Performance

Report

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| Name: | Estia Health Kilbride |
| Commission ID: | 2434 |
| Address: | 70 Glendower St, GILEAD, New South Wales, 2560 |
| Activity type: | Site Audit |
| Activity date: | 6 August 2024 to 9 August 2024 |
| Performance report date: | 20 September 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 828 Estia Health Kilbride |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Estia Health Kilbride (**the service**) has been prepared by Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for 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 Assessment Team’s report received 09 September 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives confirmed staff were kind, treated consumers with dignity and respect, and made them feel valued. The service had systems and processes to support staff and ensure consumers were treated with dignity and respect. Staff were familiar with consumers’ backgrounds and cultures. Staff were observed treating consumers with dignity and respect, using their preferred names, and interacting in a kind, patient, and friendly manner. Care planning documentation was consistent with consumer and representative feedback and staff interviews and demonstrated the service recorded consumers’ religious, spiritual, and cultural needs and personal preferences. The service had appropriate policies to support dignity and respect, and annual mandatory training, included the Code of Conduct for Aged Care.

Consumers’ care and services were delivered according to their cultural needs and preferences, consumers felt safe and respected at the service. Staff identified consumers with diverse cultural backgrounds and demonstrated their understanding of each consumer’s character, background, and values. A detailed assessment was completed when consumers enter the service, identifying each consumer’s background and life history. The service had a multicultural consumer base. Care planning documentation for consumers reflected their stories, cultural, spiritual, and emotional needs, and preferences, which were regularly updated through the assessment and care planning process. The service had policies and procedures to support and guide staff in identifying consumers' cultural needs and providing culturally safe services. Staff confirmed, and documentation demonstrated that staff received training on culturally safe care.

Consumers could choose how and when their care and supports were provided. Consumers were supported in maintaining relationships with the people they chose and communicating their decisions. Staff confirmed consumers could make choices about their care and services and how staff assisted them in achieving these. Care planning documentation detailed consumers’ choices, and progress notes detailed when changes were requested or if a consumer changed their mind about their care. Policies supported choice and independence, guiding and supporting staff in assisting consumers to exercise choice and independence.

Consumers felt supported to take risks and live their best lives. Staff were aware of consumers who wanted to take risks and how they supported understanding the benefits and possible harm of taking risks. Care planning documentation demonstrated completed dignity of risk assessments by physiotherapists, speech pathologists, medical officer where required, along with risk mitigation strategies. Consent forms were signed by consumers or representatives and others involved in decision-making. Staff stated consumers were involved in finding solutions to reduce risks where possible. The service had policies that guide staff to understand and support consumers’ decisions.

Consumers and representatives received up-to-date information including but not limited to activities, meals, events, COVID-19 changes, and visitor access. The service had information boards, meeting minutes, activity calendars, newsletters, and daily menus posted in the dining areas for consumers to select. Consumers were observed in possession of calendars, newsletters, and meeting minutes. Various flyers demonstrating complaints information for internal and external mechanisms, seniors’ rights, Older Persons Advocacy Network and the Charter of Aged Care Rights were displayed throughout the service. Staff informed and prompt consumers with what was happening on the day and if there were any changes to activities or meals.

The service ensured consumers’ information was kept confidential and their privacy was respected. Care staff maintained consumers’ privacy during care, and staff kept computers locked and used passwords to access consumers’ personal information. Documentation reflected consumers’ preferences for privacy, and information was stored in the nurses’ stations, which was locked when unattended and only staff could access it. Staff were observed knocking on consumer doors and waiting for a response before entering. Computers were observed to be locked when not in use and information to be stored out of sight; computer screens were fitted with privacy screens.

Based on the information recorded above, it is my decision this Standard is compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

The Site Audit Report contains information assessment and planning processes were ineffective regarding the assessment of environmental restrictive practices, as consumers with cognitive or physical conditions that affected their ability to freely enter or exit the service had not been identified as potentially being subjected to environmental restraint. The Site Audit Report named one consumer who was observed to self-propel their wheelchair to the front door of the service and was unable to reach the keypad to exit the service. The named consumer had not been identified as subject to environmental restraint.

The Approved provider in its written response refutes this evidence as the named consumer had been assessed as non-ambulant and needs the active support of a staff member to assist with wheelchair travel, and therefore, does not meet the threshold for requiring consent and authorisation for environmental restraint. The Approved provider further stated the consumer had followed a member of the Assessment Team into the lift and exited behind the team member, an occurrence which had not occurred previously. The named consumer was reviewed by the Physiotherapist who confirmed physical assistance was required to propel the consumer in their wheelchair. The Site Audit Report states several consumers were observed walking to the front door and were unable to exit the service, however I note these consumers were not interviewed or their information discussed further in the report.

For a second named consumer, the Site Audit Report contains information individualised risk mitigation strategies were not documented in assessment and care planning documentation, for times when the consumer leaves the service. The Approved provider in its written response refutes the need for the named consumer to have risk mitigation strategies listed in their assessment and planning documentation as the consumer does not access the community unaccompanied. I have considered risk mitigation strategies for the second named consumer when they leave the service to be appropriate and adequate, and do not demonstrate a systemic deficit in the service’s assessment and planning processes.

In coming to a decision of compliance in Requirement 2 (3) (a), it is my decision the service had effective assessment and planning processes including the consideration of risk to consumers, as demonstrated in Requirement 1 (3) (d), the inclusion of evidence of one named consumer who it was documented was not subject to environmental restraint is not relevant or sufficient to demonstrate a systemic failure of the service. The second named consumer had appropriate risk strategies in place for when they left the service, which were known by staff. Therefore, it is my decision Requirement 2 (3) (a) is Compliant, as the service considered risks to consumers through their assessment and planning processes.

Consumers and representatives were consulted in relation to the needs, goals and preferences of the consumers’ care, and staff discussed with them about advance care planning. Registered staff talked to consumer and representatives about consumers’ wishes and preferences relating to their Advanced care planning End of life planning on entry to the service, at three monthly care plan reviews and when consumers’ needs, and condition changed. Care planning documentation reflected consumer’ current needs, goals, preferences, and advance care planning. Staff and management demonstrated an understanding of all sampled consumers’ individual needs and preferences.

Consumers and representatives confirmed staff regularly communicated with them and confirmed they were partners in the planning process of their care and services. Consumers representatives were consulted by the service when other allied health services were required for more input and advice, such as speech pathologists, dietitians and Dementia Support Australia. Registered staff were aware of the importance of consumer-centred care planning and initiated conversations around care planning with consumers and representatives. Management included other providers of care when needed depending on the outcome of assessments, such as specialised nursing assessment for complex health care needs or following a clinical incident. Consumer care plans demonstrated evidence of case conferences, and the involvement of various external service providers.

Management confirmed consumers were provided and offered a copy of their care plans after they enter the service when all assessments are completed as per their admission assessment schedule and when the service conducts a three monthly care plan review. Registered staff confirmed they conducted three monthly care plan reviews, including reviewing every care plan for any changes to reflect the consumer’s current needs, goals and preferences and ensured they involved the consumers and representatives by discussing the reviews either over the phone or face to face and offered them a copy of their care plans once care plan reviews had been completed. The Site Audit Report contained information that not all consumers and representatives were aware they could access a copy of the consumer’s care plan. I have not given this information weight in making by decision of compliance in Requirement 2 (3) (d). Documentation evidenced registered staff were documenting care plans were offered to consumers and representatives after completion of three monthly care plan reviews.

Consumers and representatives confirmed they were informed of any incidents, changes to care and services and updated after these have been reviewed and followed up for effectiveness. Management and staff explained the process of care and service plan reviews such as when circumstances changed and as part of the regular three monthly review. While the Site Audit Report contained information some care plans were overdue for review, I have not given weight to that information as there was no evidence to indicate consumers had not received appropriate care and services.

Based on the information recorded above, it is my decision this Standard is compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Consumers and representatives provided positive feedback in relation to personal and clinical care received at the service. Staff demonstrate an understanding of best practice care. Behaviour support plans were in place for consumers subject to restrictive practices. Staff articulated consumers’ Behaviour support plans which guided them to implement effective strategies to follow including nonpharmacological interventions. Wound care and pain management was managed effectively by registered staff.

The Site Audit Report contained information relating to the use of psychotropic medication for one named consumer, which was not in accordance with prescribed indications and the use of as required psychotropic medication was not consistently documented as being used as a last resort following the trial of non-pharmacological strategies.

The Approved provider in its written response has refuted the evidence contained in the Site Audit Report pertaining to the named consumer and the administration of psychotropic medication. The response from the Approved provider relating to the named consumer contained extracts of behaviour charting and medication reports which support the appropriate use of the medication and the strategies trialled prior to the use of the as required medication. I have given weight to the Approved provider’s response and the fact the Site Audit report relied on the information relating to one consumer and lacked evidence of any systemic risks to consumers.

The Site Audit Report for Requirement 3 (3) (a) contains information relating to assessments for consumers requiring environmental restraint authorisations. This information relates to the same named consumer evidenced in Requirement 2 (3) (a). I have previously considered this information and have concluded the named consumer was not environmentally restrained and therefore have not given weight to the same information in a different Requirement. Therefore, it is my decision Requirement 3 (3) (a) is Compliant.

Consumers and representatives were satisfied with the way the service managed consumers’ identified high-impact/high-prevalence risks. The service demonstrated effective management of high-impact and high-prevalence risks associated with each consumer’s care needs including falls and specialised care needs. Management monitored high-impact and high-prevalence risks through regular clinical data monitoring, trending, and the implementation of suitable risk mitigation strategies for individual consumers. Staff and management described risks and related management for individual consumers. Care planning documentation evidenced identification and effective management of high-impact and high-prevalence risks, including dialysis management, stoma and catheter care. The use of pressure relieving devices was observed, such as bed cradles, air mattresses and foam cushions for wheelchairs, as well as falls preventative equipment such as crash mats, floor and bed sensors. The service had policies and procedures related to high impact and high prevalent risks to guide staff practice.

Consumers and representatives confirmed consumers’ needs, goals, and preferences, including their end of life wishes, have been discussed. Staff confirmed their understanding of consumers’ goals, needs and preferences, including end of life care. Care planning documentation demonstrated consumers and representatives participated in the decision making processes and involves the medical officer or external services such as a palliative care specialist when needed. Consumers were given support, comfort and treatment in ways in which consumers’ comfort was maximised and dignity preserved through pain management, regular repositioning, oral care, emotional and spiritual support. The service had policies and procedures in place in relation to palliative care and end of life, to guide staff practice.

Consumers and representatives provided positive feedback in relation to the responsiveness of the service when there was deterioration in the consumer’s condition, health, or ability. Staff were aware of the consumers’ care needs and preferences, confirming the handover process was effective in keeping all staff up to date with current information about consumers. Care documentation and progress notes provided adequate information to support effective and safe sharing of the consumers’ information in providing care. Staff communicated any changes or concerns to the registered nurse immediately where consumers are then assessed for any changes or needs, and registered nurse involved other allied health where appropriate.

Consumers and representatives confirmed consumers’ care needs and preferences were effectively communicated between staff and others, and consumers received the care they needed. Staff stated information was accessible to them according to their roles and was documented in progress notes and shared with representatives and other health professionals as relevant. Care planning documentation reflected regular case conferences involving consumers and representatives, with consumer’s needs discussed and interventions and referrals agreed upon. Handover notes demonstrated how information about consumers was delivered and conveyed between shifts.

Consumers and representatives reported they were satisfied timely and appropriate referrals occurred when needed and consumes had access to relevant allied health and relevant health support services. Registered nurses were responsible for referring consumers to the medical officers and other allied health professionals. Referrals for consumers and progress notes reviewed demonstrated referrals were completed in a timely manner.

The Site Audit Report contained information the service did not demonstrate minimisation of infection-related risks through standard and transmission-based precautions to prevent and control infection, in relation to a COVID-19 outbreak that occurred during the Site Audit. The Site Audit Report records staff practices were not in line with the appropriate use of personal protective equipment (PPE), the service did not implement strategies to isolate areas of the service where consumers who tested positive to COVID-19 resided, and activities occurred where a mix of consumers from affected and unaffected areas came together.

The Approved provider in its written response has refuted and clarified information recorded in the Site Audit report in relation to the management of a COVID-19 exposure which became a COVID-19 outbreak. The Approved provider refutes the information in the Site Audit Report that states the service experienced a COVID-19 outbreak on Day 1 of the Site Audit. There was one consumer who had tested positive to COVID-19 which constitutes an exposure rather than an outbreak. A second consumer tested positive to COVID-19 on Day 2 of the Site Audit. The Site Audit Report contains information there was a lack of signage to alert staff and visitors in the COVID-19 affected areas and the Assessment Team were not informed during the tour they were entering an affected area. The Approved provider refutes this information, stating as the service was in exposure rather than outbreak, there was no requirement to create an exclusion zone. The Approved provider also refutes the Assessment Team were not informed of the COVID-19 exposure as communication occurred between the service and the Commission relating to continuation of the audit.

In relation to consumer bedrooms of affected consumers being open, the Approved provider concedes this was not usual practice and both consumers had responsive behaviours and refused to close their doors. In relation to poor PPE usage, the Approved provider concedes this related to one staff member who was provided further education and completed a PPE competency. Staff were observed to be wearing additional PPE and this was questioned in the Site Audit Report, The Approved provider in its response confirmed the additional PPE usage was a result of the positive COVID-19 consumer and their reluctance to isolate.

The Site Audit Report reflects lifestyle activities occurred between consumer of both affected and non-affected wings of the service. The Approved provider has noted the wings the consumers resided in were not isolated and National guidelines do not require entire wings to be isolated and consumers should be given the choice to mix with consumers with similar exposure levels.

In coming to my decision in relation to Requirement 3 (3) (g) I have given weight to the following information. Consumers and representatives reported they did not have any concerns with how the service managed COVID-19 outbreaks. All staff confirmed they have received training in relation to infection prevention and control, hand hygiene, and completed donning and doffing PPE competencies. All registered staff demonstrated a clear understanding of the fundamental principles of antimicrobial stewardship. The service implemented infection control protocols to manage the infections including commencement of N95 mask use, increased surveillance for staff practices particularly for handwashing and PPE use, recommencement of daily Rapid Antigen testing (RAT) for all staff members, as well as isolation of the wing where the COVID-19 positive consumers resided. The infection prevention control lead was the lead person for infection prevention and control processes. The situation had been escalated to the local Public Health Unit in a timely manner and the Public Health Unit was satisfied with the initial actions taken by the service. The service’s last COVID-19 outbreak occurred on 20 January 2024 where 53 consumers tested positive to COVID-19. All affected consumers were prescribed with antivirals and the contracted pharmacy held stock and was readily available when it was needed. Vaccination registers indicated 94.19% of consumers received at least one COVID-19 vaccination. The service had implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control management, COVID-19, influenza, and gastroenteritis outbreak management plan.

Based on the above information, it is my decision the service had effective processes to minimise infection-related risks, and therefore Requirement 3 (3) (g) is Compliant.

Based on the information recorded above, it is my decision this Standard is compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers were supported with their needs, goals and preferences, they participated in group activities provided by the lifestyle team and spend time on independent activities of choice. Staff described how consumers’ needs, goals, and preferences were supported in delivering safe and effective services. There was a detailed assessment process where the consumers' history was captured during the entry process, reassessments were conducted regularly, and when consumer needs changed. Care planning documentation detailed individualised services and supports that aligned with consumers’ needs, goals, and preferences to aid in maintaining independence. Various group and independent activities, and group activities were observed to be popular at the service. Staff were guided by consumers’ lifestyle story care plans and various policies.

Consumers and representatives confirmed consumers received services and support for their emotional, spiritual, and psychological wellbeing. Staff supported consumers when they felt low or wanted someone to talk to. The service offered a weekly Anglican and Catholic Mass. Bible studies and scriptures were also offered. Mass and various religious denomination services were streamed and available for all consumers to watch on the television in their rooms. Various visitors attend the service regularly to visit with consumers of varying religions. Care planning documentation identified consumers’ spiritual beliefs and guided staff on how to support individual consumers. The service had policies detailing and directing staff in capturing consumers' spiritual and psychological wellbeing.

Consumers felt they were assisted in participating in the service and community and doing the things of interest to them, along with personal and social relationships. Care plans articulated consumers’ activity preferences and people of importance to them. Lifestyle staff confirmed consumers were supported in having relationships and doing things of interest, and their privacy was respected. A review of documentation such as care plans, minutes of consumer and representative meetings, and newsletters confirmed consumers were supported as active participants within and outside the service community. Consumers were observed doing things of interest to them, participating in various activities, resting in their rooms, sitting outside, and utilising various communal areas available. Consumers were observed returning from outings and interacting with other consumers and their own visitors.

Consumers and representatives felt information about consumers’ daily living choices and preferences was effectively communicated, and staff who provided daily support understood consumers’ needs and preferences. Care staff could access daily updates on consumers’ care and services via the electronic care system, handover, and speaking to registered staff and the heads of department meeting. The lifestyle coordinator was kept informed by registered staff of any changes to consumer care needs, and they ensured other lifestyle staff are informed. Care planning documentation identified the consumers’ conditions, needs, preferences, and what had changed for the consumer. This information was shared with others involved in the care of the consumer.

The service demonstrated timely, and appropriate referrals were made to individuals, other organisations, and providers of care and services. Consumers and representatives confirmed timely and appropriate referrals to individuals and others occurred. Each consumer was assessed upon entering the service, and staff identified individual community ties with consumers and facilitated ways to enable the consumers to keep their connections. Care planning documentation evidenced collaboration with external services to support the diverse needs of the consumers, including referrals to local churches and the community visitor scheme. Management stated partner organisations worked with the service to ensure appropriate care and services, such as music therapy and pet therapy.

Consumers and representatives confirmed the food consumers received was of good quality, quantity and variety. Meals were cooked on-site daily. The service had an annual menu on a four week rotation. Consumers had input into the menu through consumer and representative meetings, and food focus forums formed part of these meetings, feedback forms, and direct feedback to management, the chef, and staff. Meals and drinks were served according to consumers' dietary needs and preferences, including texture-modified high-protein and high-energy meals and drinks. Kitchen staff were trained to ensure consumers with food allergies or special requirements received the appropriate food and drink. Snacks, fruit, desserts, coffee, and tea are available to all consumers all day in the kitchenettes. The kitchen was clean and well-maintained, documentation was up to date, and the current food safety audit certificate was sighted. Kitchenettes were set up with snacks, drinks, fresh fruit, and desserts for consumers to access. The kitchenettes and servery stations were clean and well-maintained, with up-to-date documentation and consumer information secured in folders and out of sight.

Consumers and representatives felt the equipment provided at the service was safe, clean, and suitable. Equipment used to support consumers in daily living and lifestyle activities was safe, suitable, clean, and well-maintained. Equipment such as lifting aids, walking aids and wheelchairs were clean, well-maintained, and scheduled for cleaning and maintenance on the preventative maintenance schedule. Shared equipment was wiped with antibacterial wipes after every use, and night staff cleaned personal equipment such as 4-wheeled walking frames and wheelchairs. Maintenance staff followed a cleaning schedule for deep cleaning of equipment, which was included in the preventative maintenance schedule, and external contractors were also scheduled to complete equipment services. The bus used by the service for outings was maintained and cleaned by lifestyle staff after every use. Lifestyle staff were accountable for cleaning and maintaining all lifestyle equipment. The daily cleaning logs were current and up to date.

Based on the information recorded above, it is my decision this Standard is compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives confirmed the service was welcoming and easy to navigate. Representatives said staff members greet and interact with them when they visit, and they felt welcomed. Consumers said they felt at home at the service, and have personalised their rooms with furniture, photos, and reminders of their homes. Consumers were supported to make the service feel like home. Consumers were observed using the various communal areas at different times of the day, watching television, listening to music, and participating in activities. Corridor walls were observed to be decorated with photographs of special occasions held at the service and artwork. The service was observed to be uncluttered and suitably signed to optimise consumers' independence, interaction and function. There was a large communal room on both levels where activities were held, and lounges and chairs were available for consumers to socialise, watch television or entertain their guests. There were kitchenettes, dining areas on both levels and a central kitchen on the ground floor.

While the Site Audit Report recommends this Requirement is met, it also contains information regarding consumers having little opportunity to personalise their rooms given the shared configuration of the rooms in some sections of the service. The Approved provider has stated this appears to be the opinion of the Assessment Team and is not based on feedback from consumers residing in shared rooms. The Site Audit Reports contains information the verandah on the ground floor is void of plants or furniture and consumers could not access this area. The Approved provider in its response has confirmed this area was not currently safe for consumers, and works are being completed in this area. The consumers residing in this area have access to alternative outdoor areas.

One consumer was named in the Site Audit Report as having limited living space in their room which was shared with three other consumers. It was noted the named consumer sits in a communal area to watch television. The Approved provider has not refuted the information relating to the limited living space for the consumer, however, added a specific space was created for the consumer to sit, watch television and read the newspaper. The Approved provider noted the named consumer was aware of the shared space arrangement of their room on entry to the service.

Consumers and representatives stated the service environment is clean, well-maintained, and comfortable. Consumers confirmed they could move freely indoors and outdoors. All staff described the process for reporting maintenance issues, which were logged manually in maintenance logbooks located at every nurses’ station. The service had cleaning schedules outlining daily, weekly, and monthly cleaning requirements. The cleaning log was updated as work had been completed. The service environment was observed to be clean, and cleaning and maintenance logs were observed to be completed and up to date. Common areas and consumers’ rooms were clean, furniture was well maintained, the service temperature was suitable, and corridors and common areas were well-lit.

The Site Audit Report contains information relating to consumers not having free independent access to indoors and outdoors, and required staff support to access all areas of the service. These consumers had not been assessed as being subject to environmental restraint. This information has been brought forward in the Site Audit Report in two previous Requirements including Requirement 2 (3) (a) and Requirement 3 (3) (a). There is a lack of corroborated evidence to support the service had not considered consumers unable to access indoor and outdoor areas independently as being subject to environmental restraint. There is limited feedback from consumers relating to access to the outdoor areas of the home. This feedback came from one consumer who wished to access the verandah which was secured due to building works. The Approved provider in its written response provided evidence the consumer freely accesses other areas of the service including the beer garden

In coming to my decision regarding Compliance in this Requirement, I have considered the positive feedback and observations regarding the service environment. I have discounted information relating to environmental restraint based on a lack of corroborated evidence. Therefore, it is my decision Requirement 5 (3) (b) is Compliant.

Consumers and representatives provided positive feedback regarding furniture. Most furniture, fittings, and equipment were observed to be safe, clean, well-maintained, and suitable for the consumer. Staff explained the preventative maintenance schedule and reporting mechanisms, with records demonstrating that most preventative maintenance had occurred, and some reactive maintenance were outstanding. Maintenance staff received a request for all maintenance from staff and consumers. Maintenance was scheduled and conducted for routine and preventative measures delivered by internal and external contracting teams.

The Site Audit Report contains information that some maintenance issues had not been identified or addressed. A light fitting above a consumer’s bed was observed to be separated from the wall due to a crack in the wall. The light fitting was repaired prior to the completion of the Site Audit. For one named consumer, an area of their ceiling had sustained water damage due to a water leak. The Approved provider in its response confirmed the leak was repaired but ceiling repairs were delayed due to finding the source of the leak. As part of the Approved provider’s response photographic evidence was provided confirming the ceiling repairs. The named consumer provided feedback their bed was lowered as they felt it was tipping and posed a risk of falling. The Approved provider stated it was unaware of this issue and provided evidence the named consumer was provided with a new bed. The water leak had caused damage to a second consumer’s ceiling, and it was observed a bucket was in their wardrobe and the roof of the service was visible through the ceiling. The Approved provider acknowledged the delay in repairs was caused by the difficulty in locating the leak, no damage was caused to the consumer’s belongings and the ceiling has since been repaired.

The Site Audit Report contained information relating to observations of decommissioned toilets and possible difficulties experienced by consumers when needing bathroom facilities. There was no recorded evidence from consumers stating how the decommissioned toilets affected their daily care needs. The Approved provider in its response evidenced planned refurbishment works for the service. A hazard report was completed in July 2024, identifying bathroom tiles in a South Wing were slippery and posing a risk to staff and consumers. The Site Audit Report stated the closure of the bathroom was impacting staffs’ ability to complete showers and personal cares for the consumer in the area. The Approved provider in its response has clarified that staff did not provide this feedback and there are four consumers in the area who independently use the bathroom facilities, one consumer requires full assistance to use the bathroom, and the remaining consumers cannot use the bathroom facilities.

In coming to my decision of Compliance in this Requirement, I have placed weight on the positive feedback from consumers regarding the furniture, fixtures and equipment, and the responsiveness of the service to complete repairs when identified. Therefore, it is my decision this Requirement is Compliant.

Based on the information recorded above, it is my decision this Standard is compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives felt supported to raise concerns, provide feedback, and make complaints. This was done in various meetings, or they would speak to staff or management directly and felt comfortable doing this. The suggestion box with feedback forms was observed to be provided at reception and in each wing. Consumers stated they were encouraged to provide feedback or complete feedback forms. Staff and management described the processes to promote and support feedback and complaints aligning with consumer and representative’s feedback. The consumer handbook details the internal and external feedback, compliments, and complaints process. Additionally, the service’s complaints policy guides this process.

Consumers and representatives demonstrated their understanding of the various ways to raise a complaint, such as contacting the Commission, contacting family members, or seeking help from advocacy services. The staff demonstrated their competence in the internal and external feedback and complaints methods and described how they supported consumers who need help completing a complaint. Management confirmed the interpreter and advocacy services available to the consumers. The consumer handbook and communal areas had relevant documentation regarding interpreter and advocacy services for consumers. Pamphlets for the Seniors Rights Service, Older Persons Advocacy Network and the Translating and Interpreting Service were observed to be available at the main entry of the service. The consumer handbook provided to consumers and representatives on entry to the service also included information regarding these services.

Consumers and representatives confirmed appropriate action was taken in response to their complaints. Consumers and representatives stated management and staff immediately acknowledged their concerns and kept them informed. Staff members confirmed they received open disclosure training as part of their annual mandatory training program. Complaints information demonstrated complaints were investigated, action is taken when a complaint was received, and an open disclosure process was implemented when things go wrong. The service had an open disclosure policy that supported and guided the complaints process.

Consumers and representatives confirmed feedback and complaints were reviewed to improve the quality of care and services. Management reviewed feedback and complaints daily to ensure prompt responses and potential improvements to care and services were captured in the continuous improvement plan to inform consumer care. Trending and analysing feedback and complaints have resulted in care and service improvements, such as an additional 25 shower chairs. The complaints register, consumer and relative meeting minutes, and the continuous improvement plan confirmed that feedback and complaints improved the quality of care and services delivered to consumers.

Based on the information recorded above, it is my decision this Standard is compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives confirmed there were sufficient staff at the service, and consumers did not have to wait for care and services to be provided. Consumers confirmed they did not wait long when they press their call bell or ask a staff member for assistance. Staff said they were a small team and worked well together across all areas to ensure consumers were supported. Some staff had multiskilled roles and work in hospitality as well as care staff. Management was willing to assist if needed and were responsive to increased needs of consumers and adjusted staffing ratios accordingly. The service utilised an electronic rostering tool which highlighted and alerted staff of forthcoming vacancies and was closely monitored by management. Care minutes were reported to management monthly and were benchmarked across the organisation, the service demonstrated they had increased staffing levels on two occasions recently to meet consumers’ needs and were operating above the planned care minutes. Regular audits were carried out with consumers and representatives to determine any concerns regarding call bells and reports were generated and reported on monthly to senior management and benchmarked across the whole organisation. The service investigates all call bells over ten minutes and written investigation sheets demonstrated all lengthy call bell responses were followed up and investigated by staff. The service used feedback from staff and consumers as well as clinical indicators to ensure staffing levels were sufficient. Staff were observed completing tasks and assisting consumers in a calm and efficient manner.

Consumers and representatives confirmed staff were kind, caring and respectful of the consumers’ identity, culture and diversity when providing care. Staff were observed to greet consumers by their preferred name and use the consumer's preferred name when speaking about them and these were recorded in care planning documentation. Staff were familiar with each consumer's individual needs and identity. The service had a suite of documented policies and procedures to guide staff practice, and outline the care and services were to be delivered in a respectful, kind and person-centred manner. Training records demonstrated staff were provided with ongoing training regarding customer care practices, such as dignity and respect, choice and independence and support for daily living.

Consumers and representatives felt confident staff had the skills and knowledge to meet consumers’ care needs. Staff felt they were competent to provide the care the consumers needed at the service. Management described how they determined whether staff were competent and capable in their role using a range of methodologies, such as observations, consumer and representative feedback and educator assessments pertaining to competencies and surveys. The service had documented policies in relation to key qualifications and knowledge requirements of each role employed by the service in their position descriptions. Documents demonstrated staff had the relevant qualifications to perform their duties outlined in their position descriptions.

Consumers and representatives were satisfied the service trained and supported staff to deliver care required and were confident in the current staff ability to deliver care and services. Staff stated the service provided training they required, and they could provide input and feedback to the service on training or support needs and how to improve their current training needs. The organisation supported staff to progress to enhance their career, including care staff undertaking medication competency training, enrolled nurses upskilling to registered nurses and registered nurses progressing to management roles. Documents evidenced staff training requirements on recruitment and on an ongoing basis to ensure they had the knowledge to deliver the outcomes required by the Quality Standards. Documents demonstrated high completion rates of required training completed by staff.

Consumers and representatives said management appeared supportive of staff, and they felt able to provide feedback to management about the staff and services. The service offered regular assessments, monitoring, and reviews to identify the performance of their workforce. Staff confirmed they had received on-going supervision and annual appraisals. Management conducted periodic performance feedback during probation and at the end of six-month probation and annually thereafter. The service conducts an annual staff appraisal cycle and provides feedback to staff immediately after any incidents, observations, complaints, or compliments. There was a newly introduced structured staff performance review process in place, which aimed to provide staff with a more flexible approach to formal conversations around performance and this was monitored by management. Policies which guided performance development and performance processes were in place within the service.

Based on the information recorded above, it is my decision this Standard is compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

**Findings**

Consumers and representatives stated they were confident the service is run well, and they are satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management and staff were able to describe the ways in which consumers were encouraged to be engaged and involved in decisions about changes to the service, and the development, delivery and evaluation of care and services they received. Feedback was sought from consumers and representatives about the service environment, delivery of clinical and personal care, lifestyle activities, food and meal service, staffing, and their overall satisfaction via the following mechanisms: meetings, feedback forms, surveys, and discussions with consumers and representatives during organised case conferences and ad hoc conversations.

The organisation's governing body set clear expectations and policies which emphasised the importance of safety, inclusivity, and quality in all aspects of care provision. This included but is not limited to, establishing protocols for consumer safety, promoting diversity and inclusivity in both staff and consumers, and implementing rigorous quality assurance measures, such as timetables for internal and external audits. Senior management analysed internal audits, and the results of these audits were discussed with both the service and organisational clinical governance subcommittees. This process ensures the Board and executive were consistently informed about the performance of all services and maintained strong oversight of the organisation.

The organisation had an established governance framework that encompasses key operational facets and actively involved senior management, the Board, and staff at all levels. The Board gave authority to the Chief executive officer to communicate and enact the Board’s decisions to the wider organisation. This ensured effective organisation-wide governance systems and processes were in situ. Consumers and representatives confirmed they received regular activity calendars, emails, memos, social media and newsletters with information pertaining to the service. Staff confirmed knowledge on how they accessed organisational policies and procedures through the intranet. The organisation had a continuous improvement framework that followed a system-based management approach to the delivery of care, services, and activities. Management had monthly reporting to align the budget and could request additional funds, if necessary. They could influence and were partners in financial reviews and forecasting for the service. The organisation had a human resource system in place to ensure all staff were qualified to carry out their roles with responsibilities and accountabilities as set in each position description per role. Regulatory compliance was driven by the Corporate Legal team, in relation to all industry changes, this was monitored and filtered through all relevant committees and reported to the Board. Feedback, complaints, and suggestions raised by consumers and representatives and staff were documented in the online feedback register which transferred into the service’s continuous improvement plan, where applicable.

The service had risk management systems and practices in place to identify and manage risks to the safety and wellbeing of consumers. All staff interviewed were aware of these policies, had undergone training regarding what it meant for them in a practical way and could demonstrate a sound understanding of these policies. A review of documents showed risk management is embedded throughout the operating system, including standing agenda items for both quality and operational meetings, policies, and procedures, and learning and development. Management had oversight of the data collected and used this to analyse and provide practical support to the service to address and mitigate risks. Risks were identified, reported, escalated, and reviewed by management, executive and reported to the Board.

The Clinical Governance Framework placed an emphasis on consumer-centric care, where the preferences and needs of the consumers were at the forefront. It involved actively engaging consumers and representatives and their families in decision-making processes and tailoring care plans to individual preferences. The framework was an integrated component of corporate governance at the organisation. The Board was responsible for clinical quality and safety in the service and ensured the implementation of clinical governance arrangements, empowering the workforce and practitioners to deliver safe, quality care. Monitoring and evaluating clinical care performance data was a priority, and the Board delegated responsibility to the executive and relevant committees for the implementation, monitoring, and evaluation of clinical governance arrangements to ensure the provision of safe and quality care.

The Site Audit Report contains information the clinical governance framework was not effective as deficits relating to environmental restraints and chemical restraints were not identified. I have considered this information in three other Requirements and found evidence to be lacking to support deficits in these areas. Deficits in the service’s management of a COVID-19 outbreak as reported in the Site Audit Report were considered in Requirement 3 (3) (g) and found to be unsubstantiated. The Approved provider in its response refutes the failure of the clinical governance framework, and asserts that a minimisation of restrictive practices policy, and employee training program and management and staff awareness of the processes is evidence of robust clinical governance.

In coming to a decision of Compliance in Requirement 8 (3) (e) it is my decision clinical care delivery was safe and effective, antimicrobial stewardship processes were in place and the service minimised the use of restraints, Therefore, this Requirement is Compliant.

Based on the information recorded above, it is my decision this Standard is compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)