Fairfield Nursing Home

Performance Report

123-125 The Crescent   
FAIRFIELD NSW 2165  
Phone number: 02 9728 1144

**Commission ID:** 2504

**Provider name:** Fresh Fields Management (NSW) Pty Ltd

**Site Audit date:** 21 March 2022 to 23 March 2022

**Date of Performance Report:** 3 June 2022

# Performance report prepared by

James Howard, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit conducted from 21 March 2022 to 23 March 2022; 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 22 April 2022.
* Other information and intelligence held by the Commission in relation to this service.

# 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 were assessed as Compliant.

Consumers and representatives confirmed staff always treated them with dignity and respect. Consumers and representatives gave examples, such as the use of dignity gowns and ensuring bed linen and consumers’ clothing were changed every day. Consumers and representatives confirmed their culture, values and diversity were always respected, and activities and services were culturally safe. Examples were given such as language assistance and awareness of the backgrounds and culture of consumers. Consumers said they were supported to maintain independence in their lifestyle choices and preferences, make decsions about who was involved in their care and they were supported to maintain relationships in the way they wanted. Practical examples of this included 3 male consumers who shared a triple room as they enjoyed each others’ company, whilst another consumer liked his daughter to be involved in his care. Consumers spoke of being able to take risks in their daily life, such as smoking or going for short walks on their own. Consumers advised the staff discussed risks with them but they were able to make their own choices as it helped them to live their best lives. Consumers reported they were given information to help them make decisions, such as menu options for meals and regular newsletters to keep them informed about happenings within the service. Consumers confirmed staff always protected their privacy, advising staff always knocked before entering and ensured dignity gowns were used when bathing or receiving other care.

Interviewed staff spoke about consumers in a caring and respectful manner, and gave examples of individual consumers’ backgrounds and challenges they faced as well as ways they supported consumers. Staff showed an understanding and knowledge of consumers’ cutural diversity and spoke about how they tailored care and services in line with those considerations. Examples included assisting an indigenous consumer with clothing and conducting a traditional smoking ceremony for her, and speaking Spanish with a consumer with a Spanish background. Staff supported consumers to make their own choices and to maintain relationships through examples such as listening to consumers as to how and when they want to receive services such as showering, bathing and toileting. Staff advised they encouraged consumers to be mobile and to independently complete activities, while maintaining a level of supervision. Staff explained how they supported consumers to take risks in their daily lives, such as providing consumers with information so they could make informed choices and having consumers complete dignity of risk forms. Staff described the different ways information was provided to consumers and their representatives, including menus, activities schedules, monthly newsletters and letters from management. Staff confirmed the importance of maintaining the privacy of consumers and spoke of similar methods used as described by consumers.

The organisation maintained a dignity and respect policy, with a focus on commitment to providing care and services with dignity and respect. Staff treated consumers with dignity and respect and the assessment team observed care planning documentation for consumers that showed cultural diversity within the service and specific actions in place that acknowledged diversity and tailored services appropriately. Care planning documentation for sampled consumers showed consumers were supported to exercise choice and independence in their lifestyle choices, were able to choose who was involved in their care and maintain relationships as they wish.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Consumers and representatives reported they received care and services that were aligned with their health and wellbeing and advised they were involved in the assessment and care planning process on an ongoing basis. Consumers and their representatives advised staff listened to them and explained information as required. Sampled consumers gave examples of how they were included in the care planning process both initially and on an ongoing basis. Consumers and representatives described their needs and preferences and spoke about how the service’s care planning processes took these into account. The service regularly updated care plans, including when circumstances changed or incidents occurred that required review of care plans. Both consumers and representatives confirmed end of life care was discussed with them. Consumers and representatives gave examples of other health professionals being included in care assessment and planning such as physiotherapists and NDIS providers. Consumers advised their plans were located on their doors, they had easy access to them and were consulted when changes were made.

Staff described the process of assessment and planning that informed how they delivered safe and effective care to consumers. Staff spoke of assessments including nutrition, skin, falls risk, dysphagia risk, as well as other considerations dependent on the consumers’ individual needs and preferences. Staff advised care plans were reviewed every four months or as required in the case of an incident or change in consumers’ conditions. Care staff advised they take a team approach to care planning with representatives and consumers. Staff described how they involved representatives and other care professionals in the assessment and planning process including NDIS to provide tailored services and/or equipment as needed. Staff confirmed consumers had access to care planning documentation and how they commenced discussions regarding end of life care as required. Staff described the ways in which they communicated outcomes to consumers and representatives, including clinical meetings, case conferences with family and consumers, and providing copies of consumers’ service and care plans including consultative notes. Staff demonstrated knowledge of their responsibility to report incidents, escalate incidents, and report change in consumer conditions. Interviewed staff demonstrated an awareness of the service’s review process, which occurred either four-monthly or as required, and how the reviews involved the consumer and/or representative, clinical staff, allied health, and other medical professionals as needed.

The service had processes in place to ensure consumers and representatives had a voice in their assessment and care planning through checklists for staff to use when drafting care pans and assessments. The service maintained care policies for high risk matters such as behaviour management, hearing loss, delirium, falls, pain, nutrition and hydration. Care planning documentation reflected end of life considerations where discussed and contained policies and procedures for palliative care to inform staff in their practice. The service maintained policies and procedures regarding regular reviews of consumers, including involvement with other health professionals and organisations. The assessment team observed consumers’ care planning documentation in their rooms and saw clinical and care staff handover meetings where outcomes of assessment and care planning were discussed. The organisation kept folders for family consultation forms, which showed evidence of how the services communicated and consulted with family. The organisation demonstrated policies and procedures in place for monitoring clinical trends including pressure injuries, skin integrity and falls.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) 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 were assessed as Compliant.

Consumers advised they received care that was safe and right for them and met their individual needs and preferences. Consumers and representatives described how the care they received supported their health and wellbeing. Consumers and representatives advised any risks were well managed, including high risk matters and high prevalence risks, with staff explaining risk factors and consumers being involved in risk mitigation strategies. Consumers and representatives expressed confidence that when the consumer needed end of life care, the service would support them to be as free as possible from pain and to have those important to them, with them. Consumers and representatives described how the service identified and responded to consumers’ decline efficiently and effectively. Consumers and staff confirmed staff effectively communicated their needs and preferences and provided consistent care and services in accordance with those needs and preferences. Consumers and representatives advised that referrals were timely, appropriate and occurred when needed and consumers had access to relevant health professionals, such as allied health professionals, medical specialists and specialist services. Consumers and representatives advised they were happy with the infection control practices in place, especially as there had not been a COVID outbreak at the service.

Staff provided examples of how they provided safe and effective care, such as wheelchair-bound consumers requiring adherence to toileting schedules. Staff also discussed the actions they took if they had concerns about a consumer’s care, such as consulting other health professionals and escalating to the registered nurse. Staff confirmed training was provided in restrictive practice and minimisation strategies. Staff were aware of their responsibilities in managing risks and described strategies used to minimise risks for consumers. Staff described how handover occurred at the beginning of each shift to identify consumers’ care needs and preferences including risks. Examples included identification of escalating behaviours of concern, falls risks, skin integrity issues, pain management issues and changes in dietary needs. Staff discussed how to report incidents and registered staff described how incidents were reviewed and outcomes followed up with appropriate actions. Staff spoke about end of life arrangements for consumers and how they ensured their needs and preferences are met.

Staff explained how they identified and reported changes to a consumer’s condition, including after hours procedures. Staff described how information was shared when changes occur through handover and how changes were documented in progress notes and shift reports. For example, if a consumer had a change to the texture of their diet, had a fall, or was transferred to hospital, staff were informed immediately of the change. Staff described how notes were made and information shared when a consumer was referred to other health professionals or service providers, including handover meetings and progress notes. Staff received training in infection minimisation strategies, including hand hygiene, the use of appropriate Personal Protective Equipment, cough etiquette and cleaning processes, both at orientation and through mandatory, ongoing education.

The service demonstrated it maintained policies and procedures that covered all aspects of care and services; for example, the use of restrictive practices, skin integrity and pain management. The organisation used a clinical indicator report to provide analyses of clinical trends, incidents and risks. Clinical reports were discussed at staff meetings to assist in continuous improvement practices. The approved provider maintained a risk management framework which informed the service’s practices for risk identification, management and recording. Staff had access to policies and procedures regarding high risk and high prevalence matters. The service had clinical guidelines regarding the delivery of palliative care services. Clinical staff were available around the clock to support and monitor care for consumers nearing the end of life. The organisation maintained clinical records that were monitored for signs of change in condition of decline in health, with any changes documented and responded to promptly. Staff were informed about managing change in consumer conditions through policies and processes, which included providing palliative care as appropriate. The Assessment Team observed referrals made to other health professionals such as a physiotherapist, dietitian and speech pathologist through the service's internal referral portal. The service had guidelines for staff to consult when referring consumers to external health services, which were documented in progress notes and care planning documents. Policies and procedures regarding minimisation of infection-related risks included a documented infection control program that set out how the service prepared for, identified and managed outbreaks. The organisation had documented policies and procedures concerning antimicrobial stewardship and application of antimicrobial governance.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

In the site audit report for the site audit conducted from 21 to 23 March 2022, the Assessment Team recommended that Requirement 4(3)(g) was Not Met as it considered equipment was not safe, clean and well maintained. Having considered the evidence in the site audit report and the approved provider’s response, I decided the service was non-compliant with Requirement 4(3)(g). I have provided reasons in the relevant Requirement below.

Consumers and representatives confirmed consumers were supported to do things they wanted and that were of interest to them. Consumers gave examples such as playing bingo, painting, and arts and crafts. Consumers confirmed the activities promoted their health and well-being and improved their independence and quality of life. Consumers reported that their spiritual, emotional and psychological needs were being met. Examples of activities for religious observances and cultural identity were provided by consumers. Consumers confirmed they were supported to maintain relationships as they wished, both inside and outside the service, and were able to participate in the community. Consumers spoke of attending a local church weekly and others spoke of outings related to their background and culture. Representatives stated consumers’ conditions, needs and preferences were effectively communicated within the organisation and with others involved in providing care and services. Consumers confirmed they were supported by other services such as hairdressers or church ministers. Consumers stated they were happy with the variety and quality of meals provided, and how the service took their individual preferences into account. Consumers could not advise how and when their equipment, such as walkers or wheelchairs, were cleaned by staff at the service.

Staff gave examples of how they provided safe and effective supports for consumers’ daily living that promoted their independence, optimised their health and wellbeing and supported consumers’ active participation in relationships and the community. Staff described a ‘likes and dislikes’ questionnaire filled out by consumers and how staff observed consumers in their first few weeks at the service to better understand which activities they liked to attend or not attend. Staff talked about consumer meetings and how they obtained information from these to design activities in line with consumer wishes. Staff described the ways in which they provided emotional, spiritual and psychological support to consumers through one-on-one conversations and awareness of consumers’ situations and discussed how they supported consumers to maintain relationships both inside and outside the service, participate in the community and do things that interested them by knowing what consumers liked and making those things available to them. This included using external people and/or organisations to provide things outside the service, such as church visits or other outings. Management and clinical staff said they could access the information they needed in care plans in consumer files kept in the nurse's stations, mini care plans in the consumer's wardrobes and during handovers.

Kitchen staff said the dietitian notified them of consumers’ dietary needs and preferences and a daily preference sheet was provided to the kitchen by lifestyle staff of meal choice and menu alterations for the day. Staff discussed the processes they followed to engage with external people and organisations to provide additional support to consumers as required, which included language services, NDIS, and other volunteers. Kitchen staff provided detailed information regarding meal plans, food variety, dietary needs and quality controls.

Interviewed staff were not able to identify who was responsible for cleaning personal mobility aids. Management and various staff members provided conflicting information about whose responsibility it was to clean the equipment. The assessment team advised management of the conflicting information and management advised it would be rectified as soon as possible.

The organisation demonstrated it kept accurate and accessible records of consumers’ preferences and needs, which included information about consumers’ spiritual beliefs and strategies to support their emotional wellbeing. The service posted activity agendas around the service, which were updated weekly and showed the service celebrated special days such as St Patrick’s Day. Consumers were engaged in activities such as virtual games with other consumers and family members visiting consumers. Care documentation for consumers provided adequate information to support safe and effective care concerning services and supports for daily living. Management and staff described ways in which they shared information and were kept informed of the changing conditions, needs and preferences of each consumer. The assessment team observed external service providers operating within the service to suppport consumers. Kitchen areas were clean and tidy, with health and safety posters displayed as well as information on infection control measures. Menu options for consumers included multicultural options such as Vietnamese noodles and Croatian bean sausage. A recent survey conducted by the service showed a food satisfaction results of 79% satisfaction, against a benchmark of 71%. Meals for consumers with special dietary needs such as Halal or diabetic requirements were clearly identified at meal service times.

As noted above, the assessment team raised concerns with management regarding the cleanliness of personal mobility equipment, and the responsibility for cleaning these items. This requirement is discussed in more detail below.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Assessment Team observed the personal mobility equipment of some consumers was not clean and well-maintained. Observations included a wheelchair with bodily fluid stains marked as ‘do not use’ and other equipment soiled as a result of a bird infestation. Interviewed staff were not able to identify who was responsible for cleaning personal mobility aids.

* Cleaning staff said they did not clean consumer equipment.
* Management said maintenance was responsible for cleaning consumers’ personal equipment.
* Maintenance staff said they fixed consumers’ equipment when asked; however, they do not clean or maintain personal equipment for consumers.
* Clinical and lifestyle staff said they cleaned general equipment after use, however, they could not say who cleaned consumers’ personal equipment.

The Assessment Team reviewed documentation that showed the service was unclear about who was responsible for cleaning consumers’ personal equipment. The Assessment Team raised the issue with management and it acknowledged a lack of clarity in responsibility and advised it would take steps to rectify the issue. In the approved provider’s response to the site audit report, it acknowledged the issue and provided details of resolutions put in place, such as new procedures that stated the maintenance team would henceforth be responsible for cleaning personal mobility equipment. However, at the time of the site audit, these procedures were not in place and the lack of clarity over responsibility for cleaning consumers’ personal equipment resulted in unclean and unusable equipment.

Therefore, having considered the available evidence, I decided the service was non-compliant with Requirement 4(3)(g).

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Quality Standard is assessed as Non-Compliant as one of the three specific requirements was assessed as Non-Compliant.

In the site audit report for the site audit conducted from 21 March 2022 to 23 March 2022, the Assessment Team recommended that Requirement 5(3)(b) was Not Met, as it considered the service environment was not clean, well-maintained and comfortable. Having considered the evidence in the site audit report and the approved provider’s response, I decided the service was non-compliant with Requirement 5(3)(b). I have given reasons in the relevant Requirement below.

Consumers confirmed they felt at home in the service and felt safe and comfortable in the environment. Consumers and representatives interviewed said that furniture, fittings and equipment at the service were safe, clean, well-maintained and suitable for their needs. However, whilst most consumers and representatives sampled said the service was clean, well-maintained and they could move around the service easily, some consumers said they were not satisfied with the cleaning or maintenance of the service.

Maintenance staff described the preventative maintenance works and reactive maintenance process, including the use of maintenance request books in each of the nurse's station that were checked daily.

The service described how it supported consumers and their visitors to feel at home and support consumers’ independence, which included consumers’ ability to personalise their rooms as much as they like. Consumers often gave gifts of arts and crafts they made for each other, to hang in their rooms.

The Assessment Team observed that the service’s outdoor areas were unclean and not maintained and this issue is discussed in more detail below, under Requirement 5(3)(b). The Assessment Team observed the furniture, fittings and other equipment (excluding personal mobility equipment) to be generally safe, clean, well-maintained and suitable for consumer use.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

The Assessment Team observed the service's internal and external environments were unclean and poorly maintained, which presented a health and safety risk to consumers. Information obtained in interviews with management and staff did not demonstrated the service was regularly and adequately cleaned and maintained.

The Assessment Team noted the following issues with cleanliness and maintenance and considered the issues were not addressed in a timely manner:

* The service had a significant volume of pigeons that inhabited the premises. There were significant volumes of pigeon feathers and droppings built up on window sills, windows, external vents and downpipes and walkways.
* On days 1 and 2 of the site audit, the Assessment Team observed some bathrooms were unclean. For example, the team observed one bathroom had faeces on the floor for more than 3 hours and some bathrooms contained a strong urine smell. Further, some bathrooms were observed to have pubic hairs on toilet seats, hair clogged in drains and floors containing stagnant water without recent use, including one that had a sink leaking from the pipe underneath.
* There was a significant fruit fly problem on the upper floor of the service. The Assessment Team observed large volumes of fruit flies in all areas including consumer's rooms, hallways and shared bathrooms, with fruit flies dotted over the ceilings.

The service provided a risk and hazard report, dated 15 February 2022, that documented the risk/hazard due to pigeons flying around and creating a mess that was 'unbecoming for the residents to see.' Actions included contacting pest control, obtaining a quote and placing a 'scarecrow' as a temporary fix. The Assessment Team requested a status update on the pest control quote. Management produced an email from 21 March 2022, the first day of the site audit after entry, asking the organisation’s head office for an update on the quote, as management was unsure if the quote was approved. Management later notified the Assessment Team the pest control contractor was back on site and investigating the possibility that birds were nesting in the service’s roof.

The Assessment Team left site before a final report or evidence of timely action in response to the risk/hazard could be provided by the service.

The Assessment Team reviewed the service’s continuous improvement plan from February 2022. In a note made on 18 February 2022, the plan noted there were pigeons and bird droppings outside the building, with action to be taken by a pest control contractor by 31 March 2022. The Assessment Team observed the pigeon droppings were not addressed during the first 2 days of the site audit; however, maintenance staff used a high pressure hose to clean the droppings and walkways on the morning of day 3 of the site audit, after the Assessment Team raised the issue with management.

The Assessment Team reviewed the maintenance request books in the nurse stations and observed whilst there were no outstanding maintenance requests and all requests were completed in a timely manner, some entries showed ongoing issues with birds and flies within the service.

In its response, the approved provider acknowledged the issues and provided an explanation of actions it was taking to remedy the issues. However, although the service is now taking action, at the time of the audit, the issues were not resolved and the service environment was not clean, well-maintained and comfortable.

Therefore, having considered the available evidence, I decided the service was non-compliant with Requirement 5(3)(b).

### 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 were assessed as Compliant.

Consumers and representatives said they knew how to give feedback or make complaints and felt supported to do so by the service. Consumers and representatives confirmed they felt comfortable in providing feedback and did not experience any negative consequences as a result. Consumers and representatives described how they could provide feedback about their care and services. Consumers provided examples of how the service responded to previous issues raised with positive responses and actions. Consumers spoke of various ways to provide feedback and lodge complaints, including consumer representative meetings, feedback forms or through one-on-one conversations with staff and/or management. Consumers and representatives understood they could ask others to speak on their behalf, including using language services or advocates. Consumers and representatives recounted occasions when they had raised issues and these were listened to and promptly resolved by management. One example provided by a consumer showed that feedback resulted in improvements in how daily care was provided, as the service promptly responded to help the consumer feel more comfortable during showers.

Staff described the various channels available for staff to lodge complaints and/or provide feedback, how they understood their role in the process and how the complaint-handling process worked. Staff advised all complaints were recorded in the compliments and complaints register, with clinical issues raised directly with the registered nurse. Staff confirmed they were trained in complaint-handling, including the provision of an advocate or language service if required. Staff demonstrated knowledge and understanding of open disclosure, spoke of instances where this would be used and understood its importance in the complaints process. Staff provided examples of how the complaints and feedback process informed the service’s continuous improvement practices.

The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives. For example, complaints from a variety of sources, which included consumer and staff surveys, verbal complaints, feedback during resident meetings and written communications, were documented on feedback forms and recorded in the service’s electronic complaints and compliments reporting system. The service demonstrated that upon admission consumers and representatives were provided with various documents that advised of their rights in relation to making complaints and providing feedback, which included external services available to assist them.The Assessment Team observed records such as meeting minutes and the complaints and compliments register were up to date and showed an appropriate and timely response for each complaint.The Assessment Team checked the service’s continuous improvement plan for the past 6 months and noted it aligned with the complaints recorded in the complaints register for the same time period.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers and their representatives confirmed they received care and services from staff in a caring and respectful manner. Consumers and representatives advised they were confident and satisfied with staff training and knowledge. Consumers considered staff were good at their jobs and did not experience delays in care or services provided. Consumers and their representatives confirmed that services and care were consistently tailored to their needs and preferences, without the need to advise staff of their individual preferences. Consumers gave examples such as excellent call bell response times.

Interviewed staff advised they had enough time and sufficient other staff so they were able to provide quality and consistent care and services to consumers. Staff mentioned that during COVID it was sometimes difficult, but management responded well and arranged additional agency staff. Staff described the recruitment process, including mandatory training modules and the ongoing personal development and training opportunities available to them. Staff advised they had confidence in their own skills and knowledge, which enabled them to provide high levels of care and services to consumers. Staff confirmed they were actively involved in performance management processes such as annual performance reviews and ad hoc performance discussions as required, which included identifying any knowledge gaps or training needs. Staff talked about recent training in infection control, restrictive practices and the Serious Incident Response Scheme.

The service provided details of its rostering processes, which showed an appropriate blend of numbers, with skilled staff always rostered on duty. Management used call bell response time reports as one method of monitoring performance and management followed up on report data and used this to understand areas that required attention. The Assessment Team viewed staff performance review files, which showed all staff were engaged in annual performance reviews and reviews were up to date. The service conducted regular and ad hoc training as needed, including on topics requested by staff. The service had policies in place for human resources, which included recruitment and personal development. The Assessment Team examined a staff member’s performance review schedule and noted it was completed within the required timeframe.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

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

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

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

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

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

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

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

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

# STANDARD 8 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 were assessed as Compliant.

Consumers and their representatives considered the service was well managed and they were satisfied with consumer engagement with the service’s decision-making process concerning issues such as planning, delivery and evaluation of care and services. Consumers gave examples of how they were engaged in processes including regular consumer meetings, providing feedback to management and general day to day discussions.

Staff described the ways in which consumers were involved in decision making, which included quarterly consumer meetings, regular surveys, discussions with consumers and representatives during case conferences and informal, daily discussions between staff and consumers.

Staff said they could readily access relevant information that supported them in their respective roles, which included:

* Daily handover meetings conducted for staff to ensure current information relating to consumer care needs and preferences was communicated.
* Access to up-to-date information about consumers through medical notes, progress notes and updates in the nurse’s station.
* Regular meetings between staff and consumers.
* Information relating to regulatory and internal changes were cascaded to staff from management and the Board through regular staff meetings and email correspondence.
* All staff had access to the service’s quality database system, which contained documented policies and procedures in relation to the Quality Standards.

Staff demonstrated an understanding of risk management principles and knowledge of how to apply processes and strategies when providing care and services. Staff confirmed they received training in antimicrobial stewardship, minimisation of restraint practices and open disclosure and demonstrated understanding of these concepts.

The service demonstrated how it promoted a culture of safe, inclusive and quality care and services and was accountable for delivery standards, through effective governance at both an organisational and service level. The service had effective governance systems for the management of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints and had documented policies and procedures that guided clinical practices and risk management. Staff demonstrated their understanding of these policies and provided examples of how they were implemented in practice. The service provided information to the Assessment Team in a timely and effective manner.

The service maintained a risk management system for managing high impact or high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

The service maintained:

* a documented clinical governance framework
* a policy relating to antimicrobial stewardship
* a policy relating to minimising the use of restraint
* an open disclosure policy.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

Areas were identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on the service’s non-compliance with two of the Quality Standards as described in this performance report.

* Staff in the service were unclear about responsibility for cleaning consumers’ equipment.
* Particular areas in the service's internal and external environments were unclean and poorly maintained, which presented a health and safety risk to consumers.