HammondCare - Wahroonga

Performance Report

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**Commission ID:** 1035

**Provider name:** HammondCare

**Site Audit date:** 10 May 2022 to 12 May 2022

**Date of Performance Report:** 29 June 2022

# Performance report prepared by

Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **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** | **Non-Compliant** |
| Requirement 7(3)(a) | Non-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 Commission’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 27 June 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

The Quality Standard is assessed as Compliant as 6 of the 6 specific requirements have been assessed as Compliant.

Consumers considered they were treated with dignity and respect and could maintain their identity, make informed choices about their care and services, and live the life they choose. Representatives advised the service communicated effectively with them when the consumer’s needs or preferences changed. Consumers and representatives confirmed consumer’s privacy was respected whilst care was delivered and personal information was kept confidential.

Staff demonstrated knowledge of consumers individual needs and preferences, circumstances, life experience and the diversity of cultures at the service. Staff were able to provide examples of instances where consumers were supported to take informed risks. Staff were able to describe practical ways they respect the personal privacy of consumers, such as conducting handovers and completing documentation in the staff office to ensure information is kept confidential. Staff confirmed they respected the consumers by addressing them by their preferred name and explaining what care they were providing. Staff said consumer choices and decisions were supported through the care planning process, consumer and representative meetings, case conferences.

Care planning documentation reflected the consumers life journey, cultural background, spiritual preferences, family relationships, activities of interest, and individual personal preferences. Care planning documents contained risk assessments, which are developed with consumers and their representatives and are reviewed by staff.

Staff were observed treating consumers with dignity, respect and welcoming visitors to the service in a warm and friendly manner. Where a consumer was cognitively impaired, or unable to communicate, there was evidence about how information was provided to, and/or discussed with the consumer’s representative.

The service had policies relating to dignity and respect acknowledging the diversity of consumers. Staff were guided by these policies when delivering care and services to the consumers.

Based on the evidence documented above, Standard 1 Consumer dignity and choice, is 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 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as 5 of the 5 specific requirements have been assessed as Compliant.

The Assessment Team recommended; Requirement 2(3)(a) was non-compliant. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the Approved Provider’s written response and have come to a different view from the Assessment Team and find the service Compliant with Requirement 2(3)(a). I have provided reasons for my findings in the specific Requirement below.

Consumers considered they were partners in the ongoing assessment and planning of consumers’ care and services. Consumers and representatives confirmed they had access to care plans, were informed of changes and had input to make changes to the plan at any time. Consumers and representatives reported staff had spoken with them about advance care and end of life planning for consumers. Consumers and representatives advised allied health professionals are regularly involved in care planning.

Staff were able to describe the planning and care processes in detail. Staff demonstrated knowledge of how reviews influenced changes in the care and management of consumers, in line with the consumers wishes. Staff said they discussed advance care planning and end of life wishes with consumers and representatives on entry to the service, if the consumer or representative does not wish to discuss end of life plans at the time, they revisit the conversation during care plan reviews. Staff reported how shift handover was used to communicate changes in consumer’s health status. Staff stated they were aware of the incident reporting process and how incidents may generate a reassessment or review of consumer’s care.

Care documentation reflected comprehensive assessment and planning processes. Care plans included information such as consumer goals, preferences, care needs, allergies and medical background. Documentation included risk assessments, advance care planning (ACP), advance health directives (AHD) and End of Life (EOL) wishes. Care planning involved other individuals and organisations who participated in the care of the consumer, such as allied health professionals, specialists, and Dementia Support Australia. Care documentation supported care and services were regularly reviewed, including when the consumer’s circumstances changed or when an incident impacted on their needs and preferences.

The service had a suite of policies and procedures relevant to assessment and planning which supported identification of risks and the planning of interventions to optimise the health and well-being of 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.*

The service was able to adequately demonstrate the delivery of safe and effective care and services was informed through assessment and planning processes which effectively identified and considered risks to the consumer’s health and well-being. In coming to a decision on compliance for this Requirement, I have considered the information contained in the Site Audit report, under this and other Quality Standards including Standard 3, and the written response from the Approved Provider.

The Site Audit report brought forward positive feedback from representatives in relation to the assessment and care planning processes. Additionally, care planning documentation evidenced these processes had identified risks to consumers, inclusive of the consumer’s historical and current medical diagnoses, through established initial and ongoing assessment and care planning review processes.

Care plans evidenced risks to consumers including falls, weight loss, triggers for escalation of challenging behaviours or increased anxiety and compromised skin integrity were documented and interventions to manage or minimise those risks had been developed. I consider these examples to demonstrate compliance with this Requirement.

While, feedback and care planning documentation supported compliance, the Site Audit report brought forward deficiencies in the timeliness and accuracy of filing of paper-based records, with documentation not filed within a month. Additionally, for two named consumers, one consumer’s file did not contain a wound management plan and another’s, contained historical documentation relating to other consumers.

I note the Approved Providers response acknowledged the deficiencies identified in relation to the filing of documentation and confirmed at the time of the Site Audit, corrective actions were initiated to investigate the cause of the filing delay and strategies were implemented to ensure filing is undertaken in a timely manner.

For the named consumer, whose wound management plan was not filed within his individual file, I note the Site Audit report brought forward evidence of skin management strategies which included daily wound reviews, use of pressure relieving devices, any new wounds were to be charted, with dressing regimes implemented and an adverse impact to the consumer has not been noted. Additionally, the consumer’s representative confirmed the wound was being managed appropriately, with staff, also described as knowing the consumer very well. Therefore, on the balance of positive information and evidence which supports the consumer’s skin integrity and wounds were appropriately managed, I do not consider this reflective of non-compliance with this Requirement.

In relation to the misfiling of consumer information, I note the immediate actions, taken by the service in response to this information, would have remedied the issue and therefore, do not consider this information supports non-compliance.

I acknowledge the misfiling of consumer information or documentation not being filed in a timely manner, could adversely impact the care of consumers and note the Approved Provider’s advice they will be implementing an electronic care management system. It would be expected, the service continues to monitor, paper-based records are filed accurately and in a timely manner to ensure any emerging risks to a consumer continues are identified and consumers receive safe and effective care.

Therefore, I find the service is compliant with this Requirement.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) Compliant

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as 7 of the 7 specific requirements have been assessed as Compliant.

Consumers and representatives said they felt the consumer’s personal and clinical care needs were met with care delivery aligned to their personal and clinical care goals and preferences. Consumers confirmed their care needs were effectively communicated between staff, their medical officer and other providers of care including when referrals were required. Consumers confirmed referrals are undertaken promptly and they felt staff knew what to do to meet their care needs. Consumers and representatives described they were consulted, and their consent sought, prior to any restrictive practice, such as doors being locked, applied. Consumer representatives stated staff were appropriate and sensitive when discussing end of life care.

Care documentation for the consumers, reflected individualised personal and clinical care, which was safe, effective and best practice. Care was tailored to manage consumers’ risks with directives informing the delivery of care to meet their needs, optimise their health and well-being.

Staff described the high impact high prevalence risks to consumers as infectious diseases, compromised skin integrity including pressure injuries and use of psychotropic medication. Staff could explain the types of restrictive practices, non-pharmacological strategies to be tried first and the medical authorisation and consent process. Staff described supporting consumers nearing the end of life and gave examples of care delivered to maximise the consumer’s comfort and dignity, with consumers or their representatives encouraged to put directives regarding future care in place. Staff advised they were updated about changes in a consumers care needs or preferences through information given at handover which included verbal discussion or through their access to the electronic care management system.

Staff interviewed demonstrated an understanding of infection prevention and control practices, and the steps they take to minimise the use of antibiotics. The service has a designated infection prevention and control lead. Staff were observed to be following protocols, including wearing personal protective equipment and practising appropriate social distancing.

The service has policies, procedures, guidelines, and flowcharts for key areas of care including but not limited to, palliative care, restrictive practices, skin integrity and pain management, which included references to legislation and best practice resources.

The service reports clinical incidents on falls, medication incidents, pressure injuries and weight loss. These incidents were compiled to form a monthly clinical indicator report which was discussed at meetings, and shared with the staff. Clinical management review all progress notes and incident records daily to ensure deteriorations are identified and managed appropriately.

The service had policies and procedures to minimise infection-related risks. Staff demonstrated an understanding of antimicrobial stewardship and described undertaking interventions to support appropriate antibiotic prescribing. Staff are guided by organisational policies for assessment and escalation of changes in a consumers’ condition and deterioration in health.

Based on the evidence documented above, I find the provider’s performance in relation to this service, 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.*

# 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

The Quality Standard is assessed as Compliant as 7 of the 7 specific requirements have been assessed as Compliant.

Consumers and representatives said consumers felt safe to do the things they wanted to do, with their emotional and spiritual well-being supported. Consumers reported they felt comfortable seeking emotional support from staff, if they needed to, as staff were kind and caring. Consumers said they can go out or have visitors at the service and face to face contact was not possible the service supported them to access technology for virtual visits.

Consumers reported they had a range of activities they could participate in, however, some consumers and representatives indicated they would like to see the return of activities which had been suspended due to COVID-19, such as bus trips and visits to local clubs. Consumers felt information about their daily living choices and preferences was effectively communicated and acknowledged how referrals to other organisations or providers of care were timely and appropriate with examples of referrals to dieticians and dementia support services given. Consumers and representatives gave positive feedback about the variety, quality and quantity of food being provided.

Care planning documentation demonstrated lifestyle and other assessments had been undertaken to determine the preferences of each consumer regarding their leisure, social, equipment and dietary needs and preferences. Dietary information provided to staff was current and reflected the preferences and needs of consumers.

Staff demonstrated an understanding of what was important to consumers including what they liked to do. Staff described a variety of ways they shared information, such as shift handovers which enabled them to be kept informed of the changing conditions, needs and preferences for each consumer. Staff described how volunteers provide support to consumer, however, this had been impacted by the COVID-19 pandemic, and more volunteers were being recruited to assist with individual support to consumers.

Staff could explain which other organisations or individuals the service involves in provision of lifestyle services and supports, such as disability supports for eligible consumers, regular hairdresser visits and pastoral support for consumers. Staff described the specific dietary needs and preferences of individual consumers, including allergies, texture modified diets and how they accommodated consumers’ needs and preferences. Staff reported equipment is cleaned regularly according to a schedule, they also clean up and sanitise equipment as necessary following use.

A broad range of external service providers were accessible to consumers, for example, dental, optometry, pastoral care, or hair dressing and external service providers had access to care planning information including following a referral, where relevant.

Consumers were observed meeting with other consumers and visitors, accessing communal areas within and outside the service. Equipment, such as televisions and most mobility aids, were observed to be clean, in good condition and external contractors were observed to be servicing equipment during the Site Audit.

Based on the evidence documented above, I find the provider’s performance in relation to this service, 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.*

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Quality Standard is assessed as Non-Compliant as one of the 3 specific requirements have been assessed as Non-Compliant.

The Assessment Team recommended Requirements 5(3)(b) and 5(3)(c) as not met. I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and the Approved Provider’s response and have come to a different view from the Assessment Team and find the service Compliant with Requirement 5(3)(c). I have provided reasons for my findings in the specific Requirement below.

Consumers and representatives described the service as being welcoming and confirmed consumers enjoyed living at the service. Consumers and representatives described how visitors were encouraged. Most consumers and representatives indicated consumers felt safe when staff are using equipment with them. There was mixed feedback about the cleanliness and maintenance of the environment and how some fittings and fixtures could present potential risk to consumers.

The service environment was designed in a way which was easy for visitors and consumers to navigate using signage to support orientation across the 4 levels comprised of 6 wings, each wing is called an apartment. Each apartment had an outdoor area, such as well-maintained garden or large balconies, which consumers and visitors could access. Most outdoor areas were tidy and had outdoor seating. Consumers’ rooms and bathrooms were observed to be clean and equipped with well-maintained items to support personal care.

Staff advised the communal areas throughout the apartments and gardens provide meeting places for consumers from all areas of the service. Staff said consumers were encouraged to attend volunteers’ group sessions in the chapel or in other apartments to promote socialisation.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

While, the service could demonstrate how it enables consumers to move freely indoors, outdoors, and the consumer’s personal living areas was generally safe. The service was unable to demonstrate how the service environment was safe, well maintained and clean. In coming to a decision on compliance for this Requirement, I have considered the information contained in the written response from the Approved Provider, and the information contained within Site Audit report.

The Site Audit report evidenced consumers raised concerns relating to the cleanliness and maintenance of the service, including the apartment laundry areas, identifying potential fire risks. Additionally, negative feedback was brought forward on the cleanliness of the external service environment and the timeliness of response to maintenance issues.

Furthermore, documentation supported complaints related to cleanliness, with staff noted as seeking guidance on the scheduled cleaning duties and observations made included dirty equipment, chemicals stored in accessible areas and the management of clinical and cytotoxic waste was not in accordance with regulations. While some of these observations relate to furniture, fittings and equipment, I have considered these concerns under this Requirement as it relates to the cleanliness of the service environment generally. I consider the negative feedback, observations of unclean equipment, an unclean external environment and poor waste management practices, reflective of non-compliance with this Requirement.

I note the Approved Providers response accepts the deficiencies in relation to some cleaning issues, poor waste management, the cleanliness of laundry equipment and their confirmation these were areas for improvement. I also consider this supports non-compliance with this Requirement.

I acknowledge the Site Audit report and the Approved Provider’s response, highlights the majority of the areas of the service including consumer’s rooms and bathrooms were clean, contained well-maintained equipment to support personal care and no risks to consumers were not apparent. Furthermore, in response to cleanliness complaints, the service was recruiting additional cleaning staff, however these recruitment processes had not been finalised and some cleaning hours remain unfilled. I acknowledge the staffing challenges, currently faced by the sector and consider it reasonable that instances such as a cotton ball on the floor, could occur and therefore have not taken some deficiencies evidenced in the Site Audit report, into consideration in my finding of non-compliance.

However, I have placed weight on the consumer feedback in relation to the cleanliness of the service environment which was supported by trends in complaints and the observed accessible chemicals, poor clinical and cytotoxic waste practices, in forming my view of non-compliance.

I acknowledge the Approved Provider’s response has identified further corrective actions have been undertaken since the completion of the audit including external contractors undertaking works or supplying waste containers, staff waste management training has been completed. While, some of the improvements have immediately remedied the deficiencies, others will take time to embed and I consider at the time of the Site Audit, the service was not able to demonstrate the service environment was consistently safe, clean and well-maintained.

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

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

The service was able to demonstrate furniture, fittings and equipment were safe, clean, well maintained and suitable for the consumers at the service. In coming to a decision on compliance for this Requirement, I have considered the information contained in the written response from the Approved Provider, and the information contained within Site Audit report.

The Site Audit report brought forward minor deficiencies in relation to the cleanliness of furniture, equipment and fittings including being dusty, stored with parts touching the ground and were visibly marked. I have considered this to support non-compliance with the cleanliness of the broader service environment and have therefore, considered this information under Requirement 5(3)(b).

I note the Site Audit report contained positive feedback from consumers in relation to the state of the cleanliness, suitability and maintenance of the furniture, fittings and equipment available within the service.

I also note the Site Audit report brought forward, staff demonstrated consistent knowledge of the systems implemented by the service to ensure preventative and reactive maintenance is identified, reported, attended and resolved in a timely manner and a review of documentation evidenced these systems were effective in maintaining the furniture, fittings and equipment in a safe manner ensuring they were suitable for consumers. I consider this supports compliance with this Requirement.

I acknowledge the Approved Provider’s response which accepts there had been some issues with the cleaning of furniture or equipment at the time of the Site Audit, however the majority of these items were not used by consumers and related to the service environment. I also consider it’s reasonable to expect some items would appear dusty or dirty in between their scheduled clean and do not consider this reflects non-compliance with this Requirement.

I also acknowledge the staffing challenges, currently faced by the sector and consider it reasonable when direct care is prioritised over cleaning tasks and in these instances, an exemplary level of cleaning may not have been maintained. I note staff advised if cleaning tasks were unable to be completed it was handed over to the following shift, staff confirmed there was sufficient equipment to support the needs of individual consumers and equipment is not shared.

For the totality of the evidence brought forward in relation to this requirement, I do not consider minor cleaning deficiencies support a finding of non-compliance. I have also placed weight on the positive consumer and representative feedback and consider there was sufficient evidence to support, at the time of the Site Audit, the service did consistently provide equipment, which was safe, clean, well maintained and suitable for the consumer.

Therefore, I find the service Compliant in this Requirement.

# 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

The Quality Standard is assessed as Compliant as 4 of the 4 specific requirements have been assessed as Compliant.

Consumers said they felt encouraged and supported to provide feedback and make complaints and they felt safe and comfortable raising concerns with staff or management. Consumers and representatives were familiar with the feedback and complaints processes and said they provide feedback in person to staff or management, at meetings or by using the feedback form. While some representatives were not aware of external complaint and support mechanisms such as advocacy services, others were familiar or would refer to their information pack for the contact details. Representatives acknowledged the service actions complaints and concerns in a timely manner, and open disclosure is used. Representatives provided examples of improvements to food and furnishings after complaints and concerns were raised.

Staff described how they addressed or escalated complaints, and how the information was used to make improvements. Staff said they knew consumers well, could recognise signs the consumer was unhappy and described how they would assist consumers who have cognitive impairments or difficulty communicating to provide feedback or make complaints. Staff demonstrated an understanding of open disclosure in practice and described using open disclosure with consumers and representatives in the event something had occurred or had gone wrong. Staff advised information about complaints was displayed in administrative areas of the service rather than the apartments as this upholds a ‘household model’. The information pack provided at entry to the service also contained information on accessing complaints mechanisms, advocates and language services.

The service maintains a feedback and complaints register where consumer suggestions and complaints are recorded along with the actions taken to address the complaint. The Plan for continuous improvement (PCI) reflected improvements are made in response to feedback received. Feedback and complaints were logged electronically and reviewed at an organisational level.

Based on the evidence documented above, I find the provider’s performance in relation to this service, 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Quality Standard is assessed as Non-Compliant as one of the 5 specific requirements have been assessed as Non-Compliant.

The Assessment Team recommended Requirement 7(3)(a) as not met. I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and the Approved Provider’s response and find the service Non-compliant with Requirement 7(3)(a). I have provided reasons for my findings in the specific Requirement below.

Consumers and representatives described staff as respectful, kind, caring, and gentle when providing care. Representatives gave examples of how staff respected the consumer’s desire to be as independent as possible. Consumers and representatives said staff perform their duties effectively, they are confident staff are trained appropriately and are skilled to meet the consumers care needs.

The service has policies and procedures which guide the management of the workforce, the selection and recruitment of new staff, orientation, probationary processes and monitoring of staff performance. Position descriptions outlined the qualifications, registration requirements, knowledge skills and abilities required for all roles.

Staff reported the service’s induction and ongoing training program provided them with the skills and knowledge to perform their roles. Staff said mandatory and professional development training was comprehensive including topics on dementia and medication. Staff explained they had an annual development meeting (performance review) where they discussed their goals, training needs and how they can be supported to develop their skills. Feedback from consumers and representatives was incorporated into performance assessments

Management advised they monitored staff performance using informal and formal feedback from consumers and interactions with consumers and representatives were observed.

## Assessment of Standard 7 Requirements

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

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

The service was not able to demonstrate staffing numbers were sufficient to meet consumers’ needs, based on feedback from consumers and staff.

The Site Audit report provided mixed feedback from consumers and representatives about the allocation and sufficiency of the workforce. While, consumers said staff treated them with kindness and respect they were often rushed, not available when required for transfers, emotional support or for leisure activities. Consumer and representatives also stated the carer workforce, who are responsible for personal care, hospitality and environmental duties, did not have sufficient time to complete their allocated duties and lower priorities duties, such as cleaning and lifestyle activities were allocated minimal time. I consider, as the balance of consumer and representative feedback is negative, this supports non-compliance with this Requirement.

I also note the Site Audit report evidenced staff confirming they were short-staffed, felt rushed, could not spend time with or meet all consumers’ care preferences. Staff confirmed providing care was prioritised over other allocated duties with tasks such as cleaning or filing unable to be completed and handed over to the following shift. While, staff said the vacant shifts are filled through extension of hours, completing extra shifts and utilising staff from management or administrative areas to complete tasks, they are tired and exhausted. I also consider this information supports non-compliance.

In their written response the Approved Provider acknowledged staffing levels were an ongoing issue, especially for care staff, and this had an impact on the delivery of quality care. The provider stated staff prioritised the delivery of direct care to consumers over administration and housekeeping tasks with these being completed at night when consumer needs or support is lower. I acknowledge the strategies the service has in place to recruit additional staff including a surge workforce, talent recruiters and the incentive program. While, I am satisfied the Approved Provider’s planned actions reflect good workforce planning, active recruitment is underway, and strategies are used to generally fill vacant shifts, at the time of the Site Audit these initiatives were not effective in ensuring the delivery of safe quality care and services.

I have placed weight on the consumer, representative and staff feedback. I have considered the Approved Provider’s response and acknowledge the service took or plans to take actions to address the deficiencies identified in the Site Audit report. However, at the time of the site audit, the service did not consistently deploy the right number and mix of staff to deliver quality care and services.

Therefore, I consider the service was Non-compliant with this Requirement.

### 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.*

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### 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 5 of the 5 specific requirements have been assessed as Compliant.

Consumers said the organisation is well run and they were partners in improving care and service delivery. Consumers and representatives are engaged in providing feedback through consumer meetings, food focus groups, and discussions with management. Consumers and representatives confirmed the service is responsive when things are raised and changes are implemented in consultation with the consumer.

The organisation’s governing body promotes, and is accountable for, the delivery of safe, inclusive, quality care and services. Service managers regularly provided information to the board to support monitoring and maintenance of the service’s compliance with legislation and regulations, including the Quality Standards and delivering quality care and services to the consumers.

The service has implemented effective systems relating to the governance of information, finances, continuous improvement, the workforce, regulatory compliance, feedback and complaints. Staff confirmed they have access to the information they need to perform their roles, there is an annual budget with mechanisms available to access additional funds when required, feedback and complaints are captured, contributing to improvement initiatives including new equipment and additional staff.

The service has an effective risk management framework, which has been discussed with staff. The service provided evidence which supported incidents are reviewed to identify opportunities for continuous improvement to and reduce the risk of a similar incident recurring.

A clinical governance framework which included policies relating to antimicrobial stewardship, open disclosure and the minimisation of restrictive practices was available with staff demonstrating knowledge of these principles and described the practical ways these were incorporated into the day to day care of consumers.

Based on the evidence documented above, I find the provider’s performance in relation to this service, 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.

* Requirement 5(3)(b) – The service environment is safe, clean, well maintained and comfortable.
* Requirement 7(3)(a) – The workforce is suitably planned to enable the delivery and management of safe and quality care and services, including through deploying an adequate number of staff to support consumers’ well-being and safety.