MercyCare Kelmscott

Performance Report

89 Clifton Street
KELMSCOTT WA 6111
Phone number: 08 9495 1000

**Commission ID:** 7245

**Provider name:** Mercy Human Services Limited

**Site Audit date:** 12 April 2022 to 14 April 2022

**Date of Performance Report:** 23 May 2022

# Performance report prepared by

Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-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) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-Compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the Approved Provider’s response to the Site Audit report received 12 May 2022.
* other information and intelligence held by the Commission in relation to the service, including referrals received internally.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers felt they were treated respectfully and with dignity at all times and in all aspects of care and service, to live the life they chose. Consumers reported that their identity, culture and diversity was valued, their heritage and cultural background was known to staff and some described the service as family. Consumers and representatives said consumers were provided with timely and accurate information which supported consumers to maintain their lifestyle choices, preferences, make decisions about who was involved in their care and whichrelationships of significance they wish to maintain. Consumers and representatives confirmed consumers were supported to take risks and to live their best life.

Staff were knowledgeable on consumers’ backgrounds, identities, and preferences and consistently spoke about consumers and their representatives in a respectful and friendly manner. Management referred to all consumers by name, could identify consumers’ cultural backgrounds and described how consumers are supported to retain a connection to their heritage through photo, music and movie activities. Staff identified consumers who chose to smoke and described how consumers were informed of the risks and supported to continue smoking safely despite the risks to their health and safety. Staff described how discussing consumer needs privately and knocking on doors prior to entering ensured consumer privacy is maintained and their information was kept confidential. Staff described how married couples are given their privacy when in their room together.

Care documentation evidenced consumers, and those nominated by the consumer to be involved in their care, had been consulted and had made decisions on how they wanted their care delivered. Care plans included information on the consumer’s life history, important cultural events, daily routine preferences, which services they wished to access and which tasks, such as showering they wished to undertake independently. Care documentation identified, for those consumers who wished to engage with activities that posed a risk to their health and wellbeing, they had been informed of the risk and strategies to minimise the risk had been agreed.

Staff were observed to care for consumers, treat them with warmth, express concern for their feelings, respect and preserve their privacy. Married couples and those who consumers who had formed intimate relationships, were observed spending time together.

Organisational policies, procedures and systems guide staff in respecting diversity, promote inclusion, and the storage of consumer records to maintain privacy were in place and training records confirmed staff had received training in treating consumers with dignity and respect.

Based on the evidence documented above, Standard 1 Consumer dignity and choice, is Compliant.

## 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 NON-COMPLIANTOngoing 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 Non-compliant as 1 of the 5 specific requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirement 2(3)(e) as not met. I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and the Approved Provider’s response and find the service Non-compliant with Requirement 2(3)(e). I have provided reasons for my findings in the specific Requirement below.

Consumers and representatives confirmed they were consulted during assessment processes undertaken to develop consumers care plans, were kept informed of consumers assessed needs and either had, or were aware they could request, a copy of the consumer’s care plan. Consumers participated in care plan discussions through direct conversations, by telephone or during consumer and representative meetings. Consumers confirmed that their end-of-life wishes were discussed and made clear in the care planning process.

Care documentation demonstrated registered staff completed initial assessments that identified consumers’ needs, goals and preferences. Consumers, their representatives, medical officers and allied health professionals were involved during the assessment process where necessary. Care documentation generally reflected the care needs and preferences of most consumers and demonstrated the consumer and others were involved in assessment and planning. Care documentation showed assessments and care planning was attended to and discussed with the consumers and representatives on an ongoing basis.

Registered staff described processes for assessing consumer needs and these were evidenced in assessments and care planning documentation including the process for referral to other health and allied health professionals. Staff said they informed consumers’ representatives when there was a change in a consumer’s health or well-being status and discussed any changes to care and updated care plans as required. Staff were aware of their responsibility in relation to incident reporting and escalation processes, reporting changes in the consumer’s condition, needs or preferences and how this may prompt a reassessment. Care staff said they accessed consumer care plans on the electronic care management system and were updated on consumers’ care needs during handover.

The service’s electronic care management system contained validated clinical assessment tools and clinical guidelines, policies and procedures were available to guide staff in practice including for palliative care and advance care planning. The service monitored and analysed trends from clinical indicators including but not limited to, skin integrity, falls and pressure injuries which were reviewed monthly and reported at an organisational level. Case conference documentation identified who was involved in the evaluation of consumer care and treatment directives from allied health professionals.

However, the service was not able to adequately demonstrate care and services were reviewed regularly for effectiveness, and when circumstances changed or when incidents occurred that impacted on the needs, goals or preferences of the consumer. Some consumers’ care planning documentation was not reflective of the consumers’ current needs, goals and preferences. Additionally, for some consumers, care plans did not consistently reflect regular review and documentation of specific risks to each consumer’s health and well-being, such as falls, pain and skin integrity.

## 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) Non-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.*

The service was not able to adequately demonstrate care and services were reviewed regularly for effectiveness or when circumstances changed that impacted on the needs, goals or preferences of the consumer, particularly in relation to wounds, resolved illnesses and complex health care. In coming to a decision on compliance for this Requirement, I have considered the information contained in the Site audit report, under this and other Quality Standards, including Standards 3 and the written response from the Approved Provider.

For consumers sampled, care documentation identified care and service plans had not been reviewed when circumstances changed as assessments had not been undertaken in response to new wounds, treatment plans for resolved wounds and illnesses had not been closed out, changes to catheter management were not reflected and medication self-administration preferences had not been updated.

I also note the Site Audit report brought forward evidence in relation to a named consumer who required fluid intake and output to be monitored and note when the consumer had large fluctuations in the amount of fluid output to intake, this did not prompt a review. I am satisfied these examples, are reflective of care and services not being reviewed in response to when circumstances have changed impacting on consumer needs and preferences and supports non-compliance with this Requirement.

I acknowledge the Site Audit report, demonstrated management had advised immediate remedial actions to redress the deficiencies including providing education to staff and acknowledge there had been a recent change to wound assessment documentation. However, no timeframes were provided as to when the education would be undertaken or completed.

The Approved Provider, in its written response, did not refute the findings in the Site Audit report, advised they have commenced improvement processes to address the identified deficiencies and will continue to monitor care and services to ensure they provide quality care. The Approved Provider advised a copy of their Quality improvement plan was available for consideration, however, a copy was not provided, therefore I am unable to determine the remedial actions the service plans to take or how they will monitor the effectiveness of any improvement actions going forward.

I have considered the Approved Provider’s response and acknowledge the service plans to take action to address the deficiencies identified by the Assessment Team. However, at the time of the site audit, care and services were not regularly reviewed for effectiveness, when circumstances changes or incidents occurred which impacted the consumer’s needs, goals or preferences.

Therefore, I find the service Non-compliant in this Requirement.

# STANDARD 3 NON-COMPLIANTPersonal 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 Non-compliant as 2 of the 7 specific requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirement 3(3)(a) and 3(3)(b) as not met. I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and the Approved Provider’s response and find the service Non-compliant with Requirement 3(3)(a) and 3(3)(b). I have provided reasons for my findings in the specific Requirements below.

Consumers considered they received personal and clinical care that was safe and right for them and confirmed their care needs and preferences were effectively communicated between staff, medical officers and other providers of care with referrals undertaken promptly. Consumers confirmed that staff knew their condition, needs and preferences, that these were documented and communicated with relevant persons. Consumers and representatives expressed confidence that the service would provide consumer end-of-life care and support consumers’ to be as free as possible from pain and have those important to them with them.

Staff described consumers’ individual needs, preferences, the most significant clinical and personal care risks and how these were being managed or monitored in line with their care plans. Staff said they were provided with relevant training, and would seek advice from senior clinical staff, medical officers and allied health professionals when concerned about a consumer’s personal or clinical care delivery. Staff were familiar with strategies to manage or minimise identified risks such as pre-entry screening, annual influenza vaccinations, handwashing, social distancing and use of personal protective equipment to reduce infection related transmission risks. Management advised clinical incidents are analysed monthly to ensure safe and effective clinical and personal care delivery. Care and clinical staff described strategies to minimise the use of antibiotics as reflected in antimicrobial stewardship policy requirements.

Care documentation identified for most sampled consumers personal and clinical care had been tailored to their individual needs to optimise their health and wellbeing. Care plans evidenced that staff identified, communicated and responded to a deterioration or changes in a consumer’s condition or health status resulting in referrals to and input from, a range of medical officers, specialists and allied health professionals such as speech pathologists and physiotherapists.

The service generally documented clinical and personal risks for each consumer within their care plans and monitored the impact or prevalence of risks such as pain, skin integrity concerns including pressure injuries, falls, behaviour, medication, nutrition/hydration and infection through compilation of clinical incident data. Care documentation demonstrated that palliative care was delivered in accordance with the consumer’s wishes and the service had policies and procedures to ensure palliative or end of life care is delivered in accordance with consumers’ documented preferences and wishes.

However, care planning documentation did not consistently reflect the identification of, and response to, high impact or high prevalence risks for consumers including the management and care of consumer’s catheters, hydration needs and bowel management. For some consumers, care documentation reflected that the service had not consistently followed best practice processes to identify, manage, monitor, and review the use of indwelling catheters, hydration needs and bowel management.

The organisation had a suite of policies, procedures, guidelines and flowcharts, for key areas of care including, which were reflective of current guidelines, however these were not consistently implemented. The service confirms monthy clincial indicators, incident and risk data was reviewed, trended and analysed to identify improvements to care delivery and inform better practice.

### Assessment of Standard 3 Requirements

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

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

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

The service was not able to adequately demonstrate that each consumer received safe and effective personal or clinical care, that was best practice, tailored to their needs and optimised their health and wellbeing. Specifically, the service was not able to demonstrate that consumer needs in relation to pain, catheter or bowel management and fluid monitoring, were tailored to their needs. In coming to a decision on compliance for this Requirement, I have considered the information contained in the Site audit report, under this and other Quality Standards including Standard 2, and the written response from the Approved Provider.

For consumers sampled, clinical management and monitoring documentation was not consistently or accurately completed, and records were not reviewed to evaluate the adherence to care delivery directions. For a named consumer, who has an indwelling catheter, documentation to monitor the changing of the catheter was dated incorrectly by staff, which had the potential to impact the consumer with staff changing the catheter more frequently or not changing the equipment when required. I note management confirmed the catheter for the consumer was being changed as required and no impact to the consumer was identified.

Additionally, for named consumers, pain and fluid monitoring charts were not consistently completed, with monitoring documentation for 2 consumers who required fluid monitoring, demonstrating staff failed to record any entries on three occasions over a 5-day period and for a consumer who experienced new pain to their knee, pain monitoring documentation was inconsistently completed over a 3-day period with only 2 entries noted. I also note, for this consumer, there is no evidence to support pain medication was administered when directed by a health practitioner. I have considered the evidence brought forward in relation to a named consumer, where documentation evidenced large fluctuations between their fluid intake and output and this did not prompt a review under Requirement 2(3)(e).

I also note, management confirmed the service’s bowel management policy requires staff to monitor consumers toileting and if consumers had failed to open their bowels for 3 days, action should be taken. However, the Site Audit report identified for 4 named consumers, bowel monitoring documentation confirmed these consumers had not opened their bowels for 3 days or more and there was no evidence to support this had been identified or responded to by staff.

I acknowledge, in these instances, there was no significant impact to consumers identified at the time of the audit, however I consider these examples to be reflective of non-compliance for this Requirement.

I acknowledge the Site Audit report, demonstrated management had advised immediate remedial actions to redress the deficiencies including providing education to staff. However, no timeframes were provided as to when the education would be undertaken or completed.

The Approved Provider, in its written response, did not refute the findings in the Site Audit report, advised they have commenced improvement processes to address the identified deficiencies and will continue to monitor care and services to ensure they provide quality care. The Approved Provider advised a copy of their Quality improvement plan was available for consideration, however, a copy was not provided, therefore I am unable to determine the remedial actions the service plans to take or how they will monitor the effectiveness of any improvement actions going forward. I also consider any actions implemented by the Approved Provider will take time to demonstrate effectiveness.

I have considered the Approved Provider’s response and acknowledge the service took or plans to take action to address the deficiencies identified by the Assessment Team. However, at the time of the site audit, each consumer was not receiving safe and effective personal and clinical care which was tailored to their needs or optimising their health and wellbeing.

Therefore, I find the service Non-compliant in this Requirement.

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

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

The service was not able to adequately demonstrate high impact or prevalence risks associated with the care of each consumer, particularly in relation to catheter care and medication, were effectively managed. In coming to a decision on compliance for this Requirement, I have considered the information contained in the Site audit report, under this and other Quality Standards including Standard 2, and the written response from the Approved Provider.

For consumers sampled, clinical documentation did not provide catheter management guidance to staff, risk monitoring documentation lacked clinical oversight and prescribed medication was not correctly administered or stored.

The Site Audit report evidenced, for a named consumer, who has an indwelling catheter, care planning documentation did not sufficiently guide staff on who has responsibility for the management of the catheter and assessments or monitoring documentation did not demonstrate catheter changes were being undertaken when due. I acknowledge the Site Audit report contains information to support the consumer’s catheter management was shared between the service and the hospital, however, the service confirmed assessments post the consumer’s return from hospital were omitted.

Additionally, for named consumers, who require fluid intake and output monitoring, documentation demonstrated while staff were generally recording the amount of fluid consumed and the consumer’s output, there was no evidence to support clinical staff were monitoring the documentation to determine if the directions were effective or any emerging risks were identified. For named consumers, who were identified as not having their bowels effectively managed, I have considered this under Requirement 3(3)(a).

In relation to medication, clinical documentation evidenced prescribed pain relief medication for one consumer was given to another consumer when the consumer started to experience pain, medication fridge temperature monitoring records were inconsistently completed by staff and expired medication had not been identified and discarded. While, I note, clinical incidents are collated, tracked and trended by the service to monitor the prevalence and minimise risks to consumers, the Site Audit report identified medication incidents, such as these, had not been identified or reported, rendering clinical incident trending for medication incident to be inaccurate.

I acknowledge, in these instances, there was no significant impact to consumers identified at the time of the audit, however I consider these examples to be reflective of non-compliance for this Requirement.

I acknowledge the Site Audit report, demonstrated management had advised immediate remedial actions to redress the deficiencies including providing education to staff, updating duties lists, improving monitoring charts and instructing staff to cease the sharing of medications. However, no timeframe was provided as to when the education would be undertaken or completed.

The Approved Provider, in its written response, did not refute the findings in the Site Audit report, advised they have commenced improvement processes to address the identified deficiencies and will continue to monitor care and services to ensure they provide quality care. The Approved Provider advised a copy of their Quality improvement plan was available for consideration, however, a copy was not provided, therefore I am unable to determine the remedial actions the service plans to take or how they will monitor the effectiveness of any improvement actions going forward. I also consider any actions implemented by the Approved Provider will take time to demonstrate effectiveness.

I have considered the Approved Provider’s response and acknowledge the service took or plans to take action to address the deficiencies identified by the Assessment Team. However, at the time of the site audit, high impact or high prevalence risks to each consumer were not effectively managed.

Therefore, I find the service Non-compliant in this Requirement.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers considered they got the services and supports for daily living that were important for their health and well-being and enabled them to do the things they wanted to do. Consumers felt confident staff and others who deliver care and services were aware of their needs and preferences and these were effectively communicated within and between organisations. Consumers and representatives described how consumers were encouraged to participate both within and outside the service and maintain social and personal relationships important to them, such as accessing the local shops or visiting family via public transport. Consumers expressed satisfaction with the quality and quantity of the meals provided by the service, they said they were nice, they had choice and alternate meals were available if they wished to have something different

Staff explained how, on entry to the service, they partnered with the consumer and representatives to determine the consumer’s individual preferences including leisure needs, religious beliefs, social and community ties and cultural traditions. Staff described how the lifestyle program accommodated and modified activities to cater for consumer’s needs, preferences, and varying levels of functional ability such as providing alternative activities for those unwilling to attend group sessions and how they hold bingo regularly to support consumers who have become friends and enjoy this particular activity. Staff explained how changes in consumer needs and preferences are recorded in the electronic care management system and handover notes, kitchen staff confirmed they were kept informed of dietary changes by management.

Care planning documentation identified detailed information on what and who is important to each consumer including spiritual beliefs, strategies to support their emotional well-being, social supports as well as hobbies, interests, likes and dislikes. Other organisations and providers of care to support consumer well-being, including pet therapy organisations were also recorded as well as dietary needs and preferences.

Observations included menus and activity programs displayed in communal areas, a sensory room with a massage chair is available for consumers to use, consumers were interacting with each other or pets kept at the service, actively participating in table games and in a ‘food focus’ meeting with the chef. Equipment to support consumers with their independence and to engage in lifestyle activities, such as mobility aids, exercise equipment and televisions, were observed to be safe, clean, well-maintained, and suitable for the consumers’ needs.

The organisation had policies and systems in place for making referrals to individuals and providers outside the service including when additional emotional support was required and assisted consumers to access these services where a need was identified. A survey evidenced consumers were satisfied with the food at the service.

Based on the evidence documented above, Standard 4 Services and supports for daily living, is Compliant.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers considered that they belonged in the service and felt safe and comfortable in the service environment. Consumers and representatives reported equipment, furniture, and fittings were cleaned, safe, well maintained, and suitable to the needs and preferences of the consumers. Consumers were satisfied they could go outside into the garden and outdoor seating areas independently or with the assistance of staff when required and mentioned the availability of private areas for families to visit.

The service environment was observed to be welcoming with signage throughout to guide consumers and visitors and communal indoor dining and lounge areas provided a homelike environment. Corridors were equipped with handrails, were free of clutter and inner courtyard gardens had safe paving, shaded areas and outdoor seating. Cleaners were observed to be cleaning the individual rooms and communal areas, and the service environment, furniture, fittings, and equipment were clean, well maintained, and appropriate for the consumer needs.

Management considered that they know consumers and visitors feel welcome at the service through feedback forms, engaging directly with consumers and through general observations. Staff described features of the service environment designed to support functioning of people with a cognitive impairment and were observed assisting consumers to walk outdoors and in the inner courtyards. Staff stated that they have access to shared equipment to meet consumer’s needs when needed and that all equipment, including a consumer’s own equipment, was thoroughly cleaned after use. Staff were familiar with the service’s cleaning schedule and the process to report any broken equipment including tagging equipment, informing management and completing hazard forms. The cleaning schedule indicated individual rooms were cleaned daily.

A planned maintenance schedule for all equipment and services was observed and documentation showed that corrective maintenance actions were monitored and actioned in a timely manner. The service is equipped with hand sanitising stations and other items such as, antibacterial wipes and hand washing liquid, to prevent or manage an outbreak. Call bell points and equipment for mobility were observed to be within reach of consumers and hoists and wheelchairs were clean and in good working order.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as 4 of the 4 specific requirements have been assessed as Compliant.

Consumers considered that they were encouraged and supported to give feedback and make complaints and that appropriate action would be taken. Consumers and representatives felt safe and comfortable to raise complaints and were aware of the various ways to raise concerns or complaints such as using feedback forms, consumer surveys and talking to staff. Consumers advised they had not had the need to raise any complaints recently but said they’d speak directly with staff or management if they had concerns regarding their care or services.

Staff reported there were very few complaints at the service and any complaints, feedback and suggestions would be actioned by senior management such as rostering female staff for a consumer who preferred a female carer, implementing fitness classes and organising shopping trips. Staff described complaint mechanisms, how they assisted consumers to access these and felt comfortable approaching management with any issues or concerns. Staff knew how to access interpreter and advocacy services if needed and described how they engaged with consumers with cognitive impairments or difficulty communicating through use of whiteboards, cue cards and reading the consumer’s body language.

Complaints and feedback were documented in an electronic complaint management system which evidenced continuous review and improvements implemented by senior management. The service had policies related to open disclosure, complaints, and feedback to guide staff in the management of complaints. The feedback register contained compliments, feedback, and complaints from a range of sources including verbal feedback, email correspondence, consumer meetings and reports made by staff on behalf of consumers.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 6 feedback and complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers considered they received quality care and services when they needed them and from people who were knowledgeable, capable and caring. Consumers advised they were treated in a kind, caring and respectful manner. Consumers and representatives said there was always staff available when needed and felt that consumers were well looked after confirming consumers didn’t have to wait long for assistance. Consumers and representatives reported that staff performed their duties effectively, were confident staff are trained appropriately, have access to regularly training and were skilled to meet the consumer’s care needs.

Management outlined strategies to ensure staff were competent, capable, and well trained to provide care and services including a staff performance management system incorporating probationary and annual performance appraisals, feedback from consumers and/or representatives and input from other staff members to assess staff performance. Staff considered they had sufficient time to provide consumers with one on one attention, emotional support and they work as a team to ensure consumer’s needs are addressed if they are short staffed. Management explained the service used agency staff to fill any vacant shifts to reduce impact on consumer care. Additionally, management and a registered nurse is always on call should extra assistance be required. Management described how all staff and volunteers are required to provide evidence of a police clearance, complete onboarding and competency training.

Management monitored call bell response times demonstrating the majority of calls were answered in less than 5 minutes, management were investigating calls that took longer to answer and had planned additional staff education in response. Evidence of core training, such as manual handling, fire evacuation training and infection control practices was undertaken by staff during onboarding, and subsequently annually, was recorded and monitored by management.

Staff interactions with consumers were observed to be kind, caring and respectful, staff appeared relaxed and had time to provide care and services to consumers. Consumers calls for assistance were responded to by staff with minimal delay. The kitchen, communal areas and administration desk were observed to be always staffed.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 7 human resources.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers described being involved in the planning and evaluation of care, services, food and activities through participating in consumer meetings and surveys to provide feedback. Consumers and representatives said the service communicated with them regularly and they were kept informed of any changes that may impact on the delivery of care and services. Consumers and representatives described the quality of care and services delivered as meeting their needs and provided examples of risk management processes in place to support them to do the things they liked to do, such as accessing the community, smoking or walking independently.

Management considered the governing body promoted and was accountable for a culture of safe, inclusive and quality care and services and described how the organisation’s governance structure enabled direct communication from front-line management to the organisational management team, so the Board were constantly aware of the performance of all aspects of the service. The Board satisfied itself the service met the Quality Standards via internal audits conducted by the compliance manager, consumer and staff surveys as well as consumer focus group meetings. The care provided to consumers living with dementia was monitored through care reviews with representatives and families to ensure the consumers ongoing needs were met.

## The organisation had effective organisation wide systems relating to information systems, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. The organisation provided a documented risk management framework; this included policies for high impact or high prevalence risks associated with the care of consumer management, how to identify and respond to the abuse and neglect of consumers, how to support consumers to live their best life, and managing, preventing and reporting incidents.

## The service demonstrated the provision of guidance through a clinical framework for clinical governance; including policies for antimicrobial stewardship, minimising the use of restraints, and an open disclosure policy. The service monitored monthly clinical quality indicators, trends were identified, and action plans implemented appropriately. Audits were conducted by the service using an electronic system to monitor the service’s performance. Staff were knowledgeable about the service’s open disclosure policy and understood their role in relation to anti-microbial stewardship.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 8 organisational governance.

## 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

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.

* Requirement 2(3)(e) - 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.
* Requirement 3(3)(a) - 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) - Effective management of high impact or high prevalence risks associated with the care of each consumer.