Uniting AgeWell Hawthorn Community

Performance Report

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**Commission ID:** 3089

**Provider name:** Uniting AgeWell Limited

**Site Audit date:** 11 April 2022 to 13 April 2022

**Date of Performance Report:** 1 July 2022

# Performance report prepared by

James Howard, 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** | **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) | 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 conducted from 11 April 2022 to 13 April 2022; 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.
* material held by the Secretary in relation to the service.
* the provider’s response to the Site Audit report received 27 May 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers and representatives said consumers felt treated with kindness, respect and care at the service. Staff demonstrated familiarity with consumers’ cultural, linguistic and religious backgrounds and their care preferences. Documentation demonstrated the service had policies, procedures, strategic plans and a diversity committee, which supported staff in delivering person-centred care that considered consumers’ cultures and identities.

Consumers and representatives reported consumers felt supported to practice their faith and observe religious protocols. Staff knew which consumers were from culturally and linguistically diverse backgrounds and described how their language needs were met. Other evidence demonstrated the service supported diverse consumers. Examples included care plan documents which included information about cultural values and requirements, staff received diversity training and information about interpreting services was available throughout the service.

Consumers reported they felt supported to maintain their important relationships, their independence and to exercise choice in how their care was delivered. Staff described how they provided care in line with consumer choices and demonstrated familiarity with consumer preferences and important relationships. Documentation confirmed staff were supported with training and a consumer choice and decision-making policy ensured consumer freedom of choice was respected.

Consumers considered they were supported to take risks they wanted to take. Staff described how the service supported consumers to take risks, by consulting with consumers and their representatives and completing risk assessments and suitable strategies to mitigate those risks. Care plans confirmed the service used clinical and non-clinical risk assessments to support consumer choice.

Consumers reported they received the information they needed to make decisions about their care and lifestyle activities; however, several representatives reported that recent changes in visitor restrictions were not communicated in a timely manner. Staff described communication strategies they used to support consumers with sensory or cognitive barriers. Information about daily menus and lifestyle activities were displayed in large font throughout the service and documentation showed the service also used a range of meetings to provide information to consumers.

All consumers interviewed said their personal privacy was respected at the service. Staff described how they respected consumer privacy by knocking before entering rooms, closing doors before providing personal care and being familiar with the privacy preferences of individual consumers and observations confirmed staff used the described strategies. Staff were supported with policies on the protection of personal privacy and information.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

For most sampled consumers, care plans showed that assessment and planning informed care and services, including in relation to health and well-being risks. Consumers and representatives were satisfied with the assessment and planning processes used and their involvement in it. Staff described the processes used to development care plans upon admission and the ongoing review processes. Staff were supported with policies and practice standards, as well as assessment tools integrated into the electronic care management system (ECMS).

Care plans contained consumers’ current care needs, strategies for staff to provide care in line with goals and preference and evidence of advanced care planning. Consumers and representatives confirmed they were satisfied care was provided in line with their needs and preferences. Staff described end-of-life and palliative care discussions with consumers and their representatives. Documentation confirmed staff were supported with policies and practice standards for palliative care.

Care plans evidenced ongoing partnership between the service and consumers, representatives and other organisations, individuals and service providers. Consumers and representatives confirmed they participated in assessment and planning discussions and were kept well-informed of changes or updates in care. Staff described how the service instigated referrals to external services and how the service collaborated with allied health professionals to complete common assessments. Observations confirmed allied health professionals worked in the service and care plans contained strategies and recommendations from external individuals, organisations and services.

Care plans showed that consumers and representatives were consulted in reviews. Consumers confirmed they were advised about evolving care needs and included in keeping their care plans current. Staff explained how assessment and planning outcomes were shared with consumers and representatives at care conferences and confirmed they received information about outcomes of assessment and planning through handovers, progress notes and care plans. Observations confirmed current care needs and changes were communicated via alerts on the service’s electronic care management system, handover meetings and updates to care plans.

Feedback from consumers and representatives demonstrated that care plans were reviewed on a regular basis, consumers and representatives were included and reviews occurred in response to incidents and changes in consumers’ conditions. Staff described the care plan review process and how changes or incidents triggered a review or reassessment of the consumer and their care plan. A clinical assessment and care planning policy with associated practice standard supported staff in assessment, planning and reviews.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Consumers and representatives interviewed considered consumers received care that was safe and right for them. Care plans showed consumers received tailored, best practice personal and clinical care that optimised their health and well-being. For example, care plans demonstrated involvement of external specialists in response to consumer needs relating to behaviour, weight loss and wound care. Staff confirmed they were guided by practice standards, outlined how consumer general health was monitored and demonstrated their knowledge of sampled consumer needs, preferences and significant risks. The service monitored staff practice through clinical and whole-of-service audits and clinical indicators were aggregated and discussed monthly. The Assessment Team found the service compliant with requirements for the chemical and environmental restraints used at the service. Skin integrity and wound care aligned with best practice. Pain management also reflected best practice and included use of pain assessment tools, pain charts and use of pharmacological and non-pharmacological pain management strategies.

Consumers and representatives were satisfied with the service’s management of high impact and high prevalence risks, such as in relation to diabetes management, wound care and behaviour. Care planning documents showed the service had effective processes for identifying risk, using evidence-based assessment tools and appropriate management strategies. Staff knew the main high impact and high prevalence risks for consumers and accurately described the strategies used to manage those risks. Policies and procedures guided staff practice in areas of risk, including in relation to clinical deterioration, pressure injury prevention and management and restrictive practice management.

Care planning documents showed the service identified, documented and addressed consumers’ end-of-life needs, goals and preferences. Advanced care plans contained preferences for end-of-life care and treatments and showed involvement of representatives in planning decisions. Staff described where end-of-life plans, and advanced care plans are stored and described how care changed when consumers neared end-of-life. Policies guided staff practice at end-of-life, including in relation to pain management and comfort care.

Representatives said the service managed changes in consumer behaviour well and were satisfied with strategies used to respond to deterioration. Care plans showed staff recognised and responded to behaviour deterioration and escalations in a timely manner. Staff described how assessments were used to identify causes of behaviour deterioration. The service had registered clinical staff in attendance 24 hours per day, to support other staff in responding to changes or deterioration in consumers.

Representatives were satisfied the service communicated information about consumers’ conditions, needs and preferences and confirmed staff were familiar with consumers’ requirements. Care planning documentation, including progress notes, contained information which supported the delivery of safe and effective care. Staff described information sharing processes with external professionals and confirmed they received the information they needed to provide safe and effective care. The Assessment Team observed shift handovers and verified that essential information about individual consumers was conveyed between staff.

Care plans showed the service had an effective referrals process and sampled consumers received timely care from a range of appropriate individuals, organisations and providers. Representatives confirmed consumers received care and services from, for example, geriatricians and medical officers when needed. Staff described how referrals were instigated and recommendations from external professionals incorporated into care and service delivery. Observations and review of progress notes confirmed staff routinely made referrals to other services for consumers.

Staff demonstrated their knowledge of infection prevention and control practices relevant to their roles and confirmed they received training which included PPE usage, hand hygiene and infection control. Observations confirmed the service had outbreak management and antimicrobial stewardship policies in place and employed screening on arrival to the service’s single point of entry; however, the Assessment Team noted some deficits in the service’s screening processes.

### 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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team recommended Requirement 4(3)(f) as Not Met. Having considered the evidence, I reached a different decision and decided the service is Compliant with this Requirement. I have detailed the reasons for my finding in the relevant Requirement below.

Consumers said they felt supported by the service to do the things they wanted to do and the service asked for their input when developing the activities calendar. Care planning documents contained information about consumers’ favoured activities and their preferences for socialising. Staff confirmed the service had effective processes for identifying consumer interests and the supports they needed to participate in activities that enhanced their quality of life. Most staff were familiar with consumers’ favoured activities. Consumers were observed participating in a range of group activities during the site audit.

Consumers said the service supported their emotional, spiritual and psychological wellbeing with religious services, religious visitors and support to go on frequent outings. Care plans documented consumers’ emotional, spiritual and religious supports and preferences. Staff described how the service supported consumers’ wellbeing, and the majority considered they could identify when consumers were feeling low and would know how to respond. Observations and documents demonstrated the service had effective processes and resources which supported consumer mental-health and wellbeing, including a visiting social worker and a policy which guided staff in the detection of depression.

Consumers described how they were supported to participate in community activities, maintain important relationships and do things that interest them. Lifestyle care planning documentation included information about key visitors for each consumer, the activities and supports sampled consumers enjoyed inside and outside the service and instructions for how to support the consumer’s participation. Staff described how they assisted consumers to maintain relationships with family and friends, through calls, visits and outings. During lockdowns, consumers were supported with digital and other means of contact with loved ones, including ‘window visits.’

Consumers considered the service effectively communicated information about their daily living preferences and staff knew what they needed. Sampled care plans contained information which enabled effective and safe support with activities of daily living. Staff interviews demonstrated, through specific examples, that information about consumer conditions, needs and preferences was communicated effectively within the organisation. Other evidence confirmed the service had structured and effective processes which supported communication between staff and others involved in care.

Consumers interviewed did not identify any needs for engagement with external care providers or supports, as they considered their needs were met onsite. Some consumers said they independently engaged their own religious supports. Care plans demonstrated some involvement of external services and individuals in daily living supports. Lifestyle staff confirmed the service’s engagement with external community groups, entertainers and religious personnel was impacted by pandemic restrictions. Staff were guided by the service’s referrals policy.

Consumers confirmed they had access to the equipment they needed, which was well-maintained, clean and safe for use. Staff understood the process used to report equipment maintenance issues and the lifestyle program coordinator confirmed the program was well resourced and they could obtain additional items if needed. Documents confirmed the service had a preventative maintenance system which was up-to-date and the service monitored the cleanliness and condition of equipment.

## 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.*

The Assessment Team found the service did not provide meals of suitable quantity.

Relevant (summarised) evidence included:

* Mixed consumer feedback regarding the quality of food. One consumer preferred food to be cooked fresh while another consumer considered the meals lacked flavour and stated they were not provided with their preferred style of eggs. Another consumer reported the meals were bland.

The remaining evidence put forth by the Assessment Team reflected compliance with the Requirement. Consumers and representatives confirmed meal portions were generous, additional food was available and care plans contained detailed information about dietary preferences, requirements and meal time support needs.

The Approved Provider disputed the Assessment Team’s recommendation and noted the majority of consumers were satisfied with the quality and quantity of food provided at the service. The response included evidence of overall consumer satisfaction with food at the service, including results of consumer surveys. The response also referred to evidence supplied to the Assessment Team during the site audit, which was not reflected in the site audit report. This material demonstrated that two of the three consumers cited by the Assessment Team received modified and individualised menus in response to previous feedback or complaints. The response also showed the service worked extensively with two of the consumers and their representatives to ensure meals were of sufficient quality and quantity and the service noted both consumers had maintained or gained weight during their time there.

The Approved Provider’s response also provided clarifying evidence and information regarding other evidence in the site audit report it considered to be inaccurate. I acknowledge the supporting evidence and information provided and did not consider those examples provided by the Assessment Team in reaching my decision.

The majority of evidence presented in the site audit report demonstrated compliance. The Assessment Team found the service’s menu was developed with input from consumers and was continuously adapted in response to consumer feedback. While some consumers and their representatives expressed dissatisfaction with the flavour of the meals, two consumers acknowledged improvements and one stated their needs were generally met.

Other evidence put forth by the Assessment Team showed the service addressed consumer dietary requirements and provided sufficient nutrition and hydration to maintain life and good health and to reduce risks of malnutrition and dehydration. There were no indication consumers did not receive the support they needed to consume food and drinks and there was no evidence to suggest the three consumers who reported dissatisfaction with the flavour of meals experienced any identifiable detrimental impact as a result of meals provided to them.

Having considered the available evidence, including the Assessment Team’s findings and the Approved Provider’s response, I reached a different finding to the Assessment Team and decided the service is Compliant with this Requirement.

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers said they felt at home and comfortable in the service, and that they enjoyed living there. Management said they knew consumers felt at home in the service through consumer and representative feedback, surveys and direct conversations. The service was set out across multiple floors, with each floor having communal areas and outdoor balconies, as well as an internal courtyard on the ground floor. The service incorporated some dementia-sensitive design features; however, the Assessment Team found the corridors throughout the service looked very similar to each other.

Consumers were satisfied with the cleanliness of the service, confirmed the equipment and furnishings were kept in good working order and reported they could access all areas of the service. Consumers were observed freely moving about all levels of the service, except those in the Memory Support Unit, who enjoyed free access to an internal courtyard, and supported access to the remainder of the service. Staff described the preventative and reactive maintenance systems used at the service and confirmed maintenance requests were actioned in a timely manner. Observations showed the service was safe, clean and well-maintained, with wide, hazard free corridors that supported consumer mobility and independence.

Consumers reported they had access to the equipment they needed, which included a functioning call bell system, and they felt confident staff used equipment competently. Staff described the equipment-specific maintenance and service schedule and the operating procedures for equipment which were available for staff use. Observations confirmed consumers had their own equipment in accordance with their needs and lifting equipment was clean and working appropriately.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team recommended Requirements 6 (3)(c) and 6 (3)(d) not met. Having considered the evidence, I reached a different decision and decided the service is Compliant with these Requirements. I have detailed the reasons for my findings in the relevant Requirements below.

Most consumers and representatives interviewed said they felt comfortable, encouraged and supported to make complaints and provide feedback to the service and were aware of how to do so. Staff described how complaints and feedback were provided to the service and how they supported consumers to do so. Observations and document review confirmed the service displayed information about complaint mechanisms, had feedback boxes available, an updated complaints management policy and a forum to raise concerns at a ‘Resident and Relative’ meeting.

Consumers and representatives said they were aware of external complaint avenues, such as the Commission and advocacy services and were comfortable with escalating their complaints if not resolved by the service. Staff demonstrated shared understanding of internal and external complaints and feedback mechanisms and described how consumers were supported to access those as needed. The service provided consumers and representatives with contact information for the Commission, advocacy services and interpreting services, with information also provided in languages other than English upon request.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The Assessment Team found the service used an open disclosure process when things went wrong but did not always take appropriate action in response to complaints. Relevant (summarised) evidence included:

* Consumer B and their representative previously complained about insufficient staffing and agency staff being unable to complete a transfer. The response from management did not address the concerns to their satisfaction.

In its response, the Approved Provider disagreed with the Assessment Team’s findings. The response contained arguments and evidence which disputed evidence in the site audit report. Relevant (summarised) arguments included:

* The consumer had detailed hygiene preferences that required extended periods of support from multiple staff. Incidents occurred that sometimes resulted in the consumer not receiving a shower at their preferred time; however, evidence provided showed the consumer received a shower as per their preference most of the time. The Approved Provider contended it reviewed the service’s rosters and found the rosters appropriate for consumers’ care needs. Other evidence provided in relation to staffing is considered in relation to Requirement 7 3(a), where it is more relevant.

The Approved Provider’s response also contained clarifying information regarding other evidence in the Assessment Team’s report the Approved Provider considered to be inaccurate or lacking in context. I acknowledge the Approved Provider’s evidence and explanations and did not consider those examples provided by the Assessment Team in reaching my finding.

Having regard to the Assessment Team’s report and the Approved Provider’s response, I find the service is Compliant with this Requirement, for the following reasons.

Although Consumer B and their representative were not satisfied with the service’s response to their complaint about understaffing, this is insufficient to support a non-compliant finding. The service provided an appropriate response which incorporated open disclosure, and which satisfied this Requirement. I note there was little evidence about the response provided either by the Assessment Team or the Approved Provider; however, evidence set out in other Requirements shows the service responded to a significant number of complaints made by the consumer and their representative, as well as others, and mad reasonable efforts to satisfy their requirements. Evidence provided with the Approved Provider’s response showed the service had already provided a suitable response to the complaint about agency staff manual handling skills, prior to the site audit.

As the complaint concerned understaffing and consumer to staff ratios, I have also considered the evidence in relation to Requirement 7(3)(a), where it is more relevant.

On balance, because the service provided a response to Consumer B and because of a lack of other strong evidence to support the Assessment Team’s recommendation, I find the service is Compliant with this Requirement.

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

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

The Assessment Team found the service did not consistently review and use feedback and complaints to improve the quality of care and services. Relevant (summarised) evidence included:

* A review of the service’s continuous improvement plan showed complaints, feedback and suggestions were not being documented and planned improvement actions, timeframes for action and evaluations of the service’s response to those actions were not documented.
* Consumer A complained about a 50-minute call bell response time. They received an apology and an explanation for the delayed response, and an undertaking that staff would be counselled. The Assessment Team’s response provided no further information about this example, including whether the service used this complaint to inform continuous improvement.
* Consumer B and their representative’s complaint about understaffing and slow call bell response time (outlined in Requirement 6(3)(c) above) was corroborated with reference to the consumer’s call bell report. The consumer considered the staff shortages were a continued issue at the service and that their complaint was not resolved. The Assessment Team’s response provided no further information about this example including whether the service used this complaint to inform improvements at the service.

In its response, the Approved Provider disputed the Assessment Team’s findings, and provided the relevant (summarised) arguments outlined below:

* It investigated the excessive call bell response time that was the subject of Consumer A’s complaint and the delay was due to staff assisting another consumer at the time. The response noted the numerous other call bells for the consumer that day were answered in under 2 minutes and the isolated incident did not constitute sufficient evidence to support a recommendation of non-compliance. The service now reviews call bell times, reports the details at monthly quality meetings and discusses them with consumers and resident and relative meetings.
* Regarding Consumer B, the Assessment Team was provided with a call bell report that showed average call bell responses above 10 minutes and a second report which showed average call bell response times overall. The second report, which was provided to the Commission, showed Consumer B’s overall average response times were less than 1.2 minutes during the sampled period. The response noted that site management investigated reports of excessive wait times and Consumer B’s manual handling requirements were reassessed and a personal care schedule introduced, to address the consumer’s concerns. The service has established processes for reviewing rosters (refer to Requirement 7(3)(a) for details.
* In relation to the finding concerning the service’s apparent failure to record all complaints and follow up in the continuous improvement plan, the Approved Provider gave further context and clarification regarding the proportions of complaints received at the service. The response also provided examples of improvements at the service which arose from feedback and complaints which the Assessment Team did not consider and noted the organisation had a dedicated staff member who manages escalated complaints, to facilitate change.

The response also provided clarification regarding other evidence in the Assessment Team’s report the Approved Provider identified as inaccurate or as lacking in context. I acknowledge the supporting evidence and information provided and did not consider those examples provided by the Assessment Team in reaching my finding.

Having had regard to the Assessment Team’s evidence and the Approved Provider’s response, I find the service is Compliant with this Requirement, for the following reasons.

Although the Assessment Team observed the service’s continuous improvement plan and found it did not consistently reflect complaints and feedback provided, the Assessment Team did not provide any detailed examples of complaints that should have been recorded in the Plan for Continuous Improvement, but which were not. In addition, the Assessment Team’s recommendation was based only on examples of complaints made in relation to Consumers A and B, resulting in a limited range of evidence to support their recommendation, and insufficient evidence of a systemic failure to use complaints to inform service level improvements. Much of the information provided reflected compliance with the Requirement and the Assessment Team did not consider other examples of improvement actions taken because of consumer complaints or feedback, which they included in Requirements 4(3)(f) and 8(3)(a). Those examples showed the service used feedback and complaints to pursue improvements and make changes at the service level.

Based on the reasons outlined above, I find the service is Compliant with this Requirement.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Non-compliance is in relation to Requirement 7(3)(d). Reasons for my decision are outlined in the relevant Requirement below.

The Assessment Team recommended Requirement 7(3)(a) was not met. However, my finding differs from the recommendation and I consider the service is Compliant with this Requirement. Reasons for my decision are detailed in the relevant Requirement below.

Most consumers and representatives considered staff were kind, caring, gentle and respectful. Staff demonstrated an accurate understanding of sampled consumers’ needs and preferences. Staff-consumer interactions observed during the Site Audit were personalised, friendly and appropriate.

Consumers and most representatives considered staff had the skills and knowledge necessary to meet the care needs of consumers. Management described how the service was supported by the organisation in recruitment and screening processes and staff confirmed they felt supported by colleagues, had a clear understanding of their roles and participated in annual performance reviews. Documents confirmed the service had processes in place for worker screening and professional registration monitoring and had position descriptions setting out role responsibilities and duties, as well as necessary experience and qualifications.

Staff described the performance review process, which included a six-week probation and annual performance appraisals. The orientation process included buddy shifts for new staff, a suite of mandatory trainings and competency assessments. Staff performance appraisals were up to date and the Assessment Team reviewed a range of policies and procedures that guided workforce management, recruitment, performance monitoring and performance management at the service.

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found the service did not comply with this Requirement, as staff shortages resulted in some consumer care preferences not being met. Relevant (summarised) evidence included:

* Consumer B and their representative considered there were not enough staff at the service, which resulted in consumer needs not always being met or the consumer waiting for their needs to be met.
* Consumer A’s representative considered the staffing situation had deteriorated. They also noted Consumer A’s call bell was usually answered quickly but there had been occasional 30-minute wait times. Consumer A confirmed their bell was answered quickly; however, staff had competing priorities and were not able to chat.
* Consumer C’s representative commented that staff turnover presented difficulties and noted that Consumer C’s call bells were usually answered quickly but there could be wait times of over 20 minutes. Overall, the representative was positive regarding the staff and care provided.
* Interviewed care staff confirmed some staff shortages and said that while consumer care was delivered, when the service was short-staffed, consumers would need to wait, and care needs would be prioritised. They confirmed the service sometimes struggled to fill unplanned leave shifts and as a result, care and clinical staff might work later or complete double shifts, which created fatigue. Where agency staff were used to fill vacant shifts, they required additional support to meet consumer needs.

The remaining evidence put forth by the Assessment Team reflected compliance with this Requirement.

In its response, the Approved Provider disputed some of the Assessment Team’s findings and acknowledged others. The Approved Provider described the system used to plan workforce numbers and outlined that it was based on consumer care needs and numbers. It acknowledged difficulties in filling unplanned leave shifts, and overall staffing challenges facing the industry at present. However, the response provided evidence which demonstrated the service was mostly able to fill unplanned shifts using a combination of permanent staff and agency staff, including having staff work extended hours, bringing staff from other roles to fill vacant shifts and obtaining staff from multiple agencies. The response demonstrated staff were continuously recruited since the service was commissioned in 2020. The Approved Provider contended there was no detrimental impact to consumers as a result of unplanned leave shifts and while some consumers did need to wait at times to receive their care, the required care was provided.

In relation to Consumers A and B, the response provided further context and clarifying information. I considered that information and evidence, and I gave less weight to those examples as a result. The response also provided clarifying information regarding other evidence in the Assessment Team’s report the Approved Provided considered to be inaccurate or lacking in context. I acknowledge the supporting evidence and information provided and did not consider those examples provided by the Assessment Team in reaching my finding.

Having regard to the evidence put forth in the Site Audit Report and the Approved Provider’s response, I disagreed with the Assessment Team’s recommendation and decided the service was Compliant with this Requirement, for the reasons outlined below.

The majority of consumer and representative feedback indicated that most call bells were answered within reasonable timeframes. Call bell data provided to the Commission tended to confirm this, and the service monitored response times. Consumers themselves did not specify detrimental impacts because of sometimes waiting for care. The Assessment Team did not present any evidence to suggest that short-staffing had resulted in any substantial detrimental impact to any consumer. I also considered the Assessment Team’s recommendation that Standard 3 was compliant and personal and clinical care at the service was safe and effective.

Although care staff reported some workforce shortages that resulted in wait times for consumers, staff stated they prioritised and attended to consumer care needs, even when short-staffed. The service demonstrated it had established and effective processes for planning rosters and rosters were reviewed in line with consumer needs on a regular basis. I considered the challenges facing the industry in relation to unplanned leave and general workforce shortages, and find the service took the necessary steps to fill unplanned leave shifts as they arise.

Based on the evidence and reasoning outlined above, I find the service is Compliant with this Requirement.

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

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

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

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

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

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

The Assessment Team found the service did not comply with this Requirement, due to mixed consumer feedback and deficits in staff training completion. Relevant (summarised) evidence included:

* Consumer B and their representative, as well as Consumer A’s representative, considered training of staff at the service was deficient. Three other representatives and two other consumers interviewed were satisfied with care provided and considered staff had the necessary skills to perform their roles.
* Document review showed some staff had not completed hand hygiene training, donning and doffing of PPE training, mandatory infection control training and online Serious Incident Reporting Scheme (SIRS) training, though some had completed a SIRS ‘toolbox talk.’

The remaining evidence presented by the Assessment Team reflected compliance with this Requirement.

The response provided further context and clarifying information regarding evidence from Consumer A’s representative and Consumer B and their representative. I considered that information and evidence, and gave less weight to those examples as a result.

The response provided further context and explanation of the training records which were reviewed by the Assessment Team and issued clarifications of the total numbers of overdue training modules at the time of the audit. I acknowledge those clarifications and did not consider some of the completion rates identified by the Assessment Team in its report. However, the Approved Provider’s response acknowledged that not all mandatory training modules due at the time of the Site Audit were completed and were overdue. The response also argued that the hand hygiene and donning and doffing training mentioned by the Assessment Team were not due until after the audit date; however, the evidence provided did not clearly demonstrate this.

The response also provided clarifying information regarding other evidence in the Assessment Team’s report the Approved Provider considered to be inaccurate or lacking in context. I acknowledge the supporting evidence and information provided and did not consider the example provided by the Assessment Team in reaching my finding. Other information and evidence included in the response was not relevant to my decision and is not included here.

Having regard to the Assessment Team’s evidence and the Approved Provider’s response, I find the service is Non-compliant with this Requirement, for the reasons outlined below.

I acknowledge the organisation had a comprehensive recruitment and training framework which ensured qualified staff were recruited and staff were provided with the training needed to perform their roles. However, at the time of the site audit, not all staff had completed the mandatory training required to ensure care and services delivered aligned with the Quality Standards. While the service had a system for monitoring staff completion rates, it appears it was not effective in this instance, or alternatively, it was effective and identified the overdue training for some staff, but the service did not take action to remedy this at the time.

Based on the evidence and reasons summarised above I find the service Non-compliant with this Requirement.

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Non-compliance is in relation to Requirement 8(3)(c). Reasons for my decision are outlined in the relevant Requirement below.

Consumers and representatives confirmed they engaged in the development, delivery and evaluation of care and services through meetings, care conferences and direct conversations with staff and management. Management outlined other formal avenues through which consumers and representatives participated in evaluation of the service, including food focus meetings, ‘Livewell’ forums, postcard and other surveys.

The service was supported by the wider organisation’s governance systems and the oversight of a governing body, which was accountable for the performance of the service. The governing body was supported by a state-based executive team, who held monthly meetings which considered continuous improvement plans and disseminated safety and quality information to site managers and to the committees that oversaw governance systems. SIRS reports for the service were escalated to the organisation’s Director of Operations, which provided further oversight and monitoring of the service.

The service had effective risk management systems and practices relating to high impact and high prevalence risks, responding to abuse and neglect, consumer quality of life and incident prevention, management and response. The service had a documented risk management framework with relevant policies. Staff demonstrated their understanding of the policies with reference to specific examples, such as in relation to indicators of abuse and post-falls procedures. The service had internal monitoring and auditing systems in place.

The service provided a documented clinical governance framework that included policies and procedures relating to antimicrobial stewardship, minimising the use of restraints and open disclosure. Staff demonstrated their understanding of open disclosure and restrictive practices concepts and requirements; however, were unfamiliar with the term ‘antimicrobial stewardship.’ Clinical staff could, however, demonstrate how they implemented antimicrobial stewardship in practice.

## 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 Assessment Team found the service had organisation-wide systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints, but considered some systems were not effective. Relevant (summarised) information included:

* Workforce governance, regulatory compliance governance and feedback and complaints governance systems were found to be ineffective based on the Assessment Team’s findings that the service was non-compliant with Standards 6 and 7. Refer to Requirements 6(3)(c), 6(3)(d), 7(3)(a) and 7(3)(d) for details.

In its response, the Approved Provider disagreed with the Assessment Team’s recommendations and provided further information and supporting evidence which clarified and refuted the Team’s recommendations for Requirements 6(3)(c), 6(3)(d) and 7(3)(a). Refer to those Requirements for a detailed account of the response. In addition, the Approved Provider noted that staff training completion rates were monitored by site management, regional managers, senior executive meetings and the Clinical Governance sub-committee. The response contended that steps were immediately taken to address when mandatory training was behind schedule. Other information and evidence included in the response was not relevant to my decision and is not included it here.

Having regard to the Assessment Team’s evidence and the response, I decided the service is Non-compliant with this Requirement. I acknowledge the service, supported by the organisation, had systems and processes to manage workforce governance and to ensure staff comply with mandatory training requirements. However, at the time of the Site Audit, training on a number of topics was overdue, and the Approved Provider conceded this was the case. While its response contended the organisation took steps to immediately bring overdue training up to date, it did not provide evidence of this in its response, reflecting non-compliance with this Requirement. However, I do not consider the overdue training also implied regulatory compliance governance systems within the organisation were ineffective, and I disagree with that part of the Assessment Team’s findings.

Similarly, I previously outlined my reasons for disagreeing with the Assessment Team’s Non-compliant recommendations for Requirements 6(3)(c) and 6(3)(d). In line with those findings, there is insufficient evidence to find the organisation-wide feedback and complaints governance system was also ineffective, and I disagree with that part of the Assessment Team’s findings.

Based on the reasons and evidence outlined above, I find the service is Non-compliant with this Requirement.

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

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

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

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

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

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

# Areas for improvement

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

Standard 7 Human resources

* Requirement (3)(d) Ensure ongoing monitoring and review of mandatory staff training completion rates and follow-up action is taken to address overdue training modules.

Standard 8 Organisational governance

* Requirement (3)(c) Ensure the organisational workforce governance system is effectively implemented and monitored at the service.