Hamersley Nursing Home

Performance Report

441 Rokeby Road
SUBIACO WA 6008
Phone number: 08 9381 2455

**Commission ID:** 7773

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

**Site Audit date:** 13 July 2022 to 15 July 2022

**Date of Performance Report:** 19 August 2022

# Performance report prepared by

Michelle Glenn, 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) | 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** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **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 consumers, representatives, staff, management and others; and
* the provider’s response to the Site Audit report received 9 August 2022.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team found overall, consumers sampled 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.

All consumers and representatives interviewed said staff and management treat consumers with dignity and respect, know consumers well and understand how important their culture is to them. Care files sampled included individualised information about each consumer, including personal histories, preferences for care, activities of interest and aspects of their lives which are of particular importance and needs and preferences relating to their identity, culture and diversity. Staff spoke about consumers in a way that indicated respect and understanding of their personal circumstances and individual backgrounds, needs and preferences.

Care and services provided to consumers are culturally safe. Consumers said staff are aware of their history and traditions associated with their culture and help them to live their lives accordingly. Care files included information relating to consumers’ preferences and backgrounds to assist staff to deliver care in line with consumers’ wishes and to identify issues which may impact on consumers’ feelings of cultural safety.

For consumers sampled, staff described how each consumer is supported to make informed choices about their care and services. Where a consumer may have cognitive issues limiting their capacity to make informed choices, staff liaise with consumers’ nominated representative or guardian. Consumers stated they are supported by staff to make choices every day about their care.

Consumers confirmed they are supported to take risks to enable them to live the best life they can. Where a consumer chooses to engage in an activity with an element of risk, consultation with consumers and/or representatives occurs, risk assessments are completed outlining risks involved and management strategies are developed.

## Consumers confirmed information is provided and communicated to them to enable them to make choices about the care and services they receive. Consumers receive information through a number of avenues, including meeting forums, newsletters, noticeboards and one-to-one discussions. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

Based on the Assessment Team’s report, I find Fresh Fields Management (NSW) Pty Ltd, in relation to Hamersley Nursing Home, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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-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

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(e) in this Standard as Not met. The Assessment Team were not satisfied the service demonstrated 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.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(e). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found most consumers sampled considered that they feel like partners in the ongoing assessment and planning of their care and services.

Care files sampled demonstrated a range of assessments are completed on entry and on an ongoing basis. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop individualised care plans which incorporate each consumer’s goals, needs and preferences. Additionally, a range of validated risk assessment tools are used to inform care planning, including in relation to falls, pain and pressure injuries, with strategies developed to mitigate risks. Consumers and representatives were satisfied with and felt involved in assessment and planning processes.

Care files generally identified and addressed consumers’ needs, goals and preferences relating to care and services, and there are processes to identify consumers’ preferences relating to advance care planning and end of life planning. Most consumers and representatives stated the service knows consumers’ preferences and provides care and services in line these preferences, and discussions relating to end of life planning had occurred on entry and during case conference processes.

Care files demonstrated staff work with the consumer and/or representative to ensure care and service provision is in line with consumers’ needs and preferences. Involvement of other providers of care, including General practitioners and Allied health professionals was also noted. Consumers said they like their family or significant others to be involved in their care and most representatives said they are notified of any changes in the consumers’ care needs, including following incidents.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers on request. Consumers and representatives said they are consulted about care and changes are communicated with them. Representatives said staff understand consumers’ needs and they believed they could access care plans if requested.

Based on the Assessment Team’s report, I find Fresh Fields Management (NSW) Pty Ltd, in relation to Hamersley Nursing Home, to be Compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

**Assessment of Standard 2 Requirements**

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

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

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

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

**Requirement 2(3)(c) Compliant**

*The organisation demonstrates that assessment and planning:*

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

**Requirement 2(3)(d) Compliant**

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

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

The Assessment Team were not satisfied the service demonstrated 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 Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* Consumer A had a change in condition in May 2022. The care plan was not updated to reflect the consumer’s change in condition, ability and related care requirements, with the last care plan review occurring in February 2022. A comprehensive review of the consumer’s nutrition and hydration, personal hygiene, continence, pain and sleep requirements was not demonstrated.
* Three care staff said they “just knew” that Consumer A required more assistance and had referred the consumer’s increased care needs to registered staff.

Consumer B

* Consumer B’s continence, pressure injury prevention plan and skin integrity strategies were not reviewed following a change in skin integrity in July 2022 to ensure appropriate care interventions were in place to minimise risk of deterioration. These areas of the care plan were noted to have been last reviewed in June 2022.
* Wound care charts over a 10-day period in July 2022 following identification of the change demonstrated the area had deteriorated and increased in size.

The provider accepted the Assessment Team’s recommendation. Deficits identified have been added to a Plan for continuous improvement which includes actions, completed and ongoing. The provider’s response included, but was not limited to education provided to staff, including in relation to clinical deterioration; review of care plans for consumers who have had an incident; and reassessment commenced for the two consumers highlighted.

I acknowledge the provider’s response. However, I find at the time of the Site Audit, the service had not ensured care and services were regularly reviewed for effectiveness in response to changes in consumers’ condition and care and service needs.

In relation to Consumer A, I have considered that while the consumer’s care and service needs had changed following a change in condition, assessment processes were not initiated to determine if care and services being provided continued to meet the consumer’s needs, goals and preferences. The care plan had not been reviewed since February 2022, three months prior, and was not reflective of the consumer’s changed condition. I acknowledge the Assessment Team’s report indicates care staff “just knew” Consumer A required a higher level of care. However, I have considered that lack of assessment and review in response to the consumer’s changed care and service needs has the potential to impact on the effective delivery of care and services, particularly where staff delivering care are not familiar with consumer.

In relation to Consumer B, I have considered that despite a change in the consumer’s skin integrity, key assessments were not initiated nor the care plan reviewed to ensure appropriate strategies were in place to minimise the risk of further deterioration. Wound charts for a 10-day period following identification of the change in skin integrity evidenced deterioration and an increase in size of the area.

For the reasons detailed above, I find Fresh Fields Management (NSW) Pty Ltd, in relation to Hamersley Nursing Home, to be Non-compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

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

The Assessment Team found overall, consumers sampled considered that they receive personal and clinical care that is safe and right for them.

Assessments of an individual consumer’s health and well-being are undertaken, including use of validated tools. Care plans sampled demonstrated appropriate, individualised management and monitoring strategies had been implemented for restrictive practices, skin integrity and pain management, and while not all consumers receiving psychotropic medication had effective behaviour management strategies documented, staff indicated they knew what interventions were effective for consumers. While the Assessment Team’s report indicated for one consumer, assessment processes were not initiated to monitor effectiveness of an increase in analgesic medication, there was no evidence to suggest the consumer’s pain was not well managed. National guidelines are referred to, where appropriate, to assist consumers to make decisions about the type of care provided. Staff are provided with a clear understanding of the need to take into consideration consumers’ cultural, emotional and social needs to ensure safe and effective personal and clinical care is provided.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Risks are identified and assessed in consultation with the consumer and/or representative, and management strategies, aimed at minimising the impact of the risks, are developed. Care files demonstrated appropriate assessment and management of risks relating to falls, swallowing, skin integrity and diabetes. Staff demonstrated an awareness of the high impact or high prevalence risks and discussed specific strategies to mitigate the risks.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. Clinical staff described signs and symptoms associated with end of life and actions initiated, including referrals to the General practitioner and involvement of specialist palliative care services. Care staff described how care is delivered during this phase to ensure consumers’ comfort is maximised and dignity preserved. Discussions are held with consumers and/or representatives about the provision of palliative care, including religious and cultural beliefs, to ensure care is undertaken in line with consumers’ wishes.

Where changes to consumers’ health are identified, care files demonstrated, assessments and monitoring processes are implemented and timely referrals to General practitioners and/or Allied health professionals initiated. Consumers and representatives were satisfied that where a change or deterioration in a consumer’s condition or health had been identified, the service responded well and they are notified. Additionally, where changes to consumers’ care and service needs occur, there are processes to ensure these are communicated to staff.

An antimicrobial stewardship policy in in place and standard and transmission-based precautions to manage infection are initiated. Management and clinical staff demonstrated an understanding of the risk of resistance resulting from antibiotic therapy. Clinical reviews are conducted for all consumers where an infection is suspected and suitable testing is undertaken prior to further treatment being prescribed. In response to the recent rise in COVID-19 cases in the community, increased symptom surveillance of consumers has been implemented.

Based on the evidence documented above, I find Fresh Fields Management (NSW) Pty Ltd, in relation to Hamersley Nursing Home, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

**Requirement 3(3)(b) Compliant**

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

**Requirement 3(3)(c) Compliant**

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

**Requirement 3(3)(d) Compliant**

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

**Requirement 3(3)(e) Compliant**

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

**Requirement 3(3)(f) Compliant**

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

**Requirement 3(3)(g) Compliant**

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team found overall, consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do.

Care files sampled included information relating to consumers’ social history, what is important to them, family life and likes and preferences. Staff described how they support consumers to do things they want to do and provided examples of how they assist and support consumers’ emotional and psychological well-being. Consumers and representatives were satisfied consumers’ needs, goals and preferences for lifestyle are met and their independence, health and well-being is prioritised. Consumers also indicated their emotional, spiritual and psychological needs are met by staff and when they feel low, they can ask for support, including from pastoral care and therapy assistants, who can visit and spend time with them.

Consumers are provided with appropriate services and supports for daily living, including participating in their internal and external communities, doing things of interest them and maintaining social and personal relationships within the service and in the community. An activities planner is maintained and is developed based on consumer preferences. The planner is regularly reviewed based on participation and consumer feedback. Consumers were observed participating in a variety of activities during the Site Audit; all activities were interactive, inclusive and well received by consumers. Consumers and representatives were satisfied consumers are supported to do the things they love to do and are able to maintain connections with people that are important to them.

Consumer files demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, appropriate and timely are referrals are initiated. Consumers were confident their needs, goals and preferences are shared with other providers, where appropriate, to deliver their care and services and indicated they do not have to repeat information about their needs and preferences with different staff who deliver those services.

Meals are prepared in line with a seasonal menu which incorporates feedback form consumers. Care files reflected consumers’ dietary needs and/or preferences, including allergies, likes and dislikes. Overall, consumers were happy with the food and enjoyed the dining experience. Consumers confirmed they have a number of choices for each meal and if they are hungry or thirsty, they have access to snacks and drinks between meals. During meal service, staff were observed explaining food choices to consumers. The meal service was not rushed, and staff were observed assisting consumers with meals and asking if they enjoyed their meal.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use. Allied health staff undertaken reviews where consumers are identified as requiring equipment to ensure suitability. Internal monitoring processes ensure equipment provided is maintained. Consumers indicated they felt safe when staff were using equipment to assist with their mobility and all equipment they use is clean and well maintained.

Based on the Assessment Team’s report, I find Fresh Fields Management (NSW) Pty Ltd, in relation to Hamersley Nursing Home, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The service environment was observed to be welcoming, optimising each consumer’s sense of belonging, independence, interaction, and function. The service is located over two levels with communal and outdoor spaces available for consumers to engage with each other and visitors. Consumer bedrooms were personalised, enhancing consumers’ sense of belonging. Consumers and representatives described the service environment as welcoming, homely and comfortable.

The service was observed to be safe, clean, well maintained and comfortable and the service environment supports free movement of consumers both indoors and outdoors. Consumers were observed moving freely both indoors and outdoors throughout the Site Audit. Cleaning of consumer rooms and common areas is undertaken in line with a task list. All consumers indicated they find the environment to be safe and clean, and where maintenance issues are raised, these are actioned quickly.

There are processes to ensure furniture, fittings and equipment are safe, clean, well maintained, and suitable for the consumer. Preventative and reactive maintenance processes are in place and staff described how they report and manage maintenance issues and hazards. Contracted services are utilised to maintain and inspect aspects of the environment and equipment. Consumers stated equipment is suitable for their care needs and they feel safe when equipment is used for their care.

Based on the Assessment Team’s report, I find Fresh Fields Management (NSW) Pty Ltd, in relation to Hamersley Nursing Home, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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.*

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken.

Consumers and others are encouraged and supported to provide feedback and raise complaints. Management maintain an open door policy, encouraging consumers to approach them with any concerns, and regular surveys are conducted seeking consumer feedback. Staff described how they respond to complaints or feedback raised by consumers and/or representatives and avenues consumers can use to raise feedback and complaints, including meeting forums, surveys and direct engagement with staff and management. Resident meeting minutes demonstrated consumers are supported and encouraged to provide feedback and raise concerns through these forums.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry and on an ongoing basis. Written materials on internal and external complaints avenues and advocacy was also observed to be displayed throughout the service. Consumers and representatives were aware of the different methods to raise complaints.

Management described processes for addressing feedback and complaints, including use of an open disclosure approach. Where complaints are raised, consultation with consumers and/or representative occurs in relation to actions taken. Staff were aware of the term open disclosure, the importance of resolving issues and apologising to consumers when things go wrong. Consumers and representatives were satisfied appropriate action is taken in response to complaints.

Feedback and complaints are reviewed and used to identify and drive continuous improvement. A continuous improvement plan is maintained and included improvements derived from suggestions, comments and feedback.

Based on the Assessment Team’s report, I find Fresh Fields Management (NSW) Pty Ltd, in relation to Hamersley Nursing Home, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found overall, consumers sampled considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The service has processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. Management meetings include discussions relating to staffing numbers, ensuring the right mix and number of staff are maintained to meet consumers’ needs. There are processes for planned and unplanned leave. Staff were satisfied with staffing levels and indicated there are sufficient staff to provide consumers safe, quality care. Consumers and representatives were satisfied staffing levels were adequate and consumers are provided care in line with their preferences.

Staff interactions with consumers were observed to be kind, caring and respectful. Regular checks of staff are undertaken throughout the day to ensure they are treating consumers in a kind and respectful manner. Consumers and representatives indicated staff are respectful, kind and caring towards consumers.

The service has processes to ensure the workforce have the skills and knowledge to effectively perform their roles. Competency training is conducted, including through meeting forums, to ensure staff skills are kept up-to-date. Job descriptions outline responsibilities of each role and assist staff to perform their roles in line with organisational processes. Staff indicated they feel supported and are provided training opportunities to keep their knowledge up-to-date. Consumers and representatives felt staff are competent when caring for consumers.

There are processes to ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Staff are required to complete a range of mandatory training components and there are processes to ensure completion within required timeframes. Staff confirmed they attend training and consumers and representatives felt staff had sufficient knowledge and were equipped to provide consumers with their care needs.

Staff performance is monitored regularly throughout the probationary period and bi-annually thereafter. Performance appraisal processes include discussions relating to further training requirements to assist to maintain or expand staff skills and knowledge. Where poor staff performance had been identified, management described performance management processes implemented to address issues raised. Staff confirmed they participate in performance appraisal processes with management and discussions relating to their individual performance against key responsibilities occurs.

Based on the Assessment Team’s report, I find Fresh Fields Management (NSW) Pty Ltd, in relation to Hamersley Nursing Home, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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

The Assessment Team found overall, consumers sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. Consumers are engaged in the development, delivery and evaluation of care and services through meeting forums, surveys, feedback processes, consultation and care and service review processes. Consumers said they felt supported and listened to.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation is governed by a Board who are supported by an area manager. The Board satisfies itself that the service is meeting the Quality Standards through regular reporting which includes information gathered from clinical incident data and complaints.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the Board is aware and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Management and staff sampled were aware of organisational policies and procedures relating to these aspects and described how they implement these within the scope of their roles. Staff awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the Assessment Team’s report, I find Fresh Fields Management (NSW) Pty Ltd, in relation to Hamersley Nursing Home, to be Compliant with all Requirements in Standard 8 Organisational Governance.

## 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.

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

* Ensure staff have the skills and knowledge to initiate assessments and develop and/or update care plans in response to changes in consumers’ condition, health and well-being.
* Ensure consumer care plans are reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.