Lady of Grace Nursing Home

Performance Report

454 Old Northern Road   
DURAL NSW 2158  
Phone number: 02 9634 1354

**Commission ID:** 2798

**Provider name:** Lady of Grace Fraternity Limited

**Site Audit date:** 15 March 2022 to 17 March 2022

**Date of Performance Report:** 03 June 2022

# Performance report prepared by

James Howard, 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 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 conducted from 15 March 2022 to 17 March 2022; 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 13 April 2022.
* Other information and intelligence held by the Commission in relation to this service.

# 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 six of the six specific requirements were assessed as Compliant, informed by the evidence from the Assessment Team, and the service’s response to the site audit report.

The Assessment Team evidence included:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation and risk assessments.
* The service’s policies and procedures.
* Observations during the site audit.

The service’s written response to the site audit included evidence such as:

* Care plan records including applicable medical information, a risk assessment and case conference records.

Sampled consumers advised the Assessment Team they were treated with dignity and respect, supported to maintain their identity and could make informed choices about their care and services to live the life they chose.

Staff described each consumer’s life journey and individual preferences, and how this influenced the day-to-day delivery of care and services. For example, the service organised music concerts for consumers with an interest in music, such as a consumer who was formerly a pianist.

Consumers advised the service respected their cultural identity and provided care and services in a culturally safe manner. For example, one consumer explained their primary language was Spanish, and the service referred them to a physiotherapist who spoke Spanish. Staff explained they learned phrases in consumers’ preferred languages and utilised cue cards to effectively communicate with consumers, which ensured culturally safe care and service delivery. The service’s lifestyle manager advised the Assessment Team the service arranged for volunteers to interact with consumers who spoke German and Italian, and intended to arrange for more volunteers who spoke other languages such as Spanish and Korean. The service’s activity calendar, and brochures regarding the Quality Standards were displayed around the service in multiple languages.

Consumers considered they were supported by the service to make choices, maintain their independence and relationships of choice. Staff explained how they respected consumer choices, including when family, friends, carers or others should be involved in consumers’ care. Consumers reported their decisions were respected by the service, and they were supported to undertake activities associated with risk. For example, one consumer explained they maintained a diet against the directions from their dietician, as it provided them with a sense of independence and happiness. Review of the applicable consumer’s care planning documentation demonstrated the consumer’s dietary preferences were recorded, with appropriate risk assessments in place to support the consumer’s choice.

Overall, consumers and representatives advised they received information from the service in a timely and easy to understand manner, that enabled them to exercise choice. Staff were observed to respect consumers’ personal privacy and described practical strategies they used in the delivery of care and services to ensure consumers’ privacy. Consumers’ personal information was kept confidential by a secure electronic records management system, with information restricted to staff with the appropriate login. The service’s privacy and dignity policy outlined the service’s commitment to privacy and confidentiality and this was observed in practice.

## 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.*

Consumers were supported to undertake activities associated with risk through relevant risk assessment and planning, consultation with the consumer representatives, and as applicable, medical and allied health input, as confirmed by review of care planning documentation, staff and consumer interviews.

The Assessment Team recommended Requirement 1(3)(d) was Met; however, it found one risk assessment was not completed for a consumer, which was updated by the service during the site audit. As the service undertook immediate action to complete the risk assessment, there was low risk to the consumer identified and all other sampled care plans had applicable risk assessments, I decided this example in isolation does not warrant a finding of non-compliance.

In the service’s written response, the service provided supporting evidence which demonstrated the risk assessment was completed for the applicable consumer, and included information such as risk classification and factors, strategies and relevant medical information.

Based on the balance of evidence presented by the Assessment Team, and evidence provided by the service, I decided the service is compliant with Requirement 1(3)(d).

### 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.*

Based on supporting evidence such as consumer and staff interviews, review of care planning records and observations during the site audit, the service demonstrated it provided information to consumers and their representatives in a timely and easy to understand manner to assist with decisions. However, the Assessment Team noted feedback from two representatives about the transparency of communication relating to COVID-19 and a change to a consumer’s condition. The Assessment Team did not consider these two examples indicated non-compliance, given that the evidence overall demonstrated that sufficient systems were in place to enable clear communication and distribution of information.

In its written response, the service provided supporting evidence and context which demonstrated it communicated and provided information to representatives in a timely and transparent manner.

As information was provided to consumers and representatives in a clear and timely manner, I decided the service was compliant with Requirement 1(3)(e).

### 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 five of the five specific requirements were assessed as Compliant, informed by evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies and procedures.
* Observations during the site audit.

Sampled consumers and representatives advised the Assessment Team that consumers were involved in the ongoing assessment and planning of their care and service delivery needs, to optimise their health and well-being.

Review of sampled care plans demonstrated consistent consideration of risks to consumers’ health and well-being, which aligned with consumers’ goals, needs and preferences to inform the delivery of safe and effective care and services. Staff were supported to undertake the assessment and planning process by the service’s policies, procedures and guidelines.

Sampled care plans identified and addressed consumers current needs and advance care and end of life planning preferences, that aligned with feedback from consumers and representatives. Clinical staff explained that palliative care teams and doctors were involved in the assessment and planning process to ensure consumers’ needs were considered accordingly.

Management explained how individual needs, goals and preferences were considered for end of life care. For example, management explained that for some cultures, when a person passes away, their room must be kept free for 2 days. The service recorded this cultural and religious preference in consumers’ care plans to ensure this was observed in practice.

Staff were prompted to review advance care and end of life directives through the electronic records management system, before being able to navigate to the rest of the consumer’s care plan.

Consumers reported they were involved in the assessment and planning process on an ongoing basis and were supported by staff to understand assessment outcomes. Staff explained various communication strategies they utilised to explain information to consumers during the assessment and review process to ensure their needs were appropriately captured and understood, such as looking for body language cues, involvement of representatives, and providing copies of care plans to consumers and representatives. Review of care planning documentation, such as progress notes, assessments and referrals confirmed that other organisations, individuals and providers were involved in the care of the consumer.

Staff and management explained how they escalated and responded to incidents, and changes to consumers’ needs, through updated assessment of consumers’ care plans, such as:

* Referrals to the Serious Incident Response Scheme, and incident management reporting as applicable.
* Referral to clinical staff and medical professionals as applicable.
* Notification of changes to the consumer’s condition to relevant parties, such as representatives, organisations and other providers of care.

Review of care planning documentation confirmed that the provision of care and services were reviewed for effectiveness, and when circumstances changed, which aligned with examples provided by staff.

## 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 seven of the seven specific requirements were assessed as Compliant, informed by the evidence from the Assessment Team, and the service’s response to the site audit report.

The Assessment Team evidence included:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies and procedures.
* Observations during the site audit.

The service’s written response to the site audit included evidence such as:

* Applicable medical information relating to consumer examples, such as assessments and hygiene care plan directions.
* A copy of the service’s continuous improvement plan.
* Photograph of the service’s key pad access code, following feedback during the site audit.
* Example of the service’s environmental audit conducted by the general manager.
* The service’s cleaning scope of work and cleaning schedule, and applicable communication with the cleaning company.
* Copy of the service’s feedback form, specific to a consumer example.

Overall, consumers and representatives advised they received personal and clinical care that was safe, met their individual needs and aligned with their goals and preferences.

Staff explained through several examples how they provided personalised care to consumers to optimise their health and well-being. For example, staff explained how they used de-escalation strategies for consumers with behavioural considerations.

Staff were guided to provide best practice care through the service’s policies, procedures, guidelines and flow charts for areas including, but not limited to, restrictive practice, skin integrity and pain management. Staff were observed to follow best practice guidance, in line with the service’s policies, such as using a lifter for a consumer who had restricted mobility.

For consumers subject to restrictive practices, a review of the service’s psychotropic and restraint registers confirmed that applicable diagnoses and medication requirements were recorded and were accompanied by behaviour support plans and consent.

The service’s wound management and skin integrity policies and procedures included scale scoring risk assessment tools to ensure best practice care. The service used repositioning, hygiene care, moisturisers and pressure relieving equipment to manage consumers’ skin integrity. The service utilised pain assessments and monitoring charts to assess consumers experiencing pain, and a numerical pain scale and nonverbal methods to ensure consumers’ needs were appropriately captured.

Care planning documentation reflected that high impact, or high prevalence risks associated with care of consumers were appropriately considered against consumers’ needs, preferences and goals. For example, care plans had updated progress notes, charts, assessments and observations detailing changes to consumers’ conditions. The Assessment Team reviewed 2 incident reports, which demonstrated the service appropriately considered high prevalence risk. For example, the reports included information relating to neurological observations, assessment, clinical care, notification to representatives and referrals to doctors and allied health professionals.

Sampled care plans included information about advance care and end-of-life care directives as applicable. Consumers and representatives advised the service respected end-of-life preferences and directives.

Staff described how they recognised and responded to deterioration or changes in a consumer’s mental health, cognitive or physical function and ensured changes were responded to in a timely manner.

The service demonstrated how it effectively shared information about the consumer’s condition, needs and preferences within and outside the organisation through shift handovers, care plan record management, case conference notes and involvement of consumers, representatives and other health professionals as required. Staff explained that the service’s assessment process identified appropriate referrals to other health professionals and providers of care, and were completed through the service’s online system to ensure timely referrals.

The service’s policies and procedures relating to the minimisation of infection-related risks, and practices to promote appropriate antibiotic prescribing, were applied in practice and aligned with feedback received from staff about infection risks and antimicrobial resistance.

### 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 recommended Requirement 3(3)(a) was Met; however, it noted some issues that required further explanation from the service. Having considered the evidence presented by the Assessment Team and the approved provider, I decided the service is Compliant with this Requirement. Overall, the evidence demonstrated the service’s processes ensured consumers received personal and clinical care that was best practice, tailored to needs and optimised health and well-being, which outweighed the matters raised by the Assessment Team.

Chemical restraint register

The Assessment Team noted that 5 consumers were listed on the service’s psychotropic register; however, they were not listed on the service’s chemical restraint register. The service acknowledged the Assessment Team’s findings and amended the chemical restraint register before the conclusion of the site audit. Given that the 5 consumers had provided consent, had behaviour support plans in place at the time of the site audit, and had their medication listed on the psychotropic register, I considered this matter did not warrant a finding of Non-compliance. The service demonstrated it had systems in place which considered behavioural support plan requirements for consumers and ensured regulatory compliance with the *Aged Care Act 1997*. I also considered there were no adverse clinical outcomes or risk to the applicable consumers.

Representative feedback: personal care

When queried about personal and clinical care, one consumer stated, ‘I think the level of care is fairly good’. However, the consumer’s feedback was contrary to feedback provided by their representative, who reported the consumer was showered every 2 to 3 days. In response to this feedback, the Assessment Team examined a 2 week personal hygiene charting review for the consumer, which was recently completed at the time of the site audit. The personal hygiene charting review demonstrated that it was charted for 12 out of 14 days.

In its written response, the service clarified that it conducted a hygiene care plan assessment with the consumer, following the results from the charting review. The service explained that it was the consumer’s choice and preference to be showered twice a week, and to have sponge baths on other days with due consideration to their mobility and health condition, noting that the consumer’s choice differed from that of the representative. The service provided a copy of the personal hygiene care plan, which demonstrated that it considered risks to the consumer’s personal and clinical care and included strategies to ensure the consumer received best practice, tailored care. In addition, the plan also included reference to dignity of risk, and specified the consumer must always be asked if they wanted a shower.

Based on the further information, and on the supporting evidence which demonstrated risk was appropriately considered and monitored in accordance with the consumer’s wishes, I considered this matter did not warrant a finding of Non-compliance. I also considered that the personal care example demonstrated that the consumer was supported to exercise choice and independence to make decisions about their own care, and the way care and services should be delivered, as applicable against Requirement 1(3)(c).

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

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

The Assessment Team considered Requirement 3(3)(b) was Compliant, based on evidence from consumer and staff interviews, the service’s policies and procedures, and a review of care planning documentation. However, the Assessment Team provided feedback to the service about the risk management of door access codes on display during the site audit. In its written response, the service acknowledged the Assessment Team’s feedback, and advised it managed any risk associated with this by presenting the door code in a manner that was not easily discerned by consumers subject to environmental restraint. In addition, the service advised it added this feedback and follow-up action to its continuous improvement register, which it supplied as supporting evidence. The service also supplied photographic evidence of the changed door code position. Given that the service acknowledged and addressed the Assessment Team’s feedback, and there was no immediate risk to consumer safety or well-being, I considered this matter did not warrant a finding of Non-compliance.

### 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 seven of the seven specific requirements were assessed as Compliant, informed by the evidence from the Assessment Team, and the service’s response to the site audit report.

The Assessment Team’s evidence included:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation, including progress notes and assessments.
* Review of the lifestyle activity program.
* The service’s policies and procedures.
* Observations during the site audit.

The service’s written response to the site audit included evidence such as:

* Care plan records, feedback form, dietary assessment and a copy of the service’s continuous improvement plan.

Consumers advised they received safe and effective services and supports for daily living that were important for their health and well-being and enabled them to do the things they wanted to do. Staff explained that consumers were supported and encouraged to undertake activities and interests that met their needs, goals and preferences, and provided several examples of individual interests and hobbies.

Staff described individual consumer preferences, and how they supported consumers with their emotional, spiritual and psychological well-being, which aligned with information recorded in care plan records. The service provided consumers with opportunities to celebrate their cultural heritage through arranged activities, which covered various occasions such as Chinese New Year, St Patrick’s Day and Greek Independence Day.

Consumer feedback showed consumers felt supported to participate in their community within and outside the service environment, maintain social and personal relationships, and do things of interest, such as leaving the service to go shopping or have lunch.

Staff described the processes and systems in place to record and share information within and outside the organisation about consumers’ conditions, needs and preferences, as corroborated by a review of care plans. Lifestyle staff explained consumers’ lifestyle assessments were completed every 3 months, or when circumstances changed, to ensure consumers’ needs and preferences were considered accordingly. Lifestyle staff explained the various external services available to consumers to meet their diverse needs, such as a volunteer band and catholic mass.

Overall, consumers advised that they received meals of a suitable and variable quality and quantity. All sampled care plans contained each consumer’s dietary needs or preferences. Hospitality staff advised that consumers had 2 meal options to choose from, and alternatives were provided as 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 Assessment Team considered Requirement 4(3)(f) as Compliant, based on evidence from consumers, representatives, staff, the service’s policies and procedures, review of care planning documentation, the service’s meal menus and site observations. However, the Assessment Team reported that a consumer advised they enjoyed the meal they had the other day, and, would prefer to eat meals that they were accustomed to, such as steaks and chops. I considered this matter and decided this was intended as feedback about the consumer’s preference, and not indicative of dissatisfaction with meals.

In its response, the service provided additional context and supporting evidence to address the feedback provided by the consumer. The service discussed the consumer’s meal preferences with the consumer and their representative following the site audit to ensure their needs were considered. The consumer clarified the meal preference was intended as feedback, as opposed to a complaint. The consumer’s meal preferences and outcome of the meeting was amended accordingly in their care plan and included an updated dietary assessment. In response to the consumer’s feedback about meal preferences, the service incorporated a monthly barbeque for all consumers into its activity schedule. The service provided evidence which substantiated its claims, such as information from the consumer’s care plan records, an updated dietary assessment and a copy of the service’s continuous improvement plan.

I also considered this example demonstrated how the service reviewed and used feedback to improve the quality of care and services, as applicable under Requirement 6(3)(d).

### 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 three of the three specific requirements were assessed as Compliant, informed by the evidence from the Assessment Team, and the service’s response to the site audit report.

The Assessment Team evidence included:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff at the service.
* Review of the maintenance and cleaning logs.
* The service’s policies and procedures.
* Observations during the site audit.

The service’s written response to the site audit included evidence such as:

* An example of the service’s environmental audit, email correspondence with cleaning company, cleaning scope of works document.

Consumers considered that they belonged in the service and felt safe and comfortable. Consumers were observed using the service’s indoor and outdoor areas. The outdoor areas were well maintained, with non-slip patios, potted plants and outdoor furniture to enhance consumers’ interactions and functionality within the service environment. Consumers’ rooms were personalised with furniture, photographs and other personal belongings. Overall, the service environment was observed to be safe and clean, noting feedback as further discussed under Requirement 5(3)(b). The service’s maintenance register demonstrated that maintenance occurred in a timely manner and contained information about issues and how the issues were addressed.

Staff were observed cleaning mobility aids, tables and chairs in the service. Staff explained the service’s regular cleaning processes and stated any issues with equipment were logged in the maintenance register. The service’s maintenance documentation demonstrated the service undertook planned, periodic and ad hoc maintenance.

## 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 recommended Requirement 5(3)(b)(i) was Compliant, as evidence demonstrated that, overall, the service environment was safe, clean, well maintained and comfortable. However, the Assessment Team observed a mop bucket filled with dirty water in the cleaner’s room, which the service rectified during the site audit.

In response, the service provided an example copy of an environmental audit undertaken by the general manager on a monthly basis. The environmental audit demonstrated that the service monitored cleaning and maintenance to ensure compliance with Standard 5 of the Aged Care Quality Standards. The service provided evidence of correspondence with the cleaning company to ensure the relevant staff member who left the bucket with dirty water was re-trained. The service also provided a copy of its cleaning scope of works, which outlined the service’s daily, weekly and monthly cleaning schedule.

A consumer representative also provided feedback about COVID-19 cleaning and in response the service provided evidence of the additional hours and increased cleaning schedule the service undertook in response to COVID-19.

Overall, the service demonstrated that it had systems and processes in place to ensure the service environment was safe, clean and well maintained. Given that the bucket with dirty water was the only issue identified during the site audit, and there was no risk to consumers identified, I decided the evidence demonstrated the service was Compliant with Requirement 5(3)(b)(i).

### 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 four of the four specific requirements were assessed as Compliant, informed by evidence from the Assessment Team, and the service’s response to the site audit report.

The Assessment Team’s evidence included:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies, procedures and guidance materials.
* Observations during the site audit.
* Review of the service’s feedback and complaints register.
* Review of meeting minutes.
* Review of continuous improvement log.

The service’s written response included:

* Progress notes, a copy of the service’s serious risk incident register, copy of representative complaint, the service’s complaints policy, meeting minutes, statements from the service’s registered nurses, photographs of advocacy poster and brochures, newsletter, staff meeting minutes and staff induction pack.

The Assessment Team recommended Requirement 6(3)(b) as Non-compliant, as one representative advised they were unsure of how to make an external complaint. In addition, the Assessment Team noted that complaints information was not available in other languages besides English for culturally and linguistically diverse consumers. However, having considered the evidence in the site audit report and in the service’s response, I decided the service is Compliant with Requirement 6(3)(b), as further detailed under ‘Assessment of Standard 6 Requirements’.

Consumers gave examples of how they provided feedback or raised complaints and confirmed their satisfaction with how the service resolved issues or incorporated feedback into the delivery of care and services. Staff explained what they were required to do if a consumer lodged a complaint, which aligned with the service’s complaints policy and open disclosure policy. Staff explained there were various ways consumers and representatives could lodge feedback and complaints; for example, through the service’s complaints form, email, direct feedback to staff or through the service’s suggestion boxes. Information about feedback and complaints processes was displayed throughout the service environment. Management explained that consumers were provided with information on complaints processes, including external complaints resolution pathways, through the consumer handbook, and feedback and complaints forms.

Staff demonstrated an understanding of open disclosure and how it applied in practice. The service demonstrated that feedback and complaints were reviewed and used to improve the quality of care and services, as substantiated by a review of the complaints register and continuous improvement log.

## 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.*

The Assessment Team considered the service was Non-compliant with Requirement 6(3)(b) based on feedback from one representative, who advised they were not aware of how they could make an external complaint. The Assessment Team also considered the service was unable to demonstrate how culturally and linguistically diverse consumers were supported to raise and resolve complaints, as complaints materials were not available in other languages besides English.

In response, the service demonstrated it had previously provided the representative with information about internal and external complaints processes, including information available to other consumers and representatives such as advocacy and complaints posters, senior rights advocacy and older persons advocacy network materials. The service provided photographic evidence of the advocacy and complaints materials available throughout the service, including materials translated into various languages. In addition, the service advised that as a part of its residential agreement, representatives were required to review a section on complaints management and external complaints processes. The service also provided copies of its newsletter and case conference meeting minutes with the representative where they discussed external complaints processes.

The service provided a copy of staff meeting minutes and its staff induction pack which demonstrated the complaints process, including external complaints pathways, was discussed with staff, and outlined staff roles and responsibilities under complaints resolution processes.

The service acknowledged its feedback forms were in English, and advised it updated the forms to include other languages spoken at the service, such as Italian, Greek and Spanish. As supporting evidence, the service provided copies of the updated feedback forms and evidence of the updated material recorded on the service’s continuous improvement register.

Based on the information and supporting evidence provided by the service, I decided the matter does not support a finding of Non-compliance. I also considered that overall, sampled representatives and consumers were aware of the advocacy, language services, and other methods of raising and resolving complaints available to them.

Concerning the Assessment Team’s finding about the service’s feedback form, I decided the example did not support a finding of Non-compliance. The service demonstrated how it supported culturally and linguistically diverse consumers through the provision of information, material and services, such as translated brochures and posters, and translation and interpreting services.

Therefore, having considered the available evidence, I decided the service was Compliant with Requirement 6(3)(b).

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

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

The Assessment Team highlighted 2 examples from representatives which reflected they did not agree with the timeliness or outcome of the service’s complaints process. Based on the evidence, the Assessment Team recommended the service was Compliant with Requirement 6(3)(c) as, overall, the service demonstrated it undertook appropriate action in response to complaints and used an open disclosure process.

Example 1

As detailed under Requirement 3(3)(a), one representative advised that they were not satisfied with the personal hygiene schedule for a consumer. In response, the service advised that personal hygiene was undertaken in accordance with the consumer’s preference and that it conducted charting and monitoring to ensure the consumer’s needs were met. The service held a case conference meeting with the consumer and representative to discuss the consumer’s needs and preferences and applied open disclosure processes as demonstrated by the supporting evidence provided by the service.

Example 2

The Assessment Team found that one representative was not informed in a timely manner about a serious incident. The service provided context about the serious incident, outlined the steps taken, attempts to contact the representative, and monitoring processes after the incident, as supported by evidence from the serious incident risk register, progress notes, and notification of incident.

I consider the evidence provided by the service demonstrated it took appropriate action in response to the complaint and feedback highlighted by the Assessment Team. Having considered the supporting evidence and further context provided by the service, I decided the service is Compliant with Requirement 6(3)(c).

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

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

One representative reported to the Assessment Team that they lodged multiple complaints and had lodged a recent complaint during the site audit.

In response, the service clarified that the two complaints lodged by the representative in the past had been actioned and resolved and provided further background information about the nature of the complaints. Regarding the complaint lodged during the site audit, the service provided evidence of how it resolved the matter by using an open disclosure process and using the feedback to improve services. As discussed under Requirement 3(3)(a) the representative’s feedback was used to inform the delivery of personal care for the consumer, by way of an updated personal care needs assessment.

Having considered the available evidence, I decided the service is Compliant with Requirement 6(3)(d).

# 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 five of the five specific requirements were assessed as Compliant, informed by the evidence from the Assessment Team and the service’s written response to the site audit report.

The Assessment Team evidence included:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of staff rosters, orientation program, training records and appraisal schedule.
* The service’s policies and procedures.
* Observations during the site audit.

The service’s written response included:

* Quality of life index results, feedback form and statements from registered nurses.

Overall, sampled consumers reported they received care and services from staff who were knowledgeable, capable and caring and they felt confident that the workforce was appropriately staffed. A review of workforce planning documentation showed there were adequate staff available for all shifts, with appropriate qualifications and knowledge. The service manager confirmed there were no staff shortages, and vacant shifts were backfilled by staff.

Consumers reported that staff treated them in a kind and caring manner, and respected their identity, culture and diversity. Staff treated consumers with respect and demonstrated knowledge of each consumer’s needs and preferences.

Management explained staff were required to undergo an annual performance appraisal to ensure staff met key, job-specific competencies. Management advised if any areas of improvement were identified, staff would be assisted to improve.

The service’s policies, procedures, mandatory training and job specific courses assisted staff in their roles. New staff were paired with a buddy shift member, and were required to demonstrate competency in their role. Staff confirmed they were provided with training on the Aged Care Quality Standards and explained in a practical sense what restrictive practices and the Serious Incident Response Scheme meant to them and their role. The Assessment Team reviewed the service’s annual training calendar which corroborated staff feedback about the compulsory and role specific training at the service. The service used an electronic monitoring system that tracked staff compliance with training and monitored qualification and registration requirements. Staff appraisals demonstrated the service regularly reviewed, monitored and provided feedback to staff, which aligned with the service’s workforce performance assessment policy.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 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 five of the five specific requirements were assessed as Compliant, informed by evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff, management and board members at the service.
* Observations during the site audit.
* Review of staff rosters, training records and performance appraisals.
* Review of the service’s policies and procedures.

Consumer feedback reflected the service was well run, and their input was used to improve care and service delivery. Consumers were supported and involved in decisions about the service and care delivery through various methods. For example, consumers provided feedback through monthly consumer meetings, feedback forms, suggestion box, direct feedback to staff, satisfaction surveys and external complaints and feedback mechanisms. All staff demonstrated an understanding of the service’s commitment to, and processes for, involving consumers in the development, delivery and evaluation of care and services.

The governing body demonstrated that it was involved in promoting a culture of safe, inclusive and quality care. Review of board meeting minutes demonstrated accountability for the delivery of services and care, with several matters discussed such as clinical indicators, staffing, continuous improvement initiatives, finance and budgets and quality. Management stated the board visits the service in person 3 times per year to speak to staff, consumers and representatives, which demonstrated accountability and transparency at the governing body and service delivery levels.

Based on a review of the service’s policies, procedures and interviews with staff, consumers and representatives, the service demonstrated it had effective governance systems that accounted for: information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

The service demonstrated it had effective processes and procedures in place to support the workforce with regulatory compliance. For example, staff demonstrated knowledge of reporting requirements under the Serious Incident Response Scheme, and legislative requirements for restrictive practices. Review of the service’s incident register, and restrictive practice documentation demonstrated that in their day-to-day practices, staff followed the service’s policies to satisfy legislative requirements, and to provide quality and safe care and services.

The service’s demonstrated risk management framework included policies that described how to manage high impact, or high prevalence risks associated with the care of consumers. The risk management framework also covered how to identify and respond to abuse and neglect of consumers and how consumers were supported to live their best lives. Staff provided examples of how high impact or high prevalence risks impacted the delivery of care and services for consumers, and what staff were required to do in accordance with the service’s policies and procedures.

The service implemented infection control policies through an appointed infection prevention control lead and maintained records of COVID-19 vaccinations, social distancing, handwashing stations and appropriate use of personal protective equipment. Staff explained what antimicrobial stewardship, minimising the use of restraint and open disclosure meant to them in a practical way, which aligned with the service’s policies and guidance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

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

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

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

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

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

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

# Areas for improvement

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.