SummitCare Smithfield

Performance Report

11 Nyora Avenue   
SMITHFIELD NSW 2164  
Phone number: 02 9755 7333

**Commission ID:** 2822

**Provider name:** Stelcom Pty Limited

**Site Audit date:** 3 May 2022 to 13 May 2022

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

# Performance report prepared by

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

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the Commission’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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the Approved Provider’s response to the Site Audit dated 8 June 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The service demonstrated consumers can live the life they choose and they were treated with dignity and respect, with their culture, identity and diversity valued.

Consumers and representatives felt they were treated with respect and dignity. They said they could express themselves individually through religion, language, personal preferences, their environment and participation in activities which were important to them. For example, one representative said, ‘Staff treat them very well – anything I ask for is done and I never have to ask again’.

Staff demonstrated respect towards consumers and an understanding of consumers’ identity, culture and individual values. Staff spoke about consumers in a respectful manner, however only some staff were familiar with consumers’ backgrounds as opposed to care needs. The consumer’s ‘About Me’ and ‘Life history’ within the electronic clinical management system (ECMS) included detailed information relating to the consumer’s background, including personality traits, activities which provide comfort, spiritual needs, relationships of note and favourite food and drink.

Management advised the service adopts an approach where the facility is considered the consumer’s home, and all staff are expected to treat them with the respect due when visiting someone’s home. Staff confirmed they treat consumers as they would their own relatives, ‘It’s about their home - it is their second home’.

Consumers/representatives from culturally diverse backgrounds confirmed their culture was accommodated and respected, and the services provided were culturally safe. Staff could describe how the consumer’s culture influenced how they delivered care and services day to day, such as; respecting privacy, religious practices, preferring male or female care staff, and requiring specific clothing items.

Management stated a high number of consumers and staff were from culturally diverse backgrounds and over 20 cultures and languages were represented at the service. The service has communication cue cards to assist consumers who speak languages other than English and the service has a number of multilingual staff who are able to translate if needed. Staff have been supporting consumer’s religious beliefs by utilising online streaming services to access church services. The lifestyle officer provides bible/gospel readings as per consumer preferences during one-on-one room visits.

Consumers said they were supported to exercise choice and independence regarding how their care and services were delivered, and to maintain connections and relationships. Staff acknowledged the service was multicultural and described a range of communication strategies to address language barriers. Staff described how consumers are supported to maintain relationships through visitors attending the service and taking consumers on outings. During COVID-19 lock downs, staff utilised telephone calls and other forms of virtual communication to support consumers in maintaining important relationships and connections and for sharing information about the consumers.

The service demonstrated consumers were supported to take risks, to live the best lives they can. The service’s wellbeing framework and conference form accommodates consumer dignity of risk. A clinical risk framework is used to discuss and develop an agreed action plan when a consumer’s goal is deemed to be high risk. Staff described specific consumers who took risks and the strategies in place to support them to do so, as safely as possible. Representatives confirmed they had signed dignity of risk forms confirming their agreement to the discussed safeguard measures and action plan.

Consumers and representatives confirmed the service communicates in a way which is clear, easy to understand and enabled them to exercise choice. The information provided was current, accurate and timely and included: COVID updates, activity calendars, announcements, meal options, notices, verbal updates via meetings and by staff discussions. Representatives confirmed they were contacted when care plans were reviewed, they were updated and had an opportunity to provide feedback. Consumers received information in line with their communication and language needs. Families were also involved in supporting consumer’s communication needs or when consumers do not speak English.

All consumers/representatives said their personal privacy and confidentiality was respected by staff such as, by knocking prior to entering their room, and providing personal care in private.

Staff advised they respected consumers’ privacy by; refraining from discussing personal information in open areas, knocking and waiting to be invited in, closing doors/curtains when providing care. Staff did not discuss consumers’ health or test results with anyone aside from family, line manager and their doctor.

Consumer’s personal information was stored securely and the electronic care management system was password protected. Staff had an individual log-in which gave them access in line with their role. Staff ensured computers were always locked when they left, and the computers automatically logged off after one minute. Handover notes were kept in a folder in the locked treatment room and the registered nurse held the keys. Staff were observed closing doors, speaking privately with consumers, providing care in the privacy of consumer’s rooms. The consumer handbook provides the service’s assurance of consumer privacy will be maintained.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Consumers/representatives felt like partners in the planning of their care and services. They confirmed their involvement in the initial assessment and ongoing care plan review processes, which included input from medical officers and other health professionals, as required. Consumers’ care planning documentation identified their individual needs, goals and preferences and included specific risks such as; falls, pain, weight loss and skin integrity.

The service demonstrated assessment and care planning informed the delivery of safe and effective care and services. The service’s assessment and planning process identified and addressed the consumer’s current needs, goals, preferences and risks, as well as advance care and end of life planning, where the consumer wished.

Upon entry to the service, registered nurses complete the initial clinical assessments of consumers over 28 days to develop their care plan. Consumers, representatives, the Medical officer, and other allied health professionals are involved in care planning process as necessary. The care plan is reviewed at least every 3 months and if there are changes in consumers’ care needs.

The service demonstrated assessment and planning is based on a partnership with the consumers/representatives and includes other organisations or individuals are involved in the care of the consumer, when required. Consumers and representatives confirmed they were involved in care planning along with medical officers, allied health professionals, geriatricians and Dementia Services Australia (DSA).

Advance care planning and end of life planning was discussed with consumers and representatives as a 3-phase approach - on entry to the service, at every case conference and as consumers care needs changed. Some advance care directives sighted were incomplete and at risk of not being a legally recognised document, due to missing information. Care and service plans related to the consumer’s needs and included, pain management, skin integrity, behaviour support, restrictive practice, nutrition, hydration and mobility.

The service demonstrated the outcomes of assessment and planning was documented in a care and services plan which was readily available to consumers/representatives, staff and visiting health professionals. Care plans and progress notes were accessible to staff and visiting health professionals through the electronic clinical management system. While some consumers/representatives were not aware they could access the consumer’s care plan, most said they did not have a need to, as they are regularly consulted regarding the consumer’s care.

Consumers/representatives said they were consulted in regular care plan reviews and when changes occurred, to ensure they were receiving effective care. Care plans showed evidence of review on a regular basis and when circumstances change, or incidents occurred.

The organisation’s assessment and care planning policies and procedures set out the review, reassessment and monitoring processes, including the responsibility of staff to ensure assessment and planning supports the delivery of safe and effective care and services. The service monitors and analyses key clinical indicators including; skin integrity, falls and pressure injuries. These are reviewed monthly and reported to the Board.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team recommended Requirement (3)(a) as not met. However, my finding differs from the recommendation and I find this Requirement Compliant. Reasons for the findings are detailed in the relevant Requirement below.

Overall, consumers considered they received personal and clinical care which was safe and right for them and provided examples of how staff ensured care delivery was aligned with their personal and clinical care goals and needs. The service demonstrated most consumers received safe and effective personal or clinical care, which is best practice, tailored to their needs and optimises their health and wellbeing. However, the service did not demonstrate safe and effective care when assisting consumers with textured meals. The service did not show staff had a shared understanding of monitoring and minimising restraint, obtaining authorised consent, or contacting representatives when as required (PRN) medications were administered.

Generally, the service documented and monitored high impact or high prevalence risks such as; pain, skin integrity, falls, behaviour, medication, nutrition/hydration and infection through compilation of clinical incident data. Organisational policies and procedures provide guidance to staff in the delivery of personal and clinical care in line with best practice, including for falls management, maintaining skin integrity, management of pain and recognising deterioration.

Clinical documentation showed the service is providing a consistent approach to wound management. Staff said they regularly moisturise consumers skin and have been trained in the use of lifting equipment used to transfer consumers. Consumers and representatives advised their pain management was safe, effective and tailored to their needs and preferences. The service’s clinical monitoring had identified an increase in handling related bruising and incontinence acquired dermatitis (IAD). Targeted projects were initiated to address these issues and were underway with evidence to support the wound of a consumer with long standing IAD was mostly healed.

The service has policies and procedures to ensure end of life care is delivered in accordance with consumers’ documented preferences. Care maximised the physical comfort and dignity of consumers approaching the end of life, with access to specialist palliative care support services available, if required. Care documentation showed palliative care was delivered in accordance with the consumers wishes. The service utilises pain assessments, monitoring charts and a pain scale to assess consumers who have pain, including consumers who cannot communicate verbally. Pain management includes 5-minute gentle massage, massage, prescribed pain relief, repositioning and heat pack applications.

Care documentation confirmed staff identified, communicated and responded to a deterioration or changes in a consumer’s condition or health status resulting in referrals to, and input from; medical officers, specialists and allied health professionals such as speech pathologists and physiotherapists.

Consumers confirmed their care needs and preferences were documented and effectively communicated between staff, their medical officer and other providers of care with referrals undertaken promptly. Shift handovers were used to pass on information about any changes in care or dietary needs, referrals to, or visits by, medical officers and any incidents which had occurred. Documentation confirmed information was updated and shared following review by doctors and allied health professionals. Care planning documentation demonstrated the timely referral of consumers to other health care providers as performed as needed. Consumers and representatives confirmed they had timely access to relevant health supports when required.

The service had plans, policies and procedures to prevent or manage an infectious outbreak. Infections are monitored through monthly clinical indicator reports. Information on infection control was displayed throughout the service with personal protective equipment and hand sanitiser readily available. Staff described infection control strategies implemented such as; pre-entry screening, annual influenza vaccinations, handwashing, social distancing, and use of personal protective equipment to reduce infection related transmission risks.

Care and clinical staff demonstrated knowledge of the strategies implemented to minimise the use of antibiotics and these reflected antimicrobial stewardship policy requirements.

### Assessment of Standard 3 Requirements

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

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

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

While the service demonstrated most consumers received safe and effective personal or clinical care, which is best practice, tailored to their needs and optimises their health and wellbeing. The Assessment Team found the service was not able to demonstrate safe care and services were provided when assisting consumers with textured meals, or the service had a shared understanding of monitoring and minimising restraint, obtaining authorised consent, or contacting representatives when PRN medications were administered. Evidence presented by the Assessment Team relevant to the finding included:

* Most consumers/representatives felt the consumer’s personal and clinical care needs were met and they were happy with the care provided. Most consumers’ care plans reflect individualised care which was safe, effective and tailored to their specific needs and preferences.
* Care documentation for some consumers reflected the service had not consistently followed best practise processes to review and gain consent every 3 months for administration of psychotropic medication and mechanical restraint such as bed rails.
* Some consumers expressed the wish to be able to access the second (front) courtyard. Staff advised the courtyard can be accessed under staff supervision. Environmental restraint forms were not signed for any consumer who wished to access the front courtyard area.
* The choking risks related to consumers on a modified diet were not adequately managed when they were assisted with their meals.
* One representative had signed consents for both chemical and environmental restraints with the understanding the medication is used as a last resort after trying other things to settle the consumer. Staff said they do not call the representative every time they give this medication.
* One representative said their parent feels embarrassed to use the incontinent aide to urinate. The representative said they would prefer if the consumer got out of bed more often, as they are hardly ever in the wheelchair.
  + Management and staff advised consumers remaining in bed all day have chosen to do so. It is their personal choice.
  + One consumer, who required transfer by 2 people to use the toilet, said staff told them if they wanted to open their bowels to use the incontinence aid. They said they didn’t feel comfortable doing this and preferred to use a toilet. Management advised they would investigate further and provide education to all care staff to ensure they had an understanding of scheduled toileting and appropriate continence care. They said this consumer is always in close conversation with the staff and felt comfortable to express their needs and preferences.
* On 2 occasions care staff were observed feeding consumers while their chairs were not upright and observed one staff member attempt to feed a consumer putting food on their lips while they were sleeping. The care staff said they were putting food into the consumers mouth to wake them. If the consumer didn’t awaken, they wouldn’t continue. Management stated staff were trained and competent to assist consumers with their meals.
* Students were observed feeding consumers with dysphagia sitting in reclining chairs in the dining area unsupervised.
* Management said the lifestyle coordinator is experienced and monitors all students and care staff who are assisting consumers with meals. All staff had attended the appropriate training.
* The nursing meeting minutes from November 2021 show a consumer was given the wrong tray of textured food by carers and there was no serious incident sighted for this.
* The infection registers for February/March 2022 noted 3 consumers had pneumonia, with 2 having been diagnosed with aspiration pneumonia.
* There were deficiencies in the documentation for a consumer who was prescribed psychotropic medication for noted behaviours of verbal and physical disruption and aggression. Documentation did not show monitoring for side effects and there was no name on the page or any signatures related to the recent review by the medical officer and representative.
* The consent form for the administration of psychotropic medication for one consumer (for psychosis and severe agitation) did not detail alternative strategies tried and the monitoring and follow up assessment was not completed correctly. Another authority consent form had the month and the date scribbled out and written over and there was no counter signature.
* Two consumers with severe cognitive impairment were provided heat packs for pain relief. The Assessment Team identified a burn risk if the heat packs were too hot, due to the consumers inability to effectively communicate. The hot and cold test had been attended by the physiotherapist determining heat packs were a safe form of pain relief.

The Approved Provider’s response disagreed with the Assessment Team’s finding of the Requirement as Not Met. The Approved Provider submitted additional information and evidence in support of the care provided to the relevant consumers. The Approved Provider advised:

* The consumers using bed rails all had risk assessments and signed consents in place. In most cases the consumers directly expressed the wish for the bed rails.
* The service had investigated the perceptions provided by the Assessment Team in relation to meal assistance and reaffirmed the meal assistance provided to all consumers was safe and dignified. Upon review, all residents were sitting comfortably in the water chair in an upright position. There were no signs of coughing or distress seen during meals. Consumers remained in this upright position post completing their meal to prevent any regurgitation and aspiration. A registered nurse was also present in the lounge area at the time of lunch service, to monitor the consumers and administer medications.
* The technique for feeding one unnamed consumer with complex care needs involved offering food to their lips. This consumer was known to keep their eyes closed most of the time.
* There were no clinical indicators or choking incidents supporting a conclusion of feeding practices at the service were deficient. The recent cases of aspiration pneumonia were related to COVID pneumonitis rather than unsound feeding of consumers with dysphagia.
* Normally, the service would have had more registered staff supervising meals however, some staff were diverted to support the audit team.
* While a texture modified meal was delivered to the wrong consumer in November 2021, the meal was not served to the consumer and it was replaced with the correct meal before it was eaten. This historic issue was self-identified and was used as a learning opportunity for staff, further demonstrating the clinical governance arrangements in the service were effective.
* One consumer with complex care needs had recently entered the home and was documented as bed bound when discharged from hospital. The representative had only expressed their wish of their parent being able to get up and this was not their expectation. The representative acknowledged the consumer was bed bound at their home prior to entering the service and was happy with the care provided.
* The service confirmed it is not their policy or a regulatory requirement to call the representative for every PRN medication administered. Consent is sought for the treatment plan but there is no expectation or requirement to ring the representative for every administration.
* The documentation for chemically restrained consumers showed key requirements were met including; prescribing by a medical officer, appropriate consent, behavioural support plans with alternative strategies and ongoing review and efforts to minimise use. The service acknowledged a correction on a record should have been initialled by the relevant staff.

While minor deficiencies in documentation were identified by the Assessment Team, this did not compromise care delivery or impact consumer well-being. I am satisfied the service has prescribed and administered medication in line with regulatory requirements and good clinical practice. I do not regard it to be a statutory requirement to obtain consent from a representative be given prior to every dosage of PRN medication. I find the service has obtained consent for the use of restrictive practices including, bed rails and psychotropic medication. Consumers expressing the desire to access the second (front) courtyard could do so, albeit under supervision. I accept the meal assistance techniques for some consumers appeared highly individualised however, I am satisfied consumers were assisted with their meals safely and with dignity, as dictated by their circumstances. The service demonstrated its clinical oversight was effective as it had self-identified handling related bruising and incontinence acquired dermatitis (IAD) as areas for attention and put effective actions in place.

I find the service has demonstrated each consumer gets safe and effective personal and clinical care which is best practice, tailored to their needs and optimises their health and well-being. I therefore find the service Compliant with this Requirement, based on the evidence summarised above.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall, consumers considered they got the services and supports for daily living which were important for their health and well-being and enabled them to do the things they want to do. Consumers/representatives said the service’s lifestyle program supported their lifestyle needs and staff assisted them to engage in additional independent activities of interest. Consumers said their emotional, spiritual and psychological needs were met and they were supported to maintain important connections and relationships. Care plans were consistent with consumer feedback and included information about what was important to consumers and the supports needed for them to live the life they chose.

On entry to the service, staff completed lifestyle assessments in consultation with the consumer/representative. They build a picture of the consumer’s likes/dislikes, their past working life, interests and history and incorporate it into the lifestyle program, to the extent possible. Staff had a clear understanding of what was important to specific consumers and what they liked to do. The Lifestyle Manager said many consumers enjoyed participating in the variety of daily activities offered. They regularly seek feedback from consumers/representatives about the lifestyle program and to develop future activity calendars and events. Consumers were observed engaging in a variety of group and independent activities such as church services, various games, music, cultural food, bowling and exercise.

The service showed how they support each consumer’s emotional, spiritual and psychological well-being. Staff said they know consumers well and if a consumer is feeling unwell or agitated, they usually know why, and can provide appropriate emotional support to them or facilitate contact with family members or clinical staff. Staff acknowledged the importance of consumers’ connection to faith and their families, and said they include as many activities as possible to support this. They also work with volunteers and representatives to provide additional emotional, spiritual and psychological support.

Consumers described how they were supported to do things within and outside the service and how they stayed connected with people important to them. Staff provided examples of how they supported consumers to participate in the community and/or stay connected with the people important to them during COVID-19 restrictions. For example, assisting consumers make phone or video calls on electronic devices.

The activity calendar was displayed throughout the service and offered to consumers and their representatives to inform them of the activities available. A monthly feedback meeting was held with staff and consumers/families to inform them about what is happening at the service.

Information about the consumer’s condition, needs and preferences was communicated effectively within the service, and with others involved in their care. Consumers felt information about their daily living choices and preferences was effectively communicated and staff who provided daily support understood their current needs and preferences. Staff described various ways they shared information about the changing condition, needs and preferences for each consumer. Care documents provided adequate and up to date information for staff to deliver safe and effective care and services.

The service demonstrated timely and appropriate referrals were made to other providers of care and services. Consumers/representatives confirmed they were referred promptly to other services, such as; speech pathologists, dieticians, mobile dental clinic. Care planning documents reflected the involvement of other service providers and a variety of brochures and information resources about external organisations, services and events was displayed around the service. There were organisational procedures for referral to services outside the service and guidance for consumers in the consumer handbook.

The meals provided at the service were assessed to be varied and of suitable quality and quantity*.* Most consumers expressed satisfaction with the variety, quality and quantity of food currently being provided to consumers. For example, one consumer said they liked the food “very much” and they got “plenty to eat.” Consumers said they could always request food if they were hungry between meals. Consumers stated they gave regular feedback about the food; verbally at mealtimes, at the monthly consumer/representative meetings and via the complaints/suggestion processes.

Catering staff could explain the specific dietary needs and preferences of consumers including; allergies, texture modified diets and how they accommodate consumers’ needs and preferences. Specific dietary needs/preferences such as; vegetarian, gluten or lactose free options were available. Catering staff were also involved in ongoing meetings about the meal service and the Chef met with management to review meals regularly. The Chef advised the menu changes every 6 weeks and consumer feedback was used to update menus. The dietary information available in the kitchen was current and reflected the preferences and needs of specific consumers, as set out on their care plans.

The equipment provided by the service was safe, suitable, clean and well maintained. A wide range of equipment and lifestyle products were available such as; walking aids, wheelchairs, books, magazines, music, TV, board games and sensory and reminiscing resources. All consumers stated they had access to clean and adequate equipment and had never had an issue with it. Maintenance staff reported equipment was maintained regularly and they cleaned and sanitised equipment following use.

Staff said management was responsive to their requests for items and equipment if replacement or repair was needed. Staff could describe the process for documenting and reporting faulty equipment. The annual preventative maintenance schedule and the current monthly maintenance documentation indicated all equipment maintenance had been completed and no issues were identified. The service conducts regular inspections on all equipment to ensure operational integrity and safety. The service’s audit schedule confirmed auditing activities monitored the cleanliness and condition of equipment at the service.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall, consumers felt they belonged in the service and felt safe and comfortable in the service environment. Consumers and representatives said they felt at home, and the service optimised their sense of belonging and independence. Consumers were able to provide examples of elements of the environment which make it a nice place to live. Representatives stated they always felt welcomed when they visited.

The service environment appeared welcoming and easy to understand and navigate. The entrance is welcoming and easily identifiable, with the reception and front lounge area having a pleasant, modern décor. Signage throughout the service provided directions to consumers’ rooms and shared spaces. There were water features at the front entrance and in the internal courtyard.

The layout of the service was easy to understand with a square shaped corridor starting and ending in reception, with all rooms coming off either side. Most rooms were observed to have standardised furniture with minimal personalisation. Some rooms had some personalised decorations, commonly on consumer’s bedside drawers or walls near their beds. Each consumer had their own bedside drawer set with 3 drawers and a small wardrobe for hanging clothes. Some rooms could accommodate 3 consumers, however, due to COVID restrictions, a maximum of 2 consumers reside in each room. Most rooms have a shared bathroom. Bathrooms were small but well equipped with several handrails, handheld shower, good lighting and equipment needed for the occupants.

An internal courtyard provided pleasant seating areas for consumers to enjoy. Some plants were overgrown, and equipment noted to be placed in an unsafe manner. Management were informed and remedied the situation immediately. Several consumers were observed to sit outside during daylight hours. The service featured an onsite kitchen, activity room, hairdressing salon, courtyards and fish tanks. Laundry was managed off site.

Consumers were observed navigating around the service and utilising the communal areas for functions, activities and meals. Consumers were seen participating in activities in the activity room. A large number of consumers were in their beds or in their rooms throughout the audit. Management explained while consumers were encouraged to participate in group activities, they often choose to remain in their rooms, and this choice was respected. Consumers were supported to feel they are at home and to maintain their independence and personal preferences for interaction.

Consumers/representatives were satisfied the environment was safe, clean well maintained and comfortable. They said they could move around the service freely, as they wished. Consumers said they can raise maintenance requests with staff as required and these were attended to promptly.

The service environment was observed to be safe, clean and well maintained. There were adequate processes in place to ensure the service environment was safe, clean, well maintained and comfortable. Consumers, including those using mobility aids, were seen moving freely within the service and around the internal courtyard, the door to the front courtyard required a key to access. Consumers were observed leaving the service for appointments or outings with family. However, several hazards were observed on the initial site tour which were addressed immediately.

Cleaning schedules set out the tasks due on any given day. Cleaners were on site 7 days a week and all rooms received a comprehensive clean once a week, with a quick clean done daily. The cleaning supervisor inspects twice a week to ensure cleaning standards are maintained.

Preventative maintenance schedule (paper and electronic format) was in place and was attended to mostly by the maintenance officer. Certain tasks were outsourced, for example, lifting machines are checked every 6 months by an external contractor. An external contractor visits annually to test and tag all electrical items. Documentation confirmed the fire systems and equipment were part of the preventative maintenance schedule and there were multiple fire emergency plans with instructions throughout the service and all emergency lighting was working.

Reactive maintenance is dependent on the task, with some tasks being directed to external contractors and others attended to in house.

The preventative maintenance program identified works to be completed at specific times of the year. Completed corrective maintenance actions were recorded against the task and these were completed in a timely manner. Staff knew how to lodge a maintenance request and said maintenance issues are addressed promptly. Staff explained how they would deal with a safety issue or hazard, first by ensuring consumers were safe and then reporting as appropriate. Management were unable to explain why any hazards had not been reported since March 2021.

Regular audits of the service environment were conducted. These included monthly inspection of consumer rooms, and regular checks of other areas such as the laundry, pan rooms and outdoor areas.

The furniture, fittings and equipment were safe, clean, well maintained and suitable for the needs of the consumers. Consumers and representatives confirmed the furniture, fittings and equipment provided were kept clean, well maintained and suitable for them.

Consumers were observed using furniture which appeared safe, well maintained and comfortable. Physically impaired consumers were observed using equipment which was appropriate, clean and mobile. Call bells and mobility aids such as; wheelchairs and wheelie walkers, were located near consumers who required them. Staff were seen cleaning the service environment and equipment.

Staff from all areas advised they have access to appropriate supplies and equipment and knew how to request additional items or equipment, if needed. Staff described how shared equipment used for care and manual handling of consumers was cleaned and maintained. If a hazard or issue with equipment was identified, they lodged a maintenance request or advised maintenance staff verbally, if it was urgent. Maintenance staff said equipment is regularly serviced, and outsourced providers are contracted to do maintenance works on equipment.

The preventative maintenance schedule included servicing of equipment, such as lifting machines, on a 6-monthly basis. All wheelchairs, shower chairs, kitchen trolleys, bed-baths and commodes were inspected monthly by the maintenance officer. The corrective maintenance system showed issues were rectified by maintenance staff promptly.

## Requirement 5(3)(a) Compliant

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers/representatives felt encouraged and supported to give feedback and make complaints, and appropriate action was taken. They said they felt safe and comfortable raising concerns with staff and management. Consumers described a variety of ways they can safely raise their concerns including use of feedback forms, consumer surveys and by speaking directly to staff or management. Consumers/representatives who had raised a concern said management or staff had responded promptly, communicated positively and transparently, apologised appropriately and made improvements as a result of their feedback.

Consumers and representatives did not seem familiar with external complaint avenues or advocacy and translation services but stated they had not needed such services as management was very responsive.

Management confirmed consumers could provide feedback through various channels including; informal chats, feedback forms, resident and food focus meetings, regular case conferences and an annual survey. The general manager employs an open-door policy and encourages consumer and representative engagement. The resident and relatives meeting included ‘Feedback management system’ as a standing agenda item and ‘Quick fix’ forms were also available in the service to report simpler issues. The service had recently registered with a translation service to support timely and accurate capturing and resolving of feedback and complaints.

Staff said if a consumer raised a concern, they attempted to address it within the scope of their role, otherwise they escalated it to management. Staff explained how they advocated for consumers, ‘even if the resident has dementia, they take all complaints to the registered nurse and escalate. Staff described how they offered to complete feedback forms on consumer’s behalf or contacted the consumer’s representative to assist, if they preferred.

Information on how to make a complaint, compliment or provide feedback wasdisplayed around the service.The ‘Concerns, compliments and feedback’ booklet and complaints forms located at the front entrance provided information about accessing external assistance, including Summit Care corporate services, Aged Care Quality and Safety Commission (ACQSC) and Seniors Rights Service. While consumers/representatives could not recall this information, they confirmed they had not needed these services, due to management’s responsiveness to feedback.

The service has an advocacy policy and procedure to guide staff. The customer service charter sets out, communication ease, purpose, culture, privacy, and complaint handling. Both the consumer and employee handbooks provided information about complaints processes and avenues for complaints and the Summit Care Feedback management system. The feedback and complaints register showed suggestions and complaints were recorded along with the actions taken to address the complaint.

Staff had a shared understanding of the principles of open disclosure, and when it should be applied. Staff understood the complaints system and described how they escalated concerns to management and used open disclosure to resolve issues when things go wrong.

#### The service demonstrated feedback and complaints were used to improve the quality of care and services. Complaints were documented in the complaint register, reviewed at monthly meetings and reported on by management. Management confirmed all feedback received is logged electronically and reviewed at organisational level. Where appropriate, feedback actions were added to the service’s plan for continuous improvement. The service’s continuous improvement plan showed complaints, feedback and audit results had been documented, along with planned improvement actions, dedicated timeframes and evaluation notes.

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers considered they got quality care and services when they needed, from people who were knowledgeable, capable and caring. Consumers/representatives confirmed staff were kind and caring when delivering care and respectful of their identity, culture and diversity. They felt there were sufficient staff to provide adequate care and services saying the call bell is usually answered quickly and they do not wait long for assistance. They had confidence staff knew what they were doing and could not identify any areas where staff needed more training.

The service demonstrated workforce planning ensured staffing was adequate to meet the needs of consumers. The workforce was planned, based on the number of consumers at the service and the needs of the consumers. Staff said they were consistently able to meet the care needs of consumers, particularly in relation to the delivery of hygiene care, toileting needs and providing emotional support. Staff felt they had enough time to complete their duties and if they were unable to attend their shifts they were generally replaced. There were no unfilled shifts across the service within the 14 days prior to the Site Audit. Management advised call bell response times were reviewed weekly and any response times longer than 10 minutes are investigated and followed up with staff for response. The call bell reports for the 4 months between January 2022 and April 2022 showed 96% of call bells were answered within 10 minutes.

The service demonstrated workforce interactions with consumers were kind and caring, and staff were respectful of each consumer’s identity, culture and diversity. The service has a suite of documented policies and procedures to guide staff practice in delivering care and services using a person-centred approach. Staff were observed engaging with consumers and their family in a respectful and personable manner.

The workforce had the qualifications and knowledge to effectively perform their roles. The service recruits staff according to position descriptions which set out the qualifications, registrations, knowledge, skills and abilities required for the roles. There were processes to monitor the registration of nurses and the status of police certificates for all staff. Documents confirmed all relevant staff had current Australian Health Practitioner Regulation Authority (AHPRA) registrations and all staff had current police checks.

Management said all staff, including managers, completed an orientation and then undertook task focused training. Management monitored the completion of designated training and informed staff of any training required to be completed. Certain training was designated as mandatory and must be completed annually. The service’s mandatory training and professional development was comprehensive, and the program provided the flexibility for staff to complete training at their own pace. Staff confirmed they had access to the organisation’s policies and procedures if they needed. Staff competence was tested in key skills areas such as; hygiene, medication, lifting and serious incident reporting.

The service demonstrated staff were recruited, trained, equipped, and supported to deliver safe and quality care and services. Management and staff described the orientation and training processes which included; mandatory general training, competency assessments and role specific training. The orientation and onboarding processes included; buddy shifts, a probationary period and capability assessment. The service has an electronic system to monitor when mandatory training is due which showed all staff had completed the annual mandatory training in 2021.

The workforce was regularly assessed, monitored and reviewed. The service had a suite of policies and procedures to guide the management of the workforce including; selection and recruitment, orientation and probationary, monitoring of staff performance and the performance management of staff. The service has performance review systems in operation including, annual performance reviews. Staff performance was monitored regularly through observations, competencies, internal audits, clinical data, and feedback.

The performance appraisal register confirmed all staff performance reviews were completed on schedule.

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall, consumers and representatives said the service was well run and they could partner in improving the delivery of care and services. Consumers/representatives provided examples of how they were involved in the development, delivery and evaluation of care and services through; talking to staff or management, attending meetings, care reviews and via feedback forms.

Management and staff described how consumers were involved in decisions about the service, and the development, delivery and evaluation of care and services. The service seeks consumer input through; monthly consumer/representative meetings, feedback and complaints processes, consumers/representatives case conferences, consumer experience surveys.

The service demonstrated the Board was accountable for the delivery of care and services, and promoted a culture of safe, inclusive and quality care. The Board met monthly to monitor the performance of the service. The Board sets clear expectations for the service, and regularly reviews risks from a service and consumer perspective. The Board visits twice a month and meets with consumers/representatives. The Board receives all consumer/representative meeting minutes and takes action where required. The Board receives various monthly reports relating to; internal audits, feedback and complaints, quality initiatives, reported hazards and risks, analysis of clinical and incident data. The Board uses this information to identify the service’s compliance with the Quality Standards, to initiate improvement actions, to enhance performance, and to monitor care and service delivery. Management was able to provide examples of changes driven by the Board over the past six months as a result of consumer feedback, experience and incidents.

The service demonstrated there were effective governance systems in place which guide information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. Management provided the service’s documented risk management framework, including policies for:6

* Management of high impact or high prevalence risks.
* Identifying and responding to abuse and neglect of consumers.
* Supporting consumers to live the best life they can.
* Prevention and management of incidents.

Staff confirmed they had received education on these topics and were able to provide examples of their relevance to their work. Staff demonstrated sound knowledge of various risk minimisation strategies, including those to prevent falls, infections, manage challenging behaviours, minimising the use of restrictive practices and elder abuse. The service demonstrated it has a clinical governance framework which supports clinical practice within the service. The service provided:

* a documented clinical governance framework
* a policy relating to antimicrobial stewardship
* a policy relating to minimising the use of restraint
* an open disclosure policy.

Staff had been educated about the policies and were able to provide examples of their relevance to their work. Staff said they had received mandatory training and education on infection prevention control practices, complex nursing procedures and minimising the use of restrictive practices. Staff described strategies to minimise the risk of infections, such as ensuring strict adherence to hand hygiene, appropriate donning and doffing of personal protective equipment, and timely identification of infection-related symptoms.

Staff demonstrated a shared understanding of antimicrobial stewardship and explained the need to discourage unnecessary use of antibiotics, to obtain pathology results prior to medicating and to adopt preventative strategies such as good hand hygiene and encouraging fluid intake. Staff understood the principles of open disclosure and could provide recent examples of when it was applied.

## Requirement 8(3)(a) Compliant

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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