Mercy Place Dandenong

Performance Report

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**Commission ID:** 3185

**Provider name:** Mercy Aged and Community Care Ltd

**Site Audit date:** 3 May 2022 to 5 May 2022

**Date of Performance Report:** 17 August 2022

# Performance report prepared by

James Howard, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-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 3 June 2022
* other information and intelligence held by the Commission in relation to this service

# STANDARD 1 NON-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 Non-compliant as three of the six specific requirements were assessed as Non-compliant.

The Non-compliance is in relation to Requirements 1(3)(a), 1(3)(b), and 1(3)(e). Reasons for the findings are detailed in the relevant Requirements below.

Consumers and representatives confirmed consumers exercised choice and independence in relation to daily care, relationships they wanted to maintain, risks they wanted to take and activities of daily living. Staff described ways they supported consumers to exercise choice and independence, including by learning consumer likes and respecting consumer’s social preferences. Care plans included consumer preferences for daily living.

Consumers and representatives confirmed consumers were supported to understand and take risks they wanted to take to enhance their quality of life. Staff outlined how the service supported dignity of risk, including through risk assessments and involvement of relevant health professionals, consumers and representatives. Information provided by staff aligned with the service’s dignity of risk policy, and risk assessments were compliant with the Requirement.

Consumers said staff respected their privacy preferences. Staff confirmed strategies they used to maintain personal privacy, such as knocking on doors before entering and being mindful when providing personal care. Staff were guided by relevant policies and observations confirmed staff were mindful of consumer confidentiality.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

The Assessment Team found the service did not demonstrate all consumers were treated with dignity and respect. Relevant (summarised) evidence included:

* Four representatives and one consumer raised concerns about interactions that left consumers feeling disrespected and without dignity. A consumer said that some care staff were “loud and rude” and were not caring in their interactions. Representatives said they had observed staff be impatient with one consumer who was treated roughly by a care staff member and that another consumer became distressed and experienced a loss of dignity when male carers attended to them. Another representative complained of care being rushed and impacting on consumer dignity.
* A representative and two consumers raised concerns about personal care being rushed due to staff shortages, which resulted in a consumer being left alone in a bathroom, feeling cold and upset and being left sitting in their wheelchair “all day.” One consumer said call bell responses were consistently slow, and they experienced a frequent fear of falling as a result, which impacted their dignity.
* Most staff interviewed were concerned consumers were not always treated with dignity and respect. A care staff member considered that some consumers who should be residing in the Memory Support Unit (MSU) were not and that a consumer with advanced dementia was not provided with enough one-to-one attention to implement the behaviour strategies used in their care plan. The consumer sometimes wandered into other consumers’ rooms, impacting consumers’ safety and dignity.
* A staff member said consumers were no longer able to choose the gender of their carers due to staff shortages, while another staff member considered care of consumers was rushed and there was limited time to provide emotional support.

Some evidence presented by the Assessment Team was more relevant to staffing shortages and I considered it in relation to Requirement 7(3)(a), while other evidence was not relevant to my decision and was not considered here.

In its response, the Approved Provider acknowledged some of the Assessment Team’s findings and explained the deficits resulted from the staffing challenges facing the industry at present, rather than intentional short-staffing. The response noted the service’s baseline roster was adequate to meet consumer needs, but the service was not able to recruit enough staff to fill every shift, as agencies were not always able to supply personnel. Service employees were at times working double shifts, resulting in fatigue and placing staff under significant pressure, which the response noted may result in a real or perceived lack of patience and manners at times. The response outlined that action was taken to counsel staff that conditions were not consumers’ fault and they must always show respect to consumers.

The response also acknowledged that lack of staff resulted in care needs having to be prioritised and call bells not being answered within the 10-minute target and explained actions staff took in those circumstances, such as acknowledging call bells and explaining reasons for delays. The Approved Provider also acknowledged that the service did not have enough staff to be provide only female carers to the consumer mentioned, though care was taken to provide females for intimate personal care.

The Approved Provider’s response also provided clarifying evidence and information about other evidence in the report it identified as inaccurate. I acknowledge the supporting evidence and information provided and therefore did not consider those examples provided by the Assessment Team when coming to my finding.

I acknowledge the service has taken appropriate actions to address the deficits identified by the Assessment Team in relation to staff not treating each consumer with dignity and respect and in line with their personal preferences. However, at the time of the site audit, consumer, representative and staff feedback confirmed staff interactions were rushed and consumers felt they were treated without consideration, respect and dignity. This resulted in impacts to consumers, including consumers being left alone for extended periods, waiting long times for responses to requests for assistance and feeling distressed, fearful and uncomfortable. Further, the service did not ensure care and services were delivered in line with consumer identity and related preferences, by failing to ensure that personal care was provided by carers of the gender required by a consumer.

Based on the evidence and reasons outlined above, I find the service is Non-compliant with this Requirement.

### Requirement 1(3)(b) Non-compliant

*Care and services are culturally safe.*

The Assessment Team found the service did not demonstrate care and services were culturally safe for each consumer. Relevant evidence included:

* Although 38% of consumers at the service were of Culturally and Linguistically Diverse (CALD) background, with eleven being non-English speaking, management were not aware of any instances when a professional interpreter was used. The service relied on non-professional interpreting provided by family members.
* Signage, surveys, and complaints forms were not available in languages other than English.
* Two representatives of Non-English-speaking consumers said the consumers were lonely, sad, depressed and isolated. One representative confirmed their family member had difficulty communicating with staff, while another said they were not aware of cue cards being kept in the consumer’s room.
* A staff member indicated that some consumer languages were also spoken by staff and those consumers received the reassurance they needed, but not all non-English speakers received that service.
* An allied health professional at the service said it was difficult to include a consumer who did not speak much English in the service’s group wellness program and that it was difficult to support the consumer’s needs when planning care and services. The consumer was identified as being left sitting in their wheelchair “all day.”
* Staff confirmed Non-English-speaking consumers were not catered for in armchair travel sessions and the lifestyle coordinator had not considered the isolating effect of having English-only subtitles on television. The ‘Leisure Interest and Activities procedure’ stated interpreter services were to be offered to consumers where there were language barriers.

Other examples provided by the Assessment Team were not relevant to my decision and have not been outlined here. Where the response clarified inaccurate evidence or refuted evidence relied on by the Assessment Team, I did not consider those examples in my finding.

The Approved Provider’s response disputed the basis of most of the evidence provided by representatives and staff, suggesting the representatives were not in a position to witness staff using cue cards, as staff relied on representatives for interpreting when they were present. This response did not demonstrate awareness of best-practice interpreter use or the risks inherent in relying on non-accredited interpreters. The response failed to address the representative feedback that two non-English speaking consumers were ‘sad, lonely, isolated and depressed.’

The response also disputed staff feedback that not all consumers had someone available to provide them with emotional reassurance, by suggesting that the consumers whose languages were not spoken by any staff had a family member upon whom they could rely. The response did not provide any evidence of the service offering the use of, or of actually using, professional interpreters to meet the needs of those consumers. Similarly, the response denied the basis of feedback from the allied health professional who stated it was difficult to support the needs of non-English speaking consumers when planning activities. The response did not provide any evidence of the use of interpreters or translated material to support consumers’ participation in the lifestyle program.

The Approved Provider considered the service could not provide signage in all languages spoken but did not acknowledge other possibilities, such as having signage in the most common languages spoken in the service. While the response acknowledged the complaints form was only available in English, it argued there had not been any complaints about that and stated the service would use an interpreter service if a consumer did not have a family member available. This demonstrated that accredited interpreters were not approached in the first instance, which is not in line with best practice. The response did not acknowledge evidence that non-English speaking consumers were not surveyed for feedback. The response provided evidence that some written information was provided in some consumer languages; however, in those examples, consumers were instructed to ask friends or family to translate if they had difficulty understanding the material.

The response included convincing evidence the service strived to meet the social inclusion requirements of CALD consumers by supporting same language friendships, planning to obtain a real-time interpreting device, connecting with migrant groups, using linguistically diverse volunteers and accessing foreign language media. It was noted, however, that COVID-19 had impacted on access to those resources.

I acknowledge the steps already being taken by the service to provide culturally safe care. However, at the time of site audit, the service did not use National Accreditation Authority for Translators and Interpreters (NAATI) accredited interpreters or translators. In doing so, the service failed to ensure those consumers could raise concerns independently of their representatives or family members and failed to ensure they could directly voice their needs to staff when they wished. The service did not meet the language requirements of a consumer when planning lifestyle services, which contradicted the service’s own policy. Management were not aware of interpreters having been used in recent years, and the response indicated the service was unaware of the risks of using unaccredited interpreters. By not ensuring consumers can express themselves directly to staff, fully participate in activities, make independent complaints or understand signage, the service did not provide culturally safe care and services which recognised and met the cultural and linguistic needs of those consumers.

Based on the evidence and reasons outlined above, I find the service is Non-compliant with this Requirement.

### 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) Non-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.*

The Assessment Team found the service did not provide information that could be understood by consumers who do not speak English. Relevant (summarised) evidence included:

* Two representatives said interpreters were not used to convey information to family members at the service and that when the representatives were not present, there was no one to communicate information to their family members. For example, one consumer was given information each afternoon about the following day’s menu; however, as the information was delivered in English, the consumer was unable to understand it and was reportedly often agitated at mealtimes.
* All information about complaints, menus and activities calendars were displayed in English only.
* Information about the service’s complaints process was displayed in English only.
* Staff confirmed they relied on family members and other staff for interpreting, as previously outlined in Requirement 1(3)(b).

Other examples provided by the Assessment Team were not relevant to my decision and have not been considered here. Where the Approved Provider’s response clarified inaccurate evidence or refuted evidence provided by the Assessment Team, I did not consider those examples in my finding. Where I disagreed with the Approved Provider’s arguments, I have outlined reasons why.

In its response, the Approved Provider disagreed with the Assessment Team’s findings and referred to its previous arguments outlined in Requirement 1(3)(b). In addition, the response acknowledged menus were not made available in other languages, stated this was for financial reasons and was standard practice in other, similar organisations. The service noted it was considering other options to display menus in languages other than English. I acknowledge the service is now taking steps to ensure menus can be understood by non-English speaking consumers; however, at the time of site audit, it had not implemented measures to achieve this. Simply because other services may not also provide in-language menus is not a relevant consideration.

The response also contended interpreters were not used as they were not required, which contradicted information provided by two representatives who stated their family members had difficulty communicating when the representatives were not present to interpret for them. I accept the representatives’ evidence over the Approved Provider’s in this instance and find this is an example of non-compliance with the Requirement.

I previously outlined my reasons for disagreeing with the Approved Provider’s response to the site audit report’s recommendation of non-compliance in Requirement 1(3)(b), due to the service’s practice of relying on unaccredited, informal interpreters for verbal communication. Evidence presented in this Requirement demonstrated the service does not consistently provide translated, written information in languages other than English. This raises concerns regarding the service’s understanding of best practice service delivery to non-English speaking consumers and shows not all consumers were supported to make informed decisions about care and services based on information they could understand. The Approved Provider’s response did not acknowledge or recognise the deficits in practice or the opportunity for improvement.

Based on the evidence and reasons outlined above, I find the service is Non-compliant with this Requirement.

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Care plans detailed how assessment and planning, including consideration of risks, informed care and services in risk areas such as diabetes management, skin integrity, falls and pain management. Consumers and representatives were satisfied with the assessment and care planning process. Staff understood how assessments informed care plans, could explain their roles in completing assessments and reviews and understood when care plans might be reviewed. Assessment and planning policies and procedures guided staff practice.

Representatives and consumers were satisfied their care and services were delivered in accordance with consumer wishes. Care plans identified consumers’ current needs, goals and preferences, including in relation to advanced care planning. Registered staff confirmed how assessment and care planning, including advanced care and end of life planning, occurred at the service. Consumer end of life preferences are recorded in a dedicated space on the service’s electronic care management system and policies and procedures guided staff practice for palliative care planning.

The service demonstrated assessment and care planning included the consumer and others they wanted involved. Care plans showed involvement of external providers and consumers and representatives said they were regularly involved in assessment and planning, along with medical officers and others. Staff outlined how external individuals, services and other providers, such as allied health professionals, National Disability Insurance Scheme providers, geriatricians and dementia support services, were involved in assessment and planning of consumer care. The Assessment Team observed allied health professionals providing care to consumers.

Sampled care plans confirmed consultation occurred with consumers, representatives and others, while representatives confirmed they were consulted about changes to care. One representative, however, said they interpreted the outcomes of assessment and planning to their family member. Staff reported the service communicated outcomes of assessment and planning at care conferences and said that any changes which resulted from assessment and planning activities are communicated to them via handovers, progress notes and alerts on the electronic care management system.

Care planning documents were reviewed through the monthly resident-of-the-day process, a three-monthly evaluation schedule, and in response to changes in consumer’s conditions or incidents. One representative confirmed their involvement in care plan evaluations, whilst staff described resident-of-the-day and care plan evaluation processes. Staff understood review processes, incident reporting and how incidents could trigger review of care plans. The Assessment Team observed assessment and planning policies and procedures and noted that registered staff monitored the completion of assessment and care plans.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

The Assessment Team recommended Requirement 3(3)(a) as not met. However, following consideration of the material, I reached a different decision and found the service was Compliant with this Requirement. I have detailed reasons for my finding in the relevant Requirement below.

Care planning documents showed the service identified and managed risks using validated assessment tools in relation to, for example, falls risks, pain assessment, dementia and delirium. Representatives said the service’s care was effective and staff encouraged strategies for safe mobilising. Staff and management knew the key risks for sampled consumers, safety strategies used and confirmed risk information was communicated at shift handovers. Policies and procedures guided staff in areas such as pressure injury prevention and management and restrictive practices management.

Consumer representatives said staff at the service met consumers’ needs and provided a quality standard of care. Care planning documents showed that most consumers had advanced care plans in place and the service consulted with family and used assessment and planning to support consumers nearing end of life. Staff outlined how consumers and representatives were offered opportunities to plan for end of life if desired, and confirmed they knew where to find end of life and advanced care plans. Policies and procedures were available to guide staff in areas such as palliative care, pain management and comfort care.

Care plans demonstrated the service recognised and responded to changes in consumer mental health, behaviour and physical condition. Consumers confirmed their satisfaction with the service’s management of deteriorations in behaviour. Staff described how the service responded to deteriorations in behaviour. Staff were supported with 24-hour on-site access to registered staff, which supported them in responding to any sudden deterioration in consumers’ conditions.

Sampled care planning documentation conveyed sufficient information to support delivery of safe and effective care, including information about changes in clinical care needs. Consumer representatives were satisfied that staff knew consumers’ needs and preferences. Staff described how information about condition, needs and preferences was communicated within the service and information was shared with external providers and individuals involved in care. Shift handovers communicated changes in consumer needs and the electronic care management system automatically alerted staff to changes.

Representatives confirmed consumers could access Medical Officers (MOs) when needed and were consulted about referrals to other health professionals. Staff confirmed use of allied health providers, described how input from other health professionals guided sampled consumers’ care and described the referral process used by Registered Nurses (RNs). A review of documentation confirmed referrals were made to a range of external professionals, including dieticians, geriatricians and audiologists.

Staff described how the service managed consumers prone to prevalent infections and the training provided in infection prevention and control strategies. Observations confirmed the service had a single point of entry with screening procedures, and staff practice was guided by relevant policies and procedures, including an Outbreak Management Plan and policy, antimicrobial stewardship policy and infection control guidelines. Personal protective equipment and other infection control supplies, including hand sanitising stations, were available throughout the service.

### 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.*

In the site audit report, the Assessment Team found the service did not ensure each consumer received safe and effective personal care that was best practice. Relevant (summarised) evidence included:

Six consumers were identified as being subject to chemical restraint; however, no signed informed consents were in place.

Consumers were not able to exit and enter the service independently at night time when the doors were kept locked. Not all consumers had signed consent forms in place for environmental restraint.

In its response, the Approved Provider demonstrated there were consent forms in place for the majority of restrained consumers at the time of site audit and where there was not, valid reasons existed for this.

All other information put forth by the Assessment Team reflected compliance with this Requirement and indicated that consumers received individualised care that was safe, effective and tailored to their specific needs and preferences. As a result, I disagreed with the Assessment Team’s recommendation concerning this Requirement.

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers said the lifestyle program engaged them, the service supported their lifestyle choices and most considered their preferences were reflected in the daily living care and services they received. Care plans detailed the preferred leisure activities of sampled consumers. Lifestyle staff described how the activities calendar was developed with consumer input and consumers residing in the Memory Support Unit (MSU) have a tailored activities program. Observations showed consumers engaged in a variety of individual and group activities during the site audit; however, some MSU consumers were observed unattended on two occasions during the site audit.

Consumers confirmed their faith requirements were met by the service and staff took an interest in their well-being; however, representative feedback raised concerns about the level of emotional and social support provided to two non-English speaking consumers (refer to Standard 1 for details). Sampled care plans reflected consumer religious identities, how to support them to practice their faith and how non-religious consumers wellbeing could be supported. Staff outlined how they recognised and responded when a consumer was feeling low; however, one interview raised concerns that pastoral care may not be adequate for non-English speakers. Consumers had a spiritual assessment upon entry to the service.

Consumers confirmed they were supported to participate in the service community, to pursue things which interested them and maintain external friendships and family relationships. Care plans detailed consumer interests, hobbies and preferences for involvement in planned activities. Staff demonstrated their knowledge of sampled consumers’ preferred social activities. Consumers were informed of activities and events via newsletters, noticeboards and Resident and Relative meetings.

Most consumers considered information about their daily living preferences and support needs was effectively communicated to those involved in their care. Care plans and lifestyle care plans conveyed the information needed for consumers to participate in activities of choice. Staff demonstrated their familiarity with the lifestyle preferences of some sampled consumers. Observations confirmed handovers were supported with notes and staff advised of pertinent information.

Consumers described their involvement in external recreational clubs, including local sports and Rotary clubs. Care plans confirmed this and listed supports received from pastoral carers. Lifestyle staff described the external networks the service had developed to support consumers’ quality of life, including a local Returned and Services League club and use of volunteers. Observations confirmed information about a range of external organisations were displayed in the service.

Most consumers reported being very satisfied with the quality, quantity and variety of meals provided at the service and confirmed their dietary requirements were met. Care plans contained dietary requirements and food preferences of sampled consumers. Staff confirmed meals were cooked on site and the menus developed and evaluated with consumer input. The Assessment Team observed a meal service, noting that food temperature was monitored and maintained, and care staff supported and engaged with consumers throughout the meal.

Consumers confirmed they had access to the equipment they needed to support their daily living. Hospitality, lifestyle and care staff confirmed they had access to equipment needed to meet consumer needs and outlined the cleaning and maintenance processes for equipment. The Assessment Team observed consumers using suitable, clean and well-maintained mobility equipment and reviewed the services preventative maintenance and inspection schedule.

## 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.

The Assessment Team recommended Requirement 5(3)(b) as not met. However, following consideration of the material, I reached a different decision and found the service was Compliant with this Requirement. I have detailed reasons for my finding in the relevant Requirement below.

Consumers said they felt safe and enjoyed living at the service. Management reported they knew consumers felt at home at the service based on results of internal audits, and described inclusive features of the service’s physical environment, which included a sensory garden. Observations showed a welcoming service environment, with communal indoor and outdoor areas, consumer rooms distributed across multiple levels and connected by wide, railed corridors and signposted walkways.

Furniture, fittings and equipment, including the call bell system, were safe and well-maintained, with consumers observed using equipment suited to their needs. The Assessment Team reviewed the reactive maintenance register, which showed timely completion of requests. Consumers said they felt safe when staff used mobility and transfer equipment. Staff confirmed they had enough equipment to deliver care to consumers and new lifting equipment and wheelchairs had recently been ordered.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

### The Assessment Team found the service was clean and well-maintained; however, found the service did not enable the free movement of consumers in both indoor and outdoor areas. Relevant (summarised) evidence included:

* As previously outlined in Requirement 3(3)(a), consumers at the service were environmentally restrained by automatic door locks on the individual houses that operated overnight and only some consumers had the key code. The locked doors restricted egress from the service premises, and access to indoor parts of the service, including the courtyard.
* Doors to residential houses were heavy and difficult for consumers to open.
* Fire evacuation plans displayed throughout the service were expired.

Other evidence cited by the Assessment Team was not relevant to my finding, so has not been considered here. The remaining evidence indicated the service is compliant.

In its response, the Approved Provider argued the environmental restraints caused by the locked doors were compliant with legal requirements and that almost all consumers had informed consents in place at the time of site audit (refer to Requirement 3(3)(a) for detailed response). The response acknowledged the weight of the doors and gave an undertaking the service would consider alternative opening mechanisms. The response also noted updated fire management plans existed at the time of site audit but had not been actioned by previous management.

Having regard to the evidence and the response, I find the service is Compliant with this Requirement. I previously found the service was compliant with environmental restraint requirements (refer Requirement (3)(3)(a)). As a result, I find the restriction of free movement presented by the locking doors is not evidence of non-compliance with this Requirement. While the weight of the doors is not ideal, the Assessment Team presented no evidence of actual impact or restriction on the movement of any specific consumer and as a result, it is not strong evidence of non-compliance with this Requirement. Similarly, the out of date evacuation plans were replaced immediately and in and of themselves, do not support a finding of non-compliance here. The remaining evidence presented by the Assessment Team showed there were effective processes in place to ensure the service was well-maintained and safe and that equipment including fire equipment, is regularly inspected and maintained.

Based on the evidence and reasons outlined above, I find the service is Compliant with this Requirement.

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

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

# STANDARD 6 NON-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 Non-compliant as one of the four specific requirements were assessed as Non-compliant.

The Non-compliance is in relation to Requirement 6(3)(b). Reasons for my finding are outlined in the relevant Requirement below.

Sampled consumers and representatives said they felt comfortable raising concerns and providing feedback to management and staff. Staff confirmed they were comfortable with raising concerns with management and management advised feedback was encouraged through meetings and feedback forms. Feedback boxes were displayed throughout the service, along with brochures which explained external complaints processes.

Consumers said when they raised concerns in the past, staff and management listened to them and took action to resolve the issues. Staff and management outlined the complaints and feedback handling process, which included an open disclosure component and use of a complaint register to monitor the handling of the matter. The Assessment Team reviewed the service’s open disclosure and complaints management policy and found it aligned with staff evidence.

Consumers provided examples of service-level improvements made as a result of feedback. Staff and management confirmed complaints were trended and entered into the continuous improvement register. The Assessment Team verified this by reviewing the plan, along with the service’s feedback management procedures.

## 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) Non-compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

The Assessment Team found the service did not demonstrate compliance with this Requirement. Relevant summarised evidence included:

* As previously stated, the complaints and feedback form was only available in English.
* Two representatives were unaware of multilingual brochures on display in the service and were not aware of consumer surveys provided in other languages.
* One of the representatives was not aware of translating or interpreting services ever being offered to their family member and the other said the consumer relied on family members to raise concerns with the service or waited for multilingual staff to arrive. Both said the prevalence of English-only signage and information throughout the service was frustrating.
* Staff were unable to describe how to support consumers to access advocacy or interpreting services. A staff member mentioned that while some multilingual volunteers could assist, there were not many of them.
* Ten of 11 non-English speaking consumers did not have personalised language cue card folders.

Other examples provided by the Assessment Team were not relevant to my decision and were not considered here.

The Approved Provider’s response did not directly acknowledge or address representative and staff evidence outlined above. The response disagreed with the Assessment Team’s findings and referred to arguments outlined previously in Requirement 1(3)(c), which concerned the signage, complaints and feedback forms. The response did not address the lack of multilingual consumer surveys.

Regarding language cue card use, the response acknowledged cards were not in most consumer rooms but noted they were available for staff to access. The response confirmed action was taken to ensure cue cards remained in the rooms of consumers who needed them and confirmed the possible purchase of a real-time interpreting device. The Approved Provider clarified that information about advocacy services was provided to consumers upon admission and since the site audit, multilingual National Aged Care Advocacy Program pamphlets were displayed in the service. The response also reiterated the Approved Provider considered the service did not need to provide professional interpreting services, for reasons previously outlined in Requirement 1(3)(b).

The response also clarified inaccurate evidence or refuted evidence relied on by the Assessment Team. I acknowledge that information and evidence and did not consider those examples in my finding. Where I have disagreed with the Approved Provider’s arguments, I have outlined reasons why.

I acknowledge the service provided English language information concerning advocacy and interpreter services upon admission to the service, and that it had some resources in place to assist non-English speaking consumers to communicate. However, I consider the service is Non-compliant with this Requirement as it did not ensure linguistically diverse consumers had equal access to complaint and feedback mechanisms, due to the lack of translated complaints and feedback forms and surveys. The service also confirmed it relied on unaccredited, informal interpreters to meet the language needs of consumers. As a result, non-English speaking consumers cannot easily provide feedback or raise concerns themselves, at a time that suits them. Staff could not describe how they supported non-English consumers to overcome this barrier and no evidence was provided to show consumers were offered the option of accredited interpreters.

Alternative resources outlined by the provider in its response did not overcome the lack of accredited interpreter use and translated feedback and complaints forms. Given cue cards were not found in consumers’ rooms, it is not clear they were routinely used by staff and, in any case, cue cards are inadequate for making a detailed complaint or providing detailed feedback. Volunteers, multilingual staff, family members and representatives cannot always be available to interpret and there are risks in using non-accredited interpreters, including the possibility of errors or consumers’ concerns not being accurately conveyed. The Approved Provider’s response demonstrated a lack of understanding regarding best practice interpreter use and did not acknowledge any room for improvement regarding service provision to linguistically diverse consumers.

Based on the reasons and evidence summarised above, I find the service is Non-complaint with this Requirement.

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

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

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

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

# STANDARD 7 NON-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 Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

The Non-compliance is in relation to Requirement 7(3)(a). Reasons for my finding are outlined in the relevant Requirement below.

Mixed feedback was received regarding workforce interactions with consumers, however most consumers reported staff were kind, helpful and dedicated. The Assessment Team found most interactions between staff and consumers were kind, caring and respectful.

Consumers considered staff had the necessary skills and knowledge to perform their roles effectively. Staff confirmed they received induction and ongoing training which provided them with the skills needed in their roles. There were established processes in place which ensured workforce screening and professional registrations remained up to date and shifts were allocated based on skill sets.

Consumers said managers and staff had the skills needed to meet their care needs. Staff described the service’s induction program, mandatory training and professional development program and confirmed how competency in key skill areas was assessed. Position descriptions outlined the qualifications, registration, knowledge and skills required for roles and the service monitored staff training completion rates.

Staff confirmed they received annual performance reviews, and some confirmed they were supported to acquire new skills or attend training as a result of appraisals. Management confirmed staff performance was also monitored through feedback and performance management steps were taken when issues were identified.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

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

The Assessment Team found that although the service had a planned approach to rostering, the number and mix of workforce members deployed did not enable the delivery and management of safe and quality care and services. Relevant (summarised) evidence included in this and other Requirements included:

* Eight consumers and representatives provided negative feedback regarding lack of staff deployed at the service. Some outlined poor outcomes they had experienced including, for example, a constant fear of falling and not being found in a timely manner, being rushed through care, a consumer being left in a wheelchair for lengthy periods of time and not always receiving the assistance required to safely complete their evening routine. Other consumers and representatives raised concerns about turnover of staff impacting on consumer care, staff being stressed and under pressure, consumers observed calling out for assistance with no staff available to assist and a representative feeling concerned staff would not have time to feed a consumer.
* Interviewed staff raised concerns about inadequate personnel at the service and provided examples of poor consumer outcomes as a result, including some consumers needing to use continence aids because staff were too busy, not being able to provide one-to-one time and consumers being left alone during the peak afternoon times. Staff said they always felt rushed.
* Call bell trends were not being monitored or reviewed, with management providing a compliance action plan to address the issue.
* A review of call bells taken in a sampled 19-day period showed 85 call bells with a wait of over 30 minutes and 14 with a wait of over one hour.
* Review of documentation showed the service had 16 unfilled care shifts in the fortnight prior to the site audit, with 5 occurring in one day.

Other examples provided by the Assessment Team were not relevant to my decision and were not considered here.

The Approved Provider’s response to concerns around short-staffing was previously outlined in Requirement 1(3)(a) and it emphasised that staff shortages were not planned but were a result of not being able to recruit enough staff to fill the rostered shifts. The service used agencies, but they were not always able to provide personnel. The response also outlined the time spent by management attempting to fill vacant shifts and raised concerns that a Non-compliant finding would have a detrimental impact on management at the service. The response did not directly address all the Assessment Team’s evidence but provided clarifying information about some evidence, which the Approved Provider considered was inaccurate. I acknowledge that information and did not consider those examples in reaching my finding.

I acknowledge the service takes a planned approach to rostering and there are industry-wide difficulties with staffing at present. However, I find the service did not always achieve the deployment of sufficient staff to ensure consumers were provided with safe and effective care. Consumers and representatives reported staff were not available to assist consumers to move about safely, consumers were not always provided with the reassurance and one-on-one care they required and a consumer was fearful of falling and not being found. Staff confirmed they were busy and unable to assist and provided examples of some consumers needing to use their continence aids as, at times, staff were too busy to support them to use the bathroom.

In reaching my finding, I placed significant weight on consumer and representative feedback, which identified impacts to consumers from delayed care and lack of staff. I also considered feedback from consumers who did not feel respected or afforded dignity in staff interactions (refer to Requirement 1(3)(b)), as a result of staffing pressures.

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

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

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

### 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 NON-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 Non-compliant as one of the five specific requirements was assessed as Non-compliant.

The Non-compliance is in relation to Requirement 8(3)(c). Reasons for my finding are outlined in the relevant Requirement below.

The Assessment Team recommended Requirement 8(3)(e) as not met. However, following consideration of the material, I reached a different decision and found the service was Compliant with this Requirement. I have detailed reasons for my finding in the relevant Requirement below.

Most consumers confirmed they were involved in evaluation of care and services, through Resident and Relative meetings and focus groups. Management outlined specific examples of improvements made as a result of consumer engagement, including a sensory garden and additions to the menu.

The Assessment Team was satisfied the service was supported by a governing body which promoted a culture of safety, inclusion and quality, and was accountable for their delivery. The governing body provided oversight through monthly meetings with management, annual internal quality assessments against the Quality Standards and an organisation-wide high-risk program which identified significant concerns and reported to the governing body through the clinical governance team. Quality initiatives cited by the Assessment Team included the creation of a food focus group which guided improvements in food standards across the organisation and annual consumer and representative surveys.

The Assessment Team found the service had effective risk management systems relating to high impact and high prevalence risks, abuse and neglect, consumer quality of life and incident management and prevention. The service had a documented risk management framework with relevant policies. Staff were educated on the application of the policies and gave practical examples which demonstrated their understanding.

## 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) Non-compliant

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

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

The Assessment Team found the service did not have effective organisation-wide governance systems for workforce management and feedback and complaints. Relevant (summarised) evidence included:

* The Assessment Team’s finding that the service did not deploy sufficient staff to enable safe and effective care, as outlined in Requirement 7(3)(a).
* The Assessment Team’s finding that non-English speaking consumers did not have access to interpreting services or translated materials to support them in making complaints or participating in consumer surveys, as outlined in Requirement 6(3)(b).

Refer to Requirements 6(3)(b) and 7(3)(a) for details of the Approved Provider’s response to the Assessment Team’s findings.

Having considered the site audit report’s evidence and the Approved Provider’s response, I do not agree with the Assessment Team’s finding that the service had an ineffective workforce governance system. Information in the response and elsewhere in the site audit report confirmed the service took a planned approach to rostering, recruitment and human resources processes generally. Deficits in numbers of personnel actually deployed were the result of difficulties in recruiting staff. While I am satisfied the lack of staff deployed resulted in an ability to consistently provide effective care to consumers, it does not automatically demonstrate deficits in organisation-wide workforce governance.

However, in relation to the service’s feedback and complaints governance system, I find the system does not meet best practice guidelines. Linguistically diverse consumers did not have equal access to the complaints and feedback system as they were required to depend on non-accredited interpreters who may or may not be available to support them to raise complaints when and as they wanted. The organisation’s existing feedback and complaints governance processes did not identified this deficit and the response raises concerns the Approved Provider has not recognised the opportunity for improvement in service delivery to non-English speaking consumers.

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

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

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

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

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

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

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

The Assessment Team considered the service was not compliant with this Requirement, as it found deficits in the service’s management of chemical and environmental restraints (as previously outlined in Requirement 3(3)(a)). One other example cited by the Assessment Team was not relevant to this Requirement, as it concerned effectiveness of the clinical governance framework where antimicrobial stewardship was concerned.

In its response, the Approved Provider demonstrated consents were in place as required for environmental and chemical restrictive practices and also clarified inconsistencies in the Assessment Team’s report.

Having regard to the site audit report’s evidence, the Approved Provider’s response, the specific wording of this Requirement and my findings in Requirement 3(3)(a), I disagree with the Assessment Team’s recommendation. Instead, I find the service is Compliant with this Requirement, for the following reasons.

At the time of site audit, the service had a documented clinical governance framework which encompassed the minimisation of the use of restraints, open disclosure and antimicrobial stewardship. The wording of this Requirement does not mention effectiveness of the clinical governance framework, only that the service must demonstrate it has one. In addition, I disagreed with the Assessment Team’s recommendation in Requirement 3(3)(a) and regardless, the effectiveness of the service’s restrictive practices management is not relevant here. There is no other evidence to support the Assessment Team’s recommendation.

For the reasons detailed above, I find the service is Compliant with this Requirement.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

Standard 1 Consumer dignity and choice

* Requirement 1(3)(a) Ensure each consumer is treated with dignity and respect and their identity, culture and diversity is valued. Ensure the service monitors staff interactions and treatment of consumers and acts when concerns are identified. Ensure consumers’ cultural preferences for gender of care staff are adhered to. Ensure deployment of sufficient staff to achieve this.
* Requirement 1(3)(b) Ensure care and services are culturally safe by ensuing consumers’ language needs are met and the impact of each consumer’s language requirements is considered across all of the Quality Standards.
* Requirement 1(3)(e) Ensure consumers who do not speak English are provided with information they need to make informed choices, in a language they can understand. Use NAATI accredited interpreters and translators in line with best practice.

Standard 6 Feedback and complaints

* Requirement 6(3)(b) Ensure non-English speaking consumers have equal access to the feedback and complaints system. Ensure NAATI accredited interpreters are offered and/or used to support consumers make complaints directly. Ensure feedback and complaints forms and information about complaints and feedback mechanisms translated into languages consumers can understand.

Standard 7 Human Resources

* Requirement 7(3)(a) Ensure the number and mix of workforce members deployed enables the delivery and management of safe and quality care and services

Standard 8 Organisational governance

* Requirement 8(3)(c) Ensure the organisational governance system for feedback and complaints is cognisant of and responds to the needs of non-English speaking consumers. Ensure governance systems hold services accountable for the use of NAATI accredited interpreters and translators.