Juniper Hayloft

Performance Report

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**Commission ID:** 7468

**Provider name:** Uniting Church Homes

**Site Audit date:** 4 April 2022 to 6 April 2022

**Date of Performance Report:** 17 May 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** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the 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 Assessment Contact - Site; the Assessment Contact - Site 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 dated 6 May 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers and representatives considered consumers are treated with dignity, respect, can maintain their identity, make informed choices and live the life they choose. Consumers and representatives said staff recognise their individual needs and choices, could describe what is important to them and care and services provided were physically, socially, and emotionally safe. Consumers confirmed they were supported to make independent decisions on how their care and services were delivered, determine which relationships they wished to maintain and identify who was to be involved in their care. Consumers said they can exercise choice through the information provided to them related to their care, lifestyle, activities, food, and they are supported to take risks enabling them to live the best life they can.

Staff described how care and services delivery was personalised for each consumer based on their cultural, spiritual and personal preferences and demonstrated knowledge of what matters most to consumers. Staff described practical ways of how they ensured the consumer’s personal information was kept confidential and their privacy maintained. Staff described how information was provided to consumers which supports them to make informed choices and decisions including those which may involve risk. Staff were able to identify consumers who are supported to take risks and explained how the service discussed the risks with them, their representative and how the risk was managed.

Consumer files contained information on the consumer’s life journey, their cultural background, any spiritual preferences, family relationships, activities of interest to them, individual personal preferences, what and who is important to them to guide staff in the provision of individualised care and services. Care planning documentation identified who the consumer had chosen to be involved in their care and captured the agreement of how risks would be managed to support consumers to maintain their independence and engage with risk.

The Assessment Team observed staff greeting and interacting with consumers in a familiar and friendly way with support and services provided in a kind and respectful manner. Staff were observed knocking on doors prior to entering a consumer’s room and ensuring confidential information was secured.

The organisation has a range of policies that guide staff practice, including on topics such as acknowledging diversity, delivery of culturally safe care, empowering consumers to make choices, maintaining privacy and confidentiality.

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 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 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.

Consumers expressed they felt like partners in the ongoing assessment and planning of their care and services as they were engaged by staff in conversations, meetings, case conferences and reviews of care planning documentation to assess and plan their care needs, goals and preferences. Consumers and representatives said information was provided to them about the care planning process, confirmed they were involved when changes to the consumers’ care needs were needed.

An electronic care management system supports staff to assess, plan and deliver care, services and supports that are safe and effective. Consumer files identified assessment and care planning processes included the consideration of risk and generally reflected the consumer’s current needs, goals, and preferences including care associated with the end of life for the consumer. Care and service plans demonstrated an integrated and coordinated assessment and planning process is undertaken and involved other organisations, individuals and providers such as medical officers, allied health professionals and specialists. Care planning documentation was reviewed as scheduled, when an incident had occurred or when the needs of the consumer had changed. Care plans were readily available and provided to consumers or their representatives where requested.

Registered staff described the assessment and care planning process undertaken in establishing a consumer’s care plan, how and when it is reviewed including referral to other health and allied health professionals for their input. Registered staff stated they informed consumers’ representatives when there had been a change in a consumer’s health and well-being and discussed any changes in care when required. Care staff were aware of their responsibility in relation to the incident reporting or escalation, and confirmed they report changes in the consumers condition, needs or preferences and this may prompt a reassessment. However, deficits in the assessment of a consumer who sustained a skin tear and had an indwelling catheter were identified to not have been completed in a timely manner.

The service had clinical guidelines, policies and procedures to guide staff in their practice including to support palliative care and advance care planning. Clinical assessment tools were available on an electronic care management system with staff and visiting health professionals observed accessing and updating the consumer’s assessment and care planning documentation.

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 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) 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 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.

The Assessment Team recommended, Requirement 3(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 3(3)(a). I have provided reasons for my findings in the specific Requirement below.

Most consumers and representatives considered they receive personal care and clinical care that is safe, right for them and is in accordance with their needs which optimises their health and well-being. Consumers and representatives expressed any high impact or high prevalence risks to the consumer including falls, pain, hydration and nutrition were effectively managed. Consumers and representatives said they were confident end of life care would be provided in accordance with their individual needs and preferences. Consumers confirmed staff had promptly recognised changes in their health or condition and responded appropriately including progressing referrals to medical and health professionals in a timely manner.

Staff described how they ensure care is tailored to the needs of individual consumers and demonstrated knowledge of individual consumer’s preferences and needs including how risks associated with their personal and clinical care such as falls, swallowing difficulties, behaviour, pressure injuries and pain are managed. Staff described the various ways information is shared both within the organisation and with others outside the organisation, the monitoring process to ensure changes to consumer conditions is recognised promptly, referral processes used when medical or health professional attention is required. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff advised registered nurses are available on site 24 hours a day to manage complex care with management and medical officers available if further advice is required.

Care documentation was individualised and generally demonstrated that care was tailored to the specific needs of the consumer, it described the key risks to each consumer and provided guidance to staff on how to manage or minimise those risks. Care documentation confirmed palliative care was delivered in accordance with consumer’s end of life wishes and staff identified, communicated and responded to a deterioration or change in a consumer’s condition by seeking assistance from a range of medical officers, specialists and allied health professionals. Care documentation generally evidenced information was shared between the staff and other health professionals involved in the care of the consumer to ensure the current needs were known and actioned as required.

Organisational policies and procedures for clinical care were accessible to guide staff practice, were regularly updated, referenced best practice organisations and described management strategies for risks associated with the care of consumers, such as falls management. These policies directed staff in the management of end of life care including pain management, oral care and repositioning ensuring the physical comfort of consumers approaching the end of life is maximised and supported staff in recognising and responding to deterioration or changes in consumers’ condition including referral to medical officers or transfer to hospital when required. The service had plans to prevent or manage an infectious outbreak and had an infection prevention control lead on site.

The service documented clinical and personal risks for each sampled consumer within their care plans and monitored the impact or prevalence of risks through compilation of clinical incident data. The data was analysed; and responses implemented to manage risks to consumers.

The Assessment Team observed information on infection control including how to reduce the risk of transmission of COVID-19 was displayed throughout the service with personal protective equipment and hand sanitiser readily available.

### 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 service was able to demonstrate consumers receive effective personal and clinical care that is tailored to their needs to optimise their health and wellbeing. In coming to a decision on compliance for this Requirement, I have considered the written response from the Approved Provider and information contained in the Site Audit report, under this and other Quality Standards, including Standard 2 and Standard 6.

For consumers sampled, most feedback in relation to provision of personal and clinical care was positive with consumers confirming they got the care they need, however, three consumers or representatives raised individual concerns, relating to, the management of their catheter, staff following medical officer directives for skin maintenance and access to a medical officer.

Additionally, the Site Audit report brought forward deficiencies in relation to identifying changes in consumer care needs, monitoring documentation for pressure area care and restrictive practices. I have considered evidence brought forward in relation to restrictive practices not being assessed, monitored and reviewed in line with legislative requirements under Requirement 8(3)(c).

The Approved Provider did not agree with the recommendation of non-compliance and provided a response that included historical, additional and clarifying information through a range of supporting documents including an action plan, clinical record extracts, assessments, medication and care monitoring charts.

The Site Audit report brought forward, deficiencies in relation to a named consumer which included access to a medical officer, documentation not demonstrating repositioning had been undertaken, a skin integrity assessment was not completed when a skin tear was sustained, and the service had not updated the consumers care plan following the insertion of an indwelling catheter. The Approved Provider’s response included documentation which substantiated the medical officer had reviewed the consumer regularly, the consumer was supported to reposition, without staff assistance, through using various pressure relieving devices such as an air mattress or a comfort chair; and the skin tear was dressed and treated at the time it occurred. The Site Audit report evidenced, and the Approved Provider’s response, confirmed the consumer’s pressure injuries and skin tear as healing. Additionally, I note the Site Audit report contained information to support registered and care staff were aware of the consumer’s indwelling catheter and their care needs were being met. I am satisfied this reflects that the service has provided safe and effective clinical and personal care to this consumer, and these examples are not reflective of non-compliance with this Requirement.

For another named consumer, wound monitoring documentation reviewed demonstrated inconsistent application of a prescribed cream to support wound healing. The Approved Provider submitted documentation evidencing prescribed medications are managed and monitored through an electronic medication system, the medication charts record the cream had been applied as per medical officer directives, the wound had been reviewed by the medical officer with wound healing noted and treatment as prescribed to continue. I am satisfied this reflects the service was following medical officer directions and this example is not reflective of non-compliance with this Requirement.

The Site Audit report brought forward evidence for a named consumer, who reported they experienced delays in response to requests for assistance for pain medication. There is insufficient evidence from consumer documentation or staff interviews to demonstrate the consumers pain is not being effectively managed to support the Assessment Team’s recommendation and other information contained within the report confirms for sampled consumers the Assessment Team determined consumer’s pain management was effectively managed including pharmacological and non-pharmacological strategies are used and are monitored appropriately.

The Site Audit report identified, a named consumer raised concerns with staff checking and emptying their catheter regularly. The Approved Provider’s response included documentation which demonstrated the consumer’s catheter is regularly checked, emptied and staff are documenting the amount of fluid output. I am satisfied this reflects personal and clinical care was being delivered effectively and this example is not reflective of non-compliance with this Requirement.

I note the documentation deficiencies are acknowledged by the Approved Provider, in both the Site Audit report and their response and they have implemented corrective actions and monitoring systems to ensure care provision is consistently documented.

I also note the service is responsive to concerns raised by consumer’s or their representatives in relation to personal and clinical care, as the Site Audit report evidenced how the service has implemented individualised strategies to prevent a named consumer from misplacing their dentures and consider this as demonstrative of care tailored to consumer needs.

I have considered the Site Audit report as well as the Approved Provider’s response. I do not find the gaps identified in documentation have adversely impacted the safety, personal and clinical care provided by the service to consumers. I therefore find that the service has demonstrated they provide safe and effective personal and clinical care, which is best practice, tailored to consumer’s needs and optimises consumers health and wellbeing.

Therefore, I find the service compliant in 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) Compliant

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 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.

The Assessment Team recommended, Requirement 4(3)(f), 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 4(3)(f). I have provided reasons for my findings in the specific Requirement below.

Consumers and representatives said the service assists consumers to do things of interest to them, through participating in the service’s lifestyle program and/or spending time on independent activities such as knitting. Consumers and representatives described how consumers were supported to keep in touch with the people important to them as they were able to receive visitors, going out on social leave and talk with family via the telephone. Consumers advised the service has assisted them with the servicing of their wheelchair while other consumers advised they maintain the cleanliness of their mobility aids independently. Consumers described various ways in which their emotional and spiritual wellbeing is promoted including pastoral visits, church services and staff comforting them in response to the loss of a loved one.

Care planning documentation identified important moments in a consumer’s life history, their spiritual beliefs, their hobbies, likes and dislikes, social supports, the people important to them and the equipment needed to support and promote their independence. Consumer files evidenced staff shared changes to a consumer’s condition, needs or preferences between themselves and others involved in the consumers’ care and demonstrated the service responded to any identified changes with referrals made to dieticians, physiotherapists and occupational therapists as relevant.

Staff demonstrated, a shared understanding of what was important to individual consumers including but not limited to, what they liked to do, their relationships of significance, their emotional, cultural and spiritual support needs. Staff confirmed the activities program, held internally, contains a variety of individual or group activities, such as bingo, craft activities and construction workshops, with further community participation, facilitated through organised bus trips. They described the changes they would look for to recognise if a consumer was feeling low, the individual support provided to that person if additional emotional support was required and the mechanisms available to report damaged or faulty equipment to initiate repair or replacement.

The activity schedule was displayed throughout the service, included a variety of activities, consumers were observed engaging in various group or individual activities and interacting with other consumers in communal areas such as the dining room. Consumers were observed being reassured by staff and brochures promoting access to volunteer organisations who assist with emotional support were available if required. Consumer’s individual equipment and other equipment used by consumers was observed to be clean, suitable and well-maintained with maintenance documentation confirming equipment maintenance and monitoring was completed routinely and when required.

## 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.*

The service was able to adequately demonstrate meals provided are varied and of suitable quality and quantity. 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 information contained in the Site Audit report, under this and other Quality Standards, including Standard 6 and Standard 8.

For consumers sampled, feedback in relation to meals was mixed with some consumers providing positive feedback in relation to the meals, stating they enjoy the food, while others described the meals as bland, the meat over cooked, the meal presentation as not to their liking and consumers were unable to choose meals according to their preferences.

The Approved Provider did not agree with the finding of non-compliance and provided a response that included additional and clarifying information through a range of supporting documents including an action plan, assessments, menus, minutes of meetings and monitoring charts.

I acknowledge the Site Audit report contains comments from consumers who expressed the meals provided at the service were not to their liking, however there were no examples brought forward of significant consequences as a result of consumer dissatisfaction, such as weight loss. The Site Audit report and the Approved Provider’s response highlights the service is aware of these issues, corrective actions have been undertaken including a consumer instructing the chef on the preparation of certain meals, the introduction of a condiments tray and other strategies which continue to be trialled to meet the individual tastes of each of these consumers. I note a new chef had been introduced prior to the Site Audit, with consumers confirming a noticed improvement to the preparation and presentation of the meals. Additionally, the Site Audit report confirmed consumers had provided positive feedback on the improvements made in response to their feedback on the quality of meals. I am satisfied this reflects that the service has sought to improve the taste of meals in accordance with individual consumers preferences, and these examples are not reflective of non-compliance with this Requirement.

I note the Site Audit report contains information that supports a named representative advised a consumer has been unable to choose vegetarian meals as the consumer was not identified as a vegetarian. However, supporting documents, including nutritional assessments for this consumer evidenced the consumer’s preference for vegetarian meals is documented and staff are instructed to assist with the consumer’s choice of meals. I also note the supporting documentation supplied in Approved Provider’s response included evidence to support an organisational initiative for a new menu ordering system being introduced to improve consumer meal selection and additional corrective actions to evidence how consumers are offered meal choices.

For another named consumer, they advised delivery of their meals was delayed, however there was no documentation or staff information to support delays in meal service. I do not consider the Site Audit Report contained sufficient evidence to support a finding of non-compliance in relation to this issue.

Additionally, both the Site Audit report and the Approved Provider’s response evidenced consumer’s satisfaction with meals and meal service is monitored through consumer surveys, a suggestion box located in the dining room and participation in food focus meetings, with any concerns responded to in a timely manner. Additionally, the Approved Providers response identifies the meal consumption and weight of consumers who have provided negative is routinely monitored with records noting the consumers eat their meals and their weight is steady or increasing.

I have considered the Site Audit report as well as the Approved Provider’s response. I find the service has implemented processes to ensure the meals provided are varied and of suitable quality and quantity are effective. It is expected the service continue to actively work in collaboration with consumers to improve the quality and variety of meals provided to ensure consumer’s individual needs, likes and preferences are met.

Therefore, I find the service compliant in this Requirement.

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers advised they felt they belonged, were safe and the service environment was comfortable. Consumers and representatives considered consumers felt at home and confirmed the service environment including the furniture, fittings and equipment is generally clean, well-maintained and consumers liked their rooms as they were able to be personalised with personal items and photographs. Consumers said they can move freely around the service, can access outdoor areas if they wish and staff assistance to access the garden is provided if needed. Consumers advised the service is fairly new, has lots of light and any maintenance issues are attended to promptly.

The service environment consists of 2 levels and was observed to be welcoming and easy to navigate. The service consists of single rooms with in built hoists, ensuite bathrooms and multiple communal areas to meet with family members or friends. Externally, consumers have access to a large grassed area with outdoor seating, well-maintained pathways and use of a barbeque area. The consumers’ rooms, communal areas, furniture, fittings and equipment were observed being attended to by cleaning staff and were observed to be clean, well-maintained and appropriate for the consumer needs. Call bells were readily available to consumers should they need to call for staff assistance.

Staff described how the service environment supports consumers to socialise, both in and outdoors and how furniture and equipment such as chairs are regularly checked and serviced to ensure they are safe and fit for use. Staff confirmed, if equipment is shared between consumers, it is cleaned after each use and they described routine safety checks are performed prior to using it with a consumer. Maintenance staff advised they ensure the environment is safe and well maintained through scheduled preventative maintenance and reactive maintenance. Review of the preventative maintenance books demonstrated regular maintenance of equipment is completed according to a schedule. Any issues with equipment reported by staff or consumers was actioned.

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 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 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 considered they are encouraged and supported to give feedback, make complaints and appropriate action is taken when required. Consumers and representatives said they were aware of how to access advocacy or external complaint services and are familiar with the service’s internal processes to make suggestions or lodge a complaint through using the feedback forms or raising the issue at consumer meetings. Consumers and representatives confirmed they felt safe raising any concerns with staff or management who endeavour to resolve the issue and provided examples of improvements made in response to their feedback around timely communication of changes to consumer care needs and resolution of missing dentures.

Staff described the various methods complaints were able to be made by consumers, what occurred following the receipt of verbal or written complaints and how they would escalate this including it being brought to the attention of management. Staff showed an understanding of available external complaints, advocacy and interpreter services and advised electronic translation services or devices would be used to assist consumers who may not be capable of using the usual feedback methods. Staff and management demonstrated an understanding of the underlying principles of open disclosure and knew that part of the principal includes acknowledging when things go wrong and to offer an apology in the case of any complaints or negative feedback. Management described previous and current areas of complaints and suggestions for improvement, and the actions which had been taken to address them. Management have identified there are communication issues within the service and has introduced daily communication huddles where all staff members are invited to participate in a two-way conversation.

The organisation has policies on complaints management and open disclosure which are used to guide staff during complaint resolution processes. The service had implemented processes to promote and support consumers in providing feedback and making complaints, using an open disclosure process and a register is used to record all feedback or complaints to monitor, track and trend suggestions, feedback or complaints. Consumer meeting minutes demonstrated concerns and compliments are regularly discussed and the service’s continuous improvement plan evidenced feedback is used to make improvements to care and service delivery.

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.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team recommended, Requirement 7(3)(a), was non-compliant. I have considered the Assessment Team’s findings; the evidence documented in the Approved Provider’s written response and the Site Audit report and have come to a different view from the Assessment Team and find the service Compliant with Requirement 7(3)(a). I have provided reasons for my findings in the specific Requirement below.

Most consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. While consumers and representatives raised concerns about the adequacy of staff, they confirmed staff are kind, caring, know what they are doing and have the skills needed to meet the consumer’s social, cultural, religious, spiritual, psychological and medical care needs. Consumers and representatives identified the staff to be gentle when providing care to consumers who experience pain or when they require palliative care, staff perform their duties effectively and understand what is important to the consumer. Consumers and representatives said the staff are equipped with the knowledge and are sufficiently competent in their roles.

Staff advised they’re allocated to work within designated areas of the service to ensure they are familiar with the care of those consumers, they generally have sufficient time to complete their duties and during busy times they work as a team to complete tasks to meet consumer needs. Staff said they were generally satisfied with the training provided by the service, are required to undergo annual mandatory training and had attended additional training in relation to the quality standards and other topics relevant to their role. Staff demonstrated knowledge for restrictive practices and serious incident reporting. Care staff said management are supportive and encourage growth within the service.

Management confirmed staff are required to have the appropriate qualification and experience for the role, complete buddy shifts with probationary reviews completed with staff when they are commencing employment. Management advised an extensive onboarding process is undertaken with nursing staff to assess their clinical competency, with all staff participating in mandatory training at induction and includes training on occupational health and safety, hand hygiene and infection control. Management advised there is a requirement for staff to complete ongoing training and this is monitored to ensure completion. Additionally, the competency of staff is monitored through consumer and representative feedback and observation of staff practice with all staff participating in ongoing performance reviews.

Documentation reviewed confirmed policies and procedures guide the management of the workforce, the selection and recruitment of new staff, orientation and probationary processes and monitoring of staff performance. Staff are rostered, allocated to designated areas and vacant shifts are filled by staff who have capacity to take on additional hours or agency staff. The organisation has monitoring systems in place to ensure qualifications, vaccinations and criminal history clearances remain current.

Staff were observed to demonstrate a shared understanding of their roles, responsibilities, were kind, caring and respectful in their interactions. However, observations identified consumers who resided within the memory support unit were unsupervised for a short period of time.

## Assessment of Standard 7 Requirements

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

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

The service was able to demonstrate the number and skill mix of staff deployed enabled the delivery and management of safe and quality care and services. 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 Site audit report, under this and other Quality Standards, including Standards 1, 2, 3 and 4.

The Approved Provider did not agree with the recommendation of non-compliance as the Assessment Team had not identified any deficiencies in relation to the delivery of care or services that were related to the sufficiency of staffing and provided a response that included additional and clarifying information through a range of supporting documents including an action plan, clinical record extracts and care monitoring charts.

The Site Audit report identified, consumer feedback in relation to the sufficiency of staff was mixed with some consumers confirming they receive quality care and services, while other named consumers or their representatives stated consumers dentures were misplaced due to a lack of staff, catheters were not being monitored, consumers experience delays in response to call for assistance with pain medication, meal delivery or toileting and consumers are left unsupervised in common areas. However, I note consumer feedback throughout the Site Audit report is mostly positive and included consumers confirming they were receiving safe and effective care and services including for pain management, when they needed it and their preferences were being met and staff never refuse to do anything.

For, a named consumer, their representative raised concerns in relation to the management of the consumer’s dentures indicating these were often misplaced, as staff were unable to constantly monitor the consumer. The Site Audit report and the Approved Provider’s response evidences how the service has implemented strategies to prevent the consumer from misplacing their dentures and the representative acknowledged this had resulted in a positive change. Additionally, clinical care extracts demonstrate staff were monitoring the whereabouts of the consumer’s dentures consistently throughout each day. I am satisfied this example is not reflective of inadequate staff and supports non-compliance with this Requirement.

In relation to named consumers who provided negative feedback, I have considered the information provided around catheter monitoring and pain management under Requirement 3(3)(a) and delays in meal deliveries under Requirement 4(3)(f).

For a named representative, they expressed concerns regarding their observations of consumers being unsupervised while in communal areas, confirmed they had raised this as an issue at a consumer meeting held in December 2021 and had since noticed staff were always present when consumers were in the common areas. However, the Assessment Team observed on one occasion, during the audit, staff were absent for a period of 10 minutes. While the Assessment Team brought forward they observed two consumers expressing challenging behaviours, during this brief period, it was described to de-escalate naturally. Additionally, care staff confirmed registered staff are usually in the common area, however they were unsure of their whereabouts on this occasion. I consider the absence of staff on one occasion does not demonstrate there is insufficient staff as both the representative and care staff confirmed staff are always or usually present.

The Site Audit report evidenced staff had stated they had sufficient time to complete their duties, vacant shifts are filled, they are allocated to designated rooms, assist others were required and they work as a team during busy times to meet consumer’s needs. While staff mentioned there are staff shortages which impacts their ability to spend one on one time with consumers, staff were observed providing reassurance and comfort to consumers and consumers reported they spend one on one time with staff which they enjoy. The Site Audit report demonstrated staff are consistently allocated across a 24-hour period and in the week preceding the audit, there was no fluctuations in the number or mix of staff rostered.

I note the Approved provider’s response acknowledges audits to monitor call bell response times had not been undertaken recently, due to a change in the service’s management. I also note supporting documentation confirmed the audit schedule and systems were being replaced through an organisational initiative, which was being implemented but had experienced delays. I acknowledge the Approved Provider’s response contain corrective actions in relation to call bell monitoring immediately.

While the site audit report brought forward evidence of consumers or their representatives expressing the number of the workforce was inadequate to support the delivery or management of safe quality care. There is insufficient evidence from consumer feedback, staff interviews or consumer documentation to demonstrate workforce planning is not effective in the delivery of safe quality car or services as consumer’s confirmed they get the care they need.

Therefore, I find the service compliant in 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.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team recommended, Requirement 8(3)(c) as not met. 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 8(3)(c). I have provided reasons for my findings in the specific Requirement below.

Most consumers considered the organisation was well run and are partners in improving the design, delivery and evaluation of care, support and services. Consumers and representatives have input through feedback mechanisms and their participation in care planning processes. They are also invited to quarterly consumer meetings where key topics or areas of concern raised by consumers are discussed which may include the living environment, delivery of clinical care, upcoming visits by dental and optometry services, lifestyle activities, food focus groups and COVID-19 updates. Consumers who have expressed an interest to do so are actively involved in staff recruitment processes.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation has a quality governance framework that establishes cascading accountability from the governing body through to service management, the board, it’s sub-committees and regional management meetings are attended routinely. The organisation has published policies, procedures and guides relevant to the quality standards and training is provided to all staff to promote inclusive quality care. The governing body meets regularly, sets clear expectations for the service and reviews critical incidents and adverse events to make recommendations and improve care and services.

The organisation had established organisational wide governance systems including for information management, continuous improvement, complaints management, financial and workforce governance which were effective as staff confirmed they could readily access relevant, current and updated information when they needed it, funding was available to meet regular and emerging expenditure needs, feedback and complaints are managed appropriately and used to inform continuous improvement.

The organisation’s risk management framework incorporated policies and procedures that included identifying and responding to serious incidents involving potential abuse and neglect of consumers. Staff confirmed they complete risk management training and demonstrated knowledge of their role and responsibilities in the responding to an allegation of abuse or neglect of a consumer. Staff demonstrated a shared understanding of strategies contained within care and service plans to manage individual consumer risks including when consumers choose not to follow medical advice. Documentation evidenced incidents were reported, managed, monitored and evaluated to inform minimisation of future risk to consumers.

The service provides clinical care and has a documented clinical governance framework that covers antimicrobial stewardship, minimising the use of restraint and the use of open disclosure. Staff described how these policies influence their daily practice including adherence to hand hygiene, correct use of personal protective equipment, quick identification of infection related symptoms and utilisation of preventative strategies to minimise unnecessary antibiotic use. Staff were aware of the need to seek alternate interventions before using any form of restrictive practice and when things go wrong, it is acknowledged, and an apology offered.

## 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 it had implemented effective governance systems relating to information management, financial governance, workforce, continuous improvement, regulatory compliance, feedback and complaints. 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 Site audit report, under this and other Quality Standards, including Standards 2, 3, 4, 6 and 7.

The Approved Provider did not agree with the recommendation of non-compliance and provided a response that included additional and clarifying information through a range of supporting documents including an existing and updated action plans, clinical record extracts, schedules, assessments, menus and care, denture, and psychotropic monitoring records.

During, the site audit, the need for environmental restrictive practices for 7 consumers was identified as incorrectly documented as the consumers were immobile and located within a secure environment. While I am satisfied consumers were residing within a secure environment who do not require it, I acknowledge the consumer has secure of tenure of their existing room and therefore this is not evidence of non-compliance with this Requirement.

The Site Audit identified management was unable to identify consumers who were chemically restricted as a review of those consumers prescribed psychotropic medication was being undertaken but had not yet been completed, however the Approved Provider corrected this information and supplied additional documentation substantiating the review was in relation to behaviour support planning and there were no consumers prescribed a psychotropic medication that did not have a corresponding diagnosis. The Site Audit report also included information for 3 sampled consumers which confirmed a corresponding diagnosis was evident in their care documentation. Therefore, I do not consider this evidence of non-compliance with this requirement.

Additionally, the Site Audit report brought forward information that contained positive evidence which supported behaviour assessments had been completed by an approved health practitioner and outcomes of these assessments informed care planning including the identification of the types of behaviour displayed and interventions to use to de-escalate behaviours for individual consumers. Staff demonstrated knowledge of behavioural changes and the escalation pathways if a change was observed. The Site Audit report and documentation included in the Approved Providers response evidenced staff had responded appropriately to observed changes where these had prompted reassessment and care plan review. Therefore, I do not consider this evidence of non-compliance with this requirement.

Additionally, the Site Audit report contained evidence in support of the service’s monitoring systems which included behavioural incidents being reported, analysed and trended.

While, the Site Audit report brought forward some deficiencies in the documentation in relation to restrictive practice, the Approved Provider’s response included additional information and documentation which established governance systems in relation to compliance with restrictive practice legislation are effective.

Therefore, I find the service Compliant in 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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.