Costa House

Performance Report

Investigator Avenue   
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**Commission ID:** 3634

**Provider name:** Karingal St Laurence Limited

**Site Audit date:** 12 April 2022 to 14 April 2022

**Date of Performance Report:** 26 May 2022

# Performance report prepared by

Denise McDonald, 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** | **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** | **Non-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) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | 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; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 16 May 2022.
* other information and intelligence held by the Commission in relation to the service, including referrals received internally.

# 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

The Quality Standard is assessed as Compliant as 6 of the 6 specific requirements have been assessed as Compliant.

The Site Audit report identified consumers considered they were treated with dignity and respect and their individual culture, values, beliefs, and diversity were respected. Consumers stated their individual preferences were considered, they felt comfortable, supported, and valued. Consumers and representatives advised staff supported consumers to maintain relationships important to them and the service made visitors feel welcome. Consumers and representatives said the consumers were supported to exercise choice and independence when making and communicating decisions about the care they received and who was involved with providing their care. Consumers said they were supported to take risks to live the best life they could, including when leaving the service to access the community independently. Consumers stated they received information that was timely, accurate, clear, and easy to understand which allowed them to make informed decisions about their day-to-day lives. Consumers confirmed their personal privacy was respected.

Staff could explain how each individual consumers’ individual circumstances and background impacted on the care delivered to the consumer. Staff demonstrated knowledge of the various cultures of the consumers and could describe how care and services are adapted so they were culturally safe for each consumer. Lifestyle staff could describe how care was modified to reflect the individual’s spiritual and religious beliefs, such as seeking to understand how events can be celebrated appropriately. Staff described how consumers were supported to make informed choices about their individual care and services including when consumers would like their family directly involved in their care or when they wished to have showers or go to bed. Staff supported consumers to take risks by providing them with information about the benefits and the possible harm that could result as outcome of their choice.

Care planning documents were personalised and reflected the diversity of consumers and included differences in culture, religion, spirituality, vocations, relationships, and interests. Although not all consumers choose to engage in activities which involved risk, consumers indicated they were provided with information and supported to take risks, for example using taxi’s and visiting friends in the community, to enable them to live their best lives. Consumers’ personal information was stored electronically on password protected computers and only accessible to relevant staff.

The organisation had policy and procedures promoting an inclusive and customer-centred approach, empathising a commitment to providing a safe environment that promoted consumer’s physical, psychological, and cultural wellbeing. Policies and procedures identified consumers could exercise choice, control, self-determination and promoted dignity of risk. The service required consumers to advise when they were leaving the service for an outing, a risk assessment was completed upon the consumers return to ensure current COVID-19 restrictions and infection control procedures were implemented. Consumer meeting minutes evidenced decisions and suggestions raised by consumers were discussed and consumers were provided with information about COVID-19 and visitor restrictions in a timely manner.

Staff were observed interacting with consumers with patience, care, were gentle and respectful. Staff demonstrated they were respectful of consumers' privacy by closing doors and using privacy curtains when delivering personal care. Consumers were observed spending time with visitors in common areas and having conversations via video calls. Relevant information about activities and menus was displayed on noticeboards in variouslocations within the service.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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

The Quality Standard is assessed as Compliant as 5 of the 5 specific requirements have been assessed as Compliant.

Consumers considered they felt like partners in the ongoing assessment and planning of their care, including advance care planning. They stated during care planning the service sought their input and input from allied health practitioners, their medical officer and other services involved in the consumer’s care. Consumers and representatives reported they were informed of the outcome of assessments, participated in planning care including the consumer’s preferences at end of life and received regular communication from registered staff. Representatives advised they are aware of the consumer’s care plan and were informed of the results of any tests conducted.

Staff described the process of initial assessments, care planning and care plan reviews and how they identify risks to consumer’s health, safety and well-being including their risk of pain, compromised skin integrity or falls. Staff demonstrated knowledge of the consumer’s risks, needs, goals, and preferences, including what strategies have been planned to ensure the consumer’s care was safe, effective and any identified needs were met. Staff advised a summary care plan was provided to consumers or representatives if requested and they could readily access a consumer’s care plan through the electronic care management system.

Consumer files reviewed by the Assessment Team demonstrated care planning was an ongoing partnership between the consumer, their representatives, staff and other providers. Care plans evidenced care strategies were informed through the assessment of risk and discussion with consumers and their representatives, identified in the care preferences of consumers, including for end of life. Care documents confirmed health professionals and other services participated in assessment and care planning processes with care plans accurately reflecting the consumers assessed needs. Care documentation demonstrated representatives were informed of clinical incidents, care plans were reviewed three-monthly, in response to an incident and were updated when there was a change in a consumer’s condition, needs or preferences.

The organisation had policies and procedures to guide staff practice regarding assessment and planning for consumers, including end of life planning and the service kept a record of consumer’s documented advance care preferences.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2

### 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 7 of the 7 specific requirements have been assessed as Compliant.

Most consumers and representatives considered consumers received personal care and clinical care which was safe and right for them. Consumers and representatives confirmed the consumers preferences were effectively communicated between staff, and the consumers received the care they needed. Consumers interviewed advised timely and appropriate referrals occurred and the consumer had access to relevant health supports, including medical officers, physiotherapists, and dieticians, when required. Representatives stated the service used strategies such as redirection and reassurance to manage consumer’s behaviours.

Staff demonstrated knowledge of individual consumer’s needs and preferences including risks associated with consumers’ personal and clinical care such as falls, compromised skin integrity, pain or challenging behaviours and described strategies to manage or minimise those risks. Registered staff identified high prevalence and high impact risks for consumers in the service including falls and skin tears and how individual management strategies were reflected in care plans. Staff described how changes in consumers’ condition were communicated and escalated to registered staff with information about new consumers or changes to consumer care needs shared at handovers and reflected as alerts within the electronic care management systems. All staff demonstrated knowledge of infection control practices relevant to their dutiesstating they received training in infection control, the use of personal protective equipment and handwashing. Staff could describe how the consumer/representative preferences were used to direct care at end of life and described how the care provided focused on minimising pain and maximising comfort for the consumer.

Care documentation, including care plans and progress notes, provided adequate information to support effective and safe sharing of the consumer’s condition, preferences, and care needs. Documentation reflected how staff identified, communicated, responded to deteriorations or changes in a consumer’s condition or health status. This information was referred to registered staff and a range of medical officers, specialists, and allied health staff and their input was sought and discussed with the consumer/representative.

The organisation had policies, procedures, and tools in place to provide guidance to staff in the delivery of personal and clinical care in line with best practice. Policies, procedures, and guidelines are available in relation to restrictive practices, nutrition and hydration, sensory loss management, and a pain management policy that incorporates ongoing pain assessment, to guide staff practice. The service demonstrated consumers who were nearing the End of Life have their dignity preserved and care was provided in accordance with their needs and preferences. The service reviewed data related to restrictive practices and psychotropic medication at least every three months. The service used the compilation of monthly clinical indicator reports to trend, analyse, and respond to high impact and high prevalence risks to consumers.

The Assessment Team observed the handover of consumer information which included changes in care or dietary needs, referrals to or visits by Medical Officers and any incidents that had occurred.

Information on infection control was displayed throughout the service with Personal Protective Equipment and hand sanitiser to be readily available at the main entry point. Hand sanitiser was available throughout the facility. Ample supplies of personal protective equipment were seen stored at the service. Staff and visitors were screened for COVID-19 prior to entry to the service including assessment by staff, temperature checking and completion of a rapid antigen test.

Staff described strategies implemented, such as pre-entry screening, annual influenza vaccinations, handwashing, social distancing, and use of PPE to reduce infection related transmission risks.

Care and clinical staff demonstrated knowledge of the strategies implemented to minimise the use of antibiotics and these reflected antimicrobial stewardship policy requirements.

The service had policies, procedures and plans to prevent or manage an infectious outbreak and infection rates are monitored through monthly clinical indicator reports

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 3 Personal Care and Clinical Care.

### Assessment of Standard 3

### 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 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

The Quality Standard is assessed as Non-compliant as one of the 7 specific requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirement 4(3)(f) as not met. I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and the Approved Provider’s response and find the service Non-compliant with Requirement 4(3)(f). I have provided reasons for my findings in the specific Requirement below.

Consumers stated they felt happy and at home at the service, they felt pleased with the supports and services delivered by the service. Consumers considered they felt supported by the service to do all the things of interest to them, were engaged by staff to participate in a range of activities and their preference for individual leisure time was respected. Consumers described the ways consumers were supported to maintain social and emotional connections to those who were important to them through the flexible visiting hours offered at the service. Consumers and representatives described their emotional, spiritual, and psychological needs were met as staff understand their concerns or feelings and talk to them when they required additional emotional support. Consumers/representatives felt that the consumers’ condition, needs, goals and preferences are communicated and known by staff and management including ongoing assessments, updates. Consumers reported the equipment used to support activities for daily living was suitable, safe, clean, and well-maintained.

Consumer’s care documentation included information about the lifestyle and leisure services and supports they needed to help them do the things that they wanted in support of their stated needs, goals, and preferences. Care documentation contained information detailing the activities of interest, evidence of participation in those activities as well as information about relationships they consumers wished to maintain. Care documents were accurate in details about preferences in food and drink, and spirituality. Care documentation included information about individuals and external services who support consumers to maintain their interests and participate in the community outside the service.

Staff advised the service conducted lifestyle assessments for new consumers to understand their preference for activities and/or if they preferred a more individualised leisure and lifestyle program. Staff said they encouraged consumers to attend activities when they could, while respecting consumers wishes to participate or not. Staff advised they encouraged independence regarding activities of daily living but were always available to assist. Staff described how they nurtured consumers to support their emotional, spiritual, and psychological needs and preferences. All staff interviewed demonstrated how they knew when consumers were feeling low and were able to describe what they would do to support the consumer. Staff and management described how they were kept informed when a consumer’s condition, needs and preferences changed. Staff and management described how the service works with outside organisations and individuals to supplement the lifestyle services offered to consumers. Staff stated they have access to the equipment they need when they need it, the equipment is clean and suitable. Staff demonstrate a shared understanding for lodging maintenance requests~~.~~

The Assessment Team observed various activities held by lifestyle staff as well as solo activities being undertaken by the consumers. All activities observed were in alignment with the activities board as well as listed care planning leisure activities. Consumers have access to a hair salon onsite. Interactions between staff and consumers was nurturing and supportive to their needs. The assessment team observed staff updating the activities board in the central hub daily. Equipment used to assist consumers with their independence was accessible to staff, clean and sufficient to meet consumers’ needs. A range of lifestyle activity product were available. The Assessment Team observed equipment was stored in areas that were unsafe and restricted access to activity areas. This was raised with management and was moved to a safer area.

## 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) Non-Compliant

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

The service was unable to adequately demonstrate meals provided were of suitable quality or quantity and consumers were provided with a variety of meals. In coming to a decision on compliance for this Requirement, I have considered the response from the Approved Provider and information contained in the Site audit report, under this and other Quality Standards, including Standard 6.

Consumers and representatives gave mixed feedback regarding the variety, quantity and quality of the meals provided at the service. While negative feedback was given in relation to the temperature, taste, variety, size of and sufficiency of meals, I acknowledge consumers also confirmed the employment of a new food service manager had resulted in recent improvements. However, some consumers raised recent complaints regarding their preferences not being met or a decline in the variety of meals available.

The Approved Provider acknowledged the mixed feedback and provided a response that included additional and clarifying information through a range of supporting documents including surveys, menus, meal choice forms, photographs, and daily audit records.

The Site Audit report evidenced consumers and their representatives raised historical and ongoing concerns with their food preferences not being met such as requesting meals to be served without gravy but receiving gravy, meals and drinks were not served at an appropriate temperature, there was repetition in the menu over its monthly rotation, not receiving enough or too much food and lack of variety in the sandwiches offered as an alternative to the main meal. Staff interviewed also confirmed complaints in relation to meals are ongoing and there was not enough food for consumers. Additionally, food was observed to be managed unsafely in the kitchen as it was uncovered, unlabelled and stored incorrectly. The food service manager confirmed the unsafe storage of food as a known behaviour of catering staff. While there was no evidence to support these concerns had resulted in a significant impact to consumers, such as weight loss or food borne illness, I consider these examples to be reflective of non-compliance for this Requirement.

The Approved Provider’s response confirmed they were aware of the concerns raised by consumers and described actions taken to address the issues including acknowledging the employment of the new food services manager had resulted in some improvements which was evidenced by positive consumer feedback and a noted decline in complaints relating to meals. The response not only acknowledged that improvements from the catering improvement project are ongoing, it also highlighted concerns are ongoing as a food satisfaction survey (undated) included responses from consumers where they expressed dissatisfaction with the taste, temperature, variety and size of meals with comments reflecting food is cold, portion sizes are either too large and too small with more food requested. I consider this information also supports non-compliance with this Requirement.

In relation to the unsafe management of food, I note, the Approved Provider’s response included documentation to support new food safety monitoring systems had been introduced with an assurance provided that any food found to have not been stored or managed correctly would be discarded and any staff involved would be performance managed.

While I am satisfied, the Approved Provider, was implementing, has planned and will continue to take actions to improve meals, I find that at the time of the Site Audit, based on consumer feedback the service has not demonstrated it was providing meals that were suitably varied, of high quality or at the required quantity in accordance with consumer needs or preferences.

Therefore, I find the service Non-compliant in this Requirement.

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

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

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Quality Standard is assessed as Non-compliant as one of the 3 specific requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirement 5(3)(b) as not met. I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and the Approved Provider’s response and find the service Non-compliant with Requirement 5(3)(b). I have provided reasons for my findings in the specific Requirement below.

Consumers considered they felt they belonged in the service, felt safe and were comfortable in the service environment. Consumers/representatives said the service was welcoming and visitors were encouraged. Consumers advised they were able to move freely around the service, in and out, as they wanted. Consumers said the furniture, fittings, and equipment were safe, clean, well maintained, and suitable for their use.

The service environment featured several design elements which were welcoming and easy to understand. The service was able to demonstrate how consumers were supported to feel at home in the service and maintained their independence. Consumers’ rooms were observed to be personalised with photographs and artwork. The indoor area was observed to be safe and easy to move around in assisted by wide corridors, hand railing and walkways equipped with signs. The front door to the service was not secured and allowed for easy access in and out of the service. The external service environment included well-maintained walkways, gardens, and a car park. Management described storage as being a problem at the facility and had discussed ordering a shipping container to improvestorage.

Staff interviewed described how they ensured consumers felt welcomed and at home at the service, how they involved consumers in service improvements and how the service was designed to support consumers with a physical or cognitive impairment. Staff stated shared equipment was routinely cleaned after every consumer use.

Consumers who used mobility aids had access to the equipment they needed. Equipment was observed to be appropriate and clean and storage areas were generally accessible to staff. Consumers who smoked were observed to use the designated smoking area.

Staff reported there was a maintenance system where all maintenance updates were recorded, actioned and managed. The system recorded a specific job each month with incidents of corrective maintenance requested/reported through the maintenance system or observed or by word of mouth.

The service had implemented COVID-19 Infection controls. The service had a single point of entry which was always manned by a staff member. Entrants were signed in, screened using a temperature check, a Rapid Antigen Test and assessed by a staff member. The main entry had access to hand sanitiser and PPE and all staff were observed to wear full PPE. Additional hand sanitiser was available and visible across the service.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

The Approved Provider was not able to demonstrate the service environment was consistently safe, clean, well maintained or enabled consumers to consistently move freely both indoors and outdoors. In coming to a decision on compliance for this Requirement, I have considered the response from the Approved Provider and information contained in the Site Audit report, under this and other Quality Standards, including Standard 4.

The Site Audit Report evidenced consumers were free to move indoors, outdoors and the environment was generally clean and well maintained. However, areas of the service were observed to be unclean and in need of maintenance. The Site Audit Report described walls and floors to have deep scuff marks, cobwebs were visible in high areas and fire emergency lighting to not be working. Additionally, mobility aids, manual handling equipment, continence and personal protective equipment supplies were observed to be stored inappropriately cluttering courtyards, blocking access to communal areas and prohibiting access to handrails within corridors. I also note a potential fall hazard was identified on a pathway between 2 areas of the service, with the incline from the pathway leading to a water drain. I consider these examples to be reflective of non-compliance with this Requirement.

The Site Audit report described the service’s systems to ensure the service environment, was safe clean and well maintained, as reliant on cleaning schedules to direct staff, staff observing and reporting maintenance issues and the completion of environmental audits. However, while staff demonstrated knowledge of cleaning routines and maintenance reporting, the cleaning schedule did not include high cleaning, environmental audits marked the walls and floor to be in good repair and staff had not reported the walls and floor as requiring maintenance nor had the steep incline leading to a water drain been identified as a potential hazard. I consider this information to also reflect non-compliance with this Requirement.

The Approved Provider acknowledged the deficits and provided a response that included additional and clarifying information through a range of supporting documents including invoices, cleaning schedules, continuous improvement activities and capital funding requests.

I note, the Approved Provider undertook immediate actions in cleaning the walls and moving equipment to alternate locations which were not used by consumers. I also acknowledge, the Approved Provider’s response demonstrated corrective actions had been commenced prior to the audit to increase external storage for the large amounts of personal protective equipment and had previously engaged a carpet cleaner to improve the cleanliness of the service environment, however the actions taken prior to the audit, were incomplete or unsuccessful.

While I am satisfied, the Approved Provider, was implementing, has planned and will continue to take actions to ensure the service environment is safe, clean and well maintained, I find that at the time of the Site Audit, based on observations of the service environment and monitoring systems failing to identify maintenance issues, the service has not demonstrated the service is safe, clean and well maintained.

Therefore, I find the service Non-compliant in this Requirement.

### 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 4 of the 4 specific requirements have been assessed as Compliant.

Overall, consumers and representatives considered they felt safe and supported to provide feedback and raise complaints and do not fear there will be adverse effects after raising complaints. They felt confident, if concerns are raised, this would be acknowledged, and responsive action would be taken. Some consumers/ representatives were aware of, and knew how to access advocates, language services and other methods for raising and resolving complaints. Where complaints were raised, most consumers said the organisation used an open disclosure approach, acted appropriately, and responded in a timely manner and gave examples of how their feedback was used to improve services.

The organisation maintained open disclosure polices relating to complaints and monitors and reports issues raised to support a timely and transparent response. The organisation’s policies showed a commitment to the service working in partnership with consumers/representatives to address issues and learn from any incidents in a process of continuous improvement. The complaints/feedback process was discussed in the consumer welcome pack, where it encouraged consumers/representatives to raise concerns through various methods including communicating with staff in person, via phone or email. Consumers are provided with the contact details of relevant staff, as well as for external bodies who can support the consumers with their concerns. Consumers/representatives were advised, staff can assist consumers make anonymous complaints and the identity of complainant would be protected.

Staff said consumers were encouraged to provide feedback as this was a way to learn what consumers wanted. Staff could describe advocacy and language services available and how they would assist consumers to use those services. Staff could explain how open disclosure was used when responding to complaints and feedback. Staff described how surveys are conducted regularly and discussions with consumers and representatives were held where suggestions and complaints could be raised.

Posters identifying the various avenues available to consumers to raise complaints were displayed above the suggestion box in a central area.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## 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

The Quality Standard is assessed as Non-compliant as one of the 5 specific requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirement 7(3)(a) as not met. I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and the Approved Provider’s response and find the service Non-compliant with Requirement 7(3)(a). I have provided reasons for my findings in the specific Requirement below.

Consumers confirmed staff interactions were kind, caring and staff understood what is important to the consumers. Consumers said they felt confident the staff were sufficiently trained to meet their care and service needs. Consumers reported they had not identified any areas where staff required further training and the consumers expectations, in relation to skilled staff caring for them, were met.

The service demonstrated the workforce interacts with consumers in a kind and caring manner, and that staff were respectful of each consumer’s identity, culture and diversity. Management said they determined whether staff were competent and capable for their positions through a performance review process against the requirements of their role. Management demonstrated mandatory training was conducted via their leaning platform and compulsory modules were completed prior to the staff members commencement. Mandatory training courses included, but were not limited to, occupational health and safety, privacy, manual handling, dementia, restrictive practices, incident reporting, infection control and handwashing. Management stated training about the Quality Standards was delivered in various ways including face to face trainings/meetings, modules on the learning platform as part of the annual training, and through reinforcement via staff meetings. Management advised there were systems in place to monitor the credentials of staff including having a police clearance, with all police checks were up to date at the time of the Audit. Management outlined the process for new staff, including how they are evaluated and a minimum, two buddy shifts were provided, more if required to ensure competency.

Staff confirmed position descriptions were provided during orientation and staff interviewed knew and understood the scope of their position. Staff described mandatory training is easily accessible and they have access to ancillary training when required.

Staff were observed assisting consumers in a way which was respectful including not to rush consumers through the process of care. Education boards, posters and flyers regarding topics such as restrictive practices, principles of open disclosure and falls prevention and falls management guidelines were posted across the service and in the staff room.

The Assessment Team viewed policies procedures and guidelines and position descriptions specifying core competencies and capabilities for each role which offered guidelines for staff across all areas of the service. Documentation evidenced performance appraisals, mandatory training and competency assessments are conducted annually.

## Assessment of Standard 7 Requirements*.*

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

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

The service was not able to demonstrate the number of staffs was sufficient to enable the delivery and management of safe and quality care and services; there were insufficient staff to meet consumers’ needs in a timely manner. In coming to a decision on compliance for this Requirement, I have considered the response from the Approved Provider and information contained in the Site Audit report, under this and other Quality Standards, including Standard 4.

The Site Audit report identified consumers and representatives provided mixed feedback regarding staff numbers at the service, with most consumers noting there are never enough staff, staff appear rushed/stressed and consumers experience delays in staff responding to calls for assistance. Consumers advised there was insufficient staff to deliver care and services in line with their preferences. However, other consumers stated there was enough staff to support their needs, preferences and calls for assistance were responded to in a timely manner.

Additionally, staff interviewed also provided mixed feedback with most staff describing they were rushed, stressed, unable to assist consumers at their preferred times and when shifts are uncovered, it was difficult to complete their work. Staff confirmed they were unable to assist consumers when they called for assistance, advising they check on consumers, return to assist them at a later time and use a teamwork approach to complete tasks. While some staff asserted staffing levels had a negative impact on consumers, I was unable to substantiate, any consumers to be at significant risk or care and services were not being delivered to meet consumer needs.

The Site Audit report also brought forward documentation evidenced shifts were not filled, there were large fluctuations in staffing allocations in the week prior to the audit and call bells were not being responded to with significant delays noted. I consider these examples to be reflective of non-compliance with this Requirement.

The Approved Provider’s response addressed the evidence brought forward and provided supporting documentation including a roster, call bell response monitoring records and a continuous improvement action item.

The Approved Provider’s response confirmed they were aware of consumer and staff feedback about inadequate staffing and described actions taken to address the issues including additional hours added to the allocation of staff, recruiting new staff, redeploying staff and clinical staff assisting on the floor if a shift was unable to be filled. I acknowledge COVID workforce requirements and restrictions have had an impact on the availability of staff. I also acknowledge the Approved Provider’s focus on the ongoing recruitment of staff both historically, more recently and note the strategies implemented by the service to cover unfilled shifts, however, I note documentation submitted by the Approved Provider evidenced, despite these actions, some shifts are not filled and some consumers wait significant amounts of time for staff to respond to their calls for assistance. I consider this information to reflect non-compliance with this Requirement.

While, the Site Audit report brought forward deficits in relation to the service’s system for rostering, I acknowledge the existing systems including designated rostering personnel and the proposed improvements put forward by the Approved Provider, will improve clarity of the rostering process. I have not considered this as reflective of non-compliance for this Requirement and have not included this in my decision.

While I am satisfied the service was taking action, or has since taken action, in response to workforce issues, I consider the weight of negative consumer, representative and staff feedback, contained within the Site Audit report suggests the service had not sufficiently addressed consumers’ concerns and find the service has not demonstrated the workforce is planned, with the number and mix of staff, to enable the delivery of safe and quality care and services

Therefore, I find the service Non-compliant in this Requirement.

### 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 5 of the 5 specific requirements have been assessed as Compliant.

Consumers/representatives considered the organisation was well run and they are partners in improving the delivery of care and services. Consumers/representatives were invited to participate in surveys and confirmed their concerns were taken seriously and complaints are addressed to their satisfaction. Consumers/ representatives expressed they were provided with the information they needed to make decisions about care and services.

The governing body was accountable for the delivery of safe, inclusive, and quality care and services. The organisation used information from internal audits, consumer/representative and staff feedback and complaints, continuous improvement initiatives, reported hazards and risks, and clinical and incident data analysis to identify the service’s compliance with the Quality Standards, to initiate improvement actions to enhance performance, and to monitor care and service delivery.

The service demonstrated it had effective information management systems where staff and management could access current and relevant information when they needed it. Staff accessed information through handovers, the service’s intranet, electronic clinical documentation, and minutes from meetings.

The organisation advised the continuous improvement process was drawn from a variety of sources, including consumer/representative feedback and complaints mechanisms, consumer experience survey results, regular analysis of clinical and incident data, and internal and external audits. Management was able to describe the processes for implementing and reviewing the improvement initiatives outlined in the service’s Continuous Improvement Plan (CIP).

The service has processes to monitor staff’s compliance with policies, procedures, and legislative requirements. Management review incidents, near misses and progress notes to ensure compliance.

Management advised they are responsible for managing an annual budget for the service, and additional expenditure or changes to the budget are referred to the Chief Executive Officer and Board. Management and staff confirmed the Board had been responsive to requests for budgetary increases to support the needs of consumers

The service had a documented risk management framework, including policies and procedures which described how:

* high impact or high prevalence risks were managed.
* how incidents of abuse and neglect of consumers was identified and responded to.
* how consumers were supported to live the best life they can.
* the prevention and management of incidents.

Staff confirmed they had received education on these topics and were able to provide examples of their relevance to their work.

The service provided clinical care and demonstrated a documented clinical governance framework supported clinical care practice within the service. The service demonstrated how clinical care was governed by policies covering antimicrobial stewardship, minimising the use of restrictive practice and the use of open disclosure. Staff advised they had been educated in the policies and were able to demonstrate knowledge of these terms and how they were relevant to their work.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 8 Organisational Governance.

## Assessment of Standard 8 Requirements*.*

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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

* Requirement 4(3)(f) - Where meals are provided, they are varied and of suitable quality and quantity.
* Requirement 5(3)(b) - The service environment:
  1. is safe, clean, well maintained and comfortable; and
  2. enables consumers to move freely, both indoors and outdoors.
* 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.