The Whiddon Group - Wingham - Primrose

Performance Report

12 Primrose Street   
WINGHAM NSW 2429  
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**Commission ID:** 0186

**Provider name:** The Frank Whiddon Masonic Homes of New South Wales

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

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

# Performance report prepared by

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

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | 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) | Non-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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 3 June 2022.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Most sampled consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers/representatives spoke about how consumers’ cultural needs are respected and support by staff without judgement.
* Consumers described ways they are supported by the service to take risks and live the best life they can.
* Consumers/representatives said they make decisions from information provided by the service that is current, accurate and timely and easy to understand.

However, the Assessment Team identified for the consumers sampled who take risks, risk assessments have either not been conducted and/or dignity of risk discussions have not been completed. Staff sampled were unable to advise regarding strategies in place to support consumers with managing and mitigating risks related to their activities of choice.

The Assessment Team found that five of six specific requirements were met.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

The service was unable to demonstrate appropriate risk assessments have been conducted and dignity of risk discussions have occurred for consumers who choose to take risks. Staff sampled were unable to advise regarding consideration of risks to the consumer’s health and wellbeing in relation to their risk-taking activities of choice, and regarding risk mitigation strategies in place.

The Approved Provider responded on 3 June 2022 and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps and stated they have now undertaken a comprehensive risk assessments to ensure the consumers brought forward in the Assessment Team’s report are supported to take risks to enable them to live the best life they can. The Approved Provider also stated they have conducted staff education so staff can take into consideration consumer’s choices regarding risk and develop strategies with them to minimise risk.

I acknowledge the Approved Provider’s response. As these actions require time to demonstrate suitability and effectiveness, I consider at the time of the site audit, the service did not demonstrate each consumer is supported to take risks to enable them to live the best life they can.

Therefore, I find this Requirement is Non-compliant.

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

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

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

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

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Mostsampled consumers considered they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Most consumers/representatives interviewed confirmed they are involved in care planning, including when there are changes to consumers’ care needs.
* Consumers/representatives interviewed confirmed they are informed about the outcomes of assessment and planning and have access to the consumer’s care and service plan if they wish.
* Consumers/representatives were able to provide examples of how other providers of care are involved in meeting consumers’ healthcare needs.
* Consumers/representatives said staff understand their end of life (EOL) wishes and a review of documentation confirmed the consumer’s wishes are mostly documented.

The service has systems in place which generally supports planned care and services that meet each consumer’s needs, goals and preferences and informs the delivery of safe and effective care. Care and service plans for consumers sampled show integrated and coordinated assessment and planning involving other organisations, individuals and providers of other care and services, including MO, allied health professionals (AHPs) and specialists.

However, the Assessment Team identified:

* The service was unable to demonstrate consideration of risks to the consumer’s health and wellbeing informs the delivery of safe and effective care and services, specifically in relation to completion of behaviour support plans (BSPs) for consumers subject to restrictive practices and completion of a risk assessment for a consumer identified with suicidal ideation.

The Assessment Team found that four of five specific requirements were met.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

The service was unable to demonstrate consideration of risks to the consumer’s health and wellbeing informs the delivery of safe and effective care and services, specifically in relation to completion of Behaviour Support Plans for consumers subject to restrictive practices and completion of a risk assessment for a consumer identified with suicidal ideation.

The Approved Provider responded on 3 June 2022 and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps and stated they have reviewed the care plans for the consumers brought forward in the Assessment Team’s report and Behaviour Support Plans have been updated to include consideration of risks and strategies to mitigate risk.

I acknowledge the Approved Provider’s response. As these actions require time to demonstrate suitability and effectiveness, I consider at the time of the site audit, the service did not demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

Therefore, I find this Requirement is Non-compliant.

### 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 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Most sampled consumers/representatives considered they receive personal and clinical care that is safe and right for them.

For example:

* Overall consumers/ representatives said consumers get the care they need; their needs and preferences are effectively communicated between staff and described the ways the care being provided is meeting their needs.
* Most consumers/representatives said staff have discussed EOL and that they have an AHD in place.

However, the Assessment Team identified:

* The service was unable to demonstrate appropriate infection control practices have been consistently implemented. The Assessment Team observed and identified several deficiencies including both registered and care staff not appropriately wearing face masks; registered staff not adhering to the service’s ‘bare below the elbow’ policy; soiled linen bags; rubbish bins with no lids; inconsistent adherence to timing for visitor rapid antigen testing; mould on bed baths and staff unaware of the requirements around cleaning of shared equipment.

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

### 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) Non-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.*

The service was unable to demonstrate appropriate infection control practices have been consistently implemented. The Assessment Team observed and identified several deficiencies including both registered and care staff not appropriately wearing face masks; clinical staff not adhering to the service’s ‘bare below the elbow’ policy; soiled linen bags; rubbish bins with no lids; inconsistent adherence to timing for visitor rapid antigen testing; mould on bed baths and staff unaware of the requirements around cleaning of shared equipment.

The Approved Provider responded on 3 June 2022 and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps and stated they have undertaken staff training with staff, reviewed signage for testing of contractors and purchased new equipment to replace equipment not fit for purpose.

I acknowledge the Approved Provider’s response. As these actions require time to demonstrate suitability and effectiveness, I consider at the time of the site audit, the service did not demonstrate effective minimisation of infection related risks through implementing standard and transmission based precautions to prevent and control infection.

Therefore, I find this Requirement is Non-compliant.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Overall sampled consumers considered they get 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. For example:

* Consumers/representatives said consumers are supported to engage in activities they are interested in, both inside and outside the service.
* Consumers/representatives said the service supports and facilitates them to maintain personal and social relationships and remain in contact with people who are important to them.
* Consumers/representatives said the activity schedules are varied and adequate to meet consumers’ needs and preferences, and the service involves other individuals and external organisations to supplement the activities schedule where required or beneficial to the consumer.
* Consumers said the service meets their emotional, social, spiritual and psychological needs through the internal supports provided by staff and referrals to external providers.
* Consumers provided positive feedback in relation to the meals and said the meals are of suitable quality and quantity and are varied.

Care planning documentation demonstrates each consumer’s condition, needs and preferences are effectively communicated within the organisation and with others who provide services and supports for daily living. Care planning documentation demonstrates that timely and appropriate referrals are made to other providers of care and services as required.

The Assessment Team observed lifestyle and leisure supports and equipment to be clean, well-maintained, safe and suitable to the needs of the consumer cohort.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers considered they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers/representatives interviewed said they are satisfied with the living environment and were looking forward to the refurbishment plans for the service.
* Consumers said they are able to decorate their room as they choose and bring in items of their own furniture.

However, the Assessment Team identified areas within the service that were not safe, clean and well maintained or permitted access for some consumers to freely move inside and outdoors. For example:

* The Assessment Team observed that while the environment was secure, some internal and external areas of the service and some furniture and shared equipment were not clean and/or well maintained.
* Some of the service’s designated evacuation paths were obstructed and were not safe or accessible for consumers with mobility aids.
* Areas identified as potential risks to consumers includes unlocked chemicals which were accessible to consumers, consumers smoking in non-designated smoking areas, safety issues with the staff smoking area, and doors in Primrose residential wing were locked preventing access to the outdoor garden.

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

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

The service was unable to demonstrate the environment is safe, clean, well maintained and comfortable and enables consumers to move freely both indoors and outdoors. Some emergency fire evacuation paths were obstructed and too narrow for consumers in wheelchairs to access and unlocked chemicals on cleaning trolleys posed a potential risk to some consumers. The Assessment Team identified issues with cleanliness; consumers smoking in non-designated smoking areas and safety issues with the staff smoking area; several areas of clutter throughout the service; and observed the door in Primrose residential wing was locked preventing access to the outdoor garden.

The Approved Provider responded on 3 June 2022 and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps and stated they have reviewed the fire evacuation egress and made the necessary changes including, smoking areas have been redesignated, garden areas improved for safety, cleanliness and clutter addressed and the door to the outdoors will now be opened earlier.

I acknowledge the Approved Provider’s response. As these actions require time to demonstrate suitability and effectiveness, I consider at the time of the site audit, the service did not demonstrate the service environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.

Therefore, I find this Requirement is Non-compliant.

### Requirement 5(3)(c) Non-compliant

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

The service was unable to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. Some shared equipment was observed to be unclean and unhygienic, some furniture was stained, and animal droppings was observed on some outdoor furniture.

The Approved Provider responded on 3 June 2022 and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps and stated they will all furnishings are to be cleaned and items will be added to the preventative maintenance and cleaning schedule to ensure regular upkeep and cleaning.

I acknowledge the Approved Provider’s response. As these actions require time to demonstrate suitability and effectiveness, I consider at the time of the site audit, the service did not demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

Therefore, I find this Requirement is Non-compliant.

# STANDARD 6 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The Assessment Team also examined the complaints register and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers/representatives considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken in response to complaints.

For example:

* Consumers/representatives sampled were aware of the service’s formal processes for raising a complaint, said they felt safe raising any issues directly with staff and/or management and did not express concern about potential retribution if they were to provide feedback.
* Consumers/representatives sampled were satisfied that appropriate action was taken in response to feedback and complaints and felt confident that if there were any issues in future, these would be promptly resolved by the service.

The Assessment Team reviewed the organisation’s approach to reviewing and acting on complaints through discussion with management and an examination of the service’s policies and complaints data. Whilst the service is actively responding to and resolving feedback and complaints raised, it is unable to demonstrate feedback and complaints raised by consumers/representatives and staff verbally are consistently documented in accordance with the service’s policy, used to enable an accurate complaints trends analysis and to improve the quality of care and services.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

### Requirement 6(3)(d) Non-compliant

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

The service was unable to demonstrate feedback and complaints raised by consumers/representatives and staff verbally are consistently documented in accordance with the service’s policy, used to enable an accurate complaints trends analysis and to improve the quality of care and services.

The Approved Provider responded on 3 June 2022 and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps and stated they will undertake staff training on handling complaints and ensure issues raised are captured in the service’s Comments and Complaints Log to inform improved care and service delivery.

I acknowledge the Approved Provider’s response. As these actions require time to demonstrate suitability and effectiveness, I consider at the time of the site audit, the service did not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services.

Therefore, I find this Requirement is Non-compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters and training schedules and attendance records.

Consumers/representatives interviewed considered that consumers get quality care and services when they need them from staff who are knowledgeable, capable and caring. For example:

* Consumers/representatives interviewed confirmed staff are kind, caring and treat them well.
* Consumers/representatives confirmed staff know what they are doing and are confident staff are adequately trained and competent in their roles.
* Consumers/representatives provided mixed feedback in relation to the adequacy of staff numbers at the service, with some consumers/representatives commenting staff are responsive and available when needed, and others raising concerns regarding care staff shortage however did not provide examples of where this has impacted them personally.

Most staff interviewed considered there were enough staff at the service and they were allocated enough time to complete their assigned tasks. Some staff commented regarding shortage of care staff at the service however advised management were taking actions to recruit staff and implement improvements to address these concerns.

However:

* The service was unable to demonstrate effective workforce training as staff mandatory training completion is overdue and training has either not been provided or has been ineffective in relation to restrictive practices, serious incident reporting and the Aged Care Quality Standards.
* Staff performance appraisals are overdue and the service was unable to provide a performance appraisal register for staff or schedule for completing staff performance appraisals.

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

## Assessment of Standard 7 Requirements

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

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

### 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) Non-compliant

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

The service was unable to demonstrate effective workforce training as staff mandatory training completion is overdue and training has either not been provided or has been ineffective in relation to restrictive practices, Serious Incident Response Scheme (SIRS), open disclosure and the Aged Care Quality Standards.

The Approved Provider responded on 3 June 2022 and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps and stated they will ensure staff have completed all mandatory training by end of July 2022 and will ensure training modules offered include SIRS, complaints management, infection control, the Quality Standards, dignity of risk and restrictive practices.

I acknowledge the Approved Provider’s response. As these actions require time to demonstrate suitability and effectiveness, I consider at the time of the site audit, the service did not demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Therefore, I find this Requirement is Non-compliant.

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

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

The service was unable to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken as staff appraisals are overdue and there is no action plan in place for completion of performance appraisals.

The Approved Provider responded on 3 June 2022 and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps and stated they have already overhauled their staff performance appraisal system and will be rolling out the new system across the organisation.

I acknowledge the Approved Provider’s response. As these actions require time to demonstrate suitability and effectiveness, I consider at the time of the site audit, the service did not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

Therefore, I find this Requirement is Non-compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Sampled consumers/representatives considered the organisation is well run and consumers can contribute towards improving the delivery of care and services.

Interviews with management and review of documentation identified the organisation’s governing body promotes a safe and inclusive culture at the service and is accountable for the delivery of safe and quality care and services.

However, the service was unable to demonstrate:

* Effective organisation wide governance systems related to
* continuous improvement: the service does not have a consolidated PCI and is unable to demonstrate ongoing actions plans are maintained to identify, monitor, track and close out improvement actions arising from feedback and complaints, clinical trends, surveys and internal audits.
* workforce governance: staff mandatory training and performance appraisals are overdue.
* regulatory compliance: SIRS policies and procedures are not readily accessible to staff; staff do not have a shared understanding of SIRS and restrictive practices; information regarding restrictive practices has not been communicated to consumers/representatives.
* feedback and complaints: no processes in place to ensure verbal feedback is consistently documented and used to inform continuous improvement.
* Effective risk management systems and practices in relation to supporting consumers to live the best life they can, and in relation to accessible policies and procedures and effective staff training regarding SIRS.

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

## 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) Non-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.*

The service was unable to demonstrate effective organisation wide governance systems related to continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

The Approved Provider responded on 3 June 2022 and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps and stated they will develop a Continuous Improvement Plan for the service and undertake implement the newly developed staff appraisal system.

I acknowledge the Approved Provider’s response. As these actions require time to demonstrate suitability and effectiveness, I consider at the time of the site audit, the service did not demonstrate effective organisation wide governance systems relating to the following: information management, continuous improvement, financial governance, workforce governance, including the assignment of clear responsibilities and accountabilities, regulatory compliance and feedback and complaints.

Therefore, I find this Requirement is Non-compliant.

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

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

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

The service was unable to demonstrate effective risk management systems and practices in relation to supporting consumers to live the best life they can, and in relation to accessible policies and procedures and effective staff training regarding SIRS.

The Approved Provider responded on 3 June 2022 and did not refute the Assessment Team’s findings. The Approved Provider acknowledged the gaps and stated they will undertake staff training to ensure potential and actual risk for consumers is managed including training in SIRS. As the decision maker I feel this issue is addressed in Standards 1, 2 and 7. I note that the Approved Provider has systems to manage risk as detailed in the Assessment Teams report. Whilst the Assessment Team found that staff awareness of SIRS needed to be improved the service is complying with their responsibilities to report incidents as required under the Serious Incident Response Scheme.

Therefore, I find this Requirement is compliant.

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

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

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

# Areas for improvement

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

### Requirement 1(3)(d)

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

* Ensure comprehensive risk assessments are conducted to ensure consumers are supported to take risks to enable them to live the best life they can.
* Conduct staff education so staff can take into consideration consumers choices regarding risk and develop strategies with them to minimise risk.

### Requirement 2(3)(a)

*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.*

* Ensure care plans and Behaviour Support Plans include consideration of risks to consumer’s health and well-being and strategies to mitigate risk.

### Requirement 3(3)(g)

*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.*

* Ensure staff demonstrate appropriate infection control practices with regard to wearing PPE, shared equipment, waste disposal and COVID testing.
* Ensure shared equipment in use is fit for purpose.

### Requirement 5(3)(b)

*The service environment:*

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

* Ensure fire evacuation paths are unobstructed and safe, chemicals when not in use are locked away, the environment is clean and clutter free, smoking areas are safe and consumers can move freely indoors and outdoors.

### Requirement 5(3)(c)

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

* Ensure furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers.

### Requirement 6(3)(d)

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

* Undertake staff training on handling complaints and feedback and
* Ensure issues raised are captured in the service’s Comments and Complaints Log to inform improved care and service delivery.

### Requirement 7(3)(d)

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

* Ensure staff have completed all mandatory training and
* Training modules offered ensure staff are supported to deliver the outcomes required by these standards.

### Requirement 7(3)(e)

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

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

### Requirement 8(3)(c)

*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.*

* Ensure effective organisation wide governance systems related to continuous improvement, workforce governance, regulatory compliance and feedback and complaints.