The Oaks Nursing Home-Gisborne

Performance Report

8 Neal Street
GISBORNE VIC 3437
Phone number: 03 5428 0300

**Commission ID:** 4401

**Provider name:** Anglican Aged Care Services Group

**Site Audit date:** 10 May 2022 to 12 May 2022

**Date of Performance Report:** 6 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 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.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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.

Overall, consumers considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers said their background, culture and diversity was respected and they felt valued as an individual.

Management and staff spoke about consumers in a respectful and caring manner, and demonstrated they were familiar with consumers' backgrounds. The service’s diversity policy outlined that every person is a reflection of their cultural or social identity, and of their universal and individual experiences. The service considered consumers' religious, cultural and linguistically diverse (CALD) background when planning the provision of care and services. Care planning documents detailed consumers’ backgrounds, cultures, religions and the specific needs and preferences. Management and staff could describe how consumers' culture and preferences influenced the way in which they deliver care and services, such as facilitating activities that are culturally important to individuals.

Consumers felt supported to maintain their independence and pursue their lifestyle choices, where possible. They said they were able maintain important relationships in the way they want to. Management and staff were able to give examples of how they supported consumers to make informed choices and maintain relationships. The consumer handbook stated the service is committed to supporting individual needs, preferences and choices, and respecting consumers' independence. The handbook also stated the service understands the importance of maintaining relationships.

Consumers/representatives felt supported to take risks to enable them to live the best life they can. Management said if consumers would like to take a risk that is against medical advice, consumers were supported to complete a 'dignity plan' which includes a risk assessment for the activity and controls to minimise the risk. Consumers/representatives and their relevant medical officers consider and discuss the risks and benefits, in order to make an informed decision, which is then documented in the plan.

Consumers and representatives were satisfied they received the information they needed to make decisions. Management and staff could describe the different ways information is provided in line with their needs and preferences. For example, one consumer was hearing impaired, so staff will remove their mask when speaking to them (so they can lip read) and stand directly in front of them and speak clearly.

The monthly activities calendar (as a weekly version with larger font) was displayed throughout the service and in consumers' rooms. Staff were observed sitting with consumers and explaining the meal options for the day and noting their requests. Staff were familiar with consumers' preferences and remind them to participate in the activities they like and encourage them to try new ones. The Assessment Team observed a letter to representatives and families advising them of the audit.

Consumers said their personal privacy was respected and staff were able to describe practical ways they respected the privacy of consumers. Staff said they always knock before entering consumers' rooms, as it is their personal space. ‎‎Staff said they don’t talk to a consumer about another consumer, or even talk about consumers near other consumers. They said if they needed to discuss something personal with a consumer, they will take them away and speak to them privately.

The service’s consumer handbook and privacy policy, sets out the privacy expectations and rules for the collection, use and access of personal information. The information technology security policy sets out the security for all information management systems. ‎‎All nurse’s stations were seen to be locked, and consumer information was stored securely on the service's electronic care documentation system.

## 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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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.

Overall, consumers and representatives considered they were partners in the ongoing assessment and planning of their care and services. They were involved in the initial and ongoing assessment and planning for the consumer’s care. This included identifying the consumer’s current preferences and end of life (EOL) wishes and seeking input from other providers of care and services, as needed.

Care planning documents were comprehensive and addressed the consumer's current needs, goals and preferences, including advance care and end of life wishes. For example, one care plan included information related to; allergies, risks and safety issues, vital information, potential complications, mobility and dexterity, sleep-rest needs, behaviour management needs, potential for injury and risk, vision needs, urinary continence management, skin, tissue, oral, dental management and palliative care interventions.

The assessment process for new consumers starts with a pre-visit meeting with the family, and on the first day the consumer is admitted to the service a number of assessments are completed. Staff then follow a checklist so that all assessments are completed; and an interim care plan is generated. The consumer is monitored closely to ensure the initial actions are effective. Once completed, care plans are reviewed every 3 months with the involvement of consumers, representative, staff members, the medical officer and other allied health professionals, as required.

Clinical staff involve the consumer and chosen representative in care planning. The service communicates with representatives and families during every 3-monthly care planning review and encourage two-way communication at all times. ‎‎Many external allied health professionals are involved in the care planning for consumers. Consumers are also referred to external counselling and mental health services such as Dementia Support Australia (DSA), when required. ‎‎Management said that consumers mostly use the service’s preferred providers as most of them come into the service but can choose their own providers if they wish.

‎‎‎‎The service has an advanced care planning policy and procedure which aims to ensure every consumer has the opportunity to communicate their end of life wishes and to ensure they are respected. The Advanced Care Directive is used in conjunction with the service’s End of Life Pathway document. Management advised that most relatives are reluctant to put advanced care directives in place until the consumer’s condition deteriorates.

The outcomes of assessment and planning were effectively documented in a format the consumer can understand and readily access. The organisation uses an electronic care documentation system to record all care planning and clinical notes. ‎‎The detailed assessments within the care system were captured in a summary care plan which can be easily printed and distributed. Consumers and representatives said the outcomes of assessment and planning were effectively communicated to them and if they wish to see their care plans, they know how to do so. Staff said that communication with consumers and representatives is continual and completed in person or through phone calls and emails.

Care plans showed evidence of regular review and when circumstances changed, or incidents occurred.‎‎ Clinical staff said care plans are reviewed every 3 months or when there has been any type of incident (such as a fall), when a deterioration has been identified and when a consumer has returned from hospital. ‎‎The service’s clinical governance framework sets the objective of safe, responsive care and services that optimise the health and quality of life of every person, every time.

## 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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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.

Overall, consumers and representatives considered they received personal and clinical care that was safe and right for them. Care planning documentation and progress notes showed that consumers received safe and effective personal and clinical care that was tailored to their needs and optimised their health. Consumers and representatives confirmed they received the care they needed. Staff could describe how they provided safe and effective personal and clinical care.

The service demonstrated the effective management of high-impact or high-prevalence risks associated with the care of each consumer. The service’s processes for managing restrictive practices, skin integrity, pain and behaviours were in line with best practice. Management advised that clinical policies and procedures were based on best practice, Joanna Briggs Institute (JBI) recommendations and that the service attends bi-monthly clinical forums. For example, the service has fall prevention strategies in place which include; good lighting, keeping the call bell close, rooms clutter free with no trip/slip hazards, sensor mats, hip protectors, and wheelchair sensor alarms. The osteopath also conducts twice weekly balance exercise classes for the consumers. The service has a dementia specialist, involves Dementia Support Australia (DSA), and brings in geriatricians and mental health professionals, when required. The service has a monthly clinical key performance indicators (KPIs) report which includes; skin issues, pressure injuries, physical restraints, unplanned weight loss, falls, medication errors, psychotropic use and chemical restraints, elder abuse, and feedback. The service tracks and trends this data and the reports are sent to the Board.

Care planning documents recorded the needs and wishes of consumers approaching end of life. This included; spiritual, religious and cultural needs, comfort planning, interventions, advanced care planning, signs and symptoms associated with the terminal phase. Charting requirements included a comfort care chart recorded at 2-hourly intervals and a medication chart. Staff were able to describe the palliative care needs of consumers and the practical ways in which they maximise the comfort of consumers nearing the end of life.

Consumers and representatives described how the service responded appropriately to any deterioration in their health. Care planning documents and progress notes reflected the timely identification of, and response to, deterioration or changes in condition. Staff provided specific examples of how they have responded to a deterioration in consumer’s health. Clinical records indicated consumers were regularly monitored by doctors and clinical staff for changes in a consumer’s mental, cognitive or physical function, capacity or condition. Changes were recognised and responded to promptly and representatives were notified.

Consumers and representatives felt staff communicated their needs effectively to others and they could access relevant health professionals when required. Staff described how changes in consumers’ care and service were communicated within the organisation and with external providers involved in the care. Referrals to other organisations and providers of care and services were appropriate and timely. Care planning documents confirmed the timely input of relevant external parties in delivering personal and clinical care to consumers.

The services demonstrated the implementation of appropriate controls to minimise infection risks and reduce the risk of increasing antimicrobial resistance - through good stewardship. The service conducts education sessions on infection control, use of personal protective equipment, hand hygiene, management of urinary tract infections and other training to minimise infection related risks. Regular audits of personal protective equipment use were conducted and donning, and doffing training was given during the COVID-19 outbreak. Staff demonstrated an understanding of how they minimise the risk of infections and were observed to be following the service’s infection control protocols. All staff regularly clean their hands and wear goggles or face shields, masks and gloves when handling bodily fluid. Consumers confirmed that staff took appropriate infection control measures.

Clinical staff said that antibiotics are only given to consumers after all tests have been completed and the medical officer has provided a prescription. All staff and consumers were fully vaccinated against COVID-19 and the current influenza.

### 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.*

### 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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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 that are important for their health and well-being and that enable them to do the things they want to do. Care planning documentation captured consumers’ lifestyle interests, likes and dislikes. Management and staff knew what was important to individual consumers and this aligned with the consumer’s care plan and their feedback.

Consumers said their emotional, spiritual and psychological needs were met and the service supported them to do the things they like to do. Care plans included information about consumers' spiritual beliefs, strategies to support their emotional well-being and their social supports. Staff said when consumers are feeling low they will make it a priority to have a one-on-one chat with them, make them a cup of tea and provide them time to have 'a bit of a wind down'. Supports provided by the service included; music and art therapy sessions, pastoral care, Dementia Services Australia and Better Place Australia, hymn singing, weekly communion and church services.

Consumers were supported to participate in their communities, within and outside of the service and maintain the relationships that were important to them. Consumers/representatives advised they were referred to other organisations, support services and providers of other care and services. Staff explained the process of engaging with external organisations and individuals when consumers required additional support and to supplement the lifestyle program.

Care planning documentation captured information about consumer’s condition, needs, preferences and others involved in providing lifestyle support. This information was effectively communicated within the organisation and with others responsible for care. Staff described ways in which they share information and are kept informed of the changing conditions, needs and preferences for each consumer.

Most consumers sampled expressed satisfaction with the variety and quantity of food being provided at the service, however some consumers suggested the food could be better. Kitchen staff explained how they are kept informed of any dietary needs or preferences and how they know whether consumers enjoy the food and get enough of it. Care plans and catering documentation reflected consumers' current dietary needs and preferences, and this aligned with consumer feedback.

Meals were observed to be an appropriate size and matched what was on the menu. Meals served were mostly being eaten by consumers. The kitchen was observed to be clean and tidy, with health and safety guidelines and infection control measures displayed. The kitchen registration and catering registration certificates were up-to-date and displayed in the kitchen.

Equipment for activities of daily living appeared to be suitable, clean and well maintained. Consumers and staff reported having access to the equipment they needed to assist them with their daily living activities. Mobility aids such as, walkers and wheelchairs were clean and appeared to be functioning appropriately. Lifestyle equipment such as; balloons, balls, board games and other equipment appeared to be stored appropriately and in good condition. ‎

Staff could describe what to do when equipment needed cleaning or if there were issues with it. The service had a preventative maintenance calendar and cleaning schedule which outlined when each area was cleaned and when they required a deep clean. Electrical testing and tagging of electrical equipment are completed by maintenance staff annually. Wheelchairs are checked by maintenance staff monthly and lifters and standing machines are checked by contractors every 6 months. Cleaning staff said exercise equipment and high-touch surfaces are disinfected daily and they wipe down mobility equipment weekly.

## 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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers felt they belonged in the service and felt safe and comfortable in the service environment. Consumers and representatives said the service was welcoming and it felt like home. Consumers’ rooms were personalised with photographs, decorations, furniture, and items of importance on display in their room. There were pet birds (in cages) in the common areas to create a homely feel. The bird cages were observed to be clean and in good condition.

The service appeared welcoming with multiple shared areas for consumers to interact and independent navigation was supported. The facility used dementia enabling principles of design and had clear signage, sufficient lighting and handrails to support consumer mobility. Management described how they know if consumers and their visitors felt at home and could describe the features that supported independent mobility within the service.

‎‎The service had outdoor courtyard spaces which had walkways and garden areas, with tables and chairs for consumers and direct access from rooms for many consumers. All consumers could access outdoor spaces. Many consumers were interested in gardening and they contributed to communal gardens or had their own garden areas. The service had outdoor smoking areas for consumers or visitors who smoked.

The service was observed to be safe, clean and well-maintained. Communal areas, hallways and outdoor spaces were clean and tidy, with gardens well maintained. The kitchenette, consumer-only laundry and hairdresser were seen to be consistently cleaned after use and well-maintained. Most consumers and representatives said the service was clean, well-maintained and they could move around the service as they wanted to. The service was all on one flat-level surface, with no steps to enter or exit any inside or outdoor spaces and all areas were clear of trip hazards. Consumers, including those using mobility aids, were seen mobilising freely around the service. Staff could describe how maintenance and cleaning is managed at the service to ensure it safe, clean and well-maintained. ‎‎Cleaning staff were observed to be cleaning the service environment during the site audit, and in accordance with the cleaning schedule. ‎‎

‎‎Documentation evidenced regular cleaning and maintenance of the service environment. ‎‎The preventative maintenance calendar identified when and who was responsible for each task and showed whether it was completed. The reactive maintenance log evidenced that maintenance issues reported by staff and consumers are resolved in a prompt matter. ‎‎The maintenance office displayed a list of contractors for each service function and the contact details.

‎‎The cleaning schedule outlined each room of the service and which day of the week they require a deep clean. Communal areas and hallways are vacuumed and cleaned every weekday with all high-touch surfaces such as door handles, remote controls and keypads wiped daily. There is a rotating weekly deep clean schedule for consumer rooms which involves vacuuming, wiping down surfaces and mopping the room and bathroom. All other rooms that are not deep cleaned that day will be spot cleaned and tidied.

Consumers were satisfied the furniture, fittings and equipment at the service were mostly safe, clean, well maintained and suitable for their needs. One consumer said one of the brakes on their walking frame had just broken and the maintenance request was recorded and responded to promptly by maintenance staff. Furniture in communal areas was observed to be clean and in good condition and was enjoyed by consumers watching television, having afternoon tea and sitting under the gazebo.

Staff described how equipment is kept clean and well maintained. ‎‎Lifting equipment, walking frames and wheelchairs were cleaned or wiped down weekly. Lifestyle equipment is wiped down daily, especially exercise equipment. The call bell system was observed to be working well with room numbers displayed on hallway call bell display panels.

The preventative maintenance schedule evidenced regular maintenance of furniture, fittings and equipment with no issues noted. Wheelchairs were checked by maintenance staff monthly. Call bell system, lifters and standing machines were checked by contractors 6-monthly. Testing and tagging of consumer and service equipment was completed by maintenance staff annually.

## 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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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 considered they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken‎. All consumers and representatives felt very safe to provide feedback or raise concerns directly with staff and management and were confident their concerns would be addressed. Consumers and representatives could describe how to make a complaint externally, if they felt uncomfortable raising issues directly with the service. Consumers and representatives were satisfied with the service's actions taken in response to their feedback, confirmed open disclosure was used, and provided examples of how the service used their feedback to improve the quality of care and services.

The service had written materials which outlined information on complaints and feedback processes, including details for advocates and language services. Most staff were able to describe external channels for complaints, advocacy and language services available to consumers and representatives. Feedback forms and letter boxes were provided throughout the service. There was a specific feedback form for food related comments. Posters and pamphlets were displayed throughout the service about Elder Rights Advocacy services, Aged Care Quality and Safety Commission (ACQSC) services, interpreter services and how to make a complaint. The consumer newsletter reminded consumers and families about the feedback forms available, upcoming events and introduced new staff.

The service has written Complaints Management and Resolution and Open Disclosure policies. The policies state all complaints will be dealt with in an efficient and transparent manner using the elements of open disclosure, which include; an apology, factual explanation, discussion of consequences and risks, and an explanation of the steps to manage the adverse event and prevent reoccurrence.

Staff said consumers have their rights, which include the right to make complaints and have a say. Staff described how they responded to complaints demonstrating acknowledgement, response and reporting which reflected the use of open disclosure. Management said they respond to a complaint and acknowledge the concern within a day and try to investigate and provide a solution within 5 days. They keep the complainant updated throughout the process, organise any necessary meetings and follow up after closing the complaint, to ensure the complainant is still satisfied. The annual mandatory training register confirmed that staff receive training on feedback and complaints handling and open disclosure.

Management and staff described complaints, the actions taken in response and how feedback and complaints have been used to inform continuous improvements across the service. All feedback is logged in the reporting and management system and incorporated into ongoing quality improvement. The feedback register recorded the date, type of feedback, complainant details, severity rating (minor, moderate or severe), a summary of the feedback, the outcome details and the date of closure. ‎‎

## 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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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.

Overall, consumers/representatives considered they got quality care and services when they needed, from people who were knowledgeable, capable, and caring.

Consumers and representatives generally felt like there were not enough staff however, they did not raise concerns about the speed at which care needs were responded to or identify any negative impact on their care. Consumers and representatives confirmed staff were kind, caring and gentle when providing care. ‎‎One representative commented that staff were kind and gentle, and staff try really hard to do their job well. Staff were observed to be kind, caring and gentle when interacting with consumers. They always greeted consumers by their preferred name and demonstrated that they were familiar with each consumer's individual needs and identity.

Management described how the service ensures the number and mix of members of the workforce enables the delivery of quality care and services. Management said on a roster-level there are enough staff and the service typically has no issues filling shifts. If they need to fill a shift, they use a text messaging service to first contact their full-time staff, then part-time, then casual staff. As a last resort, they will use agency staff. From 2 May 2022, the service increased care staff hours by one hour every evening shift, so they could better support the clinical staff.

Management advised they have been actively working on reducing call bell times over the last 5 months and the aim is for less than 5% of call bells to have a response time over 10 minutes. The call bell reports for February, March and April showed a downward trend with call bell response times over 10 minutes being 13.7%, 11.2% and 5.6% respectively.

Consumers and representatives considered staff to be skilled and competent in their roles and did not identify any areas where they felt staff needed more training. One representative said most staff are competent however, there are some casual or new staff, (resulting from staff leaving or being unwell due to COVID-19) who are a little unfamiliar with the consumers.

The service demonstrated their workforce is recruited, trained, equipped and supported to deliver safe and effective care. Management could describe how they determine whether staff are competent and capable for a role. The recruitment process is selective for specific roles and involves assessment, phone interviews, interview, reference checks, contract, on-boarding and induction. Checks are conducted on background, qualifications, professional registrations and police records. Care staff must have a minimum of a Certificate III in Aged Care. Several care staff have completed medication competency training to administer medications.

Management supported staff to ensure they received the training they needed to perform their roles in relation to the Quality Standards. ‎‎Staff had to complete mandatory induction training as well as annual training, and if it is not completed by a certain date, they will be alerted; and it will get flagged to management. Mandatory training includes topics such as; COVID-19 management, dementia, elder abuse and incident reporting. Staff wanting extra training may raise it with management who will provide refresher training, push out online modules or conduct toolbox talks. For example, staff recently identified that newer care staff could use more training on continence aids, so management organised training from external trainers. The service has an online training portal where staff may access mandatory and extra training modules. New staff complete an orientation shift with a checklist and must do a minimum of 2 buddy shifts with experienced staff. ‎‎The 2022 training schedule reflected the 8 Quality Standards. Training records evidenced staff training was over 85% complete, and the 15% represented casual staff or those who are on extended annual leave.

‎‎Management consistently check-in with staff and monitor their performance. Formal annual performance reviews are used to discuss performance, career progression and training opportunities. There is also a 'reward and recognition' process so staff feel more valued and perform better. If staff consistently have performance issues, management will monitor them closely and follow formal disciplinary processes.

The service has written polices in relation to staff recruitment, training, performance, code of conduct and disciplinary action.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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.

Representatives and consumers considered the organisation was well run and they could partner in improving the delivery of care and services. They could provide examples of their involvement in the delivery and evaluation of care and services, through participation in meetings and by providing verbal or written feedback.

Management explained how monthly consumer and representative meetings actively invited feedback which led to improvement action being taken. Some of the meetings were scheduled in the evening to accommodate representatives who were not available to attend during the day. Topics discussed included; community engagement, project or improvement updates, legislation updates, trends, cleaning, catering and laundry and consumer feedback. The service also conducts monthly internal audits where consumers are invited to provide feedback on their care and services. The audit findings are analysed, a gap analysis is conducted, and this feeds into the continuous improvement process.

The Board was responsible for oversighting the service’s governance and promoted of a culture of safe, inclusive and quality care and services. The Board met regularly and engaged with the service management. ‎‎The Board was responsible for monitoring legislative changes and communicating changes to the service and ensuring necessary changes were implemented. The Board monitors the results of internal and external audits to ensure compliance with the Quality Standards. Risk indicators are communicated to the Board monthly, along with all complaints. The Board provides feedback and follows up with the service to find out how the service has responded.

‎‎During the COVID-19 outbreak the CEO and Board sent frequent updates and monitored the service’s status on a daily basis. The Board created and participated in a COVID-19 monitoring committee which met monthly.

The service demonstrated it had implemented effective governance systems related to the management of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation had a documented risk management framework, including policies describing how:

* high impact or high prevalence risks associated with the care of consumers is managed
* the abuse and neglect of consumers is identified and responded to
* consumers are supported to live the best life they can
* incidents are managed and prevented.

Staff had been educated about the policies and were able to provide examples of relevance to their work. The service’s clinical governance framework’s stated objective is to deliver safe, responsive care and services that optimise the health and quality of life of every person, every time. It outlines the roles and responsibilities involved in delivering on this objective, and the domains and systems which support its consistent delivery. The organisation 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 training had been completed on antimicrobial stewardship, restrictive practices and open disclosure. ‎‎Clinical staff said that open disclosure is used all of the time and that staff take all incidents seriously and are not afraid to report and be open about any incidents.

‎‎Clinical management explained that if a consumer is suspected of having an infection, the staff will keep the consumer comfortable until the results of tests confirm that an antibiotic is required to treat the infection. There is direct communication with the medical officer to ensure antibiotics are not prescribed indiscriminately and before proper diagnosis.

‎‎As a result of changes to restrictive practices legislation the service is very focussed on reducing the use of restraint and always use non-pharmacological or alternate strategies first when managing consumers under a Behavioural Management Plan.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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.