mecwacare Rositano House

Performance Report

273 Church Street
RICHMOND VIC 3121
Phone number: 03 9427 1404

**Commission ID:** 3214

**Provider name:** MECWA

**Site Audit date:** 17 January 2022 to 19 January 2022

**Date of Performance Report:** 25 February 2022

# Performance report prepared by

Alice Redden, 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 Provider’s response to the Site Audit report received on 11 February 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 six of the six specific requirements have been assessed as Compliant.

Consumers sampled considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. All consumers and representatives sampled said staff know what is important to them and make them feel respected, culturally safe and valued as an individual. Consumers confirmed they are supported to be independent, make choices about their care and take informed risks.

Care planning documents reflected the diversity of consumers at the service, including culture and life experiences. The Assessment Team observed staff consistently interacting with consumers in a friendly, supportive and respectful manner and using their preferred name. Preferred names were displayed on the doors of each consumer’s room.

The service was able to demonstrate care and services are respectful, inclusive and culturally safe. For example, the facility celebrates a different culture each month based on the background of the consumers with Greek being one of the cultures celebrated. First Nations artwork was on display on the entry doors to the dining room and a 'supporting cultural diversity in aged care' poster was on display in the dining room.

All consumers described how they were supported to take risks and commented there is not anything they would like to do that they have not been allowed to do. Most consumers sampled said they are supported to exercise choice and independence and to maintain relationships that are important to them.

Management and staff interviewed were able to describe how they support consumers to make choices, maintain independence and relationships. Family visits are usual but if there are visiting restrictions due to COVID-19, window visits and video calls are arranged for consumers. The Assessment Team observed staff offering choices when serving food and noted consumers in the dining room talking to family over video call.

The organisation’s ‘resident information handbook’ states consumer’s are free to choose where they spend their time, whether it is in the dining area, lounges or other communal areas, and that the service will support consumers to exercise choice and independence, including making decisions about care and the way services are delivered.

The service was able to demonstrate each consumer is provided with timely information that is accurate, current and easy to understand. Consumers and representatives were satisfied they get current and clear information to inform choices. For example, the service disseminates a monthly lifestyle program calendar, regular emails and memorandums. Management said all communications from the service to family and representatives get printed and hand delivered to each consumer, and staff read it to consumers that require help to understand it. While all consumers currently at the service speak English, management said there were resources at hand, in the event there was a new admission that did not speak English.

All consumers sampled said their privacy is respected and staff always knock on the door to their room and wait before entering.

Staff interviewed described various practical ways they respect the privacy of consumers and they were observed to consistently implement these actions.

An individual password is required for staff to access the clinical management system and the password is changed every three months. The staff room where records are kept is locked and staff members said they do not take the handover sheets home and put them in the confidential bin before they leave.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team recommended Requirement 2(3)(e) in this Standard as being not met. Based on the Assessment Team’s report and the Approved Provider’s response, I find that this Requirement is Compliant. I have provided reasons for my finding in the respective Requirement below.

Overall sampled consumers felt like partners in the ongoing assessment and planning of their care and services. Consumers and representatives said they receive the care they need, and they are involved in the care planning process.

All consumer files reviewed by the Assessment Team demonstrated effective, comprehensive care planning processes to identify the needs, goals and preferences of consumers, including risk identification and advance care and end-of-life (EOL) wishes. On entry to the service, a short-term care plan is used while a subsequent full electronic care plan is created for each consumer. The service regularly reminds consumers and representatives they can access their care plan and most consumers and representatives interviewed were aware of this.

The assessment and planning process is based on ongoing partnership with the consumer and any others that the consumer wishes to involve such as; individuals, organisations and other providers of care and services.

The service demonstrated they effectively document and communicate with consumers and representatives about their care and services. The organisation uses an electronic care system to record all care planning and clinical notes. This system is accessible to all staff. Changes to consumers' care plans are communicated to nominated representatives and evidence of this is recorded in progress notes. Outcomes of care planning are communicated to consumers and/or their representatives every two months or whenever there are changes.

The Assessment Team noted the service monitors clinical indicators including; pressure injuries, hospitalisations, medication incidents and falls. The service uses this information to identify trends and identifies strategies to minimise the risk of re-occurrence of incidents for individual consumers and aims to identify improvements to practice.

Most consumers and representatives interviewed said they were satisfied care and services are reviewed regularly following a change in circumstances or incidents. However, the Assessment Team identified one consumer where the service did not update an assessment immediately following an incident.

## 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.*

For consumers sampled, care planning documentation shows ‘Resident of the Day’ reviews are done every two months. Staff described the review process, which covers consumers’ care, including; skin integrity, pain and falls management. Management could describe how incidents may trigger a reassessment or review. For example, the service completes a Falls Risk Assessment Tool (FRAT) when a consumer has an unwitnessed fall. However, the service was not able to demonstrate that a FRAT was completed following one apparently unwitnessed fall.

One consumer had an apparently unwitnessed fall on 25 December 2021 and the organisation’s Falls Risk Assessment Tool (FRAT) was not completed immediately. The care planning documentation indicated that a FRAT was completed as part of their care plan review in January 2022.

The Approved Provider’s response did not agree with the audit report findings of not met for Requirement 2 (3)(e) and provided additional information as evidence care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The Approved Provider asserted another consumer told staff they witnessed the fall and staff acted in accordance with their falls procedures based on this information. The registered nurse assessed the consumer who was immediately put to bed where they were closely monitored.

### The Provider’s evidence showed clinical staff used best practice methods to monitor the consumer for pain and a medical review occurred before transfer to hospital. The monitoring was effective to identify the change in the consumer’s condition and pain. Pain relief was administered and the consumer was transferred to hospital as a result of the identified change.

The Provider advised the falls risk assessment for the consumer had been updated 15 times since the consumer entered the service. An appropriate Falls Risk Assessment Tool (FRAT) had been completed by a registered nurse prior to the fall and assessed the consumer as being at high risk of falls and there was no change to the risk level or the management strategies immediately after the fall or their subsequent review after they returned to the service in January.

The Provider advised that while the consumer’s fall risk level or interventions have not changed their Physiotherapy Assessment and Management Program has been modified following review after the incident. This was part of a review for effectiveness with a change of circumstance related to mobility. This is in line with the process for ongoing review for effectiveness when circumstances change as per Requirement (3)(e).

For the reasons detailed above, I find mecwacare, in relation to Rositano House, to be Compliant with Standard 2 Requirement (3)(e)

# 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 have been assessed as Compliant.

The Assessment Team recommended Requirements (3)(b) and (3)(d) in this Standard as not met. However, based on the Assessment Team’s report and the Approved Provider’s response, I find that these two Requirements are Compliant. I have provided reasons for my finding in the respective Requirements below.

Most sampled consumers and representatives considered they receive personal care and clinical care that is safe and right for them. For example, one consumer with complex care requirements said ‘they get the care that they need, and they have never had any issues with their care’. Consumers and representatives were satisfied with the service’s ability to effectively manage high-impact or high-prevalence risks and staff could describe how they effectively manage high-impact or high-prevalence risks.

Care planning documentation examined reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. Documentation confirmed high impact risks are identified and managed effectively.

The service has policies and procedures in line with best practice personal and clinical care to guide staff practice including in relation to restrictive practices, skin integrity and pain management. Regular clinical meetings are conducted where best practice protocols and procedures are discussed to identify areas for improvement. Staff described other health services available to support consumers and appropriate referral processes occur, including; doctors, dentists, physiotherapists, mental health services and other health professionals.

The service was able to demonstrate the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort is maximised, and their dignity preserved.

Consumers’ care planning documentation sampled evidenced the timely identification of, and response to, deterioration or changes in the consumer's condition. Overall, the service was able to explain how they respond when a consumer’s condition changes. Staff were able to explain the process, and provide examples, of detecting the deterioration of a consumer and how they respond.

The organisation showed how they communicate information about a consumer’s condition, needs and preferences using methods including; a paper-based care system, staff shift handovers, emails and meetings with other internal and external care providers. Staff were able to describe how care information is documented and communicated within the organisation and with others involved. Changes in consumers’ care and services are communicated via care plans, progress notes, handover sheets and handovers.

Consumers and representatives interviewed said they have access to relevant health professionals when required and that referrals are timely, appropriate and occur when needed. For consumers sampled, care planning documentation confirms the input of others and referrals where needed, including input from other services such as dietitians, physiotherapists and GP's.

The service has policies and procedures related to infection control and antimicrobial stewardship and could demonstrate the minimisation of infection risks by implementing standard and transmission-based precautions including in relation to COVID-19. The service could demonstrate practices to reduce the risk of increasing resistance by promoting appropriate antibiotic prescribing and minimising their use as part of optimal care.

Consumers and representatives interviewed said that staff clean the facility and wash their hands regularly and wear appropriate personal protective equipment. Staff were observed social distancing and wearing personal protective equipment appropriately 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.*

Consumers and representatives interviewed described the service’s ability to effectively manage high-impact or high-prevalence risks. Staff interviewed were able to describe effective management of high-impact or high-prevalence risks associated to the consumer. The service has policies and procedures outlining how high-impact or high-prevalence risks associated with care of consumers is managed at the service including; a skin integrity and falls policies and a diabetes management and blood glucose monitoring policy and procedure.

The Assessment Team observed how the service monitors clinical indicators including pressure injuries, hospitalisations, medication incidents and falls. The service uses this information to identify trends and identifies strategies to minimise the risk of recurrence of incidents for individual consumers and aims to identify improvements to practice. Handover documentation includes a care summary that describes the high-impact or high-prevalence risks associated with each consumer.

The Assessment Team considered some care planning documentation demonstrated effective management of high-impact or high-prevalence risks, however other care planning documentation reviewed did not.

#### The Assessment Team found the care of one sampled consumer with complex care needs did demonstrate effective management of high-impact or high-prevalence risks but identified two examples which supported their finding of not met.

The Assessment Team identified a consumer that had a fall and was not transferred to hospital until three days later where it was determined they had a fractured hip. No changes in condition were initially identified by clinical staff and the consumer did not show any signs of pain until later. There is some uncertainty as to whether the fall was witnessed or not. The consumer was subsequently treated for the fractured hip in hospital and returned to the service. (see also Requirement (3)(d) below)

The Assessment Team also observed that a consumer with swallowing difficulties and on fluid restriction was unsupervised with a jug of water and an unfinished plate of afternoon tea in their room during the site audit. This was at apparent odds with their nutrition and hydration information which indicated fluids should be restricted and staff should “stand by to assist” them eat to minimise the risk of harm from choking.

The Approved Provider’s response did not agree with the audit report findings of not met for (3)(b) and provided additional information to demonstrate that high impact or high prevalence risks were effectively managed for each consumer’s care.

The Provider advised that a Falls Risk Assessment Tool (FRAT) had been completed by a registered nurse in accordance with their policy and that a suite of documented interventions were already in place for the consumer. The falls risk assessment had been updated 15 times since the consumer entered the service in April 2017. The consumer had not had a fall in nearly 12 months but was already assessed as being at high risk of falls and there was no change to the risk level or the management strategies after the fall.

### The Provider contended that the presence of a water jug and an unfinished plate of afternoon tea in the room of a consumer, assessed as at risk of choking, was not evidence the requirement was not met. Staff could have been “standing by to assist” the consumer eat earlier or may have been out of view nearby. The Provider also advised that this consumer had limited mobility and could not access out of reach items independently.

The Provider’s additional information in relation to the above cases supports the otherwise positive findings of the Assessment Team for this requirement.

For the reasons detailed above, I find mecwacare, in relation to Rositano House, to be Compliant with Standard 3 Requirement (3)(b).

### 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.*

The Assessment Team noted the organisation has a clinical deterioration policy and procedure to support staff in recognising and responding in a timely manner to a decline or deterioration in a consumer’s health and/or well-being. The policy instructs staff to notify the registered nurse or person in-charge of the area if they notice any change in a consumer's health or condition.

The Assessment Team commented that overall, the service was able to explain how they respond when a consumer’s condition changes. Staff were able to explain the process, and provide examples, of detecting the deterioration of a consumer and how they respond. Most consumers’ care planning documentation evidenced the timely identification of, and response to, deterioration or changes in the consumer's condition.

The Assessment Team correctly flagged an incident where the response to a (unwitnessed) fall and subsequent deterioration in condition appeared not to meet the Provider’s policies. However, the Providers’ detailed response clarified the sequence of events and provided additional evidence supporting the basis for the appropriateness of their actions in response to a (witnessed) fall.

### The Approved Provider’s response did not agree with the audit report findings of not met for (3)(d) and asserted the response to the fall incident was effective and timely.

The Provider had acted on contemporaneous information that the fall was witnessed, and there was no evidence of head strike or visible injury. The registered nurse assessed and closely monitored the consumer and implemented their post fall procedures accordingly.

The Provider’s evidence was that clinical staff used best practice methods to monitor the consumer for pain and that medical review was sought before transfer to hospital once pain was ascertained. Pain relief was administered and the consumer was transferred to hospital 3 days after the fall and they received hip surgery 5 days after the fall. They returned to the facility 5 days after the surgery. Performance benchmarks indicate the consumer did receive appropriate medical care and treatment post fall.

Both the audit and the Provider’s most recent consumer survey undertaken in 2021 identified all respondents in the facility believe they get the care they need and were happy with the care they receive.

The Assessment Team were provided with a differing account of the fall incident from another consumer. I accept that the consumer’s recollection of the incident to the Assessment Team several weeks later was not the same as the information staff acted upon at the time of the incident.

#### In any case, the Provider has committed to reviewing the Falls Prevention and Management Policy and Procedure to ensure there is clarity for any persons seeking to understand the mecwacare processes. This has been added to the continuous improvement plan for the organisation to ensure any learnings and opportunities are carried across all services and programs.

For the reasons detailed above, I find mecwacare, in relation to Rositano House, to be Compliant with Standard 3 Requirement (3)(d).

### 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 have been assessed as Compliant.

Consumers said they get safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, well-being and quality of life. Consumers and representatives sampled said they are encouraged and supported to do the things they like to do, both inside and outside the service.

The service's lifestyle program accommodates and modifies activities to cater for consumers’ needs, preferences and varying levels of functional ability. The activities calendar is updated on a monthly basis and is tailored to suit the interests and abilities of consumers. Staff seek consumer feedback via one-to-one discussions, surveys and consumer meetings to help plan future activities programs.

Care staff could explain what individual consumers liked to do and their care plans reflected these interests. Care documentation included information about supporting the individual emotional, spiritual or psychological well-being of consumers. Staff could identify when a consumer is experiencing a low mood and when they need to either provide additional support to the consumer or escalate a concern to registered staff. Local church groups also attend the service to ensure that each consumer's spiritual needs, goals and preferences are met.

Consumers interviewed said they are supported to keep in touch with the people who are important to them and their family and friends are welcome to visit them in the service and participate in the lifestyle activities if they wish to.

Care planning documentation shows that the service supports consumers to participate in their community, maintain relationships and do things of interest to them. For example, consumers can participate in bocce competitions with other aged care facilities, walking groups, bus trips or attend church.

Staff described how the service assisted consumers to remain connected to their loved ones during COVID-19, including video conferencing, phone calls and window visits. The Assessment Team observed consumers talking to family over video calls on an electronic tablet in the dining room.

Consumers and representatives felt consumers’ condition, needs and preferences are effectively communicated within the organisation and they are referred to other appropriate organisations and providers of care and services as needed.

The care planning documentation for sampled consumers held adequate information to support effective and safe care and services for daily living, including where responsibility for care is shared. Staff said information about changes in consumers’ care and services is effectively communicated via care plans, progress notes, handover sheets and handovers.

Staff were able to provide examples of how communicated and changed the lifestyle support provided to a consumer whose condition, needs or preferences had recently changed. Consumers and representatives sampled expressed satisfaction with the variety, quality and quantity of food. Staff advised consumers appear to enjoy the food and there are few complaints. Consumers can request sandwiches and fresh fruit if they are still hungry after meals, and a tea and coffee station is available outside the kitchen for consumers to utilise anytime. One consumer has staff make them a toasted sandwich for supper each night, which they enjoy.

Menus alternate weekly and are changed seasonally. Consumers and representatives can provide feedback and make suggestions in relation to the menu via feedback forms and at food focus meetings.

The Assessment Team observed meals were an appropriate size and saw staff assisting some consumers to eat. The menu included a different meal option for breakfast, lunch and dinner, and alternatives were listed. The kitchen was observed to be clean and tidy kitchen and fire safety guidelines and training documentation were displayed.

The Assessment Team noted there was a wide range of equipment and lifestyle activity products available for use. Equipment was observed to be safe, suitable, clean and well-maintained. Staff advised that shared lifestyle equipment is cleaned by staff after every use and equipment is maintained by onsite maintenance via an online maintenance request form where possible, otherwise by external contractors.

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

Consumers felt the service environment is welcoming, easy to get around and felt like their home. Consumers' rooms were personalised with memorabilia and photographs and the dining room wall had photographs of consumers participating in activities. The environment was easy to navigate with dementia-enabling design features and sufficient lighting and handrails to support consumers to move around.

There are shared lounge areas for consumers to interact, and two outdoor balconies (one shade covered) that can be freely accessed by all consumers. Colourful potted flowers in bloom, bench seats, tables and chairs were observed on each balcony.

Consumers were satisfied that the service was safe, clean, well-maintained and they could move freely inside and outside. Throughout the site audit the Assessment Team observed the service environment to be clean and well maintained, with cleaners working and the maintenance officer actioning maintenance requests.

Cleaning staff advised that cleaning occurs 7 days a week according to a daily and weekly schedule. All day-to-day maintenance issues are reported by staff via an electronic maintenance system and the facility manager receives a regular outstanding maintenance request report. The Assessment Team reviewed the maintenance and cleaning logs which evidenced regular maintenance and cleaning of the service environment.

Consumers were satisfied that the furniture, fittings and equipment was safe, clean, well-maintained and suitable for their use. The Assessment Team observed consumers using a range of furniture and equipment such as; walking frames, wheelchairs and comfort chairs. All were observed to be clean and in good condition. Call bells were observed to be within reach of consumers in their rooms.

Staff advised that equipment is cleaned by care staff after each use. Shared equipment used for moving and handling is cleaned weekly and as it is used.

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

The service was able to demonstrate that consumers/representatives, staff and visitors to the service are encouraged and supported to provide feedback and make complaints.

Consumers described a variety of ways they can safely raise their concerns including by speaking directly to staff or management. Most consumers and representatives sampled said they did not need advocacy services as they felt comfortable making complaints within the service or to Head Office. The service has an advocacy policy and procedure and if a consumer required advocacy services staff would assist them by printing and explaining the elder advocacy website information for them.

Staff explained consumers or staff can use feedback forms however, they would usually raise any issues verbally with the facility manager first as they are very approachable. If a consumer raised a concern with staff they would attempt to address it, if it was within their remit, otherwise they would escalate it to management.

The Assessment Team observed feedback forms displayed with a locked suggestion box in the entrance foyer and dining room and an Older Persons Advocacy Network (OPAN) poster prominently displayed in the lift. The organisation's resident information handbook includes information on the internal and external feedback and complaints mechanisms, and advocate language services.

Management advised they have a proactive approach to feedback which is evident in the low number of complaints received. There is an electronic system for managing feedback and complaints which creates automated reminders to staff to complete actions. The service has a feedback and complaints policy and procedure. The complaints register records any compliments, complaints, comments or suggestions along with the issue status, action to be taken and outcome.

The service demonstrates appropriate action is taken in response to complaints and an open disclosure process is employed when things go wrong. The service has an open disclosure position statement that includes; identifying, investigating and acknowledging when things go wrong, apologising, learning and improving. Staff sampled demonstrated a practical understanding of open disclosure in the complaints management process and described how they would communicate with the consumer or representatives in the event something has gone wrong.

Consumers were satisfied with the service's processes and responses to feedback and felt their concerns were heard, responded to promptly helped inform changes to the services they receive. The service was found to use feedback and complaints to improve the quality of care and services provided. Management advised there were no complaints trends but were able to demonstrate how feedback drives continuous improvement of care and services. For example, consumer bus trips used to be to set locations however, following feedback, consumers now decide the trip destinations.

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

Overall sampled consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Most consumers and representatives sampled said there are enough staff and that they attend to their needs quickly most of the time. Two consumers said they are short staffed sometimes, however this did not impact their care delivery. Consumers felt staff were adequately trained, competent and kind, caring and gentle in delivering care.

Management could explain how workforce planning and rostering ensures staffing is adequate to meet the care and service needs of consumers. The service does not use agency staff preferring to extend shift hours or use mecwacare casual staff to fill shifts. To ensure the service always has skilled clinical staff available to manage any complex care needs, there is a residential service on call for the registered nurse to use.

The facility manager conducts a monthly audit of call bell response times for each shift and the service aims for an average call wait under 4 minutes. If response times to call bells within 10 minutes goes under 90% the data is investigated with staff to identify the reasons why.

The Assessment Team observed staff to not be rushing and acting in a gentle and respectful manner at all times. The rosters for the period 27 December 2021 to 9 January 2022 showed all rostered shifts were filled including absences due to illness or leave. Call bell response times were examined with the average response time under four minutes.

The service demonstrated staff are recruited, trained, equipped and supported to deliver safe and quality care and services. Management described how they are able to ensure staff receive training to be competent and capable in their role.

Staff are required to have relevant qualifications and registrations for the role to be appointed, and that human resources (HR) monitor position requirements and police checks. The organisation has an onboarding process with mandatory training for all staff and documented core competencies for each role. A learning and development team assign staff the required training modules according to their role classification. Key performance indicators based on consumer needs are used to review and roll out competencies and set future training needs for staff.

Staff interviewed were able to describe different training available and how their training needs and requests fulfilled within the service The Assessment Team sighted a training report for the period 17 January 2021 to 17 January 2022 which identified all staff who have attended training in this period. The service conducts regular assessment, monitoring and review of the performance of each member of the workforce. The performance review processes described by staff aligns with employee performance information in the employee handbook.

## 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 have been assessed as Compliant.

The service was able to demonstrate that the development, delivery and evaluation of care is made in consultation with consumers. Consumers and representatives felt the service is well run, they are engaged in determining how care and services are delivered and that communication by the service was excellent.

The service uses various mechanisms to engage with consumers such as; consumer group meetings, a food focus group, and lifestyle focus group. Minutes are kept in the dining room in a folder and can be emailed to representatives on request.

Internal audits are done throughout the year and include a section to ask consumers for feedback across every standard. Management and staff were able to provide examples of how consumer feedback has led to changes in care and services.

Management described how the Board is accountable and involved in promoting safe, inclusive, quality care and services. Monthly reports are submitted by the service executive who meets with the Board. The standing agenda for the quarterly clinical service governance committee includes; Key Performance Indicators, nurse call reports, compliments, complaints and recruitment.

The service has effective governance systems and risk management systems and practices that are supported by a clinical governance framework. The clinical governance framework sets out a leadership structure with the Board having overall accountability for the delivery of safe and quality clinical care and services as well as adequate governance arrangements. The organisation has a quality and risk management system policy which outlines the roles of the executive and Board in meeting the Quality Standards.

The service was able to show effective organisation wide governance systems relating to; information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

Management explained to the Assessment Team how; opportunities for continuous improvement are identified, critical incidents are used to drive continuous improvement, and the governing body satisfies itself the Quality Standards are being met.

Management explained how changes to legislation are monitored and communicated to staff by the quality and risk team. Existing policies are updated for approval by the chief executive when required. The organisation provided a documented risk management framework and policies and procedures that describe how:

* High impact and high prevalence risks associated with the care of consumers are managed.
* Abuse, neglect and assault of consumers is identified and responded to.
* Consumers are supported to live the best life they can.
* Incidents are managed and prevented.

Staff were able to demonstrate they have been educated on these policies and provided examples to the Assessment Team. Management explained how the service records all incidents in its electronic incident management system. Procedures embedded in the system include external notification and reporting and serious incident reporting and management. All incidents that impact on consumers inform care reviews. The organisation's clinical governance framework has been implemented at the service the principles of the framework guide the provision of clinical care. The service has:

* A documented clinical governance framework.
* A policy relating to antimicrobial stewardship.
* A policy relating to minimising the use of restraint.
* An open disclosure position statement.
* A falls prevention and management policy.

Management and staff interviewed were able to describe how the policies are used in a practical way.

## 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.