Holly Residential Care Centre

Performance Report

16-24 Penneys Hill Road
HACKHAM SA 5163
Phone number: 08 8392 6700

**Commission ID:** 6042

**Provider name:** Allity Pty Ltd

**Site Audit date:** 8 March 2022 to 10 March 2022

**Date of Performance Report:** 13 May 2022

# Performance report prepared by

Meritt Nassif, 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** | **Non-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) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 22 April 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

## Assessment of Standard 1 Requirements

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

The Assessment Team recommended that the service did not meet Requirement 1(3)(a). However, my finding differs from the recommendation and I find this Requirement compliant. Reasons for the findings are detailed in the relevant Requirement below.

Consumers and representatives interviewed considered consumers feel safe and staff recognise individual diversity. Staff were able to explain how consumer’s culture and preferences influenced the way in which care and services is delivered such as interacting with consumers in different languages and facilitating activities that is culturally important to consumers. Care documents reviewed by the Assessment Team included important cultural information for consumers.

Consumers considered, and representatives agreed, that they can make informed choices about their care and services and maintain relationships important to them. Staff described the ways in which consumers are supported to make informed choices about their care and services, consistent with consumer feedback. Staff also demonstrated how they support consumers to maintain their independence. Management described how couples are supported to maintain their relationships. For example, a married consumer couple have an adjoining room allowing them privacy. Care planning documents demonstrated consumers are supported to exercise choice and independence and included the contact details for nominated representatives.

Consumers and representatives considered, and provided examples, that consumers are supported to take risks to enable them to live the best life they can. The organisation uses clinical and non-clinical risk assessments processes to identify and assess risks to consumers for the different activities they wish to undertake. Care planning document show that risks identified through risk assessments are discussed with consumers and or their representative.

Feedback from consumers and representatives raised no concerns in relation to the service providing current, accurate and timely information to consumers. Management described the ways in which information is provided to consumers and representatives.

Consumers expressed satisfaction in the way their privacy is respected and staff demonstrated how they respect consumer’s privacy. The Assessment Team observed staff respecting consumer’s privacy, for example by knocking on doors before entering into their room, and keeping personal information confidential.

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

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

The Assessment Team found the service did not demonstrate that consumers are treated with dignity and respect by all of the workforce and some consumers expressed concerns how the lack of staff impacts their dignity. Evidence relevant to the finding included:

* One consumer’s representative stated they do not believe the consumer is receiving hygiene care as often as they would like.
* Two consumer’s stating they do not know management as they have not introduced themselves.
* The Assessment Team raised feedback from consumers and representatives with management and observed management not responding in a respectful way, acting dismissively with verbal and non-verbal responses.

The Approved Provider’s responses provided additional evidence and information in support of this Requirement to be Compliant. Evidence in the response included compliments from consumers and representatives regarding personal and clinical care and consumer survey results of February 2022 showing that 100% of consumers felt they are always treated with dignity and respect.

The service demonstrated care planning documentation includes information on consumer’s identity, culture and diversity and observations made by the Assessment Team show staff treat consumers with kindness and respect. In relation to the Assessment Team receiving dismissive responses from management when responding to issues raised by consumers, the evidence is insufficient to show that management’s behaviour has also been reciprocated to consumers or had any impacts on consumer’s dignity. Feedback from consumers and representatives on consumers feeling that they are not receiving personal care in line with their needs and preferences due to staff shortage has been considered in other Requirements where I consider them to be more relevant, including; Standard 3 Requirement 3(a) and Standard 7 Requirement (3)(a). The evidence provided by the Assessment Team in this Requirement does not sufficiently support a finding of Non-compliant.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

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

Staff described the assessment and planning process to inform how they deliver safe and effective care. For example, staff described the initial assessment process upon admission to identify consumer’s needs, preferences and risks and how this is reviewed every six months or as required. This was reflected in care planning documents which were comprehensive of all these. Consumers and representatives expressed satisfaction in the assessment and care planning process.

Care planning documentation detailed the individual needs, goals and preferences of consumers including advance care planning information and end of life planning. Conversations regarding end of life planning are discussed with consumers and representatives when the consumer wishes and as the consumer’s care needs change. Consumers and representatives said they had either made their end of life wishes clear or did not wish to discuss the topic at this stage. They said they feel comfortable to approach management or Registered Nurses when needed.

Consumers and representatives indicated that they feel like partners in the ongoing assessment and planning of consumers’ care and services and that allied health professionals are regularly involved in assessment and care planning. Care planning documentation sampled by the Assessment Team reflected the involvement of consumers and representatives and other health professionals including Medical Officers, Allied Health Professionals, and a Speech Pathologist. This was consistent with feedback from staff who described how consumers, representatives and other allied health professionals are involved in consumer’s assessment and planning. The Assessment Team reviewed policies and procedures relevant to assessment and planning which identified consumers and representatives as partners in care planning that support delivery of care.

Consumers and representatives interviewed said that staff explain information about their care and services and that they can access a copy of the consumer's care and service plan when they want to. Care planning documentation documented, but is not limited to, assessment and planning in relation to nutrition and hydration, pain management, skin integrity, behaviour management, spiritual and emotional needs, and lifestyle and staff were able to describe how this was communicated to consumers and or their representatives.

Care planning documents sampled showed they are reviewed on a regular basis and when circumstances change. This was confirmed through feedback from consumers and representatives. Staff advised consumer care plans are reviewed 6-monthly or as required, and these reviews involve the consumer and/or their representative, clinical staff, allied health, and other medical professionals as needed.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-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 Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

The Assessment Team recommended that the service did not meet Requirements 3(3)(a) and 3(3)(e). However, my finding for Requirement 3(3)(a) differs from the recommendation and I find this Requirement compliant. Reasons for the findings are detailed in the relevant Requirement below.

Care planning documents identified that high impact and high prevalence risks are effectively managed by the service and document strategies that are implemented to minimise risks. Consumers and representatives stated they were happy with how the service manages their risks. Management outlined how consumers with high impact risks are discussed at weekly meetings and discussions include strategies to manage these risks.

Advance care plans and the needs, goals and preferences of consumers approaching end of life care are included in care planning documents. Consumers and representatives interviewed expressed confidence in, and staff were able to describe how, the service delivers care for consumers nearing end of life. The service has clinical guidelines regarding the delivery of palliative care services.

The service demonstrated that deterioration or change in consumer’s health are identified and responded to in a timely manner. This was reflected in care planning documents and progress notes and reflect feedback from consumers and representatives. Staff were able to explain the process for identifying and reporting changes and deterioration in a consumer’s condition and are guided by policies and procedures.

Care planning documents reviewed showed the service make appropriate referrals to other providers or organisations in a timely manner and this reflects feedback from consumers and representatives. Staff provided information on how referrals are made in consultation with consumers and representatives.

The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The service was able to demonstrate preparedness in the event of an infectious outbreak, including for a COVID-19 outbreak. Management advised the service monitors infections through clinical indicator reporting and described how they support staff to understand how they minimise the need for or use of antibiotics and ensure they are used appropriately.

### 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.*

The Assessment Team found that consumers do not get safe and effective personal care as consumers, representatives and staff expressed concerns about not meeting personal hygiene preferences due to short staffing. Evidence relevant to the finding included:

* One consumer representative felt that while care is good, staff are rushed.
* One consumer felt that personal hygiene is comprised due to staffing, for example they do not always get a shower when they want to.
* Staff expressing concerns of not meeting personal hygiene standards for consumers due to short staffing and night shift staff not completing their tasks.

The Approved Provider’s response disagreed with the recommendation of the Assessment Team and provided additional evidence and information including how consumers are given a choice of their personal care preference on a daily basis.

The Assessment Team found that care planning documents reflected personal and clinical care that is best practice, tailored to meet the individual consumer’s needs and optimises their health and well-being. While I acknowledge the feedback received from consumers and staff, I have found that the weight of this feedback is more relevant and reflective of a lack of staff rather than consumers not receiving personal care. I have considered this evidence in Standard 7 Requirement (3)(a) which I have found Non-compliant. The evidence presented under this Requirement is insufficient alone to support that consumers are not receiving the personal care they need. On the balance of the evidence provided I find that the service is Compliant with this Requirement.

### 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) Non-compliant

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

The Assessment Team found that the service was not able to demonstrate that information about the consumer’s condition, needs and preferences is documented and effectively communicated with those involved in the care of consumers. Evidence relevant to the finding included:

* Some consumers expressed concerns over internal staff communication, and said some staff were not aware of consumer’s conditions, needs and preferences.
* Staff described incidents where they had given consumers the wrong meal as they had not been informed of a change in diet.
* Staff advised that they do not get an effective handover at the start or end of their shift and said they get handover information from the previous shift’s staff on the floor if they are able to find them before starting their shift. In response to this, management advised handover is held twice a day during shift changes, and advised they will incorporate an action into the continuous improvement plan to improve communication.
* Staff expressed concerns with communication between night staff and day staff and said on multiple occasions, night staff have left consumers incontinent for the day staff to manage. In response to this, management advised they trialled a night staff checklist for night staff to complete to ensure they were completing their tasks.

The Approved Provider’s response show that they are implementing new improvements to their communication processes including re-introducing a seven day rolling handover sheet, as opposed to having a new handover sheet each day.

While I acknowledge the service has taken appropriate actions to address the deficits identified by the Assessment Team, there has not been sufficient time to demonstrate the sustainability and effectiveness of the Approved Provider’s changes. I consider at the time of the site audit the service did not have effective systems to ensure information about the consumers’ needs, condition and preferences were accurately communicated within the organisation or to the staff providing care. Vital information about changes to a consumer’s needs was not communicated effectively, for example through handover, to staff responsible for their care.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

### 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.

Consumers and representatives said the lifestyle program supported consumers’ lifestyle needs and consumers feel supported to pursue activities of interest to them. Care planning documents captures information required by staff to support consumer’s daily living. Staff demonstrated an understanding of what is important to consumers and what they like to do. Lifestyle staff explained how, on entry to the service, they partner with the consumer or their representative to determine the consumer’s individual preferences, including leisure needs, religious beliefs, social and community ties and cultural traditions. The Assessment Team observed an activity schedule displayed in the service.

Consumers confirmed their emotional, spiritual, and psychological well-being was well supported and was reflected in care planning documents. Staff provided examples of how they identify a change in consumer’s mood or emotions and what additional support they provide. The Assessment Team observed staff reassuring and supporting consumers in a caring and respectful way.

Consumers and representatives indicated that consumers are supported to keep in touch with people who are important to them. Care planning documents captured information about how and with who consumers wish to maintain their relationships. Staff provided examples of how consumers are supported to participate in the community, for example through volunteers and participating in fundraising activities.

Consumers and representatives felt information regarding consumer’s daily living choices and preferences were effectively communicated between staff. Care planning documents provided adequate information on consumer’s condition, needs and preferences and staff were able to describe the ways in which they access this information.

Care planning documents included information about individuals and external services who support consumers to maintain their interests and participate in the community outside the service. Consumer representatives provided examples of the involvement of other organisations as a result of appropriate referrals. Staff were able to explain the process of engaging with external organisations.

Consumers and representatives considered meals to be of suitable quality and quantity. Dietary needs and preferences were reflected in care planning documents and hospitality staff explained how menus change between seasons and the ways in which consumers and representatives can provide feedback and make suggestions in relation to the menu.

The Assessment Team observed equipment which supports consumers to engage in activities of daily living to be suitable, clean and well maintained. Consumers, representatives and staff reported having access to equipment, including mobility aids, shower chairs and manual handling equipment to assist them with their daily living activities.

## 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 recommended that the service did not meet Requirement 5(3)(b). However, my finding differs from the recommendation and I find this requirement compliant. Reasons for the finding are detailed in the relevant Requirement below.

Consumers and representatives who spoke with the Assessment Team said they are content with the environment and feel safe. The Assessment Team observed the service environment to be welcoming, with environments that reflect dementia enabling principles of design and sufficient lighting and handrails to support consumers to move around.

Consumers have access to and were observed using a range of equipment aids, including walking frames, wheelchairs, and comfort chairs. Staff were able to describe how shared equipment is cleaned and disinfected after use and is to be stored in a locked room to ensure the safety of consumers. The Assessment Team observed a maintenance requests whiteboard in the staff basement area which evidenced regular maintenance is occurring. Call bells were noted to be in working condition and well-maintained throughout the service.

## 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.*

The Assessment Team found the service environment not to be clean and well maintained. Evidence relevant to the finding included:

* Observations made by the Assessment Team whilst onsite of the service environment not always being clean, including:
	+ A waste trolley left in the corridor outside a consumer’s room that had a distinct smell of urine. After raising with management, the trolley was removed.
	+ Common areas and consumers’ rooms including rooms in the Memory Support Unit having a strong smell of urine.
	+ A storage room to be unlocked with the door wide open. Multiple hazards were observed within this room, including a walker propped on top of the edge of a bathtub in an unsafe position and multiple other tripping hazards. When raised with management the room was immediately locked.
* One consumer representative said the consumer’s room smells, there are marks on the wall and the carpet is dirty.
* One representative noted common areas frequently smell of urine.

The Approved Provider’s response highlighted, the Site Audit was conducted exactly one day after the service had been stood down from a 19 day COVID-19 lockdown. A full carpet clean was organised for the week prior to the visit which was cancelled due to COVID-19 outbreak, and since then, the service has had a full site clean, including steam clean of resident’s rooms and common areas. Other actions the service has taken included:

* Conducting spot checks of consumer rooms and finding nil issues with cleanliness.
* In relation to the consumer representative who said there were marks on the consumer’s wall, the Approved Provider’s response states that marks have since been removed and a full steam of the consumer’s room conducted.
* Checking consumer meeting minute records, and cleaning and cleanliness has not been raised in meetings from June 2021 till present.

I acknowledge the service has taken appropriate actions to address the urine odour and cleanliness of the floors following the site audit. I acknowledge the service’s ability to address the cleanliness and odour immediately prior to the site audit was impacted by COVID-19 restrictions. I am satisfied the service has implemented appropriate actions including regular monitoring and to identify and address any further issues. The service took immediate action to address the unlocked and unsafe storage area and evidence does not demonstrate any consumer accessed or there was significant impact by this at the time of the site audit. While the service environment was not clean at the time of the site audit due to an odour of urine, and one observation showed an unlocked storage area, I am satisfied the service has appropriately addressed the deficits and has systems in place to monitor and ensure a clean and safe environment moving forward. Based on the summarised evidence and reasons above, I find the service Compliant with this Requirement.

### 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.

Consumers and representatives considered that they are encouraged and supported to give feedback and make complaints. Staff were able to describe how they encourage and support consumers to provide feedback and make a complaint. The Assessment Team observed that the organisation encourages and supports consumers, their representatives, and the workforce to give feedback and make complaints, for example by providing feedback forms and locked submission boxes. Management advised that the boxes are checked three times a week and ensure the confidentially and anonymity of complaints are upheld when desired by consumers and representatives.

Consumers and representatives sampled were aware of the feedback and complaint process and brochures offered by the service containing contact details of external support services. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, available for consumers and representatives, and were able to describe how they assist consumers who have cognitive impairments or difficulty communicating. Information regarding internal and external complaints and feedback processes and advocacy services was displayed at the reception of the service.

Most consumers and representatives sampled who had raised complaints or concerns said their feedback was acknowledged and appropriate action was taken. While some staff were unable to define the meaning of ‘open disclosure’, they were able to describe examples of open disclosure in practice. The Assessment Team reviewed the service’s incident reports which showed that an open disclosure process is followed.

Consumers and representatives were able to describe changes implemented at the service as a result of feedback and complaints. Management was able to provide examples of improvements made to the service as a result of feedback and complaints from consumers and representatives

## 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 NON-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 Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

The Assessment Team recommended that the service did not meet Requirements 7(3)(a), 7(3)(b) and 7(3)(d). However, my findings for Requirement 7(3)(b) differs from the recommendation and I find this Requirement Compliant. Reasons for the findings are detailed in the relevant Requirements below.

Consumers and representatives considered staff perform their duties effectively and are confident that staff are skilled to meet their needs. Management described how they determine staff are competent and capable in their roles and the service has position descriptions outlining the qualifications, registration, knowledge skills and abilities required for each staff member's roles and responsibilities.

The service demonstrated the performance of staff is regularly reviewed every 6 months and involves discussions of staff performance and areas that staff require development. Management outlined action that is taken to address poor performance. The Assessment Team reviewed records that evidence that performance reviews are being monitored and are up-to-date.

## 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 Assessment Team found the service did not demonstrate that the workforce is planned to enable the delivery and management of safe and quality care and services. Evidence relevant to the finding included:

* Feedback from two consumers and one consumer representative that there is a long call bell response times and staff often come in to turn off call bells and will attend to consumers at a later time.
* Feedback from three consumers and one representative reflected that although consumers get personal care, this is not always provided in a timely manner or in line with their preference.
* One consumer representative said that staff are rushed and do not have time to spend with consumers.
* Staff said they do not have time to support consumers with their daily living.
* Staff said they try to answer call bells as soon as they can, but cannot always attend to call bells, especially if another consumer has had a fall or has a more pressing concern.
* Staff said that they are forced to tell consumers they cannot give them a shower, only a wash, due to their workload.
* Eleven unfilled shifts across all wings of the service in the 14 days prior to the site audit including when the facility was in lockdown due to COVID-19.
* Call bell reports between 1 December 2021 to 7 March 2022 were not monitored. However, the service was implementing a new call bell monitoring process which was used on 8 March 2022 and identified consumers who waited over 12 minutes.

When the Assessment Team provided feedback from consumers and representatives to management they advised a full roster review is currently part of the service’s action plan, and that this review includes realignment of working hours.

The Approved Provider’s response disagreed with the recommendation of the Assessment Team however outlined corrective actions that the service was undertaking to address staffing issues. Actions included:

* Management reviewing staff roster in consultations with consumers and staff.
* Recruiting more clinical and care staff.

While I acknowledge the service has taken appropriate actions to address the deficits identified by the Assessment Team, there has not been sufficient time to demonstrate the sustainability and effectiveness of the Approved Provider’s changes. I consider at the time of the site audit the service did not demonstrate that the workforce is planned to enable the delivery of timely and appropriate support and services to consumer’s satisfaction.

Based on the summarised evidence above, I find the service 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.*

The Assessment Team found that some workforce interactions with consumers were not kind, caring and respectful. Evidence relevant to the finding included:

* One consumer said they do not know management as they have not made the effort to introduce themselves and that management made comments to them that they considered offensive.
* The Assessment Team raised feedback from consumers and representatives with management and observed management not responding in a respectful way, acting dismissively with verbal and non-verbal responses.

The Approved Provider’s response disagreed with the recommendation of the Assessment Team and provided additional evidence and information in support of this Requirement to be Compliant. Evidence in the response included compliments from consumers and representatives regarding personal and clinical care and consumer survey results of February 2022 showing that 100% of consumers felt they are always treated with dignity and respect.

The Assessment Team observed care and clinical staff interactions with consumers to be kind, caring and respectful. Staff were observed respecting consumers’ privacy by knocking on consumers’ doors before entering their room and asking if it was okay to enter before doing so. Additionally, the report provide examples of positive feedback from two consumers and one representative on the positive interactions between the workforce and consumers. In relation to one consumer’s feedback that management made offensive comments to them, there is insufficient evidence to support this is a systemic behaviour of management towards consumers. In relation to the Assessment Team receiving dismissive responses from management when responding to issues raised by consumers, the evidence is insufficient to show that management’s behaviour has also been reciprocated to consumers or had any impacts on consumers.

The evidence presented under this Requirement is insufficient alone to support that workforce interactions are not kind, caring and respectful of consumer’s identity, culture and diversity. On the balance of the evidence provided I find that the service is Compliant with this Requirement.

### 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) Non-compliant

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

The Assessment Team found the service did not demonstrate how the workforce is equipped and supported to deliver the outcomes required by the Standards. Evidence relevant to the finding included:

* Staff reported that whilst there is annual mandatory training, staff have not completed mandatory training last year as they were short staffed, and that staff were pulled out from training. Staff also said no one has been trained about care planning.
* Staff were unable to describe the meaning of ‘open disclosure’ but could describe the process when asked what happens when something goes wrong.
* Clinical staff interviewed were not able to provide examples of the different types of restrictive practices and did not demonstrate an understanding of what ‘antimicrobial stewardship’ means.
* Management reported that antimicrobial stewardship training was completed in 2021, however the service was only able to provide the training materials used in 2020 and there was no evidence that staff attended the training both in 2020 and 2021.
* Review of staff training records found that 38 staff were overdue with their mandatory training, including 3 new starters.

The Approved Provider’s response disagreed with the recommendation of the Assessment Team however outlined continuous improvement initiatives the service has and will undertake to address deficits in staff training. Initiatives include:

* Memos sent on 9 March 2022 to all staff providing education on open disclosure.
* Memos and policy extracts sent on 9 March 2022 to all clinical staff providing education on restrictive practices.
* Review of mandatory training day to add training on restrictive practices, open disclosure and antimicrobial stewardship.
* Provide mandatory training to all clinical staff on restrictive practices and antimicrobial stewardship.
* Provide mandatory training to all staff on open disclosure.
* Provide face to face training, by an external provider, on manual handling and fire training.

The Approved Provider’s response indicated that annual mandatory training was not completed face to face due to COVID-19 restrictions, and that during this period mandatory training was moved online. The Approved Provider’s response included evidence that 99% of staff have completed online mandatory training however this was only in relation to Manual Handling and Fire Safety.

While I acknowledge the service has taken appropriate actions to address the deficits identified by the Assessment Team, there has not been sufficient time to demonstrate the sustainability and effectiveness of the Approved Provider’s changes. I consider at the time of the site audit the service did not demonstrate that all staff were up-to-date with mandatory training and that clinical staff had undertaken the appropriate training to support them to deliver the required outcomes of the Standards, particular in relation to restrictive practices and antimicrobial stewardship.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

### 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 five specific requirements have been assessed as Compliant.

The Assessment Team recommended that the service did not meet Requirement 8(3)(c). However, my finding differs from the recommendation and I find this Requirement Compliant. Reasons for the findings are detailed in the relevant Requirement below.

The service demonstrated that consumers and representatives are actively engaged in the development, delivery and evaluation of care and services. Management and staff said consumers are supported and encouraged to voice any suggestions or feedback about their preferences on the delivery of their care through consumer meetings and feedback and complaints. The Assessment Team reviewed consumer meeting minutes which evidenced the engagement of consumers.

Management advised that the service has central policies and procedures that promote a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Assessment Team reviewed meeting minutes which demonstrates that the organisation has a Medication Advisory Committee (MAC) which meets quarterly and discusses medication incidents, antimicrobial stewardship, and psychotropic medication registers among other clinical indicators.

Staff receive training in risk management procedures and demonstrated an understanding of how to apply the procedures when providing care. Staff demonstrated a shared understanding of what constitutes elder abuse and neglect and its inclusion within the Serious Incident Response Scheme. Staff were able to describe their reporting responsibilities when they become aware, or have a suspicion, of an instance of abuse and neglect.

The organisation demonstrated that it has a clinical governance framework which includes policies governing antimicrobial stewardship, open disclosure, and the use of restrictive practices. Staff were able to describe strategies to minimise the risk of infections, which included ensuring strict adherence to hand hygiene, appropriate donning and doffing of PPE, and timely identification of infection-related symptoms. Whilst some of the staff sampled could not provide a clear understanding of the term ‘open disclosure’, staff were able to describe examples of open disclosure in practice including the complaints management process and described how they have applied open disclosure with consumers and representatives in the event something has occurred or gone wrong.

## 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.*

The service demonstrated effective governance in relation to continuous improvement, financial governance, regulatory compliance and feedback and complaints. However the Assessment Team found the service did not demonstrate that it has an effective organisation wide governance system in place, particularly with respect to information management and workforce governance. Evidence relevant to the finding included:

* Some consumers and representatives interviewed said that information about their care and services is not effectively communicated to staff between handovers.
* Consumers, representatives, and staff provided feedback that there is a shortage of staff.

The Approved Provider’s response disagreed with the recommendation of the Assessment Team and said that the service has not received any complaints in relation to ineffective communication between staff and outlined the continuous improvement initiatives being undertaken, as provided under Standard 7 Requirement (3)(a), to improve staffing.

There are organisational wide governance systems in place however the evidence provided shows there are some deficits at the service level. I have considered this evidence and find them more relevant to Standard 3 Requirement (3)(e) and Standard 7 Requirement (3)(a) which I have found Non-compliant.

Based on the summarised evidence above I find the service Compliant with this Requirement.

### 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 3 Personal care and clinical care

* Requirement (3)(e) Ensure information about the consumer’s condition is documented, recorded and communicated effectively to the staff providing care to the consumer.

Standard 7 Human resources

* Requirement (3)(a) Ensure sufficient staff are deployed to support care and service delivery in line with consumers needs and to meet these Quality Standards.
* Requirement (3)(d) Ensure staff are provided sufficient training where deficits in staff knowledge and practice has been identified. Ensure the effectiveness of staff training is monitored and reviewed.