Uniting AgeWell Kingsville

Performance Report

319 Geelong Road
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**Commission ID:** 3352

**Provider name:** Uniting AgeWell Limited

**Site Audit date:** 26 April 2022 to 28 April 2022

**Date of Performance Report:** 7 June 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** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

The following information was considered in developing this performance report:

* the Assessment Team’s report for the Site Audit conducted from 26 April 2022 to 28 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.
* Other information and intelligence held by the Commission in relation to this service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers and representatives advised they were treated with dignity and respect by staff who were caring and understanding in their delivery of care and services. Consumers provided positive comments about staff and advised staff respected their backgrounds and culture. Consumers and representatives confirmed staff were aware of their values and what was important to them. A consumer provided an example of attending church service every week and how staff supported him to do this. Representatives spoke of being able to visit their loved ones and being involved in decisions about care and delivery of services. Consumers advised they were supported to maintain relationships by staff, including a married couple who advised they were given privacy and support.

Consumers confirmed they were provided with information to help them make decisions, were kept well informed and were supported in their choices to involve other people in decision-making. Consumers gave examples, such as visiting the shops independently or smoking, as ways in which they were encouraged and appropriately supported to take risks in their everyday lives. Consumers said they were informed of changes at the service and were given opportunities to provide feedback at consumer meetings or in other ways. Consumers advised they were happy with how the staff respected their privacy and information, such as staff knocking on doors before entering rooms.

Staff demonstrated familiarity with consumers’ backgrounds and diversity. Staff spoke of consumers and their identities in a respectful manner that indicated a good understanding of individual consumers. Staff gave specific examples, such as a consumer whose family brought culturally significant food and descriptions of providing care and services that aligned with consumers’ backgrounds. Staff described how consumers’ culture and preferences guided them in providing care and services, such as helping consumers to attend church services on significant religious days, or to attend ceremonies on other occasions, such as ANZAC Day and Remembrance Day.

Management confirmed the service had a high proportion of culturally diverse consumers and they frequently reviewed and monitored practices to ensure cultural considerations were respected and practices were appropriate to consumers. Staff spoke about how they supported consumers to make informed choices about their care and services. Examples included ensuring consumers were ready for visitors, assisting with telephone or video calls as needed, ensuring consumers had information about their choices and options including getting specialist staff to assist, supporting consumers to maintain relationships and helping them stay connected to important people in their lives and continuing social contact during lockdowns. Staff demonstrated an awareness of risk in consumers activities and demonstrated ways in which they managed risk. Staff showed they had appropriate training and understood the organisation’s policies and processes in relation to risk management and dignity of risk.

Staff described the ways in which they provided information to consumers and representatives. Examples included activities, meals, day-to-day care and services. Staff confirmed they used different methods of communicating to ensure information was understood, such as verbal and written communication, noticeboards, newsletters and reminders as needed. Staff gave practical examples of how they respected and maintained the privacy of consumers, such as gaining permission from consumers prior to providing care and knocking on doors before entering rooms.

Care planning documents maintained by the service showed how it identified what was important to consumers in terms of life journeys, spiritualism, cultural backgrounds and family relationships. The service had policies and processes in place which guided staff in delivering culturally safe care and services to consumers, including staff training in acknowledging and respecting diversity. The service’s education topics, policies, and procedures supported consumer choice and independence, decision making and the importance of consumers maintaining relationships of choice. The service's diversity action plan guided staff in supporting consumers to make informed choices. Menus, activity calendars and other notices were displayed throughout the service, which communicated information to consumers and representatives. A notice board in the dining room showed information on COVID-19, diversity and the Aged Care Charter of Rights. The Assessment Team observed staff respected consumer privacy by knocking on doors before entering rooms, speaking privately with consumers, and providing care in the privacy of consumers’ rooms. The organisation’s policy on confidentiality was outlined in the consumer handbook.

## 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.

Consumers and their representatives confirmed their care was matched to their needs and they were engaged in the planning process. Representatives spoke about how they were involved in the care planning process and they were happy with the level of input. Consumers and representatives said they were consulted by staff when care planning was being assessed and/or reviewed and this was done by conversation, phone calls or conferences, with the process including clinical staff and/or management. Consumers advised end-of-life care planning was discussed with them when they were ready or wished to discuss it, staff were understanding of their wishes and provided information to them to assist with decision making. The assessment team sighted examples of consumers’ care planning documentation and saw specific examples of how changes in consumers’ conditions were identified and managed. Consumers and representatives advised the care planning documentation was available to them and covered their needs, goals and preferences. Consumers and representatives confirmed they were actively involved in the ongoing care planning process along with other health professionals as needed or wanted and copies of care plans were readily available to them. Consumers confirmed staff explained information to them to assist them to understand care and services. Consumers and representatives confirmed care and services were regularly reviewed, including when the consumer’s circumstances changed, or when incidents affected the needs, goals, or preferences of the consumer.

Staff confirmed they used care plans to guide them in providing care and services in a safe and effective way and gave examples that showed their awareness of individual consumer needs and preferences. Staff explained the care planning assessment process commenced upon consumer admission to the service and was completed within 28 days, with reviews conducted every three months or as required. Staff advised how management, staff, other health professionals, and consumers and representatives were involved in the care planning process. Staff advised how and when they discussed end-of-life wishes with consumers and representatives, acknowledged this can be difficult for consumers at times and gave examples of how they assisted consumers in this regard, such as only raising it as required. Palliative care staff assisted with specialist knowledge for consumers approaching the end-of-life stage. Staff described how they used other health professionals in care planning to ensure care and services were tailored to individual consumers and confirmed representatives were actively involved in the process. Staff advised how outcomes of care planning were communicated to consumers and representatives via telephone, meetings, and during in-person visits. Staff advised care plans were kept in the nurse station and were readily accessible to all staff as needed. Relevant information about consumers’ conditions, needs or preferences were discussed during shift handover meetings, with notes being documented. Staff demonstrated knowledge of their responsibility to report incidents, escalate incidents, and report changes in consumer conditions. Staff confirmed care plans were reviewed every three months or as required, and any reviews involved the consumer, their representative, clinical staff, allied health, and other medical professionals as needed. Clinical staff advised changes were made to the care plan if consumer conditions changed, or as needs or preferences changed.

Staff had access to policies and procedures that guided them in assessing and reviewing care plans for consumers. Policies included timeframes for initial assessment and ongoing review scheduling. Care planning documentation showed the consumer and others are involved in the process, examples seen by the Assessment Team demonstrated consistent involvement by a representative in care planning, or involvement by external health professionals. Where advance care planning was in place for a consumer, the details were documented in the care plan. The service had policies and procedures for end-of-life wishes and advanced care and policies were in place to assist consumers and representatives with decision making and to ensure support during the end-of-life journey. The service demonstrated the use of external health professionals in the service by showing rosters and scheduling of various providers that visited the service. Care planning documentation was readily available, and notes showed involvement of consumers and representatives. The service monitored and identified trends and clinical indicators including, but not limited to, skin integrity, falls, hospitalisations, pressure injuries, and infections across consumers.

## 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 their representatives stated they were confident the care and services they received was safe, effective and right for their needs. In addition, consumers and representatives advised the care and services they received were tailored to their specific requirements and supported their health and wellbeing. Consumers and representatives gave examples of positive actions taken by staff and the service in providing care and services.

Consumer care plans showed the service managed high risk and high prevalence risks effectively. Examples included management of a consumer who exhibited aggressive and complex behaviours, their behaviour support plan documented and covered relevant areas such as triggers and intervention strategies. Consumers expressed their confidence that the service would ensure their end-of-life wishes would be respected and carried out, including having important people with them when the time came. Consumers and representatives advised they felt communication between staff was excellent and their needs and preferences were well known amongst staff. Consumers advised if they needed access to external health or service providers they received it, such as geriatricians, external medical officers and Western Health as an organisation.

Staff used appropriate hygiene practices such as Personal Protective Equipment, cough etiquette and hand hygiene. Consumers voiced their confidence in the service’s ability to manage COVID issues.

Staff described how the service’s policies and procedures guided them in providing safe and effective care and how consumers’ care plans guided them in providing care and services that were specific to individual consumers’ needs and preferences. Care staff advised they maintained best practice by consulting with clinical staff as required, receiving regular training in clinical matters and had a registered nurse available 24 hours for escalation of issues.

Staff and management demonstrated an understanding of high risk, including their responsibilities in managing risks and strategies used to minimise risk for consumers. Staff spoke of how handover meetings ensured consumers’ conditions and changes were communicated amongst staff, which included any escalating behaviours, falls risks, skin integrity issues, pain management or dietary needs. Staff showed awareness of their reporting obligations and how these informed care planning reviews for consumers, as well as being aware of high prevalence risks for consumers such as COVID, swallowing, falls and complex behaviours. Staff confirmed all individual risks were documented in consumer care plans and described how they varied care and services for consumers nearing end-of-life to ensure consumers’ comfort was maximised. Staff gave examples such as pain management, pressure relieving mattresses, hand massages and additional personal hygiene care.

Staff gave examples of how they responded to deterioration in a consumer’s condition, which included reporting changes to the nurse in charge, contacting a medical officer or transferring the consumer to hospital. Any urgent changes in a consumer’s condition were communicated to staff through handover meetings and care documentation updates. Staff described the ways in which information was communicated within the service and with others who shared responsibility for care, these included referring to consumer care plans, staff handover documents, staff toolbox meetings, verbal handovers and emails between staff. Staff confirmed how information was shared when referrals were made to other health professionals and organisations such as the liaison team from Western Health to facilitate referrals. Clinical staff provided information to the kitchen staff for consumers with specific dietary needs and consulted with consumers and representatives when referrals were required. Staff interviewed confirmed they received training in infection minimisation techniques, which included hand hygiene, use of Personal Protective Equipment, cough etiquette and general cleaning processes. Staff were familiar with the term anti-microbial stewardship and how they could minimise the use of antibiotics.

The organisation demonstrated it had policies, processes and systems in place for the provision of safe and effective care. The service showed it conducted its own audits from a clinical and whole of service perspective. Training was provided to staff which supported best practice methodology. The organisation had policies and procedures for key areas of care which included, but was not limited to, restrictive practices, skin integrity and pain management, all in line with best practice. Staff could access both electronic and hard copies of policies and procedures as they wished. The service had policies and procedures in place for the management of risk for high risk consumers and high prevalence risk within the service and documents provided guidelines on managing, identifying and treating risk. In addition, the service monitored clinical data monthly and used the data to provide insight into areas for improvement in care delivery. The service had clinical guidelines concerning the delivery of palliative care services which were available to staff through the electronic system. Registered nursing staff were available 24 hours to support and monitor care delivered to consumers nearing the end-of-life. Clinical records showed the service regularly monitored consumers and any signs of deterioration in mental, physical or cognitive functions were recognised and responded to appropriately, which included notifying representatives. The organisation showed it had policies and procedures in place which ensured the effective flow of information within the service.

The service had policies and procedures which guided staff in the minimisation of infection-related risks using infection prevention and control principles and the promotion of antimicrobial stewardship. The service demonstrated preparedness in the event of an infectious outbreak, including COVID-19 outbreaks. The service constantly monitored and tested for COVID cases and maintained infection control processes including sanitation stations, personal hygiene regimes and stocks of Personal Protective Equipment.

### 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.

Consumers advised they felt safe in the service, received effective personal care and services, had confidence in using equipment and in moving about the service. Consumers confirmed they were supported and encouraged to do things of interest to them, such as taking part in musical activities, walking in the garden and participating in outings from the service. Consumers said their emotional, spiritual and psychological needs, goals and preferences were supported by staff in various ways, which included attending chapel services, being supported to maintain contact with family and friends and being able to entertain visitors. Consumers described activities such as going shopping independently and walking in the gardens to enhance their wellbeing and independence. Consumers reported the information flow between staff and consumers regarding their choices in daily care and preferences was effective. Consumers advised the service knew them well, representatives were kept informed and staff co-operated efficiently to provide care and services. Consumers said the service assisted them to access external services, such as a podiatrist and counselling services, efficiently and appropriately. Consumers and representatives expressed satisfaction with meals and stated meals were of good quality and met their dietary needs. Consumers confirmed the equipment they used at the service was readily available, clean and well maintained.

Staff demonstrated they understood what was important to consumers and what they liked to do and provided examples of activities and services, such as social activities. Staff described the backgrounds and life stories of various consumers and showed they understood the needs and preferences of those consumers.

Staff described the various ways they supported consumers’ emotional, social and psychological wellbeing through chaplaincy services, listening and identifying when consumers may be feeling low, facilitating connections with people important to them through technology, staff support and matching consumers with volunteers. Staff gave examples of how they helped consumers to maintain connections, which included contacting families by telephone or other technology supported by staff. Staff spoke of how they identified and communicated changes to consumers’ conditions, needs and preferences. Staff gave examples of how they shared relevant consumer information, which included verbal communication, handover meetings and notes. Different staff working in areas such as lifestyle, care and kitchen described how they communicated consumers’ information and made referrals to other organisations or individuals. Lifestyle staff described how they used external organisations to supplement lifestyle activities offered by the service, which followed consultation with consumers about what activities they wanted. Hospitality staff described the ways they monitored consumers’ enjoyment of meals and the sufficiency of meals through observations, direct feedback and food wastage. Kitchen staff described the ways consumers had a voice in the menu through consumer feedback and surveys and the Assessment Team observed meeting minutes where meals were discussed with consumers. Staff said equipment was safe, suitable, clean, and well maintained and they had access to equipment they needed when they needed. Staff described processes for cleaning equipment, requesting repairs and maintenance. Staff advised equipment was plentiful and management confirmed staff could purchase equipment if deemed beneficial for consumers.

The service demonstrated it had effective policies and procedures in place to capture consumer’s needs, goals and preferences, which enabled staff to support those things through activities, delivery of care and services. Monthly activity calendars were displayed throughout the service and included photos of consumers participating in previous activities. On-site activities included craft work, board games and movies. Notice boards throughout the service displayed information on a range of support services for consumers from diverse backgrounds, LGBTQI+ consumers, mental health resources, and spiritual care. The service had a chapel and maintained chaplaincy services, which included an on-site chaplain five days per week. Visitors and family members moved freely throughout the service to meet consumers and activity records showed strong consumer involvement in activities, particularly bus outings.

Each consumer’s lifestyle care documentation was reviewed regularly or when a change was required and the service incorporated consumer preferences and needs into the services and supports that were available to consumers. The service had policies and procedures in place which guided staff in making timely and appropriate referrals to external providers and consumer files contained evidence of such referrals. In addition, the service had brochures and other resources that were available to consumers and representatives to help them understand referral options. The kitchen area was clean and tidy and there were procedures, information, and resources in place to ensure the service met food safety standards. Kitchen staff followed appropriate food safety handling processes, including infection control measures, by wearing gloves, hairnets, clean uniforms, and aprons. The service had measures in place that ensured equipment was kept clean, safe and available for use. Preventative and reactive maintenance logs reflected prompt and effective maintenance practices.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Sampled consumers reported they felt they belonged in the service and felt safe and comfortable in the service.

Examples included:

* ‎Consumers advised they could personalise their rooms with furniture and belongings.
* ‎Consumers reported the service was safe, clean, and well maintained.
* ‎Consumers said they were able to move freely in the service and could access outdoor areas as they wished.
* Consumers and representatives said that equipment, furniture, and fittings in the service were clean, safe, well maintained, and suitable to their needs and preferences.

Staff advised they regarded the service as the consumers’ home and encouraged and supported consumers to feel safe and feel they belonged. Staff advised they supported consumers to personalise their rooms with things such as pictures hung on the walls or decorated with personal belongings. Staff monitored anecdotal feedback and formal feedback to ensure consumers felt safe and at home.

Management described actions taken to support consumers to access outdoor and other areas of the service. Maintenance staff advised the service had a preventative maintenance program which was managed through in-house and outsourced providers, and a comprehensive maintenance management system, which staff used to log ad hoc requests. Staff were aware of the process for recording maintenance issues and explained how they would escalate issues to the maintenance officer directly if required. Staff demonstrated the ways they ensured equipment and furniture and fittings were kept clean and described processes in place to regularly clean and store equipment. Staff pointed out duty lists that staff followed when cleaning furniture, fittings and equipment.

The service had policies and procedures which facilitated consumers feeling safe and at home in the service and staff were trained and encouraged to support consumers’ needs and preferences. The organisation demonstrated it monitored the safety and comfort of consumers engaging in activities and the accessibility of areas around the service. Maintenance documentation showed regular maintenance of the service environment. The maintenance program included planned, periodic, and ad hoc maintenance in response to maintenance requests. Scheduled maintenance and contact information for external services was contained in logbooks, including annual electrical, fire and emergency system testing, and a shared equipment maintenance log.

## 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.

Consumers and their representatives confirmed they knew how, were comfortable in doing, and were supported to provide feedback and lodge complaints with the service. Consumers and their representatives described the various ways in which they could provide feedback, which included speaking directly with staff and management, using readily available feedback forms and through consumer meetings. Consumers described the various supports that were available to them when providing feedback, such as language services, approachability of management, and information provided in brochures and posters around the service.

Consumers reported staff and management were very responsive to feedback and took appropriate actions in response to issues raised, with consumers commenting management responses to feedback were ‘excellent’ and ‘very, very good’. Consumers and representatives advised the service took appropriate actions to fix issues and to ensure issues did not occur again. Consumers felt the service took ownership of issues and displayed the principles of open disclosure in the resolution process.

Staff explained how they supported consumers to provide feedback and lodge complaints. Staff received training on dealing with complaints and described how they followed the service’s procedures to ensure the complaint or feedback was recorded correctly in the complaints and compliments register and was escalated for action and/or response.

Staff and management outlined the channels available to consumers and their representatives, which included consumer meetings, feedback forms, verbal feedback through feedback sessions and consumer satisfaction surveys. Staff described the advocacy and language services that were available to consumers and representatives and spoke of the importance of listening to consumers and helping them to engage other people if they didn’t understand processes.

Management advised all complaints-related materials were available in multiple languages for consumers who spoke languages other than English. Management and staff described the service’s complaints-handing system and gave examples of actions and responses to complaints and feedback, including open disclosure in practice.

Examples included:

* A staff member said any feedback or complaints were immediately shared with the team leader so further action could be taken if required.
* Staff demonstrated an understanding of open disclosure and explained how they would apologise to a consumer in the event of something going wrong, explain the issues to the consumer and ensure the consumer was satisfied with the response.
* Management said if there was a complaint, the service needed to listen and apologise, even if the service believed it did everything right.

Management said all feedback and complaints were recorded in the electronic system, whether verbal or written. Management and staff said feedback forms were provided to consumers and could be placed into the suggestion box, which was checked regularly, and were then entered into the complaints register and electronic system so action could be taken.

The organisation demonstrated how it had policies and processes in place which supported consumers to feel comfortable in proving feedback and complaints and provided options so consumers from a wide variety of cultures and languages were able to engage in the process. The organisation had mechanisms for recording and acting upon feedback and complaints and used the information to guide continuous improvement within the service. The organisation provided training to staff in the complaints-handling process, including open disclosure. The organisation demonstrated it recorded feedback, achieved positive outcomes from complaints and monitored feedback and complaints for trends and opportunities for improvement.

Examples included:

* Following consumer and staff concerns about the proximity of the smoking area to the service’s front entrance, the service obtained consumers’ input, relocated the smoking area and provided signage which clearly indicated the appropriate area.
* Minutes from consumer meetings showed consumers requested ‘Do not Disturb’ signage that they could place on their doors. The Assessment Team observed the signage in place on consumers’ doors throughout the service during the site audit.

## 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) Compliant

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers and representatives felt staff numbers met their care and service delivery needs. One consumer stated they felt there could be more staff; however, this did not impact on the delivery of care. Consumers advised staff were always kind and respectful when providing care and were suitably skilled for their roles and consumers’ care needs. Consumers and representatives advised they felt safe and comfortable being cared for by staff, as they displayed excellent skills and knowledge. Consumers spoke of how staff took the time to get to know consumers and worked with them to achieve positive outcomes.

Staff advised they are consistently busy; however, this did not affect their ability to consistently provide safe and effective care. Staff reported they needed to obtain ‘surge staff’ from other areas at times, to assist with tasks such as morning showers, but this did not have a negative impact on consumers. Staff confirmed there was a registered nurse on site 24 hours a day, seven days a week. The impact of COVID made staff rostering more difficult; however, clinical staff assisted care staff at times when needed and management confirmed it used staff from a casual pool when required or sometimes implemented extended shifts for permanent staff.

Staff respected consumers’ privacy by knocking on consumers' doors before entering their rooms and spoke in a kind and respectful manner when speaking with consumers. Staff were confident the service’s training equipped them with the knowledge and skills to provide care and services for consumers. Staff were aware of the service's performance review process, confirmed they were actively involved in the process and described how it supported their development. Staff described the training, support, and professional development they received which supported them in their roles.

The organisation demonstrated it had a well-planned workforce strategy with a mix of staff which enabled it to deliver safe and quality care and services. Rosters and daily allocation records showed the organisation achieved this on a consistent basis. Call bell response data showed the service consistently achieved its target of responding in less than 15 minutes. Staff demonstrated a kind and caring attitude and showed respect to consumers’ identities and cultures. The service had policies and processes that enabled it to assess and review staff to ensure they had the right skills, qualifications and knowledge to be competent in their role.

Examples included:

* Job descriptions for each role, which outlined key criteria and skills required.
* A site orientation checklist for new staff, which outlined expectations, Occupational Health and Safety matters, and the service’s layout.
* Performance appraisals and staff surveys, which included details of deficiencies found and additional training provided.

Mandatory training records showed some outstanding mandatory training for several staff members currently on leave; however, the minutes of the Residents and Friends Meeting from March 2022 noted mandatory training as a recurring agenda item and that it would be addressed when staff returned from leave.

The service’s annual mandatory training included:

* Meeting infection control requirements
* Serious Incident reporting Scheme (SIRS)
* Consumer Dignity and Respect
* Food handling
* Manual handling competencies
* Medication competency
* COVID-19 Module
* Fire and Emergency

The service had processes in place that included regular performance reviews, an online training register and risk assessments that identified training needs.

The staff induction program, training schedule and performance review framework demonstrated staff training was centred around the consumer and the Quality Standards. Review of the staff appraisal framework identified performance appraisals, mandatory training, and competency assessments were conducted annually. Documentation showed performance appraisals were guided by policy and processes and all performance appraisals were up to date.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Consumers and representatives advised they felt the service was well run, and they were happy with their level of involvement in decision-making within the service. Consumers provided examples of involvement, such as consumer meetings every two months, food focus meetings, and twice-yearly ad-hoc surveys. Consumers advised they were very comfortable discussing any changes to their care needs with the service, they felt engaged in the delivery and evaluation of care and services and felt comfortable providing feedback to management about possible improvements to the service, activities, or other components of care.

Staff described the ways in which consumers were involved in the development, delivery, and evaluation of services at the organisation. Management described how the organisation maintained a robust governance structure which ensured quality care and services were delivered. The service had a clinical committee and a management committee which reported directly to the Board of Directors of the organisation. The structure ensured the Quality Standards were being met and incidents were managed as they arose. Management described the wider organisation’s strategic plan for the period from 2022 to 2025.

Staff confirmed their training in, and understanding of;

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

Management spoke of how the structure of the organisation promoted a culture of safe, inclusive, and quality care and services and provided accountability for the delivery of care and services.

The service had effective governance systems which related to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The service had documented policies and procedures which guided clinical practices and risk management. Staff demonstrated their understanding of these policies and provided examples of how they were implemented in practice.

The organisation’s structure provided accountability, as the service was governed by two committees which reported directly to the board of directors. The board received various consolidated reports, generated monthly by the service, which contained information about internal audits, feedback and complaints from consumers, representatives and staff, continuous improvement plans and initiatives, hazards and risks, and clinical and incident data analysis.

The organisation demonstrated it had effective processes and procedures in place which enabled it to identify and manage:

* information management
* continuous improvement
* financial governance
* its workforce
* regulatory and legislative compliance
* feedback and complaints.

The organisation provided examples of improvements made following consumer feedback and complaints. The service demonstrated its clinical governance framework supported clinical care practice and how clinical care practice was governed by policies for antimicrobial stewardship, restrictive practices and open disclosure.

Examples of recent improvements initiated by the service included a review of the service’s current fire safety training and emergency procedures, additional information-sharing of COVID-19 practices and additional training about SIRS notifications, dignity of risk and open disclosure.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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