St Patrick’s Green

Performance Report

40 Chapel St   
Kogarah NSW 2217  
Phone number: 02 9097 9100

**Commission ID:** 1063

**Provider name:** Greengate Care Pty Ltd

**Site Audit date:** 26 April 2022 to 29 April 2022

**Date of Performance Report:** 14 June 2022

# Performance report prepared by

Alice Redden delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 1 June 2022.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Quality Standard is assessed as Non-compliant as one of the six specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(a) in this Standard as not met. Based on the Assessment Team’s report and the Approved Provider’s response, I find Requirement (3)(a) in this Standard to be Non-compliant. I have provided reasons for my finding in the Requirement below.

The service demonstrated they provide care and services that are culturally- informed and safe. Most staff were familiar with consumers’ cultural backgrounds and were able to describe how those backgrounds influence the care they provide. Cultural days from a range of countries are celebrated at the service and the Assessment Team’s observations indicated the service seeks out and captures information about religious, spiritual, cultural and language needs. The service has policies and procedures that guide staff how to provide culturally safe care.

Consumers and representatives considered consumers’ individual choices and needs are recognised by staff and their individual cultures are respected. However, one consumer reported an occasion when staff did not treat them with respect, impacting their dignity and another staff was observed not treating a consumer with dignity during meal time.

The service supports consumers to make informed choices about their care and services, and provides accessible information about daily activities, meals, meetings, visiting staff and events happening in the service. Consumers are supported to make daily living and lifestyle choices and are supported in their decision-making through assessments of clinical and non-clinical needs.

The service demonstrated they support consumers to decide how their care is delivered, who is involved in their care and to express their decisions about their care.

Consumers described how they are supported to maintain their relationships and supported to choose how they spend their days and the activities they participate in. Staff interviews, and other observations made by the Assessment Team, indicated that consumers’ independent choices and preferences are recorded and catered for by the service and that consumers are supported to maintain relationships of choice with people outside of the service.

Consumers and representatives confirmed consumer privacy and personal information is protected. Staff demonstrated practical ways they respect consumer privacy and dignity in their provision of personal care and services. The organisation’s policies emphasise privacy and confidentiality.

## Assessment of Standard 1 Requirements

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

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

The Assessment Team recommended this requirement was Not Met related to two instances where they considered consumer dignity was compromised. Examples included:

* One consumer requiring two staff to assist was told staff were not available when they requested assistance to the toilet overnight, and staff told them to use the incontinence aid. Management were unaware this had occurred and when reported to them immediately followed up with the consumer.
* One consumer was observed to refuse staff assistance during meal time, the staff continued to attempt to assist the consumer a number of times, who continued to close their mouth, before leaving the consumer. The Assessment Team reported the observation to management who immediately followed up with staff and completed an incident report to ensure appropriate follow up action occurred.

The Approved Provider’s response did not directly address, the above examples. However, the response indicates the Site Audit report has been used to identify areas for improvement in staff practice and shows a commitment to continuous improvement where deficits were identified and not actioned immediately. I acknowledge the Service undertook appropriate and immediate actions including consulting with the consumers and following up with the staff involved following the examples above being reported to them by the Assessment Team.

I have also considered evidence in Standard 7 Requirement (3)(a) which I find relevant to this Requirement in coming to my decision. Consumer feedback and staff interviewed confirmed staff do not have enough time to provide care and support to consumers which is dignified or respectful or values each consumer’s unique identity. Consumers are provided washes instead of showers, have to wait for assistance and are not provided the support from staff in line with their individual preferences and needs, including emotional and social supports. This impacts the dignity of the consumer and does not demonstrate the Service values each consumer’s identity and diversity.

The Service has processes to support consumers dignity and respect and value each consumers identity, culture and diversity. However, the two examples provided show two consumers were not treated with dignity and respect by staff and the staff actions demonstrated the individual consumer’s identity and diversity was not valued. One consumer was felt disrespected when told to use the incontinence aid and one consumer was observed to have their dignity impacted by staff who continued to try and assist them with a meal when they clearly refused. While management are committed to ensuring each consumer is treated with dignity and respect, the actions of staff, including as a result of being rushed or not enough staff, is impacting on consumers and resulting in consumers not being treated with dignity or respect and staff interactions not demonstrating they value each consumer’s identity and diverse needs.

Based on the evidence summarised above, I find the Service Non-compliant with this Requirement.

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

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

Documentation review demonstrated that specific risks related to consumer health and well-being are considered in assessment and planning processes. Routine and targeted assessments are used at the service to determine consumer needs, preferences and risks and are completed by registered staff, in consultation with consumers and their representatives, medical officers and allied health professionals. The Assessment Team identified minor inconsistencies in the documentation of risk assessments for specific consumers.

Consumers and representatives said consumers’ care and services are generally known and planned around what is preferred. Care plans reflect consumers’ current goals, needs and preferences. Consumers have advance care directives completed where appropriate. Staff could explain what is important to consumers in terms of how their care is delivered.

The service demonstrated assessment and planning includes consumers, others the consumer wishes to involve in the process and external service providers as required. Consumers and their representatives were satisfied with assessment and planning processes at the service and confirmed they feel involved in in an ongoing partnership with the service in relation to planning and assessment.

Care plans demonstrated consultation with consumers and their representatives, and showed care plans are reviewed regularly, as well as when there are changes in a consumer’s condition or when incidents occur.

## 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.*

The Assessment Team recommended this Requirement was Not Met in relation to consumers documentation not consistently reflecting communication and care planning consultation had occurred with consumers or their representatives.

The Approved Provider’s response acknowledges the deficits in documentation and has included documenting and recording the consultation and communication which occurs in relation to assessment and planning with consumers in the plan for continuous improvement. Improvements also include education for consumers and their representatives in relation to care planning and review process and providing all consumers and their representatives with a copy of the care plan.

The Service has a process for reviewing and communicating consumers assessed needs and strategies for managing. Consumers and their representatives interviewed confirmed the Service communicates with them regularly in relation to the consumer’s care needs and any changes or incidents impacting the consumers. There is evidence to show consumers care plans and assessments are readily available to the staff where care and services are provided. I place weight on the consumer and representative feedback that shows they are satisfied with the communication from the Service in relation to the consumers assessed needs. Care plans are accessible where care is provided, and the Service has committed to providing a copy of the care plans to consumers and their representatives. The deficits identified are in relation to staff not documenting the communication and are not sufficient to demonstrate the Service is not meeting this Requirement.

Based on the summarised evidence above, I find the Service Compliant with this Requirement.

### 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 NON-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 Non-compliant as one of the seven specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(a), (3)(b) and (3)(e) in this Standard as Not Met. Based the Assessment Team’s report and the Approved Provider’s response, I find Requirement (3)(a) in this Standard to be Non-compliant. I have provided reasons for my findings in the relevant Requirements below.

The service has procedures and guidelines to guide best practice in relation to personal care and clinical care and individual consumers needs are identified and assessed. However, consumer records and feedback show consumers personal care and clinical care, is not always in line with best practice or consumers assessed needs.

The service was able to demonstrate consumers who are nearing the end of life (EOL) have their dignity preserved and care is provided in accordance with their needs and preferences. Registered staff described care delivery changes for consumers who were commenced on end-of-life-care. Registered staff and a consumer representative described the involvement of a palliative care team and specialist gerontological support to meet a consumer’s needs and goals.

Changes in consumer’s care needs are recognised and responded in timely manner. Representatives are satisfied with the delivery of care including the recognition of deterioration or changes in consumer’s condition. Care staff described their responsibility to report any changes or deterioration in a consumer’s condition to the clinical case coordinators who then liaise with the registered nurse.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Examples include a dietitian, a wound consultant, a regional health service specialist clinic and a speech pathologist.

#### The service has an infection control policy which includes antimicrobial stewardship. Clinical staff demonstrated knowledge and understanding of standard and transmission-based precautions to minimise the spread of infection. The service has an infection prevention and control lead, staff are provided with training and personal protective equipment and demonstrated appropriate procedures to reduce cross-infection. Antimicrobial use is discussed at relevant meetings and staff described strategies to minimise the use of antibiotics.

### 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 Assessment Team recommended this Requirement was Not Met based on consumers not always receiving best practice care in relation to clinical needs including; weight loss, diabetic management, fluid restrictions, catheter management and oxygen management. Examples included:

* One consumer with weight loss did not have evidence of appropriate actions, monitoring or management in line with specialist’s directives on multiple occasions over a number of months.
* One consumer did not have evidence blood glucose monitoring and oxygen saturation levels were being recorded and monitored as required in line with their assessed needs.
* One consumer with risks associated with fluid overload did not have fluid intake or weight monitored or recorded in line with their directives and assessed needs.
* One consumer requiring weekly changes of their urinary catheter bag did not have any bag changes recorded and staff were unable to confirm the changing of the catheter bag.
* One consumer did not have recommendation of testing followed up when signs of confusion were occurring.
* Three consumer’s skin and wound care documentation records were not consistently updated or completed to reflect wound care needs.
* Three consumers pain was not monitored or assessed appropriately in line with directives or when pain occurred.

I also have considered evidence from Standard 3 Requirements (3)(b) and (3)(e) and Standard 7 Requirement (3)(a) which I find relevant to this Requirement, including:

* Three consumers with fluid restrictions associated with health conditions did not have the fluid restrictions and/or weight monitored in line with best practice.
* Three consumers or their representatives report consumers are not receiving adequate assistance with personal care such as showering, toileting, hygiene and mobility due to not enough staff.

The Approved Provider’s response acknowledges the deficits identified by the Assessment Team and provided evidence of a comprehensive review of all named consumers and a plan for continuous improvement to address the deficits in the management of consumers clinical care. The response confirms clinical monitoring records are not completed as expected in relation to weight, fluid intake, diabetes, pain, wound care and catheter care. Improvements planned to address the deficits include staff training and ongoing monitoring.

The Service has processes and guidelines to support the management of consumers personal care and clinical care in line with best practice and in line with consumers needs. However, the Service is not consistently monitoring, recording, assessing and managing consumers clinical care needs in line with best practice or in line with doctor and specialist directives. The Service is not utilising pain charts, wound charts, fluid charts, food intake charts and weight charts to monitor and identify changes in consumers needs to ensure consumers clinical care needs are managed effectively. Consumers report not always being provided personal care in line with their needs or to promote their wellbeing. The Service had not identified the deficits in clinical records or staff practice not aligning with best practice. I acknowledge the Service has undertaken actions to review, update and address the deficits for consumers identified in the Assessment Team report and are committed to providing staff training and monitoring to ensure the deficits are addressed. However, at the time of the Site Audit the Service was not ensuring each consumer was receiving personal care and clinical care in line with best practice, in line with consumers’ needs or to optimise the health and wellbeing of consumers. The deficits were across multiple consumers with multiple deficits in clinical records and monitoring identified which demonstrates a significant systemic failure in relation to this Requirement.

Based on the summarised evidence above, I find the Service Non-compliant with this Requirement.

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

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

The Assessment Team recommended this Requirement not met as three consumers with risks associated with fluid restrictions and/or weight gain did not have fluid intake appropriately monitored and clinical records were not accurate or complete. However, other risks associated with the care of consumers were effectively managed including in relation to incidents.

The Approved Provider’s response has acknowledged the deficits identified and have taken actions to address the deficits including reviewing and updating the identified consumers assessments, care plans and monitoring processes.

The Service has a system to identify and manage high impact and high prevalence risks associated with consumers care including recording and management of clinical incidents. While deficits were identified in the recording and monitoring of those with risks associated with fluid restrictions, there was no evidence to show the consumers were impacted or the risks not managed. The evidence has been considered in Standard 3 Requirement (3)(a) where I find it is more relevant as records and monitoring of fluid intake have not been completed in line with best practice.

Based on the summarised evidence above, I find the Service Compliant with 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.*

The Assessment Team recommended this Requirement not met as documented handover information and tools were not consistently accurate to ensure information about the consumers needs were communicated to those providing care.

The Approved Provider’s response has acknowledged the deficits in some of the consumers information recorded on the written handover tool. The Service has reviewed and implemented actions to address the deficits.

The Service has multiple processes to document and communicate information about the consumer’s condition including through written and verbal handovers, review of progress notes, referral systems within and outside the organisation. While there were inconsistencies identified in the written handover information for some consumers, other processes for communicating consumer information were demonstrated to be effective. While some deficits were noted in staff recording and documenting clinical care in line with directives from doctors or specialists, I am satisfied the directives were recorded, documented and communicated and the issue is in relation to staff practice which has been addressed more relevantly in Standard 3 Requirement (3)(a).

Based on the summarised evidence above, I find the Service Compliant with this Requirement.

### 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 NON-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 Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(c) and (3)(f) in this Standard as Not Met. Based the Assessment Team’s report and the Approved Provider’s response, I find Requirement (3)(c) and (3)(f) in this Standard to be Non-compliant. I have provided reasons for my findings in the relevant Requirements below.

Consumers are supported by staff to maintain relationships and connections with those who are important to them and do things of interest. Lifestyle staff and other staff know the consumers, and care plans reflect consumers' current goals and preferences to optimise their independence, quality of life and maximise their health and wellbeing.

Consumers and representatives stated that the service does not provide adequate activities to support consumers' quality of life and daily living. Staff and lifestyle staff stated that due to staff shortages, staff are unable to spend quality time with consumers to support their needs, goals and preferences.

Consumers and representatives were dissatisfied with the variety and quality of meals. The service was unable to demonstrate how consumer meal choices and preferences are considered to ensure suitable quality meals are provided to consumers.

The equipment provided is safe, suitable and well maintained. Staff have access to appropriate equipment when needed and describe how they report equipment faults. The maintenance staff described the process for cleaning and servicing equipment, including emergency maintenance.

## 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) Non-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.*

The Assessment Team found this Requirement not met as consumers and their representatives were not all satisfied consumers were provided support and access to engage in activities of interest to them. Evidence included:

* Two consumers stated there is not enough to do within the Service and they don’t have any activities to engage in.
* One consumer doesn’t attend activities because they don’t speak English and this has resulted in them being lonely.
* One consumer does not attend activities because they are in a wheelchair.
* One consumer’s representative stated the consumer doesn’t receive staff assistance to use and answer the phone when they ring each evening.
* One consumer no longer engages in her preferred activities of sewing, crafts and walking.
* Two consumers did not participate in activities because there wasn’t much going on and nothing of interest to them, so they remain in their room watching television.
* One consumer suggested there could be more activities.
* Staff confirmed due to lifestyle staff shifts not being filled, activities were cancelled.
* There are no planned activities on the activity calendar specific to consumers who are living with dementia or who are non-ambulant and can’t attend activities without assistance.
* Non-ambulant consumers activity attendance was reviewed for three consumers which demonstrated minimal attendance and engagement in activities had occurred in the last month, including no activities or engagement for one consumer.
* Management acknowledged the deficits and implemented plans to address the deficits including consumer surveys, review of activity calendar and review of resources and activity items.

The Approved Provider’s response confirmed the Service is committed to addressing the deficits identified and has implemented continuous improvement actions including a consumer survey, review of activity calendar including for consumers with dementia, review and access to more activity resources and games, regular lifestyle program review meetings and review of one to one activity and supports.

The Service has committed to improving their supports and services for consumers to ensure all consumers have access and are engaged in activities of interest to them and social activities within the Service. However, there is no evidence to show these improvements have been implemented or actioned. At the time of the Site Audit the Service did not demonstrate each consumer was provided services and supports to engage and participate in activities of interest to them including social activities, individual activities, supports to maintain relationships and activities within the service to encourage and support those living with dementia or mobility issues. Consumers were not satisfied they were engaged or supported, and documentation confirmed the Service is not ensuring each consumer is supported to attend and participate. Consumer feedback confirmed consumers remain in their rooms and are at risk of loneliness due to lack of social engagement and supported activities.

Based on the summarised evidence above, I find the Service Non-compliant with this Requirement.

### 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) Non-compliant

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

The Assessment Team recommended this Requirement not met as meals were not of suitable quality and improvements in meals had not occurred. Evidence included:

* Majority of consumers were not satisfied with the quality, variety or temperature of the food. Comments included; food was cold, meat stringy, food has no taste, food is horrible
* Consumer dietary documentation is not consistent with consumers preferences.
* Staff and consumers confirmed consumer feedback and consultation in relation to meals has not occurred and a review of the menu has been delayed.
* Observations show staff assistant at meal times is not consistent with consumers enjoying meal time. Staff were observed doing other tasks in between assisting consumers with meals. Staff were observed to not provide meal choices in line with consumer preferences.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team and provided a plan for continuous improvement with appropriate actions to address the deficits. Actions included;

I acknowledge the Service is committed to improving the quality of meals and quality of support from staff during meal service. However, at the time of the Site Audit consumer feedback was overwhelming negative in relation to the quality, variety and taste of the food. The Service was aware of consumer dissatisfaction with food however, had not taken steps to address it and had not provided ongoing opportunity for consumer feedback and the planned review of the menu had been delayed and not occurred. Observations confirmed meal service did not support an enjoyable meal experience for consumers and not all consumers were provided their preferences and assistance with meals was not always appropriate. Minor deficits in consumer’s documented dietary preferences were addressed. The Service has not ensured consumers are provided quality meals or meal service and consumer feedback has not resulted in improvement in meals.

Based on the summarised evidence above I find the Service Non-compliant with this Requirement.

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers and representatives interviewed were satisfied with the service environment, indicating the service is welcoming and supports their independence and sense of well-being. Consumers confirmed living areas are cleaned regularly, and maintenance to equipment and furnishings occurs promptly. Consumers said the service is clean, comfortable and well maintained.

The Assessment Team observed the service to be safe, clean and comfortable with functioning equipment, furnishings and fixtures. Maintenance issues are actioned in a timely manner. The service is welcoming, and consumers can move around freely indoors and access outdoor areas to secure gardens. Rooms are mainly single occupancy except for those designed to support sharing.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

All sampled consumers considered that they are encouraged and supported to give feedback and make complaints and are confident their feedback will be actioned.

Management demonstrated how complaints are encouraged and consumers supported to provide feedback. Consumer feedback is used to inform continuous improvement. Staff could describe how they support consumers with communication or cognitive issues to make complaints.

The service has a system to monitor and review complaints and evaluate consumer satisfaction with outcomes. The service has a clear policy on open disclosure and all staff could describe how open disclosure relates to the care they provide and to learning and improvement.

## 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 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(a) in this Standard as Not Met. Based the Assessment Team’s report and the Approved Provider’s response, I find Requirement (3)(a) in this Standard to be Non-compliant. I have provided reasons for my findings in the relevant Requirements below.

Consumers and their representatives interviewed confirmed consumers receive quality care and services from staff who are kind and caring and skilled in their roles. However, some consumers and their representatives interviewed were not satisfied there are adequate numbers of staff to provide care to consumers when they need it.

The service has a process to monitor staff performance and when concerns are identified management implement appropriate performance management and actions. The service has a planned approach to rostering and allocating staff, however vacant shifts including lifestyle staff shifts are not always filled. Staff performance reviews occur regularly, and annual training is monitored for effectiveness and the service uses feedback, incidents and staff surveys to identify additional staff training required. Staff are recruited based on their skills and qualifications and professional registrations and police certificates are recorded and monitored.

Staff interviewed confirmed regular and additional training provided to them and they participate in regular performance reviews and staff surveys. However, some staff interviewed confirmed staff do not always have time to support consumers and lifestyle shifts are not always filled.

## Assessment of Standard 7 Requirements

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

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

The Assessment Team recommended this Requirement not met as consumers and their representatives were not all satisfied there were enough staff to provide quality care and services and staff interviewed and vacant shifts confirmed insufficient staffing. Evidence included:

* Majority of consumers and their representatives interviewed were not satisfied there were sufficient staff, and this impacted on the quality of care and services. Examples included; showers and hygiene not provided adequately, toileting and assistance not provided in a timely manner and lifestyle support and activities not provided.
* Staff interviewed confirmed there is insufficient staff due to shifts not being filled and lifestyle staff being required to do care work. Examples of how this impacted consumer care included; consumers not washed or showered, consumers not transferred from bed or chair and not transported from their rooms, consumers not monitored or supervised, call bells not attended to, longer waits for toileting, no one to one activities and activities not provided for those with dementia and not enough support at meal times.
* Kitchen staff also confirmed difficulties filling shifts and staff working extended hours and not having time to listen or act on consumer feedback in relation to meals.
* Rosters showed significant vacant shifts for nursing, care and lifestyle staff in the four weeks prior to the site audit and some vacant shifts in the kitchen staff.
* Complaints information confirmed ongoing complaints about care and services in relation to insufficient staff.
* Call bell response times indicate staff do not respond within the expected time frame and monitoring of responses has not been effective.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team and submitted a plan for continuous improvement to action and address the issues. Action include; review of rosters and staffing levels, review and monitoring of call bell response times and review of staff break times.

The Service has planned rostering systems in place and processes to fill vacant shifts including agency staff, casual staff and extending shifts. The Service has monitoring systems to identify issues in sufficiency of staff including call bell response monitoring, consumers feedback and complaints mechanisms and observations of staff practice. However, the systems to ensure sufficient staffing are provided at the Service and monitored to ensure actions are taken when deficits occur are not effective. Monitoring systems of complaints, reviews of rosters and monitoring call bells all indicate staffing was not sufficient to ensure safe and quality delivery of care and services. The Service had not taken appropriate action to ensure there were sufficient staff at all times and consumers and staff interviewed provided examples of the impact to consumers personal care, clinical care, meal service and lifestyle supports. Consumers were not being provided personal care in line with their needs and preferences, were not being provided supports with meals, transfers and mobility or lifestyle and social supports. The insufficient staffing was resulting in consumers being incontinent, being odorous, feeling lonely and staffing being rushed resulting in care and interactions that were undignified and disrespectful.

Based on the summarised evidence above, I find the Service Non-compliant in this Requirement.

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team recommended Requirement (3)(d) in this Standard as Not Met. Based the Assessment Team’s report and the Approved Provider’s response, I find Requirement (3)(d) in this Standard to be Compliant. I have provided reasons for my findings in the relevant Requirements below.

Consumers and their representatives interviewed confirmed consumers are engaged by the service to provide feedback, suggestions and have input into the development of care and services and improvements at the service.

The service is supported by the governing body and Board which oversees policies and procedures to direct care and service delivery including the promotion of safe, inclusive and quality care and services. Governance systems are in place to ensure effective information management, feedback and complaints systems, continuous improvement processes, financial governance and the service understands and meets its regulatory requirements. The service completes regular reports to the governing body and Board and has regular meetings to ensure systems are monitored for effectiveness.

The service has a risk management system which directs staff in the identification and management of risks associated with care of consumers and how to identify and respond to elder abuse. Incidents are recorded including outcomes of investigations and actions taken and reported and discussed regularly to identify trends. The service has a clinical governance framework and current guidelines are in place to minimise the use of restraint, ensure antimicrobial stewardship and direct the use of open disclosure. Clinical incidents and trends are analysed and discussed at clinical meetings including areas for improvement and action.

## 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.*

The Assessment Team found the Service not met in this Requirement as the Service was not effectively managing risks associated with consumers with fluid restrictions. However, provided evidence the Service does have a risk management framework including procedures to manage risks, identify and respond to abuse, report and manage incidents and support consumers to live their best life.

The Approved Provider’s response did not directly respond to this Requirement. However, the response did acknowledge the deficits in records and monitoring of consumers with fluid restrictions and took actions and made a commitment to address the deficits.

The Service does have an effective risk management system and staff practice aligns with expectations in relation to identifying risk, reporting and managing incidents and being aware of how to respond to abuse and neglect of consumers. The deficits identified in managing risks in relation to consumers fluid restrictions have been more relevantly addressed in Standard 3 Personal care and clinical care. The deficits do not indicate the risk management system is not effective and I have placed weight on the evidence demonstrating a risk management system is in place and is effective at identifying risk and appropriately managing incidents.

Based on the summarised evidence above, I find the Service Compliant in this Requirement.

### 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.

* Standard 1 Requirement (3)(a): Ensure each consumer is treated with dignity and respect and their and their identity, culture and diversity valued including ensuring staff have sufficient time to provide care in a respectful and dignified manner in line with each consumer’s needs.
* Standard 3 Requirement (3)(a): Ensure each consumer’s clinical care need including in relation to pain, weight, wounds, fluid restriction, diabetes and catheter care is monitored and recorded in line with best practice. Ensure monitoring records are used to inform best practice delivery and management of consumers clinical care needs. Ensure consumers receive personal care in line with their needs and preferences.
* Standard 4 Requirement (3)(c): Ensure each consumer, including those with dementia and mobility impairment, are supported to engage in activities of interest to them and provided supports to socially engage within the Service.
* Standard 4 Requirement (3)(f): Ensure meals provided are in line with consumer preferences and are of a suitable quality including temperature and variety. Ensure meal service is supportive of consumers choice and needs. Ensure consumer feedback is used to improve meal quality.
* Standard 7 Requirement (3)(a): Ensure there are sufficient staff to provide quality care and services, including care, nursing, lifestyle and kitchen staff, in line with these Standards. Ensure monitoring mechanisms are used to review and develop the roster based on consumer needs.