GraniteHill Aged Care

Performance Report

36 Kennedy Street
EUROA VIC 3666
Phone number: 03 5795 0200

**Commission ID:** 4354

**Provider name:** Euroa Health Inc

**Site Audit date:** 5 April 2022 to 8 April 2022

**Date of Performance Report:** 20 May 2022

# Performance report prepared by

David Lee, 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) | Non-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) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 11 May 2022.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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 team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Most sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers and representatives said they are treated with respect by staff and feel valued.

Consumers described how staff value consumers’ culture, values and diversity and how this impacts care provision on a day-to-day basis.

Consumers and representatives described how they are encouraged to do things for themselves and that staff understand their preferences in relation to the provision of care and services.

Most consumers and representatives sampled felt supported by staff to maintain relationships.

Consumers confirmed that they are supported to take risks.

Consumers and representatives said consumers’ personal privacy is being respected and their personal information is kept confidential.

Representatives reported they are kept up to date regarding consumer care.

The Assessment Team observed staff greeting consumers in a respectful way.

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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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.

Care plans do not always guide staff practice in relation to consumers’ individual risks, such as skin integrity and dysphagia management. While the service maintains care plans using a range of assessments, these tools were not effectively used to identify changes in consumer care needs.

The Assessment Team identified consumers’ who have experienced impacts on their health and wellbeing as a result of their individual risk not effectively assessed and care planning documentation not updated.

Care plans sampled were not always tailored to the consumer’s individual needs and contained generic personal goals and care strategies.

The service was unable to demonstrate that changes to consumers’ care needs are effectively documented and reviewed to ensure current care strategies meet the needs of the consumer.

Care files sampled showed input from a range of individuals and external health care professionals. Advance care planning is initiated during the initial assessment process and consumers and their representatives are encouraged to complete this documentation.

The service was able to demonstrate that the outcomes of assessment and planning are generally communicated to consumers and or their representatives.

While consumers and representatives are satisfied with the communication from staff regarding changes in care needs including incidents, care planning documents do not always reflect these changes.

The Quality Standard is assessed as Non-compliant as three 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 drew on evidence from eleven consumers and identified that assessment and care planning documents do not consistently identify and consider risks to consumers’ health and well-being.

The Assessment Team sampled eleven consumers’ care planning documents. A review of assessments and care plans and dysphagia management documents showed inconsistencies between information provided in progress notes and care planning documentation. Additionally, when changes in consumers’ needs were identified, further assessments were not completed in accordance with the organisation’s clinical care policies and procedures.

One consumer who experienced swallowing difficulties on seven occasions between early March 2022 to early April 2022, did not have their dignity of risk agreement form updated following the seven incidents of choking. Discrepancies existed in relation to the dietary requirements of the consumer. Care planning suggests the consumer’s dietary requirements ranged from a soft bite size diet with mildly thickened fluids to normal foods with regular fluids, however, the consumer’s dignity of risk agreement form states the consumer prefers to eat a normal diet against the advice of health professionals. After the seven choking incidents, choking prevention strategies such as positioning the consumer upright during and after meals were not included in the consumer’s care plan.

For another consumer, assessment of wounds was not consistently recorded or accurately classified to address the condition of the wounds. There were no entries on wound charts for certain wounds affecting the consumer’s lower extremity and there were inaccuracies in the size and progress of a wound.

The Approved Provider in its written response clarified information in the Assessment Team’s report and provided evidence and information about actions taken during and since the site audit. For example:

* The service complies with the principles of dignity of risk. For the consumer with swallowing difficulties, a current dignity of risk form was completed.
* Consumer’s care plans and information have been updated to reflect dietary needs, correct identification of consumer swallowing difficulties whilst eating and ideal consumer positioning during meals to mitigate risks.
* Consumer’s wound charts and plans have been updated.
* Full care plan review has been initiated by the service for all consumers with wounds, technical and comprehensive care and pain.
* The service has secured a remote speech pathologist to provide consultancy services, staff education, and upskilling on key focus areas including food consistency training.
* The service has secured a wound consultant to undertake education and training of all staff in evidenced based best practice in wound management. The wound consultant will oversee all wound management, including photography and documentation of wounds.
* Wound grading charts on all wound trollies have been standardised to ensure a consistent approach to wound staging.
* The service is seeking the support of the service’s electronic system provider to better understand the system and provide education to identified staff with required learning needs.
* The service has advertised for a Nurse Educator.
* An external human resource organisation will oversee all staff human resource management including analysis of staff training needs and scheduling training for staff.
* The service has introduced more comprehensive resident of the day guidelines including task allocation for wound charting and pain assessments.
* The service has designed a new wound assessment and management chart model which is more comprehensive and all consumers with wounds have now been integrated into this model.
* The service has implemented new policies on the removal of catheters, wounds and oxygen therapy to guide staff and ensure clinical monitoring occurs.

I have considered the information provided by the Assessment Team and the Approved Provider’s response. While I acknowledge the actions taken by the service during and since the audit, these actions are yet to be fully implemented and evaluated. On the balance of the evidence available to me, I consider at the time of the site audit the Approved Provider did not demonstrate that assessment and planning, considered risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services.

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

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

The Assessment Team sampled five consumers. Care plans sampled were not always tailored to the individual needs and contained generic personal goals and care strategies. The service did not demonstrate assessment and planning identified the consumers’ current needs. Care strategies were found not to be in response to the consumers’ needs and preferences.

For one consumer who is on a palliative pathway, assessment and care plans were not updated to reflect changes to the consumer’s current needs and conditions. The consumer’s comprehensive skin assessment did not reflect changes to the consumer’s pressure injury. There was no electronic advance care directive, with only a 2019 paper version which had not been updated to identify and address the consumers’ current needs. It did not reflect the consumer’s deterioration in March 2022.

Another consumer considered a high falls risks, had sixteen falls between mid-January 2022 to early April 2022. The consumer’s care planning documentation, goals and interventions were not effective in managing ongoing falls and did not reference or have strategies to reduce the consumer tampering or manipulating their sensor mats*.*

Management acknowledged the risks associated with the reoccurring falls to the consumer and was aware the consumer manipulates the senor mat and were reviewing other fall prevention technologies such as senor beams, to assist in reducing the consumer’s fall risk.

The Approved Provider in its written response clarified information in the Assessment Team’s report and provided evidence of actions taken during and since the site audit. For example:

* Consumer’s files have been updated to include medical diagnoses and comprehensive medical assessments.
* The service complies with all advance care directives in accordance with the service’s policies.
* Falls strategies are implemented for consumers’ with falls risk, respecting the consumer’s rights in their decision making.
* A new system to monitor in-room movement has been purchased to prevent falls to the second named consumer.

I have considered the information provided by the Assessment Team and the Approved Provider’s response. While I acknowledge the actions taken by the service since the audit, these actions have not been fully implemented and evaluated. I consider at the time of the site audit the Approved Provider did not demonstrate that assessment and planning identified and addressed the consumer’s current needs, goals and preferences. Based on the information available I find the service is Non-compliant with this Requirement.

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

The service was unable to demonstrate that changes to consumers’ care needs are effectively documented and reviewed to ensure current care strategies meet the consumers’ needs. Staff demonstrated an understanding of the importance of reviewing and monitoring requirements following incidents. However, these are not consistently documented.

The Assessment Team drew on evidence from six consumers. Evidence for one consumer noted in late February 2022, the consumer’s wound was malodorous. Care planning documentation, skin assessment, personal care information and wound charting did not record the deterioration of the wound and the personal care required. Pain management was not commenced when changes to the wound were identified. The consumer’s care needs were not documented and reviewed to ensure current care strategies meet the needs of the consumer.

A second consumer with chronic abdominal pains was reviewed by a medical practitioner in mid-March 2022. The medical practitioner changed the timing for the administration of the consumer’s medication to correspond with the consumer’s challenging behaviour. A stage two pressure injury was noted on the consumer, two days after the change in the timing of medication administration. No further assessment or pain review was undertaken after identifying the change in circumstances.

The Approved Provider in its written response clarified information in the Assessment Team’s report and provided evidence of actions taken during and since the site audit. For example:

* Consumer’s wound files have been updated.
* The service has secured a wound consultant to undertake education and training of all staff in evidenced based best practice in wound management. The wound consultant will oversee all wound management.
* The second named consumer’s pain is managed effectively. All recommendations made by medical practitioners and Dementia Australia to manage the consumer’s pain and behaviours were implemented.

I have considered the information provided by the Assessment Team and the Approved Provider’s response. While I acknowledge the actions taken by the service during and since the audit, I consider at the time of the site audit the Approved Provider did not demonstrate that care and services are reviewed regularly for effectiveness or when circumstances change or incidents impact the needs, goals or preferences of the consumer. Based on the information available I find the service is Non-compliant with this Requirement.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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

### Consumer outcome

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 team also examined relevant documents.

While a majority of the sampled consumers considered they receive personal care and clinical care that is safe and right for them, the Assessment Team found some consumers’ were found to have deficits in clinical care.

The Assessment Team identified consumers living with pain and wounds that were not managed using best practice principles to optimise the consumer’s health and wellbeing.

Consumers who are subject to restrictive practices are effectively monitored, assessed and reviewed. Consultation occurs with consumers and representatives regarding how their personal and clinical care is delivered.

Consumers’ care files show risk assessments are completed and where consumers have opted to accept a higher level of risk, there is a completed dignity of risk assessment form.

Consumers and representatives confirmed that they are referred to other health professionals when their care needs require more specialised care. The service is affiliated with several specialist services.

Staff described the end-of-life pathway available to them and how they recognise and respond to consumers’ end of life care and ensure their goals and preferences are respected.

The service has policies to ensure consumers receiving end of life care have their comfort and dignity maintained.

Documentation for consumers sampled reflected timely and appropriate referrals occurred. Clinical staff were able to describe how they refer consumers to appropriate specialist services.

The service has an infection control policy and an outbreak management plan.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has 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 identified consumers living with pain and wounds that did not receive personal care tailored to the consumer’s individual needs. The Assessment Team drew on evidence from consumers living with pain and consumers with wounds that were not managed following best practice principles to optimise the consumer’s health and wellbeing.

A consumer with pressure injuries, wounds and ulcers to the lower extremities and hand was found not to have received appropriate wound identification, assessment, and management. Wound charts did not consistently document the progress of wounds and pressure injuries. Some deteriorating wounds were not documented or managed appropriately and became malodorous. Pain charting to manage the consumer’s pain was not provided when wounds were identified or considered. This does not reflect a best practice approach for wound and pain management.

For a second consumer, with multiple back pressure injuries, clinical care did not reflect a tailored approach to optimise the consumer’s health and well-being. Skin assessments were not updated to record and reflect the deterioration of the pressure injury from stage 2 to stage 3. Pain relief and charting were not commenced to consider if pain medication was required as a result of the consumer’s changing wound condition.

Three other consumers were found to have compromised wound care, wound identification, assessment, and management not tailored to the consumer’s individual circumstances.

For another consumer, pain management was not tailored to the consumer’s needs to optimise their health and well-being. The consumer was noted to have verbal behaviours and was calling out for help. A subsequent review by a medical practitioner changed the timing of the administration of medication to assist with the consumer’s verbal behaviours. However, staff noted three days after the change in medication administration the consumer had a pressure injury. The consumer’s behaviour charting was not updated to reflect the most recent presence of a pressure injury. Pain relief and charting were not commenced upon the discovery of the pressure injury. A best practice approach, tailored to the consumer’s needs was not evident.

The Assessment Team found several other consumers with inadequate pain charting documentation and limited evidence of monitoring for signs of pain and pain management.

The Approved Provider in its written response clarified information in the Assessment Team’s report and provided evidence of actions taken during and since the site audit. For example:

* The service has identified aspects of personal and clinical care it could improve, as a result of the independent audit completed in May and October 2021. At the time of the audit, the service said it had commenced the process of implementing a range of improvements to personal and clinical care at the service.
* The service recruited additional staff, including a wound consultant and speech pathologist to ensure ongoing and clinical care improvements.
* Additional guidance in the Resident of the Day Guidelines includes wound charting and pain assessment task allocation.
* The service has relevant policies and procedures in place for skin integrity including preventing and managing pressure injuries, stoma care, and use of the Braden scale for predicting the risk of pressure sores.
* The service conducts weekly skin assessments of all consumers once a week, through the development of standards and systematic approach monitoring.
* The service’s wound assessment and management policy and guidelines and wound assessments and management charts have been updated.
* Full care plan review has been initiated by the Aged Care Manager for all consumers with wounds.
* The service has secured the service of a wound consultant on an ongoing basis.
* Clinical monitoring and records have been updated in consumer files.

On the balance of the evidence available to me, I have considered the information provided by the Assessment Team and the Approved Provider’s response. While I acknowledge the actions taken by the service during and since the audit, these actions have not yet been fully implemented and evaluated. I consider at the time of the site audit the Approved Provider did not demonstrate each consumer received personal care and clinical care that was tailored to their needs and optimises their health and well-being.

### Requirement 3(3)(b) Complaint

*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.*

While the Assessment Team found this requirement not met, I have come to a different view. The Assessment Team presented evidence relating to the deficits identified in Requirements 2(2)a, 2(3)b and 2(3)e and Requirement 3(3)a with inconsistencies in care planning documentation and clinical care not reflective of consumers’ needs.

The Assessment Team provided evidence related to deficits in assessment and planning for a consumer’s nutritional assessment, wound management, clinical observation and dysphagia management.

The Approved Provider’s response provided information on the service’s internal policies ensuring information and documentation and care are shared with appropriate people and clinicians.

I have reviewed all of the information provided and on balance I find this requirement Compliant. Whilst there have been issues with the assessment and planning process as identified in Requirements 2(2)a, 2(3)b and 2(3)e and clinical care as identified under Requirement 3(3)a, the Approved Provider has demonstrated 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. This is done through handover sheets and evidence provided of care planning documentation reviewed by external health professionals.

### 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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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 team also examined relevant documents.

Consumers stated they received the support they needed to engage in activities. Consumers described how their individual preferences are sought by the service. Consumers are encouraged to engage in independent activities in the service.

Consumers interviewed, said they have a say in their daily activities and are encouraged to be as independent as possible.

Consumers spoke of how staff are attentive to their moods and emotional wellbeing. Consumers described how staff would check in and ask how they are feeling and chat with them when they are feeling low.

Consumers described how they were supported to connect with family and friends via telephone and video calls during COVID-19 restrictions.

Consumers and representatives were satisfied their needs and preferences are effectively communicated among staff.

Consumers stated they had a choice in what they wanted to eat and if they did not like what was being served, they would be provided with an alternative option.

For the consumers sampled, care plans include information about the services and supports consumers need to help them do the things they want to do.

The lifestyle coordinator stated the service provides a variety of activities including carpet bowls, daily exercise classes and access to a fully equipped gymnasium supervised by an exercise physiologist.

Staff described how they are updated about changes to consumer’s conditions, needs and preferences of each consumer through handover meetings, handover sheets, progress notes and changes in consumer care plans.

The Assessment Team observed that where equipment is provided, it is safe, suitable, clean and well maintained and that staff and maintenance undertake ongoing monitoring that equipment is fit for purpose.

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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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 the equipment. The team also examined relevant documents.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

Consumers stated they felt safe and well cared for in the service.

Consumers stated they felt at home in the service.

Consumers stated they enjoy using the communal areas, with the service areas comfortable and well furnished.

Consumers stated the furniture, fittings and equipment in the service is clean and well maintained. They expressed confidence in knowing that if repairs are required, maintenance is prompt and responsive.

The Assessment Team observed the service environment to be clean and well maintained with a variety of equipment available suitable for individual consumer needs.

The Quality Standard is assessed as compliant as three of the three specific requirements have been assessed as 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) Compliant

*The service environment:*

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

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

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

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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

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 team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Sampled consumers considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. One consumer described how they attend the service’s food forum and residents’ meetings and staff take feedback. The consumer provided a recent example where they suggested fresh fruit be provided and this has now been introduced at the service.

Consumers and representatives interviewed stated they are aware of services available to assist them to make complaints, such as advocacy services.

Most consumers and representatives confirmed action is taken in response to complaints.

The service demonstrated that there are established processes to enable the submission of complaints and that formal complaints are documented, actioned and mostly resolved in a timely manner.

The service’s complaints policy incorporates open disclosure. Staff demonstrated an understanding of how they respond to complaints by apologising and following the service’s open disclosure process.

The Assessment Team observed interpretations services, advocacy and external complaints information on display within the service.

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as 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) 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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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

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.

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers and representatives expressed satisfaction with the way staff interact in a kind and caring manner.

Most consumers and representatives expressed satisfaction with the knowledge staff have, to care for consumers and to meet their needs.

Consumers and representatives stated that consumers are supported by staff who were sufficiently knowledgeable to deliver their care, lifestyle and service needs and preferences.

Staff confirmed they are trained, equipped and supported to deliver the outcomes required. Staff confirmed that appraisal of their performance occurs on an annual basis.

Management demonstrated how staff are supported in their roles and how policies and procedures provide guidance and resources to enable the workforce to deliver consumer outcomes.

The service demonstrated the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers.

The service has formalised procedures to monitor and review staff performance. Management described and demonstrated processes to assess, monitor and review the performance of staff working at the service.

The Assessment Team observed positive interactions between staff and consumers. Staff were observed, throughout the site audit, to treat consumers in a caring, kind and respectful manner.

Overall consumers and representatives are satisfied there are sufficient staff and requests for assistance are mostly answered in a reasonable timeframe.

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

## 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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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

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 sampled consumers considered the organisation is well run and they can partner with the organisation in improving the delivery of care and services. The service showed how they involve consumers and representatives in the development, delivery and evaluation of care and services.

Most consumers and representatives confirmed they are involved in the care planning processes.

Consumers and representatives are mostly satisfied the service is well run and explained how they are involved and have input into their care and services.

The service showed how they involve consumers and representatives in the development, delivery and evaluation of care and services. This includes examples of changes made at the service in the last six months as a result of consumer feedback and consumers being involved in the falls committee.

The service also demonstrated they have a range of other governance measures in place. This includes regulatory compliance obligations, such as the requirement to report and evaluate allegations of consumer abuse and neglect.

The service has clinical governance frameworks which include clinical risk policy, management for antimicrobial stewardship, restrictive practice, restraint, open disclosure supporting consumers to take risks, consumer incidents, elder abuse, falls, and medication.

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

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

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

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

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

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

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

# Areas for improvement

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

**Requirement 2(3)(a)**

* Implement effective processes to ensure assessment and care planning, including consideration for risk, informs the delivery of safe and effective care, particularly dysphagia, skin integrity and wounds.
* Introduce internal processes to monitor assessment and care planning to include risk to inform the safe and effective delivery of care.

**Requirement 2(3)(b)**

* Ensure assessment and planning identifies and address the consumer’s current needs, goals and preferences, particularly, falls, wound and pain management.

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

* Ensure care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact the needs, goals, or preferences of the consumer, in particular for the management of pressure injuries, wounds pain and behavioural change.
* Introduce internal processes to ensure care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact the needs, goals or preferences of the consumer.

**Requirement 3(3)(a)**

* Ensure consumers’ skin and pressure injuries are managed in accordance with best practice.
* Ensure consumers’ pain is managed and tailored to the consumers’ needs and optimises health and well-being.
* Introduce internal processes to ensure consumers are receiving tailored personal clinical care for example, in relation to behaviour management associated issues are identified, assessed and managed.