McLellan House Hostel

Performance Report

2-8 Robinson Street
JACANA VIC 3047
Phone number: 03 9302 4002

**Commission ID:** 3335

**Provider name:** Melbourne Health

**Site Audit date:** 27 April 2022 to 29 April 2022

**Date of Performance Report:** 20 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 Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the Approved Provider’s response to the Site Audit report received on 18 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.

Overall, consumers felt they were treated with dignity and respect, could maintain their identity, make informed choices and live the life they chose.

Consumers and representatives said the service is inclusive and responsive to the diverse needs of consumers. Staff demonstrated an understanding of individual consumer’s identity, culture and history. Consumers said they were treated with dignity and respect, and felt their culture and diversity was valued. Staff demonstrated an understanding of individual consumers’ unique history and culture. Care planning documentation indicated how consumers’ culture and identity is considered during the delivery of care and services. The service has training and policies in relation to inclusivity, diversity and the delivery of culturally safe care. The Charter of Aged Care Rights was displayed throughout the service.

Consumers that identified as culturally and linguistically diverse (CALD), said their cultural needs and preferences were supported. Consumers that actively practice a religion said they were encouraged to pursue their religion in the service. For example, one consumer advised, the service organised a monthly visit from the local priest to conduct a mass service. Lifestyle staff could describe how consumers’ culture and diversity influenced the delivery of care and services. The service organises a range of cultural events, such as Australia and New Zealand Army Corp (ANZAC) day ceremonies and ‘armchair travel,’ which educates consumers’ about a designated countries’ cultural history through imagery. The service organises regular visits from a local religious group to supply communion, as well as monthly visits from a priest to conduct a mass.

Most consumers and representatives said they were involved in care planning processes, and felt the service encourages them to maintain relationships both inside and outside the service environment. Staff could describe how they support consumers to make informed choices about their care and services and maintain connections with family and loved ones. Care planning documentation included information about care preferences and important relationships, which was in line with the consumers’ feedback.

Consumers said they were supported to take risks to live the best life they can. Consumers felt the service educated them to make informed choices involving risks, they felt supported to understand the benefits and possible harms involved in activities they were considering. Staff knew the activities consumers wanted to engage in and worked to find solutions to reduce risk where possible. Care planning documents described areas in which consumers were supported to take risks and mitigation strategies. These were signed off by clinical staff and in line with the requirements outlined in the services policies on dignity and choice.

Consumers described how information was communicated effectively to support choice. Consumers and representatives felt they were provided with sufficient information to make informed choices about their care and services. They said the service updates them regularly by coming into their room and chatting with them, providing them with weekly activity schedules and during consumer meetings. Care planning documentation included information on each consumers’ ‘communication and sensory’ ability. Staff demonstrated an understanding of appropriate communication techniques for consumers who experience communication difficulties. For example, they might use simple words, hand gestures, communication cards, basic sign language or write things down. Interpreter services are available, if required.

Most consumers felt the service was considerate of their privacy and did not express concerns about the confidentiality of their personal information. The service had policies and procedures on privacy and confidentiality and demonstrated how they ensure consumers privacy is maintained during the delivery of care and services. All consumers have their own private rooms and bathrooms. Signs such as ‘please lock my bedroom door at all times’ displayed on consumers’ doors indicated their privacy preferences. All consumers have a lock on their bedroom doors and are given a personal key. Staff knock on consumers’ doors and wait for a response before entering, however, will sometimes enter if they do not hear a response because some consumers have trouble hearing or communicating. Staff always ensure the blinds and doors are shut when providing personal care. All personal letters remain sealed, and consumers personal files are kept in a locked room. Frosted glass and blinds covered office windows containing important consumer files. A shredder is used to dispose of confidential documents where necessary.

## Assessment of Standard 1

### 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.

Most sampled consumers felt like partners in the ongoing assessment and planning of their care and services.

The service demonstrated that assessment and planning, including consideration of risks, informs the delivery of safe and effective care and services. All consumer care plans showed comprehensive assessment and care planning that identified the needs, goals and preferences of consumers, including any risks to their health and well-being. Consumers and representatives confirmed they were involved in the assessment and planning process that informed the delivery of safe and effective care and services.

Management explained the needs, goals and preferences of consumers was identified upon entry to the service when initial assessments are completed in consultation with the consumer and their representative. The service develops an individualised care plan that is safe and effective for each consumer. These assessments include; dietary needs, medication, pain charting, mental and emotional health, sleep, continence, mobility, and more - depending on the individual consumer's needs. Care plans are reviewed once per month, or as required, for example, when a consumer's conditions change.

The service showed that advance care planning and End of Life (EOL) planning is discussed with consumers and representatives whenever the consumer wished and as their care needs change. The service’s policy is to review advance care plans every 2 years however, two advance care plans were last reviewed in 2018. Management added a review of advance care plans to the service's continuous improvement plan (CIP). Management said EOL and advance care needs and preferences are discussed with the consumer/representative and their doctor upon entry to the service, or when required. The service works with a palliation team and the consumer's doctor to support consumers who are approaching EOL. Consumers and representatives said assessment and planning identified and addressed their current needs and preferences and EOL wishes. Staff could describe how specific consumers wanted their personal and clinical care delivered. Staff described how they approached conversations with consumers and/or representatives about EOL and advance care planning.

Care planning documentation showed consumers and their representatives were involved in assessment and planning along with others such as doctors, physiotherapists, dieticians and other allied health professionals. The service engaged with consumers/representatives upon admission to the service and during the resident of the day (ROD) reviews and regular updates, as required. Staff were able to provide examples of others involved in the assessment, planning and delivery of care for consumers and this was reflected in their care plans and progress notes. The service’s policies and procedures identified consumers, representatives and other service providers as partners in care planning and delivery.

The outcomes of assessment and planning were effectively communicated to the consumer and documented in a care and services plan that was readily available to the consumer, and where care and services are provided. The service uses an electronic care planning system to record all care planning and clinical notes. This system is accessible to all staff. Some documents, for example pain management records, are paper based. The detailed assessments within the care system were captured in a summary care plan. Most consumers and representatives said that staff explain information about their care and services and that they can access a copy of their care planning documentation when they want to. Staff confirmed care planning documentation was available to consumers and/or their representatives if they wished to have a copy.

The service demonstrated that care and services are reviewed every month for effectiveness, and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer. These reviews involve the consumer and/or their representative, clinical staff and other medical professionals, as needed. Consumers and representatives confirmed their care and services are reviewed regularly and when circumstances have changed.

## 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.

Overall, consumers considered they received personal and clinical care that was safe, right for them and in accordance with their needs and preferences.

The service demonstrated care was provided in line with best practice and was tailored to the needs of the consumer. The service has policies and procedures reflecting best practice in key areas of care including; restrictive practices, skin integrity and pain management. Training supports care delivery and processes such as internal audits ensure these best practice policies are implemented. The service monitors and trends clinical indicators including; medication incidents, falls and behaviour related incidents. Clinical indicators are discussed at meetings, reported on and are used to identify improvements in the delivery of consumer care.

Documentation showed there was appropriate communication of information within the service and externally to other care providers. High-impact and high-prevalence risks to consumers were monitored and effectively managed. Consumers and representatives were satisfied with the management of high-impact and high-prevalent risks. Referrals to other health care services such as medical officers and allied health professionals, were timely and appropriate.

Management advised the most significant high-impact and high-prevalence risk for consumers was complex behaviours and described how this risk is managed. Staff are required to complete training on behaviour management where they learn how to de-escalate situations. Complex behaviours are managed in line with each consumers’ behaviour support plan. Management also said complex behaviours are managed through engagement, including one-on-one emotional support and involvement in activities.

At the time of the audit there were no consumers actively palliating however, the service was able to demonstrate that the needs, goals and preferences of consumers nearing the EOL were supported, their comfort maximised, and their dignity preserved. Advance care directives and EOL wishes were retained on the electronic care planning system if consumers had chosen to complete them.

Management said the service works with a palliation team and the consumer's doctor to support consumers who are approaching EOL and their families. Management said the consumer's medical officer and the palliation team review consumers regularly towards EOL to see what their needs, goals and preferences are and an EOL management plan is put in place. Management said referrals can be made for consumers who require specialised EOL care when required.

The service was able to demonstrate that 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. Consumers and representatives said the service recognised and responded to changes in condition in a timely manner. One representative said the service responds really well whenever there is a change in their parent’s condition and that staff notify them immediately. The service had a clinical deterioration policy and procedure to support staff in recognising and responding to a deterioration in a consumer’s condition promptly. Consumers were regularly monitored and a deterioration in a consumer’s mental, cognitive or physical condition is recognised and responded to in a timely manner and representatives are notified. Handover documentation showed how a consumers’ change in condition is communicated to other staff.

The service demonstrated that information about the consumer's condition, needs and preferences is documented and effectively communicated with those involved in the care of consumers. Care planning documentation, progress notes and handover reports supported effective and safe sharing of the consumer's care information. There was timely and appropriate referrals made to individuals, other organisations and providers of care and services. The service has policies and procedures in place to support staff making referrals to health professionals outside the service in partnership with the consumer and/or their representative.

The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The service had a clear outbreak management plan and was prepared for an infectious outbreak (including for COVID-19).

Consumers and representatives said that staff implement infection controls such as; screening upon entry, hand washing, cleaning/sanitising and wearing personal protective equipment appropriately.

Staff showed an understanding of how infection risks are minimised and how they minimise the need for, and use, of antibiotics. Staff had received training in infection minimisation strategies. The service environment was observed to be clean and tidy, and hand sanitation bottles were frequently placed throughout the service. All staff had bottles of hand sanitiser attached to their lanyards and they were seen to be using them on several occasions during the site audit.

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers and representatives said they got the daily services and supports that were important for their health and well-being and that enabled them to do the things they want to do. This included participating in activities within the service and outside in the community. Consumers said the service optimised their independence and well-being and that staff understood and respected their personal needs and interests. The service helped them to maintain important relationships (including intimate relationships) and provided sufficient emotional, spiritual and psychological supports to promote their overall well-being.

Consumers described how the service supported them during difficult periods, such as the recent COVID-19 lockdowns. They said staff would engage in one-on-one conversations and frequent check-ins to see how the consumers are going or organise activities they could participate in from their rooms. Consumers and representatives sampled said various religious services were accessible to them if they wished to attend. Consumers felt that information about their needs, choices and preferences was effectively communicated within the organisation and staff understood their personal needs and preferences. Care planning documentation contained detailed consumer profiles with their lifestyle needs and interests and this was consistent with consumer’s current feedback.

Staff explained how the lifestyle program was tailored to meet consumers’ interests and preferences through; regular consumer meetings, individual discussions, satisfaction surveys, assessing consumer engagement and attendance, and completion of a social profile upon admission. Activities such as lawn bowls, armchair travel and bingo were conducted for consumers with impaired mobility. The service also offers group exercise and bus outings for consumers who are more independent. Staff said they are in the process of adding fishing trips to the activities schedule following feedback from some of the male consumers. Staff also said they incorporate more food related activities, such as cooking classes and barbeques because consumers always love them, and they have the highest attendance numbers.

There were timely and appropriate referrals made to individuals, organisations and other providers of care to maximise consumers' health and well-being. Consumers and representatives said they were supported to engage with other organisations, support services and providers of care and services. For example, one representative said the service provided in house physiotherapist sessions to rehabilitate a consumer following a fall and they have observed significant improvement since.

The service demonstrated that meals were varied, and of suitable quality and quantity. Most consumers were satisfied with the variety, quality and quantity of food provided and felt the meals met their personal needs and preferences. Meals are ordered from an external catering company and heated on site. Every 2 weeks they select 14-days supply of meals in consultation with consumers. This is done through a voting system, where the meals with the highest number of votes for each day is selected. Consumers are always given a second choice and can chose between a salad or sandwich if they are unhappy with the selection on offer. Small food items, such as yoghurts, biscuits and cheese are always on offer if consumers are still hungry between meals. Staff noted there were no consumers with food allergies however, one consumer requires a texture modified diet which the catering company can provide. The meals were observed to be of an appropriate size and matched the menu description. The kitchen appeared clean, with health and safety guidelines and infection control measures displayed.

The service provided a wide range of equipment which was suitable, safe, clean and well maintained. Mobility aids such as; wheeled walkers, walking sticks and wheelchairs were clean and functioned properly. Various lifestyle products such as; the outdoor bowling green, board games and art utensils appeared to be relatively new and in good condition. Consumers said they had access to equipment, mobility aids, shower chairs and manual handling equipment, and felt the equipment was safe and well-maintained. The service conducts regular inspections on all equipment to ensure operational integrity and safety. The preventative maintenance schedule and log showed regular servicing of equipment to ensure it was safe and fit for use.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

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

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

# STANDARD 5 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.

Overall, consumers felt they belonged and were safe and comfortable in the service environment. Consumers and representatives said the service was clean and well-maintained and they felt at home. The service environment was welcoming, easy to understand, and effectively optimised each consumer’s sense of belonging, independence, interaction and function. Consumers’ rooms were personalised with photographs, decorations, furniture and items of importance. Staff said the 'open door policy' ensured consumers and visitors always felt at home. Visitors were always welcomed, and the service was generally flexible with visiting hours.

The service has one level, separated into 2 main wings with their own dining area and kitchenette. Each wing is painted a different colour scheme and is decorated with paintings and photographs in accordance with the décor theme. There was clear signage and corridors were free from clutter. The central shared areas displayed consumer’s animal themed artworks and notice boards had pictures of consumers participating in activities. There were several shared areas for consumers to interact, such as seated lounging areas and an outdoor gazebo with seating.

There was a central courtyard with a bird cage housing 3 birds to create a homely environment. The central courtyard area was also a designated smoking area with a number of seating options. The outdoor areas can be readily accessed through multiple doors located in each corridor and main area.

Signage is used throughout the service environment to identify areas of importance and room numbers. The shared outdoor areas have concrete walkways and gardens as well as a vegetable patch which some consumers were tending.

The service environment was observed to be safe, clean, well-maintained and comfortable. Consumers, including those using mobility aids, could move freely both indoors and outdoors. The corridors were observed to be clear at most times and handrails were fitted in all main areas. Consumers said they enjoyed spending time in the gardens and could access these facilities as they please. The external areas were accessible by a flat concrete path. No uneven surfaces or obvious tripping hazards were identified.

Most consumers and representatives said they were happy with the level of cleanliness at the service. Cleaning staff were observed working during the site audit in accordance with a cleaning schedule. Cleaning procedures included a daily checklist to ensure the service is cleaned properly. Cleaning staff advised they concentrate on high touch areas such as handrails and light switches to minimise infection. A monthly check list is used to allocate a deep cleaning day for each area. Every 3 months an observational cleaning audit is conducted in line with cleaning standards.

The service could demonstrate that furniture, fittings and equipment were safe, clean, well-maintained and suitable for the consumer. Furniture in communal areas was observed to be clean and in good condition. Consumers had access to mobility aids as required. This included wheelchairs, walking frames and comfort chairs. Mobility equipment was cleaned as necessary. When cleaning staff do a deep furniture clean, they will also go over mobility equipment with a high-pressure hose. Consumers said any issues they had with cleaning or maintenance were followed up and resolved promptly by staff.

The cleaners were observed completing a daily clean of consumers’ rooms and main areas. They were observed using an isolated cycle to wash mop heads and cleaning high-touch surfaces such as handrails and light switches regularly. The laundry rooms were clean and well-maintained with materials properly stored. Dirty and clean laundry were stored separately. Kitchen appliances were observed to be well-maintained, and food items stored and organised by the item category. There was a regular monthly workplace inspection program which covers fittings and fixtures, temperature and ventilation.

Maintenance requests are lodged into the electronic maintenance system by staff on site. Contractors assess the entry and determine which specific contractors will fix the issue. Staff said the job is marked off once complete. Annual reports are completed by an external company to identify trip hazards. The service’s preventative maintenance schedule evidenced regular maintenance. The service’s reactive maintenance log showed issues reported by staff were resolved in a timely manner.

Fire safety equipment and fire evacuation diagrams were available and on display. The service does not have a call bell system. Management said the service has not needed a call bell system due to the unique care needs of the consumers however, the service is currently in the process of implementing a call bell system.

## 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.

Overall, consumers and representatives said they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken. Consumers and representatives were aware of feedback and complaint mechanisms and that advocacy and interpreter services were available to them. They felt the service took their complaints seriously, and often observed changes following the lodgement of a complaint.

Staff were aware of the procedures they needed to follow if a consumer made a verbal complaint to them and could also direct consumers to avenues such as complaint forms and interpreter and advocacy services. Staff confirmed that for consumers who have cognitive impairments or communication difficulties, the service engages with their representative to assist with communication. For example, a Spanish speaking consumer will communicate feedback through their next of kin if they experienced difficulty communicating with staff directly.

Feedback forms and posters for the Aged Care Quality and Safety Commission and advocacy services were displayed around the service and consumers have independently called advocates in the past. Brochures for language services were displayed and readily available in the main foyer.

The service had an open disclosure policy and procedure and open disclosure training was mandatory for all staff. The service demonstrated that appropriate action is taken in response to complaints and an open disclosure process is employed when things go wrong. Consumers reported being satisfied that appropriate action was taken in response to their complaints.

Staff demonstrated an understanding of open disclosure processes, explaining the importance of being open with those impacted by an incident and offering an apology. The service demonstrated how feedback and complaints were used to continuously improve the service. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and representatives. Once a complaint is received, management meets with the consumers and/or the representatives and it is investigated to decide the appropriate response. Management said staff offer ongoing reassurance and support as required. Once the complaint is resolved and the consumer is happy with the outcome the complaint is closed off.

The service has a continuous improvement plan which is informed by feedback and complaints from various sources including; consumer and staff surveys, verbal complaints, consumer meetings, written communications, feedback forms and the feedback and complaints folder.

While all requirements were found to be met by the Assessment Team, the Approved Provider responded to the site audit report and identified several opportunities for improvement as a result of the Assessment Team identifying some minor deficiencies. Through their response, the Approved Provider further demonstrated how feedback is used to improve the delivery of care, services and governance systems. The service advised they have undertaken immediate, or planned, continuous improvement actions which include:

* Strengthening education, awareness and processes around advanced care and end of life plans. Ensuring all residents have a current End of Life document detailing their end of life wishes. The End of Life document is to be considered as part of the ‘resident of the day’ processes.
* Reminding the full clinical team of the processes in place for diabetes management within the service.
* Providing influenza vaccinations for the majority of the staff and residents.
* Strengthening the existing feedback and review processes around food/meals to maximise consumer satisfaction.
* Improving the illumination in corridor areas by installing brighter LED lights.
* Installing a call bell system in the service.
* Recruiting for additional registered nurses and personal care attendants.

## 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.

Overall, consumers considered that they got quality care and services when they needed from people who are knowledgeable, capable and caring.

The service demonstrated 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. Most consumers and representatives thought there were enough staff at the service however, 2 consumers expressed concerns about the number of staff although there was evidence their assessed care needs were being met. Some staff said they thought there were enough staff at the service. Other staff indicated the service could use more staff, particularly in the afternoons. They said they are often required to complete duties for other staff members however, most staff did not believe there was any negative impact on consumer care due to staff levels. The roster for the previous fortnight showed all morning and evening shifts were filled however, 6 of 14 afternoon shifts were unfilled.

Management advised there were currently 5 empty beds and admissions were on hold until they were confident there were enough staff. Management said they were trying to recruit, however sometimes no one applies and therefore there are sometimes shift vacancies, especially when there were no agency staff available at short notice. Management said staff have so far adapted accordingly, and no major impacts have been experienced by consumers.

The service does not have a call bell system. Management said the service has not previously needed a call bell system due to the unique care needs of the consumers. However, the service is currently in the process of implementing a call bell system which is noted on their continuous improvement plan. Management described how they know if consumers require assistance, including through 2 hourly observations of each consumer. Management said they know staff are meeting consumers’ care needs because they have received no complaints regarding the timeliness of care.

Workforce interactions with consumers were kind, caring and respectful of each consumers identity, culture and diversity. Consumers and representatives said staff were kind, caring and gentle when providing care. Staff did not appear to be rushing when delivering care to consumers and were seen acting in a gentle and respectful manner, at all times.

The service was able to demonstrate that members of the workforce were competent and had the qualifications and knowledge to effectively perform their roles. Consumers and representatives said staff were skilled enough to perform their duties effectively and they were confident staff could meet their care needs. Consumers did not suggest any areas where staff could use more training.

Management described how the workforce was recruited, trained, equipped and supported to deliver the outcomes required by these standards. There was a centralised recruiting system and head office were responsible for finding suitable candidates for roles. Management complete interviews with candidates once they were selected by head office. Position descriptions include key competencies and registrations that are either desired or required for each role. All care staff are required to have a certificate III in aged care and police checks. Credentials and reference checks are conducted prior to staff commencing their roles at the service.

New staff undergo an orientation and onboarding process which includes mandatory online training and a ‘buddy’ system with experienced staff. All new staff are provided with 2 buddy shifts and continue to be buddied in their shift until a level of competency is reached. Staff confirmed they were supported with buddy shifts with an experienced staff member when they first started. For example, a clinical staff member said they had at least 5 buddy shifts when they started because they did not have any prior experience with people living with mental health issues.

Management described how they support their staff with the training they need to perform their roles and meet the Quality Standards. Annual mandatory training includes; serious incident reporting, infection prevention and control, restrictive practices, aboriginal and cultural awareness, fire safety, cyber security and speaking up for safety. Training records showed 91.4% of staff have completed mandatory training. The service’s key performance indicator (KPI) for mandatory training is 85% which allows for new starters and staff that are on leave.

The service demonstrated the performance of staff is monitored and regularly reviewed. Development goals are set by staff and action was taken in response to staff performance. Staff explained how their performance was monitored through formal performance appraisals and informal monitoring and review. The performance appraisal process includes a staff self-assessment, which was completed by staff before a formal discussion occurs. In the formal discussion, management discusses staff performance and professional development opportunities with each staff member. Management engaged an educator to work with staff where the need for additional training was identified during their performance appraisal.

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

Overall, consumers and representatives considered the service was well run and they could partner in improving the delivery of care and services. Consumers and representatives described how they were involved in the delivery and evaluation of care through regular meetings, feedback and complaints processes and regular reviews of care. Management explained how consumers and representatives were actively engaged in the development, delivery and evaluation of care and services. For example, the service holds monthly consumer meetings which canvas any improvements desired by consumers. These meetings are well attended. Care plans are reviewed every month which enables consumers and their representatives to be actively engaged in the development of their care and services plan.

Management was able to describe the involvement of the governing body in the promotion of a culture of safe, inclusive and quality care. There are regular Board meetings and information from the Board regarding changes at the service was generally channelled through the Executive Director who passed the communications on to the senior staff at the service. The most significant incident relating to the safety of consumers at the service in the last year was COVID-19. Management was able to describe how the Board had been engaged in this. The Board were involved in weekly phone calls to provide COVID-19 updates and were a 'knowledge library' which kept everyone in the service up to date during the pandemic.

To satisfy itself that the Quality Standards are being met, the service has internal audits against each of the standards which the service uses to improve performance. In addition, the service collates feedback and complaints and clinical indicator data is used to analyse trends and identify opportunities for improvement. Data is entered into a regular report that is submitted by the Director of Nursing to the service executive and then tabled to the Board. The service has effective governance mechanisms in place for information management, continuous improvement, financial governance, workforce governance, regulatory and legislative compliance and feedback and complaints. There are a suite of policies and procedures, information and risk management systems and a clinical governance framework, which help ensure that the service delivers consistently safe and effective care and services.

The service has effective risk management systems covering areas including high-impact and high-prevalence risks associated with the care of consumers. The service provided a documented risk management framework, including policies describing how:

* high-impact or high-prevalence risks are managed.
* the abuse and neglect of consumers is identified and responded to.
* consumers are supported to live the best life they can.

Staff had been educated about the policies and were able to provide concrete examples of relevance to their work.

The service has a documented clinical governance framework which includes:

* an antimicrobial stewardship policy.
* a policy relating to minimising the use of restraint
* an open disclosure policy.

Staff had been educated about the policies and were able to provide examples of their relevance to their work. Clinical staff understood the term ‘antimicrobial stewardship’ and provided examples of how they minimise antimicrobial usage at the service. Staff demonstrated an understanding of open disclosure processes, explaining the importance of being transparent with all consumers/representatives affected by an incident, acknowledging the impact and offering an apology. Management could describe changes to the way care and services were planned, delivered or evaluated as a result of the implementation of these policies.

## 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 additional 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.