Estia Health Altona Meadows

Performance Report

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**Commission ID:** 4319

**Provider name:** Estia Investments Pty Ltd

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

**Date of Performance Report:** 1 June 2022

# Performance report prepared by

Meritt Nassif, 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** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; 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 27 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 recommended that the service did not meet Requirements 1(3)(a), 1(3)(b) and 1(3)(f). However, my finding differs from the recommendations and I find these Requirements Compliant. Reasons for the findings are detailed in the relevant Requirements below.

Consumers considered, and representatives agreed, that they can make informed choices about their care and services and maintain relationships important to them. Staff interviewed demonstrated understanding of consumers’ care preferences and the relationships that are important to the consumers. The care planning documents reflect the service understands and supports consumers to exercise choice and independence.

The Assessment Team found that consumers are supported to take risks where they choose to continue doing the things they like and which are important to them. For example: the service supports a consumer to go outside the service to smoke according to their needs. The service undertakes risk assessments reviews every three months, and during the review process they identify if there are any issues.

Information provided to consumers is generally current, accurate and timely. The service is working to ensure that consumers are better supported when communicating with staff at the service. For example: communication cards are available for those consumers from a non-English speaking background, and information provided in languages other than English.

## 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.*

The Assessment Team found the service did not demonstrate that consumers are treated with dignity and respect as some consumers expressed concerns how the lack of staff impacts their dignity. Evidence relevant to the finding included:

* One consumer stated long call bell response times make them feel frustrated.
* One consumer who speaks little English felt agitated because of language barriers.
* One consumer was not satisfied that they could not manage their own medication.
* An observation of one consumer walking around the service in soiled underpants.

The Approved Provider’s responses provided additional evidence and information in support of this Requirement to be Compliant. Evidence in the response included targeted audits such as the Dignity and Respect audit achieving 100%. This audit encompassed consumer feedback, observations and review of documentation which demonstrated that care and services are dignified and respectful.

In their response the Approved Provided was aware of feedback in relation to a consumer’s language barriers and stated that the sourcing of community volunteers had been difficult and intensified by COVID-19 over the last two years. The Approved Provider evidenced that they have utilised other means to communicate with this consumer. For example, facilitation of interactions with the consumer’s family, both locally and overseas, the consumer’s family assisting in translating and interpreting the consumer’s care needs and preferences, and communication cards are used by staff to assist communication of the consumer’s wants and needs.

In relation to a consumer who could not maintain their independence by managing their own medication, the Approved Provider’s response evidenced that the consumer is able to, and does, manage their own medication under the supervision of staff.

In relation to the consumer who was observed walking around the service in soiled underpants, the Approved Provider’s response states that the service works closely with the consumer to provide timely care in these circumstances, seeking re-direction back to their room and providing dignified personal care when the consumer agrees to respect their choice.

The service demonstrated care planning documentation includes information on consumer’s identity, culture and diversity and observations made by the Assessment Team show staff treat consumers with kindness and respect. Feedback from consumers on waiting long call bell response times has been considered in Standard 7 Requirement (3)(a) where I consider them to be more relevant. The evidence provided by the Assessment Team in this Requirement does not sufficiently support a finding of Non-compliant.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

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

*Care and services are culturally safe.*

The Assessment Team found the service did not demonstrate that care and services are culturally safe. Evidence relevant to the finding included:

* A consumer from a CALD background has had trouble communicating with staff and other consumers.

The Approved Provider’s response provided additional evidence and information in support of this Requirement to be Compliant including attempts to source a community volunteer and communication support for the consumers. These are outlined in Standard 1, Requirement (3)(a) above. The Approved Provider explained how they further assisted the consumer with facilitating cooking classes with their family virtually, an activity that is culturally significant to this consumer. The service also supported this consumer with their religious preference by assisting them to a religious ceremony held at the service. The service has contacted the Translation and Interpreter Service to hold a conference with the consumer after the Site Audit and the consumer did not identify any significant concerns about their care and wellbeing during this conference. Furthermore, the Approved Provider in its response explained communication cards were already available to staff for this consumer, and these are not typically required or used on a day to day basis, as staff are able to communicate the consumer care needs via non-verbal cues and small amounts of English.

The service demonstrated care planning documentation reflect consumer’s cultural background and how to deliver culturally safe care. The evidence provided by the Assessment Team in this Requirement does not sufficiently support a finding of Non-compliant.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

### 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.*

The Assessment Team found the service did not demonstrate that consumers’ privacy is respected and personal information is kept confidential. Evidence relevant to the finding included:

* One consumer stated that they want more privacy and that staff do not knock on the door before entering their room or shut the door in line with their preferences.
* The Assessment Team, while being shown a consumer’s room by a staff member, observed the staff member entering a consumer’s room after knocking but not waiting for a response from the consumer. They opened the door to find a female consumer having their personal care attended to by two care staff and was asked to leave.
* The Assessment Team observed a staff room left open for over half an hour with the room containing consumer information files.
* The Assessment Team observed that the computer system, which is password protected, were unattended by staff but left logged into the electronic care management system with personal consumer information displayed on the screen.
* The Assessment Team observed a list of consumer names attached on the outside of a continence supply cupboard door regarding what continence aids they require.

The Approved Provider’s responses provided additional evidence and information in support of this Requirement to be Compliant. Evidence in the response demonstrated consumer’s privacy are being respected and personal information is kept confidential. The Approved Provider explained for the consumer who wants more privacy, this consumer is at risk of falls and the door is left open so staff can easily observe the consumer rather than continually disturbing them by knocking on the door. The Approved Provider’s response states they met with the consumer after this feedback was raised and they are supportive of the strategy to keep the door open for their safety.

In relation to the staff member who knocked on a consumer’s door but did not wait for a response, the Approved Provider explained that this staff member believed the consumer was not in the room but still knocked. The staff responded to the consumer’s wishes and immediately left the consumer’s room. As no further observations of a similar nature were brought forward, I consider this observation in isolation is insufficient to support a finding of non-compliance for this requirement.

The Approved Provider’s response explains in relation to the staff room left open, there were staff nearby and monitoring the room should anyone without authority attempt to enter. Staff were aware the Assessment Team were on site and staff would not stop the Assessment Team entering the staff room to access documentation to help inform their audit. The Approved Provider’s response states that staff would intervene if an unauthorised person tried to enter the staff room.

In relation to computer systems being left logged in, the Approved Provider’s response states staff have been reminded to lock computers and they have not received any feedback that confidential information is not maintained or has been compromised. The Approved Provider’s view is that staff would have been nearby to monitor computers and would have intervened if anyone had attempted to use the computer system.

The Approved Provider’s response explained that the observations raised by the Assessment Team in relation to a list of consumers’ names attached on the outside of a continence supply cupboard door was an accident and the list is usually placed on the inside of the cupboard for ordering purposes. Once raised with the service the placement of the list was immediately rectified.

In coming to a decision on compliance for this requirement, I have considered the information from the Site Audit Report and the Approved Provider’s response. I am satisfied that this requirement is Compliant.

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team recommended that the service did not meet Requirement 2(3)(b). However, my finding differs from the recommendation and I find this Requirement Compliant. Reasons for the finding is detailed in the relevant Requirement below.

Care assessment and care planning documentation sampled by the Assessment Team, demonstrated a comprehensive assessment of consumer needs to inform the delivery of safe and effective care, whilst taking into consideration potential risks to consumer’s health and well-being. Consumers and representatives indicated they were satisfied with the care planning process and staff were able to outline the assessment and planning process and how this informs the delivery of safe and effective care and services.

The service demonstrated that assessment and care planning is completed in partnership with the consumer, their representative and others involved in the consumer’s care, and that assessment and care planning outcomes are communicated effectively to the consumer and their representatives. This was reflected in care planning documents which evidences the involvement of representatives and other health professionals.

Care plans are readily available for consumers and representatives. The Assessment Team observed care planning documents being readily available to staff, where care and services are provided. Consumers and representatives confirmed that staff regularly provide them with relevant information about their care.

Care plan and care documentation reviewed by the Assessment Team demonstrated that the service attends to regular care planning reviews every six months, or in response to changing circumstances, or consumer incident. This was also confirmed through consumer and representative interviews. Staff were able to outline how certain observations may trigger the need for a review and clinical staff were able to outline the review process.

## 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.*

The Assessment Team found the service demonstrated that it identifies and documents consumer’s care needs, goals and preferences, including advanced care planning and end of life planning when appropriate. However, consumer and representative feedback illustrated that while care preferences are documented, consumers are not consistently supported to achieve their preferences for care. Evidence relevant to the finding included:

* A consumer expressed a preference to retain control over their medication and insulin administration.
* A consumer expressed they would like to improve their mobility, and as the consumer did not relate well to the physiotherapist at the service, the consumer had difficulty accessing an external physiotherapist to support them with their mobility goals.
* One consumer’s care plan states that they are to wear hearing aids however their representative reported that the consumer’s hearing aids are frequently not in place.

The Approved Provider’s response provided additional evidence and information in support of this Requirement to be Compliant. Evidence in the response included explanation and supporting documentation that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences.

The Approved Provider demonstrated for the consumer who preferred to self-administer their insulin, they were self-administering their insulin prior to the Site Audit.

In relation to the consumer who had difficulty accessing an external physiotherapist, the Approved Provider explained that the service was aware of this and there had been delays in finding a preferred physiotherapist due to COVID-19 restrictions and the service explained to the consumer that the change could not happen straight away.

In relation to the consumer who requires to wear hearing aids in line with the care plan, the Approve Provider’s response states that its sometimes the consumer’s preference not to wear hearing aids.

While I acknowledge the feedback received from consumers and representatives, the evidence presented under this Requirement is insufficient alone to support that assessment and planning do not identify and address consumer’s current needs, goals and preferences. In coming to a decision on compliance for this requirement, I have considered the information from the Site Audit Report and the Approved Provider’s response. I am satisfied that this requirement is Compliant.

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# 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 that most sampled consumers and representatives considered that consumers receive safe and effective personal and clinical care. Staff reported they feel well equipped and supported to provide consumer care that is tailored to consumer’s needs, is best practice and optimises health and wellbeing. However, some consumer and representative feedback reflected that some care has not constituted best practice nor optimised consumer health and well-being, particularly with regard to medication management however severe consumer impact was not noted. The Assessment Team found for consumers who required restrictive practices, care documentation reflected the appropriate consultation, authorisation and assessment information had been recorded.

Care planning documents demonstrated that the service consistently identifies and assesses high prevalence and high impact risks and care plans identify risks relevant to each consumer. Clinical staff were able to identify high prevalent and high impacts risks to consumers and strategies to manage these risks.

Although there were no consumers actively palliating, or receiving end of life care during the site audit, the Assessment Team reviewed a recently deceased consumer’s care information which evidenced their needs and goals were addressed and their comfort was maximised.

Care staff had a shared understanding regarding their reporting responsibilities when a change or deterioration is identified in a consumers’ condition. Care planning documents confirmed the service responds in a timely manner to changes in consumer health status. Feedback from a consumer and a representative state that they are impressed with the service’s response and management to change and deterioration in consumer’s conditions.

Staff are provided access to the service’s electronic care system which contained information about consumer’s conditions, needs and preferences and confirmed key information was discussed during staff handovers. Consumers and representatives confirmed that they felt care needs and preferences are communicated effectively between staff. The Assessment Team observed a staff handover where information in relation to consumer’s needs was shared.

The Assessment Team found the service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services to address consumer needs and preferences. For example: One consumer has referred to the dietician in response to weight loss and their care plan was updated with dietetic recommendations. Additionally, another consumer was referred to the Aged Care Liaison Service to provide advanced clinical support following the consumer’s decision to remain at the service instead of being transferred to hospital. Consumers and representatives confirmed that consumers have access to a medical officer and other relevant health professions when required.

The service demonstrated a consistent effort to minimise infection related risks using standard and transmission-based precautions, and through implementing practices to promote the appropriate use of antibiotics.

### 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 recommended that the service did not met Requirements 4(3)(c) and 4(3)(e). However, my finding differs from the recommendations and I find these Requirements Compliant. Reasons for the findings are detailed in the relevant Requirements below.

The Assessment Team found that most sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do and to participate in their community if they want to. Care planning documents included information about consumer’s goals and preferences. Staff were able to demonstrate their knowledge of consumer’s goals and preferences and what they like to do in line with care planning documents.

Staff said they know the consumers very well and are aware of what is usual for them, and they readily identify if a consumer is feeling unwell, low, or disengaging and will communicate either directly with the consumer or discuss with the consumer’s representative to see what they can do for them. Feedback from consumers reflected that their emotional, spiritual and psychological well-being needs are being met.

The Assessment Team found that consumers sampled reported they felt information about their daily living choices and preferences was effectively communicated and staff who provide daily support understand their needs and preferences. Review of handover notes for sampled consumers demonstrated staff record information regarding any changes to a consumer’s condition, needs or preferences and share this information with others, where responsibility for care is shared. Additionally, this information is discussed at handover meetings.

Care planning documentation and catering information captured the specific dietary needs and preferences of consumers. Catering and care staff were aware of changes and dietary preferences of new consumers to the service and recorded all updates on a communication board for reference in the kitchen for each meal service. Consumers were generally satisfied with the quantity and quality of meals.

The Assessment Team observed equipment to be safe, suitable, clean and well maintained. Consumers and representatives reported having access to equipment, including mobility aids, shower chairs and manual handling equipment to assist them with their daily living activities.

## Assessment of Standard 4 Requirement*.*

### 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.*

The Assessment Team found the service did not demonstrate that for some consumers, their social support goals, needs and preferences have not been actioned to support them access the outside areas of the service and participate in community activities. Evidence relevant to the finding included:

* One consumer requested to go outside and expressed dissatisfaction that they were not provided an opportunity to do this for quite some time.
* Another consumer said that no-one ever asks them if they would like to go out into the garden.

The Site Audit Report provides ways the service assisted consumers to stay in touch with family and friends during lockdown due to COVID-19. Further, lifestyle staff advised all lifestyle services and supports external to the service were suspended due to COVID-19 restrictions, and that the service is actively seeking volunteers to engage with consumer from a Culturally and Linguistically Diverse (CALD) background.

The Approved Provider’s response provided additional evidence and information in support of this Requirement to be Compliant. Evidence in the Approved Providers response demonstrated that these consumers have been provided the opportunity to participate in their community, have social and personal relationships, along with doing things of interest to them. However due to the service being in lockdown as a result of COVID-19, some of these opportunities were impeded.

In relation to the consumer who requested to go outside, the Approved Provider’s response states that this consumer tested positive to COVID-19 and was required to isolate in their room in accordance with the services infection, prevention and control guidelines. This consumer has a supportive family who visits and takes them out regularly.

In response to the consumer who advised that they had not been asked to go outside in the garden, the Approved Provider’s response demonstrated this consumer does like to be asked to go outside and sit in the garden, however they often refuse. During the COVID-19 lockdown, this consumer’s family were unable to visit, however the consumer was able to maintain contact with the family via their iPad and mobile phone. The Approved Provider is now having regular chats with this consumer to better understand how the service can accommodate their preferences.

The service has demonstrated that they had utilised various means to support consumers maintain relationships and do things that are of interest to them. For example, the service live streams church services and once restrictions have eased arrangements are in place for a Priest from the same CALD background as some consumers to visit. During lockdown the service assisted consumers to maintain contact with their family and friends.

While I acknowledge the feedback from consumers, I have considered their feedback under Standard 5 Requirement (3)(b) where I consider it more relevant. The evidence presented under this Requirement is insufficient alone to support that services and support do not assist each consumer to participate in their community or have social and personal relationships. In coming to a decision on compliance for this requirement, I have considered the information from the Site Audit Report and the Approved Provider’s response. I am satisfied that this requirement is Compliant.

### 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.*

The Assessment Team found the service was unable to demonstrate timely and appropriate referrals are made to individuals, other organisations and providers of other care and services. Evidence relevant to the finding included:

* One consumer’s representative described how the consumer from a CALD background was looking for a volunteer and this had not yet occurred. Lifestyle staff confirmed that a referral was completed and they are awaiting the outcome.

The Site Audit Report provides that lifestyle staff described how they work with local community groups, religious organisations to offer activities to consumers at the service, however these had been suspended due to COVID-19 lockdowns.

The Approved Provider’s response provided additional evidence and information in support of this Requirement to be Compliant including attempts to source a community volunteer.

While I acknowledge the feedback received from the representative, the evidence presented under this Requirement is insufficient alone to support that there are no timely and appropriate referrals. In coming to a decision on compliance for this requirement, I have considered the information from the Site Audit Report and the Approved Provider’s response. I am satisfied that this requirement is Compliant.

### 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 recommended that the service did not met Requirement 5(3)(b). However, my finding differs from the recommendations and I find this Requirement Compliant. Reasons for the finding is detailed in the relevant Requirement below.

Sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. The Assessment Team observed consumers rooms were personalised with furniture, pictures, bed coverings and other personal items. Consumers said they are free to decorate their rooms as they please and have photos, artwork and other personal belongings with them.

The service was able to demonstrate that furniture, fittings, and equipment is safe, clean, well-maintained, and meets the needs of the consumer cohort. Consumers reported they are satisfied with these elements of the service environment. Management and maintenance staff advised that furniture, fittings and equipment are assessed for suitability prior to purchase to meet consumers’ personal and clinical needs. The Assessment Team observed a maintenance schedule which includes records of scheduled servicing of equipment.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

The Assessment Team found the service did not demonstrate that consumers were supported to participate in outdoor activities and, some consumers described not being able to move freely, in outdoor areas of the service when they wanted to. Evidence relevant to the finding included:

* One consumer requested to go outside and expressed dissatisfaction that they were not provided an opportunity to do this for quite some time.
* Another consumer said that no-one ever asks them if they would like to go out into the garden.
* The Assessment Team observed hazards on one of the balconies at the service. Specifically, the balcony area upstairs contained dirty glass tabletops with large pot plants placed on the table-top obstructing the view, muddy floors, and a dirty mop and murky bucket water left on the balcony.
* The Assessment Team observed the evacuation diagram had a fire blanket nominated for the upstairs balcony area, however it was not present.

The Approved Provider’s response provided additional evidence and information in support of this Requirement to be Compliant. For the consumer who requested to go outside, the Approved Provider’s response states that this consumer is subject to an authorised environmental restraint due to their cognitive impairment and they are at risks of falls. Nevertheless, the Approved Provider’s response states that this consumer can access outside areas of the service when they wish to do so using their mobility aid.

In response to the consumer who advised that they had not been asked to go outside in the garden, the Approved Provider’s response demonstrated this consumer does like to be asked to go outside and sit in the garden, however they often refuse.

In regard to the Assessment Team observing hazards on one of the balconies the missing fire blanket, the Approved Provider acknowledged the Assessment Team’s observations and rectified the issues immediately by cleaning the balcony, removing hazards and replacing the fire blanket.

I acknowledge the service has taken appropriate actions to address the hazard in the balcony and the missing fire blanket and am satisfied the service has implemented appropriate actions. While I acknowledge the feedback from consumers, the Approved Provider’s response shows that consumers are able to move freely around the service. The evidence presented under this Requirement is insufficient alone to support that the service environment is not clean and well maintained or that consumers are not able to move freely around the service. I have considered the information from the Site Audit Report and the Approved Provider’s response. I am satisfied that this requirement is Compliant.

### 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 recommended that the service did not met Requirements 6(3)(b), 6(3)(c) and 6(3)(d). However, my finding differs from the recommendations and I find these Requirements Compliant. Reasons for the findings are detailed in the relevant Requirements below.

Consumers and representatives considered that they are comfortable giving feedback and make complaints in various ways and feel they are supported to do so. Staff could describe what they do when a consumer raises a complaint. The Assessment Team observed a complaint box in the service.

## Assessment of Standard 6 Requirements

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

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

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

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

The Assessment Team found the service could not demonstrate that consumers are made aware of and have access to advocacy services, language services and alternative complaint avenues. Evidence relevant to the finding included:

* One consumer advised that due to the language barrier they are unaware of how to make a complaint, they were unsure of what the complaint process is within the organisation, or what options are available to them via external complaint avenues.
* Feedback forms and brochures that provide information on how to make a complaint, and contact information for external complaints agencies are in English and other languages but not in the language of the one consumer who is experiencing language barriers.

The Approved Provider’s responses provided additional evidence and information in support of this Requirement to be Compliant. Evidence in the response included that the service has not received feedback to date from consumers requesting information in alternative languages.

In response to the consumer who advised that due to the language barrier they are unaware of how to make a complaint, the Approved Provider in its responses demonstrated that during a recent care conference, the consumer and their representative were informed of internal and external complaints mechanisms and advocacy services. The consumer’s representative advised the consumer does not require it at this stage, as they were satisfied with the care provided to the consumer.

The service provides information and complaints form in range of languages and staff are aware of how to access language and advocacy services for consumers. While I acknowledge the feedback from the consumer experiencing language barriers, the Approved Provider’s response shows that consumer and their representative are aware and have access to advocacy services and external complaint mechanisms. The evidence presented under this Requirement is insufficient alone to support that consumers are not made aware of and have access to advocates, language services and other methods for raising and resolving complaints. I have considered the information from the Site Audit Report and the Approved Provider’s response. I am satisfied that this requirement is Compliant.

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

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

The Assessment Team found the service could not demonstrate that appropriate action is taken in response to complaints and the service’s processes and system for documenting and dealing with feedback and complaints do not consistently capture all sources of feedback and complaints. Evidence relevant to the finding included:

* One consumer raised concerns around not being assisted to toilet frequently. The Site Audit Report includes feedback from staff demonstrated that they are aware and ask the consumer every three hours if they wish to go to the toilet.
* One consumer’s representative said the consumer lost one shoe and didn’t wear shoes for a period of time.
* One consumer’s representative said they never received feedback regarding an incident where a consumer was offended by agency staff.
* One consumer advised that they provided feedback to the staff about knocking on their door when entering the room, as they want the door shut for privacy.
* One consumer provided feedback at a consumer meeting that desserts were too sweet and that a clock should be placed in the service’s dining area.
* The Assessment Team found that complaint documentation indicated that the service does not retain any records of verbal complaints and associated actions taken from the issues raised in the consumer/representatives’ meetings

The Approved Provider’s responses provided additional evidence and information in support of this Requirement to be Compliant. Evidence in the response included the service’s response to each of the complaints raised by consumers above and highlighted where complaints were not previously raised by consumers but that the service has nevertheless taken appropriate action. The service demonstrated that in addition to the complaints and compliments register, verbal feedback is captured in consumer’s progress notes and meeting minutes.

The service demonstrated that the service does record and action complaints appropriately and the Approve Provider’s response outlined the service’s open disclosure practice and an audit showing 86% compliance with open disclosure requirements. The evidence presented under this Requirement is insufficient alone to support that the service does not appropriately action and respond to feedback and complaints. I have considered the information from the Site Audit Report and the Approved Provider’s response. I am satisfied that this requirement is Compliant.

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

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

The Assessment Team found the service could not demonstrate there are effective processes in place to address the feedback and complaints to inform continuous improvements in care and service delivery for consumers. Evidence relevant to the finding included:

* One consumer representative advised they are not satisfied with call bell response times, despite a bed sensor being installed.
* Consumers and representatives raised concerns about the limited visiting hours to see their families and they haven’t seen any changes or improvement for the situation.
* The Assessment Team sampled the complaint registers dated from July to December 2021 which included ten complaints from consumers and all were marked as closed out. However, only one acknowledgement letter was included, and a continuous improvement plan documented.
* The complaint register only reflects complaints raised via the feedback form, and does not include feedback and complaints raised via other channels such as consumer and representatives’ meetings or verbal complaints made to the staff.

The Approved Provider’s responses provided additional evidence and information in support of this Requirement to be Compliant. In response to the consumer’s representative who said they were not satisfied with the call bell wait time, the Site Audit report states that management said the bed sensors sometimes malfunction and the service has created a continuous improvement plan to address the call bell issues. Additionally, the Approved Provider’s response acknowledge the comments made by the consumer’s representative and explained that the consumer representative has communicated to the service that they have observed improvements.

In relation to the limited visiting hours, the Approved Provider’s response acknowledged the frustrations experienced by consumers and representatives during the COVID-19 lockdowns however the service was following Government directives and infection prevention and control policies during this time. The Approved Provider explained that visitation was permitted depending on the circumstances of the individual consumer, especially those who were agitated during lockdown, palliating, or at end of life.

The Approved Provider’s response states that as most complaints are made face to face, they are acknowledged verbally and are included as an entry in the complaints and compliments register, meeting minutes or progress notes. Where a complaint is raised by submitting a feedback form and the service is unable to verbally acknowledge this, the service sends an acknowledgement letter. Furthermore, the Approved Provider explains that the service finalises complaints in agreement with the complainant and typically during a resolution meeting or management phone call. If the complainant would like confirmation of this finalisation in writing, then the service would prepare correspondence however, most complainants are satisfied with the meeting or phone call.

The service demonstrated that in addition to the complaints and compliments register, verbal feedback is captured in consumer’s progress notes and meeting minutes.

The evidence presented under this Requirement is insufficient alone to support that the service does not appropriately action and respond to feedback and complaints. I have considered the information from the Site Audit Report and the Approved Provider’s response. I am satisfied that this requirement is Compliant.

# 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 five specific requirements have been assessed as Non-compliant.

The Assessment Team recommended that the service did not met Requirement 7(3)(a). Based on the information in the Assessment Team’s report, I have found the service Non-compliant in Requirement 7(3)(a) and have provided the reason in the relevant Requirement below.

Consumers interviewed confirmed staff are generally kind and caring in their approach to consumer’s needs. The Assessment Team observed staff interactions with consumers to be kind, caring and gentle, and staff demonstrated not only an understanding of the care needs required by consumers, but also their preferences for care provided.

One consumer and one representative felt that staff are capable and competent to perform their role effectively. The service demonstrated that the workforce is competent, and the members of the workforce have the qualifications and knowledge needed to effectively perform their roles.

Education records reviewed identified staff participate in mandatory training and other training identified as required. Staff report that in addition to mandatory sessions the Clinical Director often provides toolbox sessions on relevant topics.

Annual performance assessments occur, and staff feedback is encouraged through a range of established communication channels. Care staff advised that they have participated in performance reviews.

## 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 Assessment Team found that the service could not demonstrate that the workforce is planned to enable the delivery of safe and quality care. Most consumers and representatives interviewed expressed concern at the lack of visible staff and delays in responding to call bells. Evidence relevant to the finding included:

* Feedback from three consumers and three representatives that there are long call bell response times, especially where consumers require toileting assistance. One consumer said when they wait for long periods on the toilet they feel deserted and sorry for themselves. One consumer’s representative reported the wait time upsets the consumer greatly and that they are now reluctant to press the call bell.
* Feedback from one representative reflected that they can’t find staff to assist consumer’s they represent.
* Feedback from two consumers who said they don’t receive personal care at their preferred times.
* Feedback from one consumer that staff do not have time for them as staff are always in a hurry.
* Documents reviewed by the Assessment Team show that of 980 staff shifts in February 2022, 39 remained unfilled and these were mostly care staff shifts.
* Call bell data for 1 to 28 February 2022 showed that there were 448 calls answered in over 10 minutes, 84 calls answered in over 20 minutes, 14 calls answered in over 30 minutes, 3 calls answered in over 40 minutes, 2 calls answered in over 50 minutes and 3 calls answered in over 70 minutes.
* The Site Audit report states that the management team acknowledge call bell wait times are excessive and in response have commenced discussions to identify strategies to address delays.

While the Approved Provider’s response acknowledges comments from consumers and representatives regarding long call bell wait times, the response also demonstrated that care is delivered in accordance with some of the consumer’s preferences or action was taken to address specific feedback from some of the consumers and representatives. For example:

* One representative who said the consumer they represent has to wait for long periods on the toilet, the Approved Provider’s response states the service continues to work with the representative to resolve wait times.
* For the representative who said they can’t find staff, the Approved Provider’s response states they will work with the representative to improve access to staff.
* For the two consumers who said they don’t receive personal care in line with their preferred times, the Approved Provider’s response evidenced that those consumers do receive personal care in line with their preferences.
* In response to one consumer who said they had to wait over 20 minutes for staff to respond to one of their calls, the Approved Provider’s response states that an apology was offered to the consumer and upon investigation it was found that this occurred on two occasions as staff needed to attend to another nearby consumer.

In relation to other comments made by consumers and representatives, the Approved Provider’s response states that these were not raised directly with the service. The response also states that the average call bell response time for 2021 was four minutes.

While I acknowledge the service has taken some appropriate actions to address the deficits identified by the Assessment Team, action has not been taken to address all deficits and additionally there has not been sufficient time to demonstrate the sustainability and effectiveness of the Approved Provider’s changes. I consider at the time of the site audit the service did not demonstrate that the workforce is planned to enable the delivery of timely and appropriate support and services to consumer’s satisfaction.

Based on the summarised evidence above, I find the service Non-compliant with 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 five of the five specific requirements have been assessed as Compliant.

The Assessment Team recommended that the service did not met Requirement 8(3)(c). However, my finding differs from the recommendation and I find this Requirement Compliant. Reasons for the finding is detailed in the relevant Requirement below.

Sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services and the service was able to demonstrate that the development, delivery, and evaluation of care is made in consultation with consumers. Additionally, the Board engage with service management to promote a culture of safe, inclusive, and quality care and services and are accountable for their delivery.

The service demonstrated a risk management framework that included high impact and high prevalent risks, abuse or neglect of consumers and incident management. Staff said they had been educated in these areas and were able to provide examples of how it applied to their day to day work.

## The service demonstrated a clinical governance framework that included antimicrobial stewardship, minimising use of restraint and open disclosure. Staff said they had been educated in these areas and were able to provide examples of how it applied to their day to day work.

## 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.*

The Assessment Team found the service demonstrated that they have governance systems relating to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. However, the governance systems pertaining to information management, workforce governance and feedback and complaints were not effective. Evidence relevant to the finding included:

* The Assessment Team observed a staff room, which contained consumer files, was left open for over half an hour, computers were left logged in and unattended and a list of consumer names requiring continence aids was displayed on the outside of a room.
* Feedback and complaints provided verbally by consumers were not consistently recorded in the complaints register therefore the service was unable to demonstrate provision of complaint resolution to consumers.

The Approved Provider’s response disagreed with the recommendation of the Assessment Team and provided additional evidence and information in support of information management and feedback and complaints being compliant. I have considered this evidence under Standard 1 Requirement (3)(f) and Standard 6 where I find them more relevant.

There are organisational wide governance systems in place however the evidence provided shows there are some deficits at the service level. I have considered this evidence and find them more relevant to Standard 7 Requirement (3)(a) which I have found Non-compliant.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

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

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

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

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

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

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

# Areas for improvement

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

Standard 7 Human resources

* Requirement (3)(a) Ensure sufficient staff are deployed to support care and service delivery in line with consumers needs and to meet these Quality Standards.