Edenfield Family Care - Parafield Gardens

Performance Report

20-36 Gardenia Drive
PARAFIELD GARDENS SA 5107
Phone number: 08 8281 6966 or 0402 287 793

**Commission ID:** 6142

**Provider name:** El-Jasbella Pty Ltd

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

**Date of Performance Report:** 17 May 2022

# Performance report prepared by

Marek Dubovinsky, 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** | **Non-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) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-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; and
* the provider’s response to the Site Audit report received 29 April 2022.

# 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 six of the six specific Requirements have been assessed as Compliant.

The Assessment Team found overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers during interviews with the Assessment Team:

* they are treated with dignity and respect by staff and their personal privacy is always respected;
* they are supported to exercise choice and independence; and
* staff know their backgrounds and interests.

Consumers are treated with dignity and respect, with their identity, culture and diversity valued. Staff were aware of the cultural identity for individual consumers and described various celebrations to support their identity, such as Christmas, Australia Day and Easter. For consumers sampled, care planning documentation reflected individual goals, interests and information on identity and culture.

Care and services are culturally safe, and consumers are supported through an entry process which identifies consumers’ cultural beliefs and diversity to assist in the delivery of care and services. Staff described how they provide personal care in the morning according to the consumer’s cultural preferences, such as attending to consumers who have always been early risers first.

Consumers are supported to exercise choice and independence about their own care. Staff could describe how consumers are supported to maintain relationships of choice. Care plans and assessments had documented nominated representatives to support choice and decision making.

Processes support the identification of risks to enable consumers to live the best life they can. Clinical staff described how they supported one consumer in their choices in relation to the texture of meals and thickness of fluids. Documentation confirmed risk assessments are reviewed every three months as part of the care plan review process.

Staff were observed to be maintaining consumer privacy by securing sensitive information, identifying private information when individual consumers enter the service and disclosing to the consumer how they use this information. Observations included noticeboards, posters, and brochures throughout the service, with current information to inform consumers.

Based on the evidence documented above, I find Edenfield Family Care - Parafield Gardens, in relation to El-Jasbella Pty Ltd, 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 NON-COMPLIANTOngoing 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 Non-compliant as one of the five specific Requirements has been assessed as Non-compliant.

The Assessment Team have recommended Requirement (3)(e) not met. The Assessment Team were not satisfied the service demonstrated 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, specifically in relation to review of wounds and restrictive practices.

I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and the provider’s response and have found Requirement (3)(e) Non-compliant. I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements within this Standard, the Assessment Team found most consumers sampled considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* staff are familiar with consumers’ preferences and are aware of their daily routine and the care received;
* representatives confirmed involvement in advance care planning discussions; and
* they are involved in the care planning and assessment process with the outcomes discussed with them.

A range of clinical and non-clinical assessments are completed on entry and on an ongoing basis. Consumer risks are identified through validated assessment tools, including Falls Risk Assessment Tool (FRAT), Cornell Scale for depression, Norton score for risk to skin integrity and Mini Nutritional Assessment (MNA) for risk of malnutrition. The service has an electronic documentation system to support assessment and care planning. The organisation has policies and procedures to support staff in undertaking relevant assessments to identify consumers’ needs, goals and preferences.

Care planning documents for consumers sampled identify current needs goals and preferences, including advance care planning. Assessments included personalised goals written in the first person. Clinical staff described how they ensure end of life and advance care planning needs, goals and preferences are identified. The service has a suite of procedures and policies to guide staff through care planning and delivery, including policies on care planning and palliative care.

Consumers sampled confirmed outcomes of assessment and planning are effectively communicated and documented in a care and service plan. Relevant staff can access care plans via the service’s electronic clinical management system. Progress notes confirmed care plans are offered to consumers or representatives following review, case consultation or consumer of the day reviews.

Based on the evidence documented above, I find Edenfield Family Care - Parafield Gardens, in relation to El-Jasbella Pty Ltd, Compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

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

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

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Non-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.*

The Assessment Team were not satisfied the service was able to demonstrate 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. This related specifically to effective review of wounds and restrictive practices. The following evidence was provided:

Consumer A

* The consumer had four new behaviours of concern documented and staff administered medication in the form of a chemical restraint on two occasions. The Behaviour Support Plan was not updated following the identification of new behaviours of concern.
* Triggers described by staff were not consistent with triggers described in the Behaviour Support Plan.

Consumer B

* The Behaviour Support Plan does not identify triggers for the consumer’s behaviours.
* Staff administered medication in the form of a chemical restraint on two occasions in the previous two months.
* Progress notes, assessment and planning did not demonstrate review and evaluation of successful and unsuccessful interventions following use of chemical restraint.

Consumer C

* The consumer’s Behaviour Support Plan was reviewed 13 days prior to the consumer being administered medication in the form of chemical restraint.
* A further review of the Behaviour Support Plan was not completed after the administration of the chemical restraint.

Consumer D

* The consumer’s wound was not consistently attended to and reviewed every second day. Measurements were not always included at the time of the dressing to support review processes.

The provider’s response indicates they agree with the Assessment Team’s recommendation of not met and have commenced implementing improvements which include:

* Training to staff on restrictive practice.
* Reviewed the Behaviour Support Plans for consumers identified in the Assessment Team’s report.
* Training to staff in relation to wound management, identification and review.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate 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, specifically in relation to change in in behaviours of concern and wound management.

In relation to Consumers A and B, I find the service had not effectively reviewed both consumers to ensure Behaviour Support Plans reflected the new behaviours identified and relevant strategies developed. In relation to Consumer C, I find the service did not ensure an evaluation and an appropriate review was completed following administration of the chemical restraint. In relation to Consumer D, I find the service did not ensure effective review processes to support appropriate assessment and management of the consumer’s wound. I have relied on the information which indicates wound treatments and reviews were not consistently undertaken as directed.

For the reasons outlined above, I find Edenfield Family Care - Parafield Gardens, in relation to El-Jasbella Pty Ltd, Non-compliant with Standard 2 Requirement (3)(e).

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team found most consumers sampled considered that they receive personal and clinical care that is safe and right for them. Consumers and representatives interviewed stated overall, they are satisfied with the personal and clinical care provided. The following examples were provided by consumers during interviews with the Assessment Team:

* staff are familiar with their care, and they feel safe, well cared for;
* they are confident staff know them well and would recognise, report, and manage any issues; and
* representatives said they are informed of changes to the consumer’s condition, such as following a fall, skin tear or deterioration of health.

Assessment processes support staff in delivering personal and clinical care that is best practice, tailored to consumers’ needs and optimises their health and well-being. Staff confirmed they received ongoing education to ensure provision of care is meeting best practice requirements.

Care plans included information on high impact high prevalence risks which was identified through the use of validated risk assessment tools, consumer history and incidents data. Clinical staff described consumers identified high impact and high prevalence risks. Care plans sampled reflected consumers’ end of life needs and wishes. Staff could describe the way care delivery changes for consumers nearing end of life and how comfort is maximised.

Deterioration or changes to a consumer’s health and/or condition had been recognised and responded to in a timely manner. Sampled care files, including progress notes confirmed appropriate action was undertaken in response to deterioration and changes in condition. Staff were able to describe escalation and monitoring processes following consumer deterioration.

Processes ensure relevant information about the consumer’s condition needs and preferences is documented, and referrals occur when required. Staff have access to relevant, up-to-date information to assist them to provide care and services to consumers. Staff described the referral mechanisms to allied health and medical officers.

Infection control practices within the service ensure infection related risks are minimised. Staff interviewed were able to describe infection control and antimicrobial stewardship principles. Progress notes in sampled care files showed consumers exhibiting signs of infection undergo increased monitoring of vital signs, and specimens are collected for pathology prior to commencement of antibiotics. The service monitors and reports on infections monthly to the organisation.

Based on the evidence documented above, I find Edenfield Family Care - Parafield Gardens, in relation to El-Jasbella Pty Ltd, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team found consumers sampled considered they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* laundry is collected every day, and is washed and returned the same day which they appreciate;
* they are supported to sit outside when they like, go for walks around the gardens and go out with their families;
* the service provides opportunities for spiritual support through the provision of church services, access to online church services;
* they are supported to keep in touch with family and friends; and
* overall, meals provided by the service are very good.

Initial and ongoing assessment processes identify each consumer’s needs and preferences in relation to services and supports for daily living and are used to inform the care and service plan. Care planning documentation for consumers reflected individual choices, goals for daily living and preferences for things that are important to them. Care plans included consumers’ life story, giving staff insight into the consumer’s background and providing information which enables staff to get to know each consumer.

The service has a range of activities, such as bingo, regular walking, and pastoral support services. Care plans for consumers sampled reflect consumer interests, including activities they enjoy attending and what supports are needed to enable them to participate. Staff described how they support consumers to attend the local community.

Information about the consumer’s condition, needs and preferences is communicated within the organisation and where responsibility for care is shared. Each consumer has a care plan which records sufficient information about consumer likes, dislikes, preferences, and needs to guide consumer care. Staff confirmed they have access to relevant information and are kept up-to-date through handovers, care plans and discussion with the consumer and their representatives.

Processes support the referral to other care and services. Staff described referring consumers to organisations, such as the Royal Society for the Blind, the Deafness foundation, The Returned and Services League of Australia and multicultural groups when required.

Meals provided are varied, of suitable quality and quantity. The menu reflected the cultural mix of the consumer group with menu selections appropriate to the ethnicity of all consumers provided. The service has a food safety plan which has been reviewed by an external food safety auditor. The kitchen was observed to be clean, organised and contained sufficient stocks to ensure continuity of meals.

Equipment provided to consumers is maintained, cleaned and stored safely. Staff interviewed confirmed they have access to equipment to meet the needs of consumers. Processes support the scheduled cleaning and maintenance of equipment which is provided to consumers.

Based on the evidence documented above, I find Edenfield Family Care - Parafield Gardens, in relation to El-Jasbella Pty Ltd, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team found consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* are happy with the service environment, the gardens are lovely, and they enjoy being able to sit in the smaller lounge areas looking out the large windows;
* they can go outside whenever they want to during the day; and
* their rooms are cleaned daily, the common areas are kept clean and they are happy with the way the service maintains their equipment.

Observation of the service environment reflects the environment is welcoming, easy to navigate and is set out in a manner that optimises each consumer’s sense of belonging, independence, interaction, and function. Consumers are able to move freely around the service which consists of five units, each connected by covered walkways.

Consumers were observed interacting with each other in indoor communal areas. Multiple outdoor areas are available for consumers to use, and consumers were observed utilising walking paths and sitting in courtyards reading and enjoying the surrounding gardens. Staff described how the service is made more home like by putting flowers from the gardens in consumers’ rooms, using table-cloths in units where the consumers want them, and having the kitchenettes, small lounges, and laundries in each unit, giving a feel that each unit is as close to the consumers’ previous home environment as possible.

The environment is clean, well maintained, and comfortable and consumers are able to move freely both indoors and outdoors. The service is able to isolate each unit through keypad access doors for infection control purposes. Consumers and representatives provided feedback indicating the consumers are comfortable and satisfied with the cleanliness and maintenance practices. Clinical and care staff could explain the process for submitting maintenance requests through the service’s maintenance system.

Monitoring processes include a range of audits, feedback mechanisms and monthly Work Health and Safety meetings to ensure the environment, furniture and fittings are safe, clean and well maintained. Common areas in each unit contain lounge chairs which were observed to be clean, well maintained. Cleaning staff described cleaning processes, including high touch point cleaning undertaken on a regular basis.

Based on the evidence documented above, I find Edenfield Family Care - Parafield Gardens, in relation to El-Jasbella Pty Ltd, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team found overall, consumers considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they felt comfortable in providing feedback, including complaints and were confident the service would act;
* they are aware of advocacy services and other methods for resolving issues; and
* they are satisfied with actions taken because of feedback.

Consumers, their family, friends, and others are encouraged and supported to provide feedback and make complaints. Mechanisms to provide feedback include feedback forms, meetings and the care plan review process. Management ensure consumers are aware of their right to provide feedback or make complaints, information about this is included in the admission process and consumers are reminded at meetings.

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Brochures are available in each house of the service with information regarding complaints processes and external advocacy agencies. Brochures were also provided in languages other than English.

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Staff are aware of open disclosure practices. The service has policies and procedures to support Open Disclosure.

Feedback and complaints are reviewed at a site and organisational level to improve the overall quality of care and services. The service has recently identified a trend regarding visiting times and COVID-19 and are working to address the issue. Minutes from consumer and representative meetings show feedback and complaints are trended and actioned.

Based on the evidence documented above, I find Edenfield Family Care - Parafield Gardens, in relation to El-Jasbella Pty Ltd, 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 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 Compliant as five of the five specific Requirements have been assessed as Compliant.

Overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable, and caring. The following examples were provided by consumers during interviews with the Assessment Team:

* staff are kind and treat them with respect.
* staff are skilled enough to meet their care needs and know what they are doing and did not express any training areas that required improvement; and
* were complimentary of staff.

The workforce is planned, and the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services. Management employs a shift matrix hours per week per consumer to ensure an appropriate skill mix per shift. Staff members said overall there are enough staff to provide care to consumers as many staff members are qualified to cover nurse’s shifts in addition to care and administration.

Workforce interactions with consumers were observed to be kind, caring and respectful of each consumer’s identity, culture, and diversity. Staff spoke of consumers in a manner demonstrating genuine care and respect with an understanding of their identity.

The workforce is competent, and staff are recruited, trained, equipped to deliver the outcomes required by these Standards. Training and recruitment ensure staff are competent in their role. Duty statements outline minimum qualification requirements, and work instructions to guide staff in performing their roles effectively. The service has an initial onboarding process which involves mandatory training and buddy shifts. Following recruitment, the service provides ongoing training to staff as part of scheduled online and face-to-face training. The training register and planning schedule showed completed and scheduled training which is monitored.

Regular assessment, monitoring, and review of the performance of each member of the workforce is undertaken. The service has a performance appraisal and development process for newly employed and existing staff. Staff said they were supported in the performance review process.

Based on the evidence documented above, I find Edenfield Family Care - Parafield Gardens, in relation to El-Jasbella Pty Ltd, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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.*

### Requirement 7(3)(b) Compliant

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

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

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

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team have recommended Requirement (3)(d) not met. The Assessment Team were not satisfied the service was able to demonstrate it has an overarching risk management framework to guide and enable effective risk management systems.

I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and the provider’s response and have found Requirement (3)(d) Non-compliant. I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements within this Standard, the Assessment Team found that overall, consumers and representatives sampled considered that the organisation is well run, and they can partner in improving the delivery of care and services.

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement through a range of forums, monthly consumer meetings, surveys and internal feedback mechanisms. Recent improvements identified by consumers resulted in organisation installing raised gardens beds and implementing Wi-Fi access.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation has a range of reporting mechanisms to ensure the Board is aware and accountable for the delivery of services. Clinical indicator reports are compiled and reviewed with actions identified leading to continuous improvement activities.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. Consumer information is managed through an electronic client management system. Continuous improvements are monitored and reported to the Executive team and the Board. Policies and procedures are available electronically. Feedback and complaints are monitored by the management team for trends and areas of improvement and discussed at executive meetings.

The organisation has a clinical governance framework, and associated policies and procedures, relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff interviewed demonstrated an understanding and application of policies and procedures relating to antimicrobial stewardship, restrictive practice and open disclosure.

Based on the evidence documented above, I find Edenfield Family Care - Parafield Gardens, in relation to El-Jasbella Pty Ltd, Compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(e) 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) Non-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 Assessment Team were not satisfied the service was able to demonstrate it has an overarching risk management framework to guide and enable effective risk management systems. The service was not able to demonstrate effective incident management systems to ensure the service responds appropriately to potential abuse and neglect of consumers or that it has a documented incident management system which meets the requirements of the *Quality of Care Principles 2014*. The following evidence was provided:

* Management advised they are currently reviewing a draft Risk Management Framework, provided by an external consultant, with a view to implementing the Framework at the service. A revised Safety Quality and Risk (SQR) meeting has been implemented with the first meeting held in the month of the site audit.
* Three consumer incidents were not reported in line with legislative responsibilities in response to alleged abuse. In addition, the incident management system has not been updated with the new legislative changes.
* In relation to supporting consumers to live the best life they can, observations of staff practice, feedback from consumers and representatives and interviews with staff and management demonstrate consumers are supported to live the best life they can.
* The service has components of a risk management system, including a risk register which identified high risk consumers.
* The organisation provides ongoing training with regard to risk management and awareness for staff, including high prevalence, high impact risks to consumers.

The provider’s response indicates they agree with the Assessment Team’s recommendation of not met and have commenced implementing improvements which include:

* Reviewing and updating the risk management framework.
* Providing training to staff on completing incidents forms.
* Reviewed policies and procedures in relation to adverse events.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate effective risk management systems and practices, specifically in relation to identifying and responding to abuse and neglect of consumers, managing and preventing incidents, including the use of an incident management system and managing high impact or high prevalence risks for individual consumers.

In coming to my finding, I have noted the Risk Management Framework is in draft form and the safety and quality risk meeting has only had one meeting prior to the Site Audit. In addition, I have relied on the evidence where three consumer incidents were not reported in line with legislative responsibilities in response to alleged abuse. To further support my view, I have noted policies and procedures in relation to the incident management system have not been updated following changes in legislation. I acknowledge the service was able to demonstrate processes to support consumers to live the best life they can through observations undertaken by the Assessment Team and feedback from consumers and staff.

For the reasons outlined above, I find Edenfield Family Care - Parafield Gardens, in relation to El-Jasbella Pty Ltd, Non-compliant with Standard 8 Requirement (3)(d).

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

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

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

# Areas for improvement

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

**Standard 2 Requirement (3)(e)**

* Review processes to ensure 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, specifically in relation to management of wound, restrictive practices and behaviour.
* Ensure staff are aware of review processes to ensure effective management of consumers’ needs goals and preferences, and specifically in relation to management of wounds, restrictive practices and behaviour.

**Standard 8 Requirement (3)(d)**

* Review processes to support effective risk management systems and practices, specifically in relation to managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers and managing and preventing incidents, including the use of an incident management system.
* Ensure staff are aware of processes to support identifying and responding to incidents in accordance with legislative requirements and are effectively employing the incident management system to minimise the frequency of further incidents.