Glaica House

Performance Report

22 Flora Parade   
TUNCURRY NSW 2428  
Phone number: 02 6554 5521

**Commission ID:** 0210

**Provider name:** Great Lakes Aged & Invalid Care Association Ltd

**Site Audit date:** 26 April 2022 to 29 April 2022

**Date of Performance Report:** 16 June 2022

# Performance report prepared by

E Woodley, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.
* the provider’s response to the Site Audit report received 23 May 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Most consumers and representatives interviewed by the Assessment Team considered that consumers are treated with dignity and respect, can maintain their identity, and live the life they choose. Overall consumers interviewed said staff members understand their cultural needs and preferences and make them feel respected, valued, and safe.

Consumers interviewed said they have a say in making their own decisions about how their care and services are delivered and feel confident staff members support their choices. Consumers interviewed said they are supported to take risks to enable them to live the best life they can.

Consumer care plans reviewed by the Assessment Team contained specific and individualised details relating to the consumer’s cultural needs and preferences. The Assessment Team reviewed completed risk assessments in accordance with guidance in the risk management procedure including dignity of risk.

While the Assessment Team observed some interactions between staff and consumers that were not always kind, caring or respectful of consumer’s privacy, this has been considered in Standard 7, Requirement 7(3)(b). Overall, most consumers and representatives interviewed said staff members make consumers feel respected and valued as individuals, and spoke positively about the staff members respecting their privacy.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Some consumers and representatives interviewed by the Assessment Team confirmed they are informed about the outcomes of assessment and planning and believe that they have ready access to their care and services plan if they wish. However, come consumers interviewed said they are not involved in their care planning.

Care planning documents reviewed by the Assessment Team for sampled consumers did not reflect that the consumers are active partners in their personal and clinical decisions or are consulted at the time assessment and planning decisions are made.

The Assessment Team found the assessment and care planning process does not always consider risks to the consumer’s health and wellbeing to inform safe care. While care and services plans are generally reviewed this is not always effective and does not always account for when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

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

## Assessment of Standard 2 Requirements

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

The Assessment Team found assessment and care planning for consumers, especially consumers in respite care, does not consider the risks to the consumer’s health and well-being to inform the delivery of safe and effective care. Information regarding diabetes management, risks associated with medications, and high falls risk was not included in consumer’s care plans to inform safe care and minimise associated risks. The service has guidance to inform assessment and care planning for consumers on the day of admission, but no guidance for subsequent care planning after this was provided to the Assessment Team.

The approved provider’s response clarifies for one consumer how the risk associated with their medication is communicated to staff, which is in line with the service’s procedures. The approved provider’s response demonstrates for the consumers identified in the Site Audit report, the service has updated their care plans to identify the risks and provide guidance to inform safe care.

The approved provider’s response includes continuous improvement actions implemented since the Site Audit to improve assessment and care planning including the commencement of a 28 day assessment process and staff education and training.

At the time of the Site Audit, the service did not demonstrate that assessment and planning consistently considered risk to the consumer’s health and well-being to inform safe and effective care.

I find this requirement is Non-compliant.

### 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.*

Some consumers and their representatives interviewed expressed concerns that consumer’s needs and preferences are not adequately identified and addressed. Care documents reviewed by the Assessment Team were at times generic and not individualised to consumer’s goals and preferences. However, staff interviewed were generally aware of consumer needs and preferences. Most consumers had an advanced care plan completed and the Assessment Team reviewed evidence that advanced care planning is discussed with consumers at relevant times. The service has guidance available on advance care planning and end of life planning for staff and for consumers.

The approved provider’s response includes clarifying information regarding the processes undertaken for the identification of needs and preferences for consumers identified in the Site Audit report. The approved provider demonstrated while some identified goals were generic, interventions were generally specific to consumers and addressed their needs and preferences.

The service demonstrated assessment and planning generally identified and addressed consumer’s current needs, goals and preferences, including advance care planning and end of life planning.

I find this requirement is Compliant.

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

*The organisation demonstrates that assessment and planning:*

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

Most consumers and representatives provided feedback to the Assessment Team that there is adequate communication and they receive regular messages from the service to inform them of any changes in their consumer’s care needs. However, some consumers and representatives could not recall being involved in the assessment and planning of consumer care. Care and services planning for most consumers was noted to include other organisations, individuals and providers of other care and services.

The approved provider’s response included additional information to demonstrate consumers and representatives are involved in assessment, planning and review of the consumer’s care and services. This includes through case conferences undertaken prior to the Site Audit. While most of the case conference records focused on medication review, some demonstrated other needs and preferences were discussed with the consumer and representative. The approved provider’s response identifies education to be delivered to registered nurses on the procedure for care plan consultations.

The service demonstrated assessment and planning is based on ongoing partnership with the consumer, others that the consumer wishes to involve in their care, and other organisations, and individuals and providers of other care and services.

I find this requirement is Compliant.

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

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

### Requirement 2(3)(e) Non-compliant

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

While staff interviewed confirmed there is a schedule for regular review of consumer’s care and services, the service did not demonstrate care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Care plans reviewed by the Assessment Team did not demonstrate review following falls or deterioration of a consumer’s condition. Pain was not consistently reviewed for consumers following incidents. Palliative care assessments and care plans were not reviewed post commencement of end of life pathway. Consumers and representatives interviewed provided feedback on how they receive communication by the service in relation to incidents and changes in consumer’s condition. However, they were often not aware if there are changes in consumer’s care and services as a result of these incidents or change in condition.

In their response the approved provider identified continuous improvement actions to facilitate improved review of care and services following incidents or change in consumer condition. This includes changes to incident forms, staff education, and review of procedures regarding communication of changes to consumer care and services and the resident of the day system.

The service did not demonstrate that care and services are consistently reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

I find this requirement is Non-compliant.

# STANDARD 3 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Some consumers and representatives interviewed by the Assessment Team identified issues regarding personal hygiene and clinical care provided to consumers. Some concerns were raised by consumers and representatives about the identification and response to deterioration of their family members.

The Assessment Team found the service did not demonstrate it consistently delivers safe and effective personal and clinical care in accordance with the consumer’s needs, goals and preferences to optimise their health and wellbeing. There have been high impact or high prevalence incidents which have not had adequate review to improve outcomes for consumers. Deficits were identified in relation to skin care, falls management, continence care, end of life care, and incident management that does not always meet consumer needs or optimise consumer health and well-being. Some consumers sampled did not have timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Overall, the service demonstrated the implementation of standard and transmission based precautions to prevent and control infection, and practices to promote appropriate antibiotic prescribing and use.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

The Assessment Team found the service did not demonstrate each consumer receives safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being. There are high incidents of skin integrity issues such as excoriations that are not monitored by staff and impact on consumer’s health and well-being. Pain management is not always effective, and consumers are not reviewed for pain post incidents and wound care. Restrictive practices, including chemical and mechanical restraints, have not been managed or used as a last resort to optimise consumer wellbeing. Diabetes management directives were not consistently followed for consumers who require blood glucose monitoring and administration of insulin.

The approved provider’s response outlines continuous improvement actions implemented since the Site Audit to improve the personal and clinical care provided to consumers. This includes staff education, review of the procedures regarding restrictive practices, improved review and clinical monitoring processes including for consumers with excoriation.

The service did not demonstrate each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being.

I find this requirement is Non-compliant.

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

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

The service did not demonstrate the management of high impact or high prevalence risks associated with the care of each consumer has been effective. Incident documentation reviewed by the Assessment Team did not demonstrate comprehensive investigation to identify effective interventions to prevent further incidents and minimise associated risk. The service did not demonstrate effective post-falls management to reduce high impact risks to consumers. Some high prevalence risks for the service were not captured in the service’s key performance indicators used to trend and respond to high impact and high prevalence clinical and personal risks.

For the consumer’s identified in the Site Audit report, the approved provider’s response demonstrates some action was taken in response to falls to minimise associated risk. However, this was not consistently effective in managing risk or in line with the service’s policies.

The approved provider’s response identifies that the service plans to implement an investigation prompt and action document to be used in response to incidents to improve action, investigation and monitoring of high impact and high prevalence risks.

The service did not demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer.

I find this requirement is Non-compliant.

### Requirement 3(3)(c) Non-compliant

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

The Assessment Team found for consumers who had passed away at the service, end of life care processes were not commenced until late in the end of life pathway. Review of care documentation indicated that comfort is not maximised as per the consumer’s needs, goals and preferences for consumers at the end of their life. Gaps were identified in pain monitoring and management, interventions to manage nausea and discomfort, continence care, and maintenance of skin integrity for consumers at the end of their life.

The approved provider’s response outlines continuous improvement actions implemented since the Site Audit, including adding a palliative care assessment into the initial assessment process, and the implementation of a flow chart to guide staff in the care for consumers at the end of their life.

The service did not demonstrate the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, and their comfort maximised.

I find this requirement is Non-compliant.

### Requirement 3(3)(d) Non-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.*

The Assessment Team found deterioration in consumer condition was not consistently recognised and responded to in a timely manner. There has been negative impact to consumers due to lack of effective clinical oversight in relation to the deteriorating consumer. For one consumer, a change in their condition and identified pain was not responded to and there was no review by a registered nurse of medical officer. Another consumer’s deteriorating condition and infection was not responded to in a timely manner.

The approved provider’s response outlines continuous improvement actions implemented since the Site Audit, including review of handover and communication procedures.

The service did not demonstrate deterioration or change of a consumer’s condition is recognised and responded to in a timely manner.

I find this requirement is Non-compliant.

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

The service did not demonstrate that it has adequate systems to support communication of consumer’s condition, needs and preferences within the organisation. Care planning and handover documentation reviewed by the Assessment Team did not provide adequate or accurate information regarding consumer’s needs and preferences or changes in consumer condition or care needs. While care staff are documenting clinical issues in progress notes, these are not reviewed by registered nursing staff in a timely manner. Most consumers interviewed by the Assessment Team felt that their needs and preferences are not effectively communicated between staff and they have to repeat information to advise staff of changes in care.

The approved provider’s response outlines continuous improvement actions implemented since the Site Audit, including review of handover and communication procedures.

The service did not demonstrate information about the consumer’s condition, needs and preferences is documented and communicated within the organisation.

I find this requirement is Non-compliant.

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

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

The Assessment Team found while most consumers had been referred to services they needed, some consumers sampled did not have timely and appropriate referrals to individuals, other organisations and providers of other care and services. The organisation has support services such as dementia and wound care consultants, and speech pathologist and dietician services were noted to be available when required. However, the Assessment Team identified delays in the referral process for some consumers including to behaviour support services, x-rays, and medical officers. Most consumers and representatives interviewed by the Assessment Team expressed concern about access to medical officers. Management acknowledged there had been some difficulties accessing medical officers due to COVID-19 outbreaks.

The approved provider’s response included clarifying information about the referral process undertaken for the consumers identified in the Site Audit report, including some delays due to COVID-19 outbreaks in the service. The approved provider’s response also includes additional information about the availability of medical officers for consumers at the service.

While for some consumers, there were delays in medical officer reviews following deterioration or a change in the consumer’s condition, this has been considered in my assessment of Standard 3, Requirement 3(3)(d). While some referrals were not always followed up in a timely manner, overall, the service demonstrated appropriate referrals to individuals, other organisations and providers of other care and services occurs.

I find this requirement is Compliant.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Overall, consumers interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being. Consumers interviewed confirmed they are supported to do the things they want to do and are encouraged to maintain their independence. They said staff are kind and supportive and provide individual emotional support as needed. Consumers confirmed they are supported to keep in touch with people who are important to them and to do things of interest to them. There is an activities program with a variety of group activities run in the service to support consumers leisure interests and social needs.

Consumers interviewed were generally satisfied with the meals provided at the service. They confirmed they are given choice, there is variety on the menu, special dietary needs and preferences are catered for, and they are given enough to eat.

Care documentation reviewed by the Assessment Team reflected the background, life story, interests and lifestyle needs, goals and preferences of each consumer. Staff interviewed could describe how they get information on consumer’s needs and preferences regarding services and supports for daily living, and how this is communicated within the service and with others where responsibility for care is shared.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment and examined relevant documents.

The Assessment Team found the service overall provides a safe and comfortable service environment. Consumers and representatives interviewed were mostly positive about the service environment saying that they feel at home and the environment is clean and well maintained. Each consumer has an individual well-maintained bedroom with an ensuite and space for personal items.

Schedule maintenance logs are complete and kept up to date with requests which are risk assessed to prioritise actions.

However, some consumers interviewed by the Assessment Team identified issues with the service environment, including the temperature control and use of the call bell. The layout of the service is complex, and staff, consumers and representatives all reported getting lost while trying to find their way around. The main entrance to the service and central courtyard has minimal weather protection and limited space in the front foyer.

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

## 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.*

While most consumers interviewed by the Assessment Team said the service environment was clean and well maintained, some consumers raised some concerns. One consumer said they had made a complaint about the lack of temperature control in the service, and this had not been actioned. Several consumers had made complaints regarding pests in the service, however some of these issues had been addressed prior to the Site Audit. The Assessment Team observed some equipment including laundry trolleys stored in common areas, and some outdoor areas that required maintenance to reduce hazards to consumers. The Assessment Team observed the front entrance to the site has minimal weather protection and limited space in the front foyer. Visitors undertaking entry screening and consumers who are being collected or dropped off at the entrance have limited weather protection.

The approved provider’s response includes clarifying information about why some equipment was stored in common areas during the Site Audit, and additional areas for entry screening generally used by the service. The approved provider’s response identifies some strategies used to ensure appropriate heating and cooling of consumer rooms. The response demonstrates that some outdoor maintenance issues identified by the Assessment Team were rectified during the Site Audit.

While the approved provider’s response identified extenuating circumstances for some of the issues identified in the Site Audit report, the service did not demonstrate a proactive system to identify and action risks to the safety and comfort of the service environment.

I find this requirement is Non-compliant.

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

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

# STANDARD 6 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Most consumers and representatives interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. They were familiar with the ways in which they could provide feedback including speaking directly to staff, raising concerns with management, documenting on feedback forms or at the consumer and representative meetings.

Most consumers and representatives said they are confident that feedback and complaints are used to improve services. Some consumers and representatives interviewed said that when they had raised feedback, they were able to see changes made in response.

While some consumers felt confident that their concerns are recorded, they felt these were not actioned by management in a prompt and timely manner. They gave examples when they had posed questions or raised matters of concern and had not received feedback. Management advised while they endeavour to provide an adequate and timely response to all issues raised or complaints they were aware that some feedback was in the process of being responded to. Review of the complaints register noted that not all complaints are actioned or flowed up in a timely manner.

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

## 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) Non-compliant

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

Some consumers and representatives interviewed by the Assessment Team were satisfied with the way the service responds and actions complaints and their use of open disclosure principles. However, others provided examples where the service had not undertaken appropriate response to the complaint or had they had not implemented the principles of open disclosure. Several consumers said they had raised concerns to staff and management and had not received a response or action had not been taken. One consumer and one consumer’s representatives said open disclosure had not been used in response to incidents. While the service has a resident committee, members did not feel their issues raised are always followed up.

The approved provider’s response demonstrated that some action that had been taken in response to consumer feedback and complaints prior to the Site Audit. For one incident identified in the Site Audit report, the approved provider demonstrated the service endeavoured to follow the organisation’s open disclosure process in response. However, it was not demonstrated that consumers or representatives are always advised of the action taken in response to feedback and complaints to ensure the consumer or representative is satisfied with the outcome.

The service did not demonstrate that appropriate action and an open disclosure process is consistently used in response to complaints and feedback.

I find this requirement is Non-compliant.

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most consumers and representatives interviewed by the Assessment Team considered that they get the care and services they need from people who are knowledgeable and capable. Some consumers interviewed confirmed that staff are kind and caring. However, other consumers interviewed raised some issues regarding staff not being respectful or knowing the consumer well.

The Assessment Team found the service did not demonstrate the number and skill mix of the workforce deployed enables the delivery of safe and quality care and services. Consumer and representative feedback indicated that staffing levels are not adequate to meet their needs and preferences. Call bell response time identified that consumers are waiting longer than the expected response time set by the organisation.

The service demonstrated systems in place to recruit and ensure staff are competent and have qualifications and training required to deliver effective and safe quality care and services. The service has systems in place that ensure regular assessment, monitoring and review of staff performance Consumers are encouraged to provide feedback on staff performance.

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

## Assessment of Standard 7 Requirements

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

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

Most consumers and representatives interviewed by the Assessment Team indicated that there is not sufficient staff deployed to provide quality care and services. One representative interviewed said their consumer left their room in search of staff after their call bell was not answered and had a fall. Another representative said they attend the service to provide their consumer with personal care as staff do not attend to this as often as required. One consumer said they often see consumers asleep in their chair for long periods of time after meals. Call bell response data reviewed by the Assessment Team demonstrated approximately 10% of call bell waits were over 20 minutes, with several over 30 minutes. Rosters reviewed by the Assessment Team demonstrated not all shifts were filled.

The approved provider’s response includes additional information regarding monitoring of call bell response times and investigation and action taken in response to extensive wait times. The response also outlines action taken prior to the Site Audit to attempt to fill all shifts and ensure adequate staff is deployed. The approved provider has advertised to fill positions and changed the management structure to improve outcomes.

While the service had identified staffing as an issue prior to the Site Audit, action taken had not yet been effective in ensuring the workforce deployed enables the delivery and management of safe and quality care and services.

I find this requirement is Non-compliant.

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

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

Most consumers interviewed by the Assessment Team felt respected by staff and valued as individuals, and some consumers and representatives interviewed said staff were kind and caring. However, some consumers interviewed raised some issues regarding staff not being respectful or knowing the consumer well. Complaint and consumer survey information reviewed by the Assessment Team indicated that not all consumers thought staff were consistently kind and caring in their interactions with consumers. The Assessment Team observed some interactions between consumers and staff that were not respectful.

The approved provider’s response includes action taken in response to the issues raised by consumers to facilitate more kind and respectful staff interactions. The approved provider’s response also clarifies some of the observations in the Site Audit report.

At the time of the Site Audit, some interactions between staff and consumers were not consistently kind, caring and respectful.

I find this requirement is Non-compliant.

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

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

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

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

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

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

# STANDARD 8 NON-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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall, consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services most of the time. Consumers have opportunities to be involved in the development, delivery and evaluation of care and services at the service.

The Assessment Team found the organisation’s governing body promotes safe, inclusive, and quality care and services. The service was able to demonstrate there is a clear escalation and reporting pathway within the organisation’s governance systems.

The service has risk management systems and practices that support consumers to live the best live they can, and guide staff in managing high impact and high prevalence risks. However, gaps were identified in the service’s incident management system and the service was unable to demonstrate it is consistent in its approach to mitigate or effectively manage consumer risk.

While service was able to demonstrate they have access to effective organisation wide governance systems to ensure safe and effective care and services, they were not able to show these systems effectively meet the needs of consumers in relation to workforce governance and feedback and complaints.

The organisation has a clinical governance framework and policies to guide staff in antimicrobial stewardship, minimising the use of restraint and the principles of open disclosure. However, gaps were identified in the service’s implementation of the principles of open disclosure.

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

## 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.*

While service was able to demonstrate they have access to effective organisation wide governance systems to ensure safe and effective care and services, they were not able to show these systems effectively meet the needs of consumers in relation to workforce governance and feedback and complaints. The service demonstrated effective governance in relation to information management, continuous improvement, regulatory compliance, and financial management. However, the Assessment Team identified deficits in the use of governance systems for workforce management and feedback and complaints which impacts on the consumer’s ability to voice their choices and be provided with care and services that are right for them.

The approved provider’s response includes additional information about the feedback and complaints systems in place at the service at the time of the Site Audit. The organisation has systems in place for recording and actioning feedback and complaints, and staff training regarding feedback and complaints, including open disclosure. While some gaps were identified in the service advising consumers and representatives of the action taken in response to feedback and complaints, I have considered this in my assessment of Standard 6, Requirement 6(3)(c). Overall, the service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services.

The service’s workforce governance systems had identified staffing as an issue prior to the Site Audit. While action taken had not yet been effective in ensuring the workforce deployed enables the delivery and management of safe and quality care and services, I have considered this in my assessment of Standard 7, Requirement 7(3)(a).

Some deficits were identified by the Assessment Team in staff practice in relation to feedback and complaints, and the service did not demonstrate sufficient staffing to ensure safe and quality care. However, the governance systems in these areas were generally effective in guiding the services practices and identifying gaps, and some action had been taken in response prior to the Site Audit. The service demonstrated effective organisation wide governance systems in relation to information management, continuous improvement, regulatory compliance, and financial management.

I find this requirement is Compliant.

### Requirement 8(3)(d) Non-compliant

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

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

The Assessment Team found that the organisation has policies and processes in place to guide and address high impact and high prevalence risks for consumers. However, the service was unable to demonstrate it is consistent in its approach to mitigate or effectively manage risk for consumers. Review of the incident management register demonstrated the service does not adequately use this system to effectively manage and prevent incidents. Incident documentation reviewed by the Assessment Team did not demonstrate comprehensive investigation to identify effective interventions to prevent further incidents and minimise associated risk. Some high prevalence risks for the service were not captured in the service’s key performance indicators used to trend and respond to high impact and high prevalence clinical and personal risks.

The approved provider’s response identifies that the service plans to implement an investigation prompt and action document to be used in response to incidents to improve action, investigation and monitoring of high impact and high prevalence risks.

While the Assessment Team recommended on balance the service meets this Requirement, I have considered that the service’s implemented risk management systems and practices have not been effective in managing high impact or high prevalence risks associated with the care of consumers, or managing and preventing incidents.

I find this requirement is Non-compliant.

### Requirement 8(3)(e) Non-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.*

The Assessment Team found the organisation provides clinical governance and guidance for staff through its policies and processes including antimicrobial stewardship, minimising the use of restraint and the principles of open disclosure. However, this was not demonstrated to be effective in relation to restrictive practices being minimised or used as a last resort to optimise consumer wellbeing. Clinical documentation reviewed by the Assessment Team regarding falls, wound, diabetes and behaviour management showed staff are not always effectively providing best practice and tailored clinical care in accordance with policies and procedures. The Assessment Team found gaps in the service’s use of open disclosure in response to incidents.

For one incident identified in the Site Audit report, the approved provider demonstrated the service endeavoured to follow the organisation’s open disclosure process in response. However, some of this was delayed due to COVID-19 outbreaks. The approved provider’s response outlines continuous improvement actions implemented since the Site Audit to improve the personal and clinical care provided to consumers. The approved provider’s response identifies the procedures regarding restrictive practices and documentation of mechanical and chemical restraint will be tabled at an upcoming registered nurse meeting.

The service did not demonstrate the organisation’s clinical governance framework was effective in ensuring safe and quality clinical care, the minimisation of the use of restraint, and open disclosure.

I find this requirement is Non-compliant.

# Areas for improvement

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

### Requirement 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.*

The approved provider must demonstrate:

* Assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.
* The service’s procedures to inform the assessment and planning of new admissions are effectively implemented.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* Care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals or preferences of the consumer.
* Incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Consumer pain and skin integrity is appropriately assessed, managed, and monitored to optimise their health and well-being.
* Chemical restrictive practice processes are best practice, including used as a last resort after tailored non-pharmacological interventions to manage behaviour are evaluated as not effective.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(b)

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

The approved provider must demonstrate:

* The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed.
* Interventions to minimise or manage high impact and high prevalence risks are reviewed for effectiveness.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* The needs, goals and preferences of consumers nearing end of life are recognised and addressed in a timely manner.
* The comfort and dignity of each consumer nearing end of life is maximised.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* Deterioration or change of a consumer’s condition is recognised and responded to in a timely manner by the service. This includes escalation to the registered nurse or consumer’s medical officer as required.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* Information about the consumer’s condition, needs and preferences is documented and communicated effectively to staff and others responsible for the consumer’s care.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* The service has effective processes in place to identify and actions risks to the safety, cleanliness and maintenance of the service environment.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 6(3)(c)

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

The approved provider must demonstrate:

* Appropriate action and an open disclosure process is consistently used in response to complaints or incidents. This includes, where appropriate, advising the consumer or representative of the action taken in response to feedback and complaints to ensure the consumer or representative is satisfied with the outcome.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* The workforce deployed enables the delivery and management of safe and quality care and services.
* The service has effective processes in place to manage unfilled shifts without compromising quality consumer care and services.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 7(3)(b)

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

The approved provider must demonstrate:

* Interactions between staff and consumers are consistently kind, caring and respectful.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* Risk management systems are consistently effective in identifying and managing high impact or high prevalence risks associated with the care of consumers, and managing and preventing incidents, including the use of an incident management system.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* The clinical governance framework implemented at the service is effective in ensuring safe and quality clinical care, minimising the use of restraint, and ensuring the consistent use of open disclosure.
* The service has implemented all continuous improvement actions identified in their response.