Pendle Hill Residential Aged Care Facility

Performance Report

2 Wyena Road
PENDLE HILL NSW 2145
Phone number: 02 9631 1066

**Commission ID:** 2596

**Provider name:** Allity Pty Ltd

**Site Audit date:** 9 May 2022 to 11 May 2022

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

# Performance report prepared by

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

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit conducted from 9 May 2022 to 11 May 2022; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report, received 1 June 2022.
* Other information and intelligence held by the Commission in relation to this service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Quality Standard is assessed as Compliant, as six of the six specific requirements were assessed as Compliant, informed by the evidence from the Assessment Team, such as:

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

Consumers advised they were treated with dignity and respect, supported to maintain their identities and were able to make informed choices about their care and services, which enabled them to live the lives they chose. Staff demonstrated they were familiar with consumers’ backgrounds, and explained how they tailored care and services to meet individual needs. Care planning documentation contained relevant information about consumers’ cultural and spiritual needs and preferences, and support required to provide care and services in a culturally safe manner. Staff explained the service had a diverse representation of cultures and to celebrate this, the service hosted cultural days of significance. For example, the service held cultural activities relating to occasions such as, but not limited to, St Patrick’s Day, NAIDOC week, Diwali and Easter.

Consumers advised they were able to make decisions about their own care and services, decide who should be involved in their care, and how care should be delivered. Staff explained how they supported consumers to make and maintain relationships of choice, for example, through organising volunteer services and facilitating communication with family members.

Staff explained that consumers’ choices and decisions were supported through the care planning process, consumer meetings, case conferences and in the day to day delivery of care and services. Review of consumers’ care planning documentation demonstrated consumers were supported to maintain their independence and make decisions, which aligned with staff and consumers’ feedback.

Staff explained that consumers were supported to undertake activities associated with risk through risk based assessments, consultation with consumers and representatives, and referrals for allied health professionals or medical officers. Care planning documentation demonstrated that risk was considered against consumers’ needs, goals and preferences, with risk mitigation strategies documented, alternatives explored, and identification of supports required to undertake the activity.

Information was provided to consumers and representatives through various methods to enable them to make informed decisions, such as monthly consumer meetings, direct feedback, surveys, newsletters, posters and notices. Staff explained how they supported consumers with communication barriers to understand information, for example, through language interpreting services, non-verbal cues and gestures, and consultation with representatives.

Consumers provided examples of how the service respected their personal privacy, for example, knocking on doors before entering, which aligned with observations at the service. Consumers’ electronic and hard copy personal information was confidentially stored through password-protected access and locked physical access to the nursing stations and storage area. Staff were supported to maintain consumers’ privacy and confidentiality of personal information through the service’s documented policy and procedure.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant, informed by the evidence from the Assessment Team, such as:

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

Consumers and representatives advised they were involved in the ongoing assessment and planning of their care and service delivery needs, which optimised their health and well-being.

Consumers’ care planning documentation demonstrated that assessment and planning processes used evidence-based assessment tools to support consumers. Assessment and planning processes also used information about consumers’ needs, goals and preferences to consider risks to their health and well-being, and impact on the delivery of safe and effective care and services.

Risk mitigation strategies recorded in consumers’ care plans were implemented in practice, such as elevation of a consumer’s legs, a crash mat, chair sensor and walking frame.

Care plans identified and addressed consumers’ current needs, goals and preferences through assessment and consultation with consumers, representatives, allied health professionals, medical officers and other providers of care and services. Consumers provided feedback that their care plans reflected how they wanted their care and services to be delivered.

Staff explained that end of life directives were discussed with consumers and representatives upon admission to the service. However, if consumers and representatives wanted further time to reflect upon end of life directives, the service respected the decision, and a registered nurse would follow up at a later time. Most sampled care plans had end of life preferences recorded.

Consumers and representatives considered they partnered with the service, other organisations, individuals and providers of care in the assessment, planning and review of consumers’ care and services. Review of care plans demonstrated that consumers and other parties were involved in the care planning process through, for example, referrals, case conference minutes, assessments and progress notes.

Consumers and representatives explained they could access copies of their consumer care plans; however, most feedback reflected they were satisfied with information being verbally communicated. Staff explained how changes to consumers’ care plans were discussed with consumers and representatives, recorded in progress notes and during shift handover.

The service explained that consumer plans were reviewed at least every 6 months, when circumstances changed or when consumer health and behaviours changed. Care plans demonstrated that consumers’ care and services were regularly reviewed for effectiveness, and when there was a change to consumers circumstances that impacted needs, goals or preferences.

Staff explained how they reviewed care plans when a consumer’s circumstances changed. For example, in response to fall incident, as applicable, the representative would be notified, a medical officer and physiotherapist would review the consumer, and the registered nurse would complete an updated falls risk assessment tool and pain charting.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team evidence included:

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

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

* Applicable medical information relating to consumer examples, restrictive practice authorisation form, geriatrician notes and review, guardianship documentation, records of staff training and toolbox talks, education calendar and record of training spot checks.

The Assessment Team recommended the service was non-compliant with Requirement 3(3)(a), due to deficiencies identified in the documentation of restrictive practice for 2 consumers subject to chemical restraint. However, having considered the evidence in the site audit report, the further information in the service’s response, risk, and remediation undertaken by the service I decided the service is compliant with Requirement 3(3)(a), as discussed further under ‘Assessment of Standard 3 Requirements.’

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

Staff provided examples of how they applied the service’s policies, procedures and tools in practice, and how the policies, procedures and tools were aligned to best practice guidance. Staff confirmed they had access to evidence-based work instructions, which guided personal and clinical care in a safe and effective manner. Review of care planning documentation demonstrated that personal and clinical care was tailored to individual needs and optimised consumers’ health and well-being, which aligned with site observations and feedback from consumers and representatives.

The service demonstrated that risks for each consumer, such as falls, skin integrity and pain, were effectively managed through evidence-based assessment and planning, incident documentation and referrals to the medical officer and health professionals as required. Staff explained that during shift handover, consumers’ care needs, preferences and associated risks were discussed, such as escalating behaviours of concern, falls risk, skin integrity issues, pain management and changes in dietary needs. Staff demonstrated knowledge of the incident management process, including incident notification, review, referral and monitoring of consumers’ needs, which aligned with the service’s policies.

The Assessment Team reviewed the implementation of end of life directives for one consumer. The Assessment Team found that the consumer’s end of life wishes were upheld by the service, and the provision of care was tailored to their needs and preferences to assist with comfort and dignity. Staff described the way care delivery changed for consumers nearing the end of life, and practical ways they supported consumers comfort, such as through regular body repositioning and encouraging fluids and meals.

Care planning documentation demonstrated that changes to consumers’ mental health, cognitive or physical function were identified and responded to in a timely manner, through assessment and referrals to medical officers, registered nurses and other providers of care as required. Assessments and recommendations regarding clinical and personal care informed the delivery of safe and effective care, in line with consumers’ current needs.

The service demonstrated how it effectively shared information about consumers’ conditions, needs and preferences within and outside the organisation through shift handovers, care plan record management, case conference notes and involvement of consumers, representatives and other health professionals as required.

Staff, including the service’s infection prevention and control lead, described the processes in place to minimise infection related risks through, for example, handwashing, appropriate use of personal protective equipment and other methods. The service had a documented outbreak management plan that supported the service’s preparedness in the event of a COVID-19 outbreak.

Staff described practices to promote appropriate antibiotic prescribing through, for example, obtaining pathology test results to determine if antibiotics were required. Staff also demonstrated knowledge of the risks associated with antimicrobial resistance.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team recommended the service as non-compliant with Requirement 3(3)(a), as 2 consumers were identified from the service’s psychotropic register as being under a form of restrictive practice, chemical restraint, without documented chemical restraint authorisation assessments on file. However, the Assessment Team noted the 2 consumers had behaviour support plans in place, which documented behaviours of concern, and effective non-pharmacological strategies.

During the site audit, the service acknowledged the Assessment Team’s findings, and referred the consumers to the medical officer, who confirmed the medications were classified as chemical restraints.

For one named consumer, the medical officer clarified the medication had been decreased over time, with the aim to cease using the medication. For the second named consumer, the medical officer advised that use of the medication would be reviewed. The Assessment Team observed chemical restraint authorisation assessments, completed during the site audit, for both named consumers.

I acknowledge that the service undertook appropriate action to review the matter with the consumers, representative, substitute decision-maker and medical officer. Further, there was evidence of trialling non-pharmacological strategies, monitoring of the consumers, and recording of the psychotropics and behaviours of concern to support the consumers. I considered restrictive practice requirements for chemical restraint that were not shown to be in place for the 2 consumers before the site audit, such as:

* The practitioner’s decision to use the chemical restraint, the reasons the chemical restraint was necessary, and the information that informed the practitioner’s decision.
* Evidence of informed consent relating to chemical restraint.

I considered the level of risk posed to the 2 consumers, remediation undertaken by the service, and other findings presented by the Assessment Team which demonstrated compliance with restrictive practices. I also considered the service’s written response to the site audit report, which demonstrated it took appropriate actions for the clinical care of the consumers, and that continuous improvement measures were implemented to reduce reoccurrence.

Having considered the available evidence, I decided the service was compliant with Requirement 3(3)(a). Overall, the service demonstrated consumers received safe and effective clinical and personal care that was best practice, tailored to their needs and which optimised their health and well-being.

Evidence and further information provided by the service

In response to the Assessment Team’s findings, the service explained it held additional education sessions on restrictive practices for registered and non-clinical staff, which included topics such as how to identify and assess different forms of restrictive practice. In addition, the service provided evidence of monitoring and evaluation of staff on their understanding of restrictive practices.

The service also updated its restrictive practice minimisation procedure, including the chemical restraint flowchart, to provide further information about roles and staff responsibilities for consumers under restrictive practice.

The service clarified that for the named consumers, it attempted to raise the appropriateness of the consumers’ diagnoses and medication with the consumers’ general practitioner on several occasions prior to the site audit. The evidence showed the general practitioner advised the medication was not a chemical restraint due to a diagnosis of psychosis for both consumers. Following consultation with the consumer’s general practitioner, geriatrician, representative and substitute decision maker the consumers’ medication was updated to cease use of the chemical restraint. The service reported the matters under the Serious Incident Response Scheme.

As a result of the Assessment Team’s findings, the service clarified that in future, if a general practitioner determines a prescribed medication is not a form of restrictive practice, they will be required to provide a documented expert view and medical rationale as to why they believe the medication is not a chemical restraint.

Other findings presented by the Assessment Team

I also considered the balance of evidence presented by the Assessment Team which indicated consumers received safe and effective personal and clinical care that was best practice, tailored to needs and optimised their health and well-being.

*Restrictive practice*

Specific to restrictive practices, the service demonstrated regulatory compliance with other forms of restraint such as environmental and mechanical restraint. I also note there were no issues raised with management of another named consumer under chemical restraint. In other sampled cases, consumers under restrictive practices had relevant assessments, restrictive practice authorisation forms, behaviour support plans and evidence of regular monitoring and review to minimise use of restraint.

*Pain management*

Sampled care plans demonstrated that consumers with chronic pain or changed needs received clinical care that was safe, effective and tailored to needs. For example, care plans identified prior injuries and associated chronic pain, charting, assessment, monitoring of pain, and non-pharmacological interventions such as support pillows and soft tissue massages conducted by the occupational therapist.

*Skin management*

Staff explained strategies in place to maintain consumers’ skin integrity, such as: body repositioning of consumers prone to pressure injuries, moisturising skin, wound care charts and plans, and referrals to external wound care specialists. Review of wound care records confirmed consumers’ wound management was consistently documented, monitored and reviewed by a registered nurse.

The Assessment Team also noted feedback from two representatives regarding preferences for tailored personal care. However, based on the evidence presented, I decided the feedback did not indicate non-compliance.

### 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, informed by the evidence from the Assessment Team, such as:

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

Consumers advised they received safe and effective services and supports from the service, which were important for their health and well-being and enabled them to do the things they wanted to do. Review of sampled care planning documentation demonstrated that safe and effective services and supports for daily living were considered in line with consumer’s needs, preferences and goals.

For example, one consumer was supported by a behaviour support plan for environmental restraint due to identified risks. However, in order to maintain the consumer’s sense of independence, the service conducted risk assessments and explored alternative strategies to meet their needs, such as being supported to collect the service’s mail from the letterbox at the top of the driveway.

Staff demonstrated knowledge of sampled consumers’ needs, preferences and goals and identified what was important to each consumer and what they liked to do. The service’s lifestyle program accommodated and modified activities for individual needs, preferences and varying levels of functional ability. Staff explained that if they identified a change in a consumer’s mood or emotional need, they engaged the consumer in conversation and offered support, and reported the matter to registered staff to provide additional support. Sampled care planning documentation included strategies to assist with consumers’ psychological well-being, such as engaging consumers in one-to-one conversations, supporting them to telephone their families, referrals for counselling when necessary, and support to attend activities of interest.

Staff explained they assisted consumers to maintain relationships of choice, do things of interest and participate in their community within and outside the service through various methods, such as facilitating conversations through technology, community referrals and organising outings. Staff explained that they communicated changes to consumers’ needs though verbal and documented handover processes, and recording information in the service’s electronic records management system.

Review of care plans demonstrated that other individuals, organisations and providers were involved in consumers’ care and services to meet their needs and preferences.

Consumers advised they were satisfied with the quality and quantity of meals provided at the service, the service catered for their dietary needs and preferences and they could provide feedback to staff about the meals. Care plans contained information relevant to dietary needs and preferences, with information shared with hospitality staff. Menus were reviewed by a dietician and changed on a seasonal basis, with a 4 week rotation of offerings.

Equipment used for daily living activities were clean and in good condition, such as mobility aids, board games, art equipment and books. The service’s cleaning and maintenance schedule demonstrated it undertook regular cleaning and servicing of equipment.

## 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 were assessed as Compliant, informed by the evidence from the Assessment Team, such as:

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

Consumers and representatives advised the service environment felt welcoming, safe and comfortable and was easy to understand and navigate. The Assessment Team observed the service environment was welcoming, with sufficient lighting and handrails to optimise consumers’ interaction and functioning within the service environment. Consumers’ rooms were personalised with photographs, decorations and items of importance. The Assessment Team observed a ‘fidget wall’ that provided sensory stimulation for consumers with cognitive impairments.

The service’s cleaning records confirmed it undertook cleaning on a regular basis to ensure the service environment was safe, clean and suitable for consumers, which aligned with site observations. Cleaning staff explained they adjusted the cleaning schedule to the specific needs and requests of consumers. Cleaning staff were observed to follow guidance relating to infection prevention control, for example, cleaning high touch surfaces and having colour coded mops for different areas. Maintenance staff explained the processes in place which ensured the service environment was safe and well-maintained, such as:

* Organising external contractors for scheduled major preventative maintaince tasks.
* Preventative maintenance checks.
* Maintenance requests reported by staff and consumers.
* Monitoring maintenance and feedback forms.
* Daily visual inspection of the service environment.

The courtyard and external pathways were clear of trip hazards, well maintained, and used by consumers with mobility aids without any issues. Consumers had access to indoor and outdoor areas of the service environment, with the exception of consumers subject to environmental restraint.

The service explained it responded to consumer feedback about the service environment to ensure furniture, fittings and equipment were suitable. For example, following consumers’ feedback, the service engaged the services of an interior designer to purchase chairs that were easier for consumers to get out of. The service also explained it had an on-going project to upgrade the service’s outdoor area to enhance consumers’ interaction and function. The service’s maintenance register demonstrated that preventative and regular maintaince was undertaken and resolved in a timely manner.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The Quality Standard is assessed as Compliant, as four of the four specific requirements were assessed as Compliant, informed by the evidence from the Assessment Team, such as:

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

Consumers and representatives advised they felt safe and encouraged to provide feedback and complaints and were engaged in processes to address feedback and complaints. Consumers with culturally and linguistically diverse backgrounds or communication barriers were supported to lodge feedback and complaints through access to language services and assistance from representatives and staff. Staff advised consumers received support from advocacy services and other external bodies such as the Aged Care Quality and Safety Commission (ACQSC), which aligned with observations of feedback forms, posters and brochures throughout the service.

Staff demonstrated knowledge of the principles of open disclosure, including implementing actions to prevent reoccurrence of the incident or complaint. Review of the Serious Incident Response Scheme (SIRS) register confirmed the service took appropriate and timely actions and applied an open disclosure process during incidents. The service explained how it reviewed and used feedback and complaints to improve the quality of care and services under the service’s continuous improvement plan through, for example, undertaking actions to improve the quality of meals.

The Assessment Team noted that no complaint records were entered during a 3 month period. However, the service demonstrated it undertook monitoring and review of complaints and feedback. Given there was no indication of adverse outcomes, based on the balance of evidence, I decided this example did not indicate non-compliance.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant, informed by the evidence from the Assessment Team, such as:

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

Consumers advised they received care and services from a workforce that was knowledgeable, appropriately staffed, capable and caring.

Overall, staff indicated shifts were appropriately rostered with the right mix and number of personnel, and they had enough time to complete their daily tasks to deliver safe and quality care and services. Management explained that if agency staff were required due to unplanned absences, they requested the same staff to ensure continuity of care, and that a registered nurse was always on shift to provide guidance and monitoring.

Staff interacted with consumers in a kind, caring and respectful manner. Consumers and representatives confirmed that consumers were treated in a kind manner, and staff respected their identities, cultures and diversity.

The service’s recruitment process ensured staff had the required qualifications, training and credentials to effectively perform their roles. Management explained all staff undergo an induction and onboarding process, including a buddying system with experienced staff that was overseen by registered staff. Management explained if staff made a mistake, they talked with the staff member to understand how the incident happened, discussed training and education requirements, and discussed trends at the monthly management and quality improvement meetings.

The service demonstrated that it recruited staff who were trained and equipped to deliver outcomes required by the Quality Standards. For example, records demonstrated that staff undertook mandatory training on topics such as, but not limited to:

* Serious Incident Response Scheme and reporting requirements, open disclosure, bullying and harassment, minimising restrictive practice, behaviour support plans, falls management, handwashing, donning and doffing, infection control and prevention, cultural safety and diversity, clinical care and fire safety.

Staff also explained that the service conducted additional training to meet the specific needs of consumers, such as peritoneal dialysis.

Management advised staff appraisals were conducted every 12 months to discuss the staff member’s position, goals and training needs. If minor performance issues were identified, clinical management provided support and guidance to staff. Review of performance appraisals showed staff performance was evaluated and personal development goals were discussed.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team evidence included:

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

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

* Applicable medical information relating to consumer examples, restrictive practice authorisation form, geriatrician notes and review, guardianship documentation, records of staff training and toolbox talks, education calendar and record of training spot checks.

The Assessment Team recommended the service was non-compliant with Requirement 8(3)(e), due to 2 examples relating to chemical restraint as discussed in full under Requirement 3(3)(a). However, having considered the evidence in the site audit report and the service’s response, risk, and remediation undertaken by the service I decided the service was compliant with Requirement 8(3)(e), as detailed under ‘Assessment of Standard 8 Requirements’.

Overall, sampled consumers and representatives reported that the service was well run, and their input was used to improve care and service delivery. Management explained consumers and representatives were engaged in the development, delivery and evaluation of services through various avenues such as monthly consumer meetings, feedback and complaints processes, surveys and case conferences. Review of meeting minutes, feedback and complaints information, and the service’s continuous improvement plan validated feedback provided from consumers, representatives and staff.

The service’s governing body promoted a culture of safe, inclusive and quality care and services through various mechanisms, such as:

* Monthly consumer meetings, in which various topics relating to consumer care and services under Quality Standards were discussed.
* Quality assurance audits: operational subcommittees worked with the service on a monthly basis to analyse data for continuous improvement opportunities relating to: medication incidents, antimicrobial stewardship, psychotic medication and other clinical indicators.
	+ The data, in conjunction with consumer satisfaction surveys, was provided to the board for discussion of trends and opportunities for improvement.
* Regional management would regularly visit the service environment, and spend the day speaking to consumers and walking around the service to identify areas of improvement.

Review of the service’s governance documentation, policies, staff, consumer and representative interviews demonstrated the service had effective, organisation-wide systems relating to: information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

The service demonstrated its risk management systems accounted for the management of high impact risks associated with care, identified and responded to abuse and neglect, supported consumers to live their best lives, and managed and prevented incidents. Management and staff explained what they would do if they witnessed an incident, the reporting mechanisms for the Serious Incident Response Scheme, and steps for remediation.

The service demonstrated it had a clinical governance framework that included antimicrobial stewardship, open disclosure practices and minimising the use of restraint.

## 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.*

The Assessment Team recommended the service was non-compliant with Requirement 8(3)(e) on the basis of the findings discussed under Requirement 3(3)(a), which related to 2 restrictive practice examples. The Assessment Team considered the restrictive practice examples were indicative of a shortfall in how the service applied the clinical governance framework in practice. I considered the Assessment Team’s findings and the service’s response, and based on the balance of evidence, decided the service was compliant with Requirement 8(3)(e).

Overall, the service demonstrated it had a documented clinical governance framework that included antimicrobial stewardship, open disclosure practices and minimising the use of restraint, that was applied in practice by the service’s workforce. Observations, review of care planning documentation, and consumer, representative and staff interviews indicated the service’s clinical governance framework informed the delivery of safe and effective clinical care at the service.

I also considered other findings presented by the Assessment Team which demonstrated compliance with Requirement 8(3)(e), such as:

* Staff could explain what the service’s policies meant to them in relation to antimicrobial stewardship, the minimisation of restraint, and open disclosure and how it applied to their role.
* Staff demonstrated knowledge of antimicrobial resistance, and described strategies to minimise the use of antibiotics in line with the service’s policy.
* The service’s antimicrobial stewardship policy guided medical officers and staff to reduce antibiotic prescription where possible.
* The service reviewed clinical data relating to infections on a monthly basis at multi-disciplinary meetings that evaluated the quantity of antibiotics administered at the service and discussed outcomes with general practitioners.
* Staff demonstrated an understanding of best practice infection control practices relevant to their duties.
* Staff explained how they supported consumers with behavioural considerations and provided examples of best practice behaviour management.
* Staff demonstrated an understanding of the principles of open disclosure and how to apply them in practice.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.