a respectful manner. Staff demonstrated knowledge of consumer’s complex needs and specific preferences involving risk taking activities and described various methods of tailoring care specific to consumers’ needs and preferences. Staff described strategies utilised to communicate with consumers living with reduced cognition and/or hearing, visual deficits. They gave examples and were observed to be maintaining consumers’ confidentiality and privacy when providing care and services and communicating with others. Staff advised and records demonstrated training and education received relating to this Standard. Staff were observed to be offering consumers choice in relation to involvement in lifestyle activities.

Organisational policy documentation guide staff in provided care and services delivered in line with consumer-centred preferences. The Charter of Aged Care Rights and other documentation were observed displayed in communal areas and contained within consumer information material. Documentation demonstrated consumers are regularly encouraged to provide feedback in relation to aspects of care and services.

Care and services planning consider religious and cultural needs and personal beliefs of each consumer. Documents are stored in a confidential manner with electronic records being password protected.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

### 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

Sampled consumers and representatives consider they are generally satisfied with care and are informed in relation to the care and services provided and gave examples of how the service assessed and manages consumer care, including activities which involve risk. Consumers consider they are involved in care planning discussions, can involve others of their choice and documentation is available to them.

The organisation has a documented process to guide staff practice in undertaking assessment, care planning and ongoing reassessment processes. Clinical and care staff described the assessment, care and services planning and review processes required. Documentation detailed staff training and education in relation to this Standard. Representatives and appropriate medical or allied health professionals are involved when circumstances change.

The Assessment Team bought forward deficiencies in relation to assessment and care planning completion, timeliness of review and inconsistent updating when consumer’s needs change however the approved provider presented evidence to demonstrate currency of care planning documentation.

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

## Assessment of Standard 2 Requirements

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

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

Sampled consumers and representatives expressed satisfaction they are informed in relation to the care and services provided and gave examples of how the service assessed and manages consumer care, including activities which involve risk. Care staff demonstrated knowledge of how assessment and care planning documentation inform safe and effective care delivery, including monitoring processes relating to risk taking behaviour.

Registered staff demonstrated knowledge the most relevant risk to current consumers being falls and complex behavioural needs. There are organisational guidelines in relation to a suite of assessments required to inform care and services plans.

The Assessment Team bought forward evidence not all assessments were being completed and multiple care plans had not been recently reviewed. Management advised the review process was in progress. The Assessment Team bought forward evidence not all restrictive practices documentation contained evidence of informed consent and/or reasons for the practice.

In their response, the approved provider advised assessment and care planning processes had been identified as an area for improvement and implemented a tier system to prioritise and monitor this process. They evidenced most care plans had been reviewed however not fully completed within the electronic system. A new system of allocation, monitoring and education in planned. They evidenced discussions had occurred to ensure informed consent regarding restrictive practices and reasons for restraint were recorded in alternative documentation.

I acknowledge the service demonstrated at the time of the visit the process of reassessment and review was in progress.

I find this requirement is compliant.

### 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.*

Sampled consumers and representatives expressed satisfaction with support from staff in relation to their care and services. Staff demonstrated knowledge of processes to identify and manage consumer’s needs, goals and preferences, including advanced planning and end of life planning. Clinical staff gave examples of discussions relating to advanced and end of life care.

Organisational documentation guides staff and documentation demonstrated training provided in relation to this requirement.

The Assessment Team bought forward deficiencies in relation to minor delays in completion of assessment documentation upon entry to the service for two consumers and advanced care planning documentation not in place for some sampled consumers.

In their response, the approved provider evidenced alternative methods of recording consumers end of life wishes and demonstrated completion of all required assessments.

I find this requirement is compliant.

### 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.*

Most consumers expressed satisfaction regarding assessment and review of their care however feedback was received relating to lack of wound care management. Staff generally demonstrated knowledge of timeliness of care plan review. There are organisational guidelines in relation to care plan review and management detailed the process for regular review of assessment and care planning documentation.

However, the Assessment Team bought forward evidence the service did not demonstrate regular review occurs and/or consistently conducted when consumer’s needs change. They bought forward evidence care planning documentation for three sampled consumers did not reflect current needs in relation to diabetic management, cessation of medications and current pain relief strategies.

In their response, the approved provider evidenced amendment of care planning documentation and recent specialist referral. I acknowledge lack of current information in some care planning documentation however this did not translate to lack of and/or inappropriate care delivery.

I find this requirement is compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers consider their clinical needs are met. Consumers and representatives consider consumers receive appropriate care, the service identifies and appropriately manages risk and representatives are advised when incidents occur. Consumers and representatives consider consumer needs are effectively communicated within the organisation (and others involved in their care).

Staff demonstrated knowledge of processes to identify and address consumers’ needs, goals and preferences including advanced planning and end of life and systems for communicating information and changes in consumers condition. Organisational policy and procedural documents are available to guide staff and documentation detailed staff education and training.

The Assessment Team bought forward deficits in monitoring documentation, lack of signed documentation regarding consent of restrictive practices, inconsistencies in documentation relating to medications including psychotropic medications and inappropriate use of environmental restraint as a strategy to monitor Covid-19 protocols during outbreak. The approved provider responded to this evidence.

Clinical staff demonstrated knowledge of practices to minimise antibiotic usage including assessment processes when consumers demonstrate signs of possible infection, medical officer involvement, pathology testing of suspected infections prior to antibiotic use.

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

### Assessment of Standard 3 Requirements

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

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

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

The service demonstrated effective systems for many aspects of this requirement, including identification and management of care to generally meet consumers’ needs and health and well-being. Organisational policy and procedural documents are available to guide staff and documentation detailed staff education and training. Consumers consider their clinical needs are met.

The Assessment Team bought forward deficits in diabetes, skin integrity, wound and pain management, lack of consistent documentation to demonstrate monitoring of care, lack of signed documentation detailing consent regarding restrictive practices, inconsistencies between medication charts and risk register in relation to psychotropic medications and use of environmental restraint (during period of lockdown) as a strategy to ensure appropriate Covid-19 protocols occurred.

In their response, the approved provider acknowledged some deficiencies however asserts various forms of documentation demonstrates some aspects of clinical care were being conducted. They clarified (and evidenced) documentation to demonstrate updating of medication administration directives, updating of relevant consumer documentation, specialist referral, staff education, implementation of monitoring processes, reminding staff of policy and procedural requirements and reactivation of electronic processes to enable environmental egress and implementation of pain monitoring processes.

While the approved provider asserts deficits bought forward by the Assessment Team did not result in harm to consumers the evidence bought forward demonstrates an ineffectual system. I acknowledge the approved provider’s responsive and planned actions to the evidence bought forward, however the service’s self-monitoring system did not identify the deficits and at the time of the site audit the service did not demonstrate compliance with this requirement.

I find this requirement is non-complaint.

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

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

Consumers and representatives consider consumers receive appropriate care, the service identifies and appropriately manages risk and representatives are advised when incidents occur. Organisational policy and procedural documents are available to guide staff and documentation detailed staff education and training. Documentation review detailed incidents are consistently reported, however not all detailed review be management to determine cause.

The Assessment Team bought forward deficiencies in monitoring processes of high impact risks such as diabetes, weight management and clinical monitoring when consumers experience a fall. Clinical staff demonstrated knowledge of processes required when a consumer experiences a fall and acknowledged this did not consistently occur for two sampled consumers. The impact of these deficiencies is considered in requirement 3(3)(a).

In their response, the approved provider sought clarification (and evidenced) documentation to demonstrate dietitian referral regarding weight management, wound management and acknowledged inconsistent documentation of neurological observation post fall. They advised of staff education and implementation of monitoring processes.

I have placed weight on the lack of and documentation relating to clinical monitoring processes as the service demonstrated staff knowledge and a system to identify, manage and minimise high impact/high prevalence risks.

I find this requirement is compliant.

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

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

Staff demonstrated knowledge of processes to identify and address consumers’ needs, goals and preferences including advanced planning and end of life discussions for those consumers who choose to communicate their wishes. Staff described strategies and interventions utilised to provide appropriate care to consumers nearing end of life and palliative care. Clinical staff demonstrated knowledge of pain management, oral and pressure area care and processes to support grief management.

Organisational policy and procedural documents are available to guide staff and documentation review for sampled consumers demonstrated current advance care directives and communication methods with consumers and representatives.

The Assessment Team bought forward deficiencies the service is not consistently updating documentation for two sampled consumers in relation to their preferences of end of life management, and pain monitoring not consistently documented, however the Assessment Team observed consumers current requests/needs were communicated to staff via verbal methods. In their response, the approved provider clarified the currency of existing pain monitoring documentation citing relevance to a previous wound and evidenced implementation of current processes.

I have placed weight on staff’s knowledge in relation to consumer’s needs and the process the service demonstrated in relation to discussions and case conferencing to obtain consumers preferences.

I find this requirement is compliant.

### 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.*

Consumers and representatives consider consumer’s needs are effectively communicated within the organisation (and others involved in their care).

Staff and allied health professionals described various communication methods to ensure they are aware of consumers’ current needs and the Assessment Team observed discussions occurring to update staff. Documentation review generally detailed relevant information to ensure consumers care needs are met.

The Assessment Team bought forward deficiencies in communication methods relating to diabetes, skin integrity, wound and pain management and restrictive practices. The impact of these deficiencies is considered in requirement 3(3)(a).

The Assessment team bought forward deficiencies in communication of consumer’s dietary needs. The impact of these deficiencies is considered in requirement 4(3)(d).

In their response, the approved provider acknowledged deficiencies however asserts various forms of documentation demonstrates aspects of clinical care were being conducted.

I have placed weight on staff’s knowledge in relation to consumer’s clinical needs and preferences and the process the service demonstrated in relation to discussions and case conferencing to obtain consumers preferences.

I find this requirement is compliant.

### 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.*

The service demonstrated appropriate infection control processes and practices. Documentation review detailed policies and procedures relating to antimicrobial stewardship including the process to minimise the use of antibiotics.

Consumers and representatives consider the service has appropriate practices to minimise risk of infection and management of processes relating to Covid-19 pandemic.

Clinical staff demonstrated knowledge of practices to minimise antibiotic usage including assessment processes when consumers demonstrate signs of possible infection, medical officer involvement, pathology testing of suspected infections prior to antibiotic use. Management personnel described the education and training provided to clinical staff in relation to antimicrobial stewardship. Documentation review detailed policy and procedures to guide staff. Clinical and care staff demonstrated knowledge of their role in minimising transfer of infection including use of personal protective equipment (PPE), hand hygiene, sanitisation of equipment, monitoring changes in consumers condition.

Processes implemented in relation to Covid-19 pandemic include:

* screening protocols staff and visitors
* the service’s Quality and Education Coordinator appointed as Infection Prevention and Control (IPC) lead
* a documented infection control program, including a COVID-19 outbreak management plan
* interviewed staff detailed completion of PPE donning/doffing processes and hand hygiene training
* shift allocation ensures staff whereabouts are known and enables contact tracing in case of an outbreak

The Assessment Team observed staff practising appropriate infection control procedures, access to hand sanitising stations, supplies of equipment readily accessible and screening processes (Rapid Antigen and temperature testing) for staff and visitors accessing the service. Notice boards detailing appropriate infection control preventative actions and requirements located throughout the service.

Staff demonstrated understanding of infection prevention and control measures relating to Covid-19 and other transmissible infections.

I find this requirement is compliant.

# STANDARD 4 NON-COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers sampled consider they get the services and supports to daily living that are important and enable them to do things they want to do. There are a variety of methods for consumers to provide input into the services and supports they choose.

Consumers expressed positive feedback in relation to staff supporting them to keep in touch with those of importance; they are supported to attend activities of choice within and external to the service; availability of spiritual services and satisfaction with the cleanliness and sufficiency of well-maintained equipment to support them in optimising independence and their quality of life.

The service did not demonstrate an effective system to ensure meals are of suitable quality and as per consumer preference. While many consumers consider staff are aware of meal preferences, some consumers expressed dissatisfaction relating to being served meals not per their choice or as the menu details and not being advised why their choices are not being met.

Interviewed staff demonstrated knowledge of consumers individual preferences/needs and discussed ways they support consumers’ independence in activities of daily living, participation in leisure and lifestyle activities and to promote emotional, spiritual and psychological wellbeing. There are processes to seek consumer feedback and input into the lifestyle program and meal preferences. The lifestyle program caters to include consumers with reduced functional, visual or cognitive deficits and for consumers who prefer not to participate in group activities.

Management and staff described emotional, spiritual and psychological supports available for consumers, including access to pastoral care teams, attendance at spiritual services, spending individual time with consumers and celebrations of significance.

Care planning documentation for sampled consumers generally detailed information relevant to each consumer’s needs and included information about life history, spiritual, emotional and psychological needs and preferences, family and social connections and days of significance to each. The Assessment Team noted dietary assessments are not consistently completed in a timely manner upon initial entry to the service and dietary preferences and needs (including allergies) are not consistently communicated to the chef for meal preparation.

Policies and procedures are available to guide staff in relation to safe and effective services and supports that optimises consumer’s independence, health, well-being and quality of life.

The Assessment Team observed consumers moving throughout the service and staff providing mobility and support as needed. Consumers were observed to be engaged in activities, celebrations, spiritual services and meal service.

The Assessment Team observed the service environment to be clean and furniture/fittings observed to be clean, well-maintained and suitable for consumer use.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

### Requirement 4(3)(d) Non-compliant

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

The service did not demonstrate an effective system to ensure current dietary needs are documented and communicated to relevant staff to guide service delivery.

The Assessment Team bought forward evidence of inconsistencies within dietary plans and dietary documentation provided to kitchen servery staff not consistently detail consumer’s food allergies. Dietary care plans are not completed in a timely manner to guide staff in providing consumers with meals of their choice and/or ensure allergies are known.

Most interviewed consumers expressed dissatisfaction relating to being served meals not per their choice and/or as the menu details.

Interviewed staff acknowledged a lapse in the process of being advised of consumers meal requests and lack of timeliness in completing initial dietary care plan. Staff advised of a lack in ability to assist consumers with their meals in a timely manner (refer requirement 7(3)(a).

In their response, the approved provider advised of updating sampled consumer’s plans with relevant dietary details and advised of planned staff education to occur. Plans activities include implementing a new food service model including menu review.

I acknowledge the approve provider’s responsive actions to evidence bought forward by the Assessment Team however the service’s self-monitoring system did not identify the deficit in documentation which has the potential to place consumer’s at risk.

I find this requirement is non-complaint.

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

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

### Requirement 4(3)(f) Non-compliant

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

The service did not demonstrate an effective system to ensure meals are of suitable quality and as per consumer preference. While many consumers consider staff are aware of meal preferences, some consumers expressed dissatisfaction relating to being served meals not per their choice or as the menu details and not being advised why their choices are not being met.

The Assessment Team bought forward evidence of inconsistencies within dietary plans and dietary documentation not containing food allergies. Dietary care plans are not completed in a timely manner to guide staff in providing consumers with meals of their choice and/or ensure allergies are known.

Interviewed staff acknowledged a lapse in the process of being advised of consumers meal requests and lack of timeliness in completing initial dietary care plan (refer requirement 4(3)(d). Staff advised of a lack in ability to assist consumers with their meals in a timely manner (refer requirement 7(3)(a). Management acknowledge not all meals are served as per menu documentation due to seasonality restrictions of some food.

In their response, the approved provider acknowledged consistent feedback relating to consumer dissatisfaction with meal delivery and advised of planned activities to address this. Plans include implementing a new food service model including changes to meal plating processes, purchase of new equipment, staff education and menu review.

I acknowledge the approve provider had identified this issue however at the time of the site audit appropriate strategies to ensure consumer satisfaction was not in place.

I find this requirement is non-complaint.

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Sampled consumers consider they belong and feel safe and comfortable within the service environment. Consumers expressed a variety of feedback including they feel safe, comfortable and at home, visitors and family are welcomed, there are several areas available to interact with others; satisfaction with cleaning of equipment and the environment; furniture and fittings are comfortable; they can independently access outside areas of choice, including exiting the service.

Staff described the process for ensuring equipment is clean and in good working order and training provided regarding equipment use. Consumers expressed satisfaction of feeling safe when staff are supporting them with equipment. The service environment supports consumer’s independence via mobility aids, several seating areas, paved external pathways and appropriate lighting throughout. Pictures, photos, colour coding and room identification assist wayfinding.

There is a preventative and routine maintenance program and the Assessment Team observed cleaning and repair work occurring throughout the environment. Staff demonstrated knowledge of the process for reporting hazards, maintenance requests and required actions when the fire alarm activates. Consumers expressed satisfaction requests for repairs are conducting in a timely manner. Documentation demonstrated timely response to maintenance issues and adherence to relevant safety requirements.

The Assessment Team observed the service environment to be clean and uncluttered; appropriate lighting, chairs strategically placed to enable consumers easy access; furniture/fittings were observed to be clean well-maintained and suitable for consumer use. Consumers were observed to be independently accessing external areas, communicating with visitors and staff were observed to be assisting consumers with mobility aids.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Sampled consumers consider they are encouraged and supported to give feedback and are satisfied consideration is given and timely action taken in response. There are several mechanisms available to capture feedback and complaints and to inform improvement within the service.

Consumers expressed a range of feedback including, confidence management support them in making complaints, feel comfortable and knowledgeable in doing so, familiar with ways to communicate their concerns (including escalation if required), are confident feedback is used to improve care and services and gave examples of corrective actions taken, feedback/concerns promptly resolved and outcomes that followed. Consumers described management and staff as approachable and gave examples of receiving an apology when required. They demonstrated knowledge of external complaint avenues available to them.

Staff gave examples of management actions when consumers or their representatives expressed concerns about care and services, including managing communication barriers, interpreter and language services if required and knowledge of open disclosure principles and processes to escalate concerns. The service demonstrated actions taken in response to complaints and provided examples of feedback resulting in improvements for consumers and utilisation of open disclosure processes.

Documentation detailed policies and procedures to guide management and staff in managing and documenting feedback and complaints which are analysed for trends and outcomes utilised to improve quality of care and services. There is information for consumers and representatives regarding language services, advocates and external modes of complaints management and information is displayed throughout the service.

There is a complaints management and continuous improvement plan demonstrating how the services reviews feedback and complaints and includes this in analysis for improvement activities. Consumer documentation demonstrated guidance on complaint processes, issues raised, and actions implemented.

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

## Assessment of Standard 6 Requirements

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

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

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers expressed satisfaction that staff are kind, caring, they feel safe when staff are providing care and believe staff know what they are doing and know consumers individual needs. However, several consumers expressed dissatisfaction regarding a lack of enough staff to ensure their needs are met in a timely manner. While the service demonstrated a planned approach to the number and skill mix of the workforce, demonstration of effectiveness in ensuring enough staff to meet consumers’ needs, preferences and goals was not evident.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful of each consumer’s identify, culture and diversity however observed consumers not being assisted with their meal in a timely manner.

Staff said they are provided with equipment and supports to carry out duties of their roles and receive ongoing support, training, professional development, supervision and feedback to enable them to perform their role and responsibilities. Management provided examples of how staff competency and professional registrations are monitored for currency and suitability to the role.

Education and training records demonstrate examples of training provided to staff regarding the Aged Care Quality Standards and relevant competencies for designated roles. Policy and procedural documentation guides staff in the delivery of safe and effective care and services

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

## Assessment of Standard 7 Requirements

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

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

Consumers expressed satisfaction that staff are kind, caring, they feel safe when staff are providing care and believe staff know what they are doing and know consumers individual needs. However, several consumers expressed dissatisfaction regarding enough staff to ensure their needs are met in a timely manner.

While the service demonstrated a planned approach to the number and skill mix of the workforce, demonstration of effectiveness in ensuring enough staff to meet consumer’s needs, preferences and goals was not evident.

The Assessment Team bought forward evidence via consumer and representative interview of negative feedback regarding enough staff to meet consumers needs and preferences. Examples included requests for assistance not being responded to in a timely manner, insufficient staff to manage and/or prevent consumers from accessing consumers rooms without invite, eye medication not administered at preferred times and representatives waiting extended periods of time for staff to assist with Covid-19 related testing protocols to enable entry to the service.

Interviewed staff said the service ensures staff are allocated within the same areas to provide consistency for consumers however gave examples of insufficient numbers of staff resulting in not being able to complete all allocated tasks, staff being allocated alternative duties impacting on ability to provide therapy sessions to enhance consumers quality of life and waiting for staff to conduct Covid-19 testing impacting on their ability to commence work on time.

The Assessment Team observed consumers were not assisted with their meals in a timely manner.

In their response, the approved provider cited evidence of sufficient staff to fill rostered hours and Covid-19 related restrictions impacting of staffing levels in most recent times, the process of reallocating staff duties during meal times to assist consumers and purchase of equipment to assist staff being alerted when consumers request assistance.

While I acknowledge the approve providers point of view I have given weight to the volume of consumer and representative dissatisfaction expressed to the Assessment Team and their observation of consumers not being assisted with their meals in a timely manner. At the time of the site audit visit the service did not demonstrate an effective system to ensure compliance with this requirement.

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 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

Overall sampled consumers consider the service is well run, management team have an open-door policy, they can approach them at any time and can partner in services and care. Most consumers and representatives consider they are involved in the development, delivery and evaluation of care and services. Most consumers expressed satisfied with the care and services they receive, are confident their preferences and wishes are considered and provided examples of outcomes to their input. The organisational governing body ensures consumers and representatives are engaged in aspect of the business relating to consumer care.

The organisation demonstrated generally effective governance systems to monitor processes relating to the Quality Standards. Organisation policies and procedures guide staff in relation to expected care in relation to these standards. The service did not demonstrate consistently effective systems relating to clinical care, services for daily living and human resources. The impact is considered in the relevant Standards 3, 4 and 7. Effective governance systems were demonstrated in relation to continuous improvement, finance, feedback and complaints, regulatory compliance and an escalation and reporting pathway. Governing body involvement in the running of the service was demonstrated and the clinical governance framework is developed to ensure they are informed and accountable. The clinical governance framework includes evidence relating to the management of antimicrobial stewardship, minimising use of restrictive practices and open disclosure. Staff generally demonstrated knowledge of systems, regulatory requirements, feedback and complaints processes, risk management systems and the process for escalating issues of concern.

The Assessment Team observed documentation and management and staff demonstrated opportunities for improvement are identified and implemented. Documentation review detailed a variety of policies and procedures of management frameworks, including ensuring effective risk identification and management to support consumers safety and wellbeing. The Assessment Team bought forward evidence of documentation deficiencies relating to risk management. The approved provider presented evidence to demonstrate the processes in place.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Compliant

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

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

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

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

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

The organisation reviews high impact and high prevalence risk areas and identified need for monitoring and support across care and services is documented and reported. Information gathered is discussed and reviewed at clinical meetings and reported to the governing body.

The organisation demonstrated a risk management framework including policy and procedure guidance and staff education and training.

Via documentation review the Assessment Team bought forward review of the incident reporting register indicated most incidents are recorded however not all are consistently completed to demonstrate management review of causal factors. The Assessment Team bought forward some deficiencies in relation to monitoring of care related risks. The impact is considered in requirement 3(3)(a).

I find this requirement is compliant.

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

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

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

# Areas for improvement

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

* Ensure all aspects of consumers personal and clinical care needs are consistently met
* Implement an effective system to ensure current dietary needs are documented and communicated to relevant staff to guide service delivery
* Implement an effective system to ensure meals are of suitable quality and as per consumer preference
* Ensure enough staff to meet consumer’s needs, preferences and goals