Strathearn Village Low Care Facility

Performance Report

2-4 Stafford Street   
SCONE NSW 2337  
Phone number: 02 6545 1255

**Commission ID:** 0429

**Provider name:** HammondCare

**Site Audit date:** 5 April 2022 to 12 April 2022

**Date of Performance Report:** 15 June 2022

# Performance report prepared by

Gill Jones, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-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** | **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** | **Non-compliant** |
| Requirement 8(3)(a) | Non-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 19 May 2022.
* other information and intelligence held by the Commission in relation to the 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

Consumers and their representatives stated that consumers are treated with dignity and respect, with their identity, culture and diversity valued. Staff spoke about consumers respectfully and were observed throughout the site audit interacting with consumers respectfully.

The service provides culturally safe care and services. Information about consumers’ life history including their cultural and spiritual needs is captured as part of the ‘key to me’ assessment and care planning documentation. Consumers and representatives interviewed did not raise any concerns about the service meeting the consumers’ cultural needs. Staff are aware of and deliver care and services in ways that consider consumers’ preferences and needs in relation to their cultural needs.

Consumers are supported to exercise choice and independence, including through maintaining relationships of their choice. Staff described they know consumers’ preferences because they ask consumers, speak to their representatives, and attend handover meetings.

Consumers are supported to take risks to enable them to live the best life they can. Risk assessments for consumers are completed for outings. Where appropriate, measures to mitigate the risk associated with lifestyle activities that consumers wish to pursue are supported by the service.

Consumers and representatives said they are satisfied with the information they receive, which enables them to exercise choice. Consumers said staff maintain their privacy when providing care. Staff were observed knocking and seeking consent prior to entering a consumer’s room. The service has processes to ensure consumers’ personal information is kept confidential.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-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

Consumers’ assessments and care plans include information about risks associated with their care and related management strategies for staff to follow. Consumers’ risk assessments and care plans show regular review occurs to ensure the delivery of safe and effective care and services for consumers. Staff described how assessment and planning process informs the delivery of care.

Care plans identify and address consumers’ needs, goals and preferences, including for advance care and end of life care. The organisation has policies and procedures, staff training and resources to support consumers’ advanced care planning. Review of consumers’ records show advanced care plans are completed and reviewed as required.

Consumers’ care and services are regularly reviewed for effectiveness, including when a consumer’s condition changes or incidents occur. Consumers and their representatives said they are informed regularly of any changes.

The service was able to demonstrate other organisations and providers of care are involved in the care of consumers. However, the service was unable to demonstrate that consumers or their representatives have had engagement in the assessment and care planning process to ensure they are receiving the care and services they wish to have. There was minimal evidence in consumer care plans to indicate there has been a collaborative approach in the completion of assessments and the development of care plans with consumers or their representatives.

While consumers and representatives said while they have had verbal communication in relation to changes in consumer’s care, they have never been offered a copy of the consumers’ care plan and were not aware they could obtain a copy.

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

## 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) Non-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.*

The Assessment Team found documentation and consumer feedback reflected consumers and their representatives have not been engaged in a collaborative way, based on an ongoing partnership approach, in the assessment and care planning process. While other organisations and providers were involved in the care of consumers, some consumers and/or their representatives not been involved in regular care planning discussions in relation to their care.

The Approved Provider responded on 19 May 2022 and refuted the Assessment Team’s findings. The Approved Provider stated that the information pertaining to two of the three consumers the Assessment Team had reported had not had been involved in an assessment and care planning discussion was inaccurate. The Approved Provider stated one of these consumers was new to the service having been there less than 7 weeks and therefore was not due a case review. The Approved Provider stated the other consumer had been involved in a case review discussion in January 2022 and provided documentation to support this claim. The Approved Provider acknowledged, however, that the third consumer, who entered the service in August 2021, had not been offered a case review until this was brought to their attention by the Assessment Team on 11 April 2022.

The Assessment Team found that Registered Nurses informed the consumer and their representative about what is in their care plan but the focus was not on engaging the representative or consumer in discussion in an ongoing partnership approach to ensure the care plan reflected their individual wishes or preferences. The Assessment Team found documentation, including case management reports, demonstrated the focus on informing rather than a discussion based on a partnership approach.

The Approved Provider’s response to the Assessment Team’s report contained excerpts from the Team’s report which demonstrated the involvement of the consumer’s representative, mostly around being notified of changes in care or medication. The failure to notify a consumer’s representative of changes in the consumer’s condition is not in dispute. This requirement is about ongoing partnership with the consumer and others they wish to involve in the assessment, planning and review of their care.

I have considered the Assessment Team’s report and the Approved Providers response. I note that the consumer who had entered the service some seven weeks previously when interviewed by the Assessment team stated that she had been asked questions initially on entry but was not aware or involved in her care planning process. I have considered that the Approved Provider’s response that as this consumer having been there less than 7 weeks was not due a case review. I am of the view that, irrespective of how long the consumer has been living in the service, they should be involved in ongoing discussions during the assessment and care planning period in relation to their care. I note another consumer who had been living in the service for a period of approximately 8 months has not been offered a case review during that time.

Lastly, I have reviewed the case review documentation submitted by the Approved Provider in their response in relation to a case review held for one of the consumer’s brought forward in the Assessment team’s report. This documentation does not demonstrate engagement and ongoing partnership with the consumer’s representative in the assessment, planning and review of the consumer’s care. The consumer’s representative raised issues of concern to them and there is no evidence in the documentation provided that the service is working with them in an ongoing partnership approach to resolve these.

I do not consider that the evidence presented demonstrates assessment and planning 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.

The Approved Provider submitted an action plan showing changes planned to ensure case reviews are up to date and consumers feel engaged as partners in the assessment and care planning process. As these actions require time to demonstrate suitability and effectiveness, I consider at the time of the site audit, the service did not demonstrate assessment and planning 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.

Therefore, I find this Requirement is Non-compliant.

### Requirement 2(3)(d) Non-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 found that feedback from sampled consumers and representatives showed that verbal communication is generally occurring in regard to changes in care provided. However, four sampled consumers and their representatives interviewed said they have never been offered a copy of the care plan and were not aware they could obtain a copy. Clinical documentation did not provide evidence to show a care plan had been offered/provided to the consumers or their representatives. Staff confirmed that no consumers or their representatives had requested or been provided with a copy of their care plan.

### The Approved Provider responded on 19 May 2022 stating that the requirement is only to make a care plan readily available to consumers and/or their representatives, not necessarily provide a copy. The Approved Provider stated that consumers and their representatives are advised on entry that they can access information including information about their rights, care and services. The Approved Provider also advised that November 2021 newsletter contained information for consumers and representatives about obtaining a copy of the care plan, either at the six monthly case reviews or on demand.

I have considered the findings by the Assessment Team and the Approved Provider’s response in relation to this Requirement and Requirement 2(3)(c). Whilst I acknowledge that consumers are informed of changes to their care, the service has not been able to demonstrate that consumers can readily access a copy of their care plan if they choose to. Registered Nurses interviewed stated that no consumers had requested or received a copy of their care plan. Whilst the Approved Provider stated that consumers were advised on entry to the service and in a newsletter in November 2021 they could obtain a copy of their care plan I am of the view that these mechanisms are unsuccessful. It is also noted that a case review with one consumer had not occurred when due which has impacted their ability to have the outcomes of assessment and planning effectively communicated to them and/or request a copy of their care plan if they desire it.

I acknowledge the Approved Provider’s action plan submitted after the site audit showing changes planned to ensure consumers can access a copy of their care plan. As these actions require time to demonstrate suitability and effectiveness, I consider at the time of the site audit, the service did not demonstrate that 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.

Therefore, I find this Requirement is Non-compliant.

### 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

Overall consumers and representatives considered consumers receives personal care and clinical care which is safe and right for them.

Care documentation showed high impact and high prevalence risks associated with the care of consumers, including diabetes and weight management, were identified, and managed effectively.

Review of organisational policies and procedures, resources and interviews with staff show there is support available for consumers receiving end of life care. For one consumer who passed away recently at the service, review of their care and services records showed their comfort and dignity was maintained.

The organisation has a policy and procedure to guide staff in recognising and responding to consumers deterioration or change in condition. Review of sampled consumers care and service documents and interviews with staff shows this was managed.

Review of documentation and interviews held with consumers, representatives and staff showed information about the condition, needs and preferences of consumers is communicated among staff and with others where responsibility for care is shared. It also showed consumers are referred to appropriate services and specialists in a timely manner.

There is organisational policy and procedure about infection prevention and control and consumers, representatives and staff provided positive feedback. There has also been support for consumers and staff vaccinations to occur. Staff demonstrated there is effective management of standard and transmission-based precautions in place to prevent and control infections. Staff were generally knowledgeable in relation to antimicrobial stewardship process and practice.

While consumer and representative feedback was generally positive in relation personal and clinical care, documentation reviewed and discussions with senior management showed that psychotropic medication has not been managed according to best practice guidelines and current legislation. In addition, pain assessment was not implemented for one consumer who complained of pain and was given analgesia on multiple occasions.

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

### 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.*

While consumer and representative feedback was generally positive in relation personal and clinical care, documentation reviewed and discussions with senior management showed that psychotropic medication has not been managed according to best practice guidelines and current legislation. In addition, an ongoing pain assessment and was not implemented for one consumer who complained of pain and was given analgesia on multiple occasions.

The Approved Provider responded on 19 May 2022 stating that the Assessment Team incorrectly expected consumers on psychotropic medications to have a Behaviour Support Plan in place regardless of whether the medication was being used as a chemical restraint. The Approved Provider supplied documentation showing that two of the consumers brought forward in the Assessment Team’s report were taking psychotropic medications to treat illness (depression and insomnia). The Approved Provider stated that the medication was not being used as a chemical restraint thus negating the need for a Behaviour Support Plan. I am satisfied with the Approved Provider’s response and have not considered this example in making my decision of non-compliance with this Requirement.

In their response the Approved Provider disputed the need for a Behaviour Support Plan for a consumer prescribed Risperidone. The Approved Provider stated that this consumer had a diagnosis of Alzheimer’s Disease and Dementia with Behavioural and Psychological Symptoms of Dementia (BPSD) and required the medication to manage her hallucinations and paranoid delusions. The Approved Provider stated that the behavioural support plan was hard to find as it had been archived having been completed before the consumer’s diagnosis had been confirmed. The Approved Provider argued that the medication was not being used as a chemical restraint and, therefore, the consumer did not require a behaviour support plan to guide staff practice. I note that the Approved Provider stated in their response that the consumer was on the low dose of Risperidone ‘to improve her (the consumer’s) quality of life by reducing the hallucinations that were impacting her care’.

I consider the named consumer’s diagnosis and additional information submitted by the Approved Provider reflects that Risperidone, a psychotropic medication, is being used to modify the Behavioural and Psychological Symptoms of Dementia (BPSD) including hallucinations and paranoid delusions. In accordance with the Quality of Care Principles 2014, a behaviour support plan is required for any consumer that experiences changed behaviour and any consumer who requires, or may require, the use of restrictive practices as part of their care. I consider this example evidences non-compliance with this Requirement.

The Assessment Team considered that there was no evidence this medication has been reviewed, with the emphasis on reducing it, but the Approved Provider produced evidence of review and reduction in the dose in October 2021.

The Assessment Team identified deficits in the completion of the organisation’s psychotropic medication form by a medical officer resulting in information not being recorded which impacts on the way consent and relevant diagnosis is recorded. The Approved Provider did not respond to this issue in their response but the action plan they submitted contains actions to address this.

In relation to a fourth consumer brought forward in the Assessment Team’s report, the Assessment team considered that there was no evidence that the substitute decision maker had been involved in changes to the consumer’s psychotropic medication. The Approved Provider responded to this and provided evidence that there had been no changes to the consumer’s medication. I am satisfied with the Approved Provider’s response and have not considered this example in making my decision of non-compliance with this Requirement.

With regard to pain management, the Assessment Team identified two consumers who had been given ‘as required’ (PRN) medications for pain on numerous occasions without a more comprehensive pain assessment having been completed and alternative pain management strategies trialled first. The Approved Provider produced information showing that one of these consumers had a chronic condition and alternative strategies had been trailed on each of the three occasions before medication was given. The Approved Provider, however, acknowledged that the second consumer had been given analgesia on 12 occasions without a pain assessment having been completed. The Approved Provider stated they have since implemented a review of PRN medication to ensure there is appropriate oversight and monitoring of its use.

The Approved Provider submitted an action plan showing changes planned to how psychotropic medication is managed.

As these actions require time to demonstrate suitability and effectiveness, I consider at the time of the site audit, the service did not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being.

Therefore, I find this Requirement is Non-compliant.

### 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

Consumers provided positive feedback indicating they receive safe and effective services and supports for daily living and that staff support their well-being and quality of life. Care documentation supports staff are assessing and identifying consumers’ needs, goals and preferences and optimising their health and wellbeing.

Consumers and staff were able to describe the services and supports available to promote emotional, spiritual, and psychological wellbeing, including examples of how these services are accessed. Care planning documentation described the supports that are important and available to consumers.

Consumers and representatives spoke positively about their opportunities to participate in the community inside and outside the service. Documentation supports that consumers’ needs are identified in relation to their interests. Staff gave examples of how they support consumers to participate in their interests and to connect with others outside the service as much as possible.

Processes are in place to document and share information about consumers’ needs and preferences both within the organisation and with others when required. Staff were able to describe ways that the service effectively manages the communication of consumers’ information.

The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the lifestyle of consumers.

Consumers interviewed expressed their satisfaction with the food and the quality, quantity and variety of meals included in the menu. Care documentation identifies consumer’s dietary requirements and preferences.

Equipment provided to consumers was observed to be safe, suitable, clean and well-maintained. Consumers gave positive feedback about the equipment at the service. Staff advised they have access to the equipment and resources they need to support consumers.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

There are elements of the service environment which are welcoming, and the environment is clean, and tidy throughout. The communal spaces for activities and socialisation are relaxed and comfortable. Whilst the service has limited navigational aids, consumers and representatives interviewed found the environment to be welcoming and they felt at home.

The service environment was observed to be safe, clean, well maintained and comfortable. Whilst there are some areas of the service environment that need attention, there are systems in place for cleaning and maintenance of the service environment. The consumers were observed to be moving freely both indoors and outdoors.

The service has processes in place to ensure furniture, fittings and equipment are safe, clean and well maintained. This includes cleaning and maintenance schedules. Consumers said they felt their equipment was suitable for their needs. The furniture, fittings and equipment were observed by the Assessment Team to be clean, well maintained and being used safely.

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

## 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

Consumers and representatives said they are encouraged to provide feedback and supported to make a complaint. While the service has very limited documented evidence to demonstrate how they support consumers to make complaints, all consumers interviewed were satisfied by the service’s response to feedback they had provided.

Consumers and representatives were aware of advocacy services and some were aware of external complaint mechanisms. Promotion of advocacy services and external complaint mechanisms were observed throughout the service.

There was only one complaint documented in the complaints and feedback register and the consumer involved said their complaint had been satisfactorily addressed. Staff understood their responsibilities in relation to the use of open disclosure process and management were able to demonstrate that one complaint recorded on the register had been adequately addressed and an open disclosure process was consistently applied.

The organisation has a process in place for reporting, investigation and actioning feedback and complaints but receives a very limited numbers of complaints. A review of the service’s one complaint showed that the feedback that is recorded is monitored and reviewed in an effort to drive continuous improvement.

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

## 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.*

The Assessment Team found that the service was not following their own policy regarding the recording and actioning of complaints and feedback with no complaints or feedback documented in the service’s complaints system. Management stated that they don’t get a lot of feedback or complaints and what they do obtain is managed as soon as received and managed informally. The Assessment team found staff were aware of how to manage feedback and complaints and understood what open disclosure meant although the service does not have the concept of open disclosure explained within their complaints and feedback policy.

On Day 2 of the site audit one consumer raised an issue which the Assessment team noted was appropriately documented in the complaints and feedback register.

The Approved Provider responded on 19 May 2022 and disputed the Assessment Team’s findings. The Approved Provider argued that they do not receive complaints and feedback as consumer are very satisfied with their care and pointed to survey results showing high consumer satisfaction. The Approved Provider stated they had identified the lack of feedback from consumers, prior to the site audit, and where trying to encourage more. Furthermore, the Approved Provider argued that there is no requirement to have an Open Disclosure policy and pointed to information showing how open disclosure is embedded into their existing approach.

I have considered the findings by the Assessment Team and the Approved Provider’s response. I acknowledge the Approved Provider’s action plan submitted after the site audit which highlighted actions pertaining to promoting and encouraging more feedback from consumers and their representatives.

I find this Requirement is Compliant.

### 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

Overall consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The Assessment Team found consumers and their representative interviewed stated that staff are kind and caring but that they work very hard. One consumer stated that, on occasions, they may have to wait a bit longer for care to be provided and one consumer representative stated they had raised the issue of lack of staff with the previous manager. Staff said the vacant shifts are not always covered but they mostly get through their work by working as a team. Management stated that there is currently not enough staff to fill the roster and recruitment and retention is difficult. While most consumer calls for assistance via the call bell system have been responded to in a timely manner, some have not. Observations made by the Assessment Team show that staffing is minimal.

Consumers said staff treat them with kindness and they feel staff care about them. Staff were observed to be interacting with consumers in ways that were kind, gentle and respectful of each consumer’s needs.

Consumers and representatives said they feel staff are competent and capable in performing their roles. Staff and management advised they have ongoing training with skill assessments to ensure staff competency levels.

The service demonstrates there are systems in place to ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Staff undertake mandatory role-specific training and additional training as required.

The service demonstrates there are systems in place for regular assessment, monitoring and review of the performance of each member of the workforce. There is a performance feedback review conducted annually or when identified as staff requiring a review of their performance.

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

## 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.*

The Assessment Team found consumers and their representative interviewed stated that staff are kind and caring but that they work very hard. One consumers stated that, on occasions, they may have to wait a bit longer for care to be provided and one consumer representative stated they had raised the issue of lack of staff with the previous manager. Staff said the vacant shifts are not always covered but they mostly get through their work by working as a team. Management stated that there is currently not enough staff to fill the roster and recruitment and retention is difficult. While most consumer calls for assistance via the call bell system have been responded to in a timely manner, some have not. Observations made by the Assessment Team show that staffing is minimal.

### The Approved Provider responded on 19 May 2022 providing further information and clarification. The Approved Provider stated that, whilst they acknowledge that staff are very busy, there has been no significant adverse impact for consumers as demonstrated by information they provided in relation to falls, pressure injury and incident data. The Approved Provider stated that, on occasions, staff may forget to turn off the call bell and that may account for some of the more lengthy response times, and they undertook to provide training to staff on this. The Approved Provider also provided information in relation to measure they have implemented to address recruitment and retention including incentive schemes to encourage staff to come on board and stay.

I have considered the Assessment Teams findings and the response by the Approved Provider and, I don’t find that consumer care has been compromised by the lack of sufficient numbers and skill mix of staff. Whilst it is acknowledged that on some days staffing levels are minimal consumers and representatives interviewed did not describe care delivery issues which were impacting on the safe delivery of quality care for them.

### I acknowledge the Approved Provider’s action plan submitted after the site audit which highlighted actions pertaining to weekly monitoring of call bell response times, monitoring of trends and regular discussion of same with staff.

### I find this Requirement is Compliant.

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

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

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

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

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

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

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

While most consumers and representatives generally thought the service was well run, the organisation is unable to demonstrate how consumers and their representatives are being engaged and supported to participate in the overall development, delivery and evaluation of their care and services.

The organisation’s governing body promotes and implements a culture of safe, inclusive and quality care and services and through strategic direction and oversight and it remains accountable for their delivery throughout the organisation.

The service has effective governance systems in place, including for information management and feedback and complaints. Opportunities for continuous improvement are identified through a number of mechanisms and are actioned. Financial governance systems such as budgets and expenditure are suitably addressed. The service demonstrated effective systems for workforce governance and planning. Where deficits have been identified in workforce sufficiency, they have been considered in Standard 7 Requirement (3)(a). Regulatory compliance is addressed through regular staff communication, updating policies, and staff meetings.

The service overall demonstrates it has effective risk management systems and practices in place to manage high impact or high prevalence risks associated with the care of consumers. The organisation has an effective risk management framework and systems to manage organisational risk which are reflected in the organisation’s various policies and procedures. The service provides regular clinical governance reports on clinical risks, and the organisation’s electronic risk management system assists in identifying, assessing, managing, and reviewing risks.

The service has a clinical governance framework and policies relating to antimicrobial stewardship, minimisation of restrictive practices and open disclosure. Staff were generally able to demonstrate knowledge and practices in relation to these policies. Where deficits were identified in the use of restrictive practices, they have been considered in Standard 3 Requirement (3)(a).

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Non-compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

The Assessment Team was told by the organisation’s management that consumers and representatives are included in the development, implementation and evaluation of their care and services by providing feedback through the service’s feedback and complaints process and by attending resident meetings. However, the Assessment Team found there is limited feedback recorded in the feedback and complaints register and there is limited evidence of resident meetings occurring at the service for the last six months.

The Assessment Team was told there is no formal involvement by consumers in board or committee discussions because consultation with consumers and representatives occurs at a local service level through their involvement in surveys, discussions surrounding care and through the engagement process associated with the construction and transition to the new service build. Management told the Assessment Team there had been three meetings over the last few months to communicate information to consumers and representatives about the new build and the transition arrangements.

The Assessment Team asked consumers and representatives how the organisation communicated the development, design and construction of the new build with them and whether they felt they had any influence in how services will be delivered in the new environment. The Assessment Team found most consumers interviewed said they did not know anything about the new service, and they had not been told anything by the organisation of the proposed transition to the new service environment. Most consumers said they understood there have been two meetings but only heard about the first meeting after it had happened. One representative said they received an invite and attended the first meeting. The consumers and representatives that attended the recent meeting said they had asked questions at the meeting but felt that the organisations representatives at the meeting dismissed their concerns and have not followed up and provided answers to the questions they had asked at the meeting.

The Approved Provider responded on 19 May 2022. They provided further information about how they encourage feedback from consumers and their representatives in relation to their care and services. This included implemented a Partnering in Care Survey in April 2022, routinely conducting other surveys, providing newsletters and holding resident meetings. The Approved Provider acknowledged that the last resident meeting was held in November 2021 as there had been changes in management personnel in early 2022. The Approved Provider provided excerpts from the Assessment Team’s report to evidence partnering with consumers to meet their cultural, spiritual and individual choice needs, manage risk and the provision of end of life care. The Approved Provider provided a communication plan and associated newsletters used to inform consumers and representatives about the new build and the transition to other services expected to occur late 2022. The Approved Provider also included examples of consumer feedback and how this has influenced the naming of the new cottages, fencing and the design of the gardens in the new build.

I have considered the findings of the Assessment Team and the information submitted by the Approved Provider. I note that the Approved Provider argued that consumers and representatives are engaged in the development, delivery and evaluation of care and services through discussions surrounding their care as evidenced in the Assessment Team’s report. I find that the examples provided do not evidence partnering with consumers, merely care provision that is required to meet the Quality Standards. With regard to partnering with consumers, I have found that consumers and their representatives are not adequately engaged in the assessment and planning process or seen as partners in care as assessment and planning processes were not based on ongoing partnership with them and others that the consumer wishes to involve (Requirement 2(3)(c)). I have also found that consumers and their representatives are not actively involved in having the outcomes of assessment and care planning effectively communicated to them and were unaware they could access a copy of their care plan, if they choose to (Requirement 2(3)(d)).

Furthermore, I note that consumers and their representatives interviewed did not feel adequately engaged or supported in consultation about the new build and what this meant for them. Consumers and representatives that attended a recent meeting said they had asked questions at the meeting but felt that the organisation’s representatives dismissed their concerns and have not followed up and provided answers to the questions they had asked at the meeting.

The Approved Provider submitted an action plan showing changes planned to ensure consumers feel engaged as partners in the development, delivery and evaluation of care and services in relation to the new build.

I acknowledge the Approved Provider’s response and action plan submitted after the site audit. As these actions require time to demonstrate suitability and effectiveness, I consider at the time of the site audit, the organisation is unable to demonstrate that consumers and their representatives are being engaged and supported to participate in the overall development, delivery and evaluation of their care and services.

Therefore, I find this Requirement is Non-Compliant.

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

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

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

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

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

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

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

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

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

# Areas for improvement

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

### Requirement 2(3)(c)

*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.*

* Ensure consumers feel engaged as partners in the assessment, care planning and review of their care.
* Ensure case reviews are conducted at regular intervals to support consumer engagement in assessment, care planning and review processes.

### Requirement 2(3)(d)

*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.*

* Ensure consumers are actively involved in having the outcomes of assessment and care planning effectively communicated to them and that they can readily access a copy of their care plan, if they choose to.

### Requirement 3(3)(a)

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

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

* Ensure each consumer gets safe and effective care that is best practice and meets current legislative requirements specifically in relation to the use of psychotropic medications.
* Ensure appropriate oversight and monitoring of PRN medication in pain management.

### Requirement 8(3)(a)

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

* Ensure consumers and their representatives are being engaged and supported to participate in the overall development, delivery and evaluation of their care and services.