Uniting Edinglassie Lodge Penrith

Performance Report

Village Crescent
PENRITH NSW 2750
Phone number: 02 4721 3183

**Commission ID:** 0488

**Provider name:** The Uniting Church in Australia Property Trust (NSW)

**Site Audit date:** 8 June 2022 to 10 June 2022

**Date of Performance Report:** 27 July 2022

# Performance report prepared by

Therese Wilson, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received on 11 July 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

Most consumers interviewed confirmed they are treated with dignity and respect, can maintain their identity, make informed choices about care they receive and live the life they choose. Consumers interviewed reported staff know what is important to them and felt their identity and culture is valued.

Consumers confirmed their personal privacy is always respected and staff knock on doors prior to entering. Consumers interviewed confirmed they are encouraged to maintain their independence and live the life they choose and they are supported to make decisions and choices about care and services.

The service has systems in place to ensure they identify and capture consumers’ individual needs by telling their life story which includes capturing consumers’ spiritual and cultural preferences. The systems includes consultation with consumers and representatives about choice and preferences. The service has processes in place to assist consumers to take risks which included a risk assessment with strategies to mitigate the risk to consumers if they choose to take that risk.

Observations of staff interactions with consumers showed staff to be respectful and kind and staff were observed to be helping consumers to make the choices including meal preferences and activities to attend. Information is provided to consumers in a to allow them to make a choice.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

### Requirement 1(3)(d) 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 Assessment Team recommended requirement (2)(d) in this Standard as not met. The Assessment Team found that some consumers could not recall have case conferences and being provided with copies of the care plan.

Based on the Assessment Team’s report and the Approved Provider’s response I disagree with the Assessment Team that requirement (2)(d) is Non-compliant. I have provided my reasoning in the specific requirement below.

Consumers and representatives confirmed they are involved in the development and review of care planning information and it review if things change following an incident or change in circumstances. Consumers also confirmed they are referred to external services when necessary and representatives confirmed they were asked about end of life wishes for consumers.

Clinical staff confirmed they manage the care planning and assessment of consumers where they consider the input from all relevant parties during implementation and ongoing review. They confirmed that consumers are reviewed following incidents and consumers and representatives are informed and have input to any changes made.

The service has a computerised care planning system to they use to track the completion of all clinical assessment which assists in the development of the care plan. The service has policies and procedures to follow which includes advanced care planning and palliative care.

Summary care plans are available in paper in consumers rooms with electronic versions available for staff in the electronic care system. Consumers and/or their representatives can request a copy of the care plan at any time.

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

## 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.*

The Assessment Team found that some representatives could not recall being offered a copy of the consumers care plan or the opportunity to discuss the consumers’ needs following entry to the service. They also found that whilst representatives could recall being contacted in relation to consumers care they stated they would like to have more discussion about overall care. Through interview with consumers the Assessment Team also said that three representatives could not recall being offered a copy of the care plan. However, they did acknowledge that a copy of the summary care plan was sighted in consumer rooms.

The provider submitted a response to the Assessment Team’s report disagreeing with the Assessment Team they are Non-complaint in this requirement. In their response the service provided a list of consumers which include that date that consumer case conferences were held. This showed that all consumers listed have had a case conference in the last twelve months. The response also outlined how the service has interacted with the consumers and representatives of the three named consumer in the report, highlighting when case conferences were held and care plans shared. Continuous Improvement actions have also been undertaken to reinforce consumers and representatives participation in care planning and the outcomes are shared with them.

In coming to my view, I have considered all of the information provided by the Assessment Team and the Providers response and I find the provider is Complaint with this Requirement.

Whilst the representatives listed in the report could not recall some things including being involved in a detailed discussion or receiving a full care plan they did all acknowledge they had been involved in discussions when incidents occurred and care needs changed. One of the representatives listed was not involved in the care plan review, hence the reason why they could not remember it but they were sent the care plan. The two other representatives could remember talking about elements of the care plans and agree they were contacted when things change. The provider could evidence they do have a list of case conferences in relation to care plans and the care plans are available on the side of the wardrobes in consumer rooms. The provider has also completed continuous improvement items to ensure care planning information is effectively communicated to consumers and representatives.

It is for these reasons I find Uniting Edinglasse Lodge Penrith complaint with this requirement.

### 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 Assessment Team recommended requirement (3)(a) in this Standard as not met. The Assessment Team found the service was unable to demonstrate that personal and clinical care Is best practice , tailored to the consumers’ needs to optimise their health and well-being especially in relation to restrictive practice.

Based on the Assessment Team’s report and the Approved Provider’s response I disagree with the Assessment Team that requirement (3)(a) is Non-compliant. I have provided my reasoning in the specific requirement below.

Consumers and representatives interviewed confirmed staff provide care that is safe and right for consumers. Consumers and representatives confirmed consumers have access to external medical services when they need it and information is shared with from the service with them.

Consumers’ clinical files confirmed risks are identified through validated risk assessment tools for risks such as falls and weight loss. All risks are monitored and investigated and where appropriate actions are implemented to manage the risk. The service completes referrals when needed to specialists to review risks associated with consumer care. Clinical meeting minutes show individual risk is discussed and mitigating strategies are implemented to reduce the risk.

Clinical and care staff could describe the current needs and prevention strategies in line with the care plans for consumers. Staff interviewed confirmed they had access to training and they receive continuous education on infection control, including personal protective equipment use and handwashing.

A clinical suite of documents including policies and procedures are available to guide staff which includes assessment and planning to enable safe and effective care tailored to consumers’ needs, management of high impact high prevalence risk, consumer deterioration, end of life care and referral to other services.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that the service did not have behaviour support plans for some consumers and that psychotropic medications were not being reviewed on a regular basis to ensure they are being used in line with the minimisation of restraint legislation. All consumers in the service did not have an environmental restraint authorisation, the register did not show medication were reviewed regularly and not all consent forms had been signed.

The provider submitted a response to the Assessment Team’s report outlining the improvements they have made since the Site Audit. The response explained the assessment tools they used to determine whether consumers were considered to be environmentally restrained rather than completing restrains for all of those in the locked facility. They have also ensured that all restraint authorisations have been updated to include consent and a practitioner signature. They also explained that all medications are reviewed three monthly and the spreadsheet is manually updated and they had explained that to the Assessment Team.

In coming to my view, I have considered all of the information provided by the Assessment Team and the Providers response and I find the provider is Complaint with this Requirement.

The information in relation to restraint is better considered under Standard 8 Requirement (3)(e) and I will consider it there as I could not see that any information provided showed there was an impact to consumers.

All other information, including the providers response lead me to think that consumers are receiving safe and effective personal and clinical care.

It is for these reasons I find Uniting Edinglasse Lodge Penrith complaint with this requirement.

### 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

Consumers and representatives interviewed confirmed consumers receive the services and supports for daily living which are important to their health and well-being and enables them to do the things of interest to them. Consumers said they are supported to participate in both the internal and external community and were satisfied that their needs and preferences are communicated to others by the service.

The service has policies and procedures to guide them with the assessment to determine consumer services and supports for daily living to ensure they met consumer needs and includes spiritual assessments for all consumers.

Consumers’ care planning documentation included information that was important to individual consumers, including leisure and lifestyle activities, life history, group activities and cultural and spiritual needs. Care planning documentation reflected the involvement of other in the provision of care and services and this was shared through handovers and care planning information.

Staff interviewed could describe what individual consumers like to do and how they support them to participate in activities of their choice and who they like to maintain contact with. Staff provided examples of how they assist and support consumers to participate in the community, as well as provide emotional and psychological support when required. Examples were also provided to demonstrate the service works with other organisation to ensure consumer needs are met.

Consumers indicated they are satisfied with the food and snacks are available between meals should they want one. The meals service was observed to be calm with consumers served individually with assistance provided by staff for those who require it.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 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

Consumers interviewed confirmed they are happy with the service environment and found it to be clean and comfortable. Representatives confirmed consumer have access to outdoor areas as rooms have access to a patio area and the garden.

Observations confirmed the service to be clean and well maintained with appropriate furnishings to enhance the service environment. Consumers were observed to move freely both indoors and outdoors with handrails available to assist them if required.

Staff described how the service ensures the environment is welcoming and making it feel like home by with consumers able to have their own possessions and a memory box with photographs near each door.

Staff interviewed confirmed there are processes in place to regularly clean and monitor equipment and demonstrated how they request and report additional cleaning and maintenance when required. The service has monitoring systems in place to ensure cleaning and maintenance systems are effective. The service has policies and procedures in place to ensure the service is safe and well maintained.

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

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) 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 Assessment Team found the service to be Non-complaint in all four requirements, 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d) in this Standard. This was due to consumers and representatives not being encouraged to lodge complaints and feedback and not having enough information about advocacy services. They also found that representatives were not satisfied with the outcomes and complaints and feedback was not considered in the services continuous improvement plan.

Based on the Assessment Team’s report and the Approved Provider’s response I disagree with the Assessment Team that requirement 6 (3)(a), 6(3)(b), 6(3)(c) and 6(3)(d) are Non-compliant. I find them all Complaint and I have provided my reasoning in the specific requirement below.

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

## Assessment of Standard 6 Requirements

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

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

The Assessment Team found that representatives did not feel they are encouraged and supported to give feedback and make complaints. The Assessment Team provided two examples where representatives had made complaints but both felt there was a lack of follow up once the complaint was made. Two other representatives were interviewed with one saying they have not had to make a complaint but asks staff if they have questions and the other stating that if anything is raised it is quickly followed up on. Additionally, the Assessment Team stated there was only one complaint box that was not labelled for complaints as it was only labelled for suggestions and the ‘Have your Say’ pamphlet does not have information for advocacy service and only asks if a translator or interpreter is required. They also said one verbal complaint was not recorded in the feedback and complaint system.

The provider answered with a detailed response and has taken action with the issues raised by the Team. Complaint boxes have now been correctly labelled and placed in all areas of the service along with feedback forms being placed in several locations throughout the service. They are also ensuring that consumes and representatives are fully aware of how to make complaints and feedback and ensure they feel encouraged to so. The service also addressed the issues raised by the representatives, however, I will address these issues under 6(3)(c) as they sit better under that requirement.

In coming to my view, I have considered all of the information provided by the Assessment Team and the Providers response and I find the provider is Complaint with this Requirement.

The service provides information to consumers and representatives through the welcome pack, posters and feedback form located in the service. Whilst there was only one complaint box with the have you say forms located near them all consumers and representatives had access and the information to know how to lodge a complaint. Consumers interviewed stated they felt comfortable raising issues with staff and it was highlighted that staff would attempted to resolve complaints or escalate on a consumers behalf. I have considered that whilst the Site Audit was in progress the service was making improvements immediately.

There is nothing that specifies that the service must have multiple complaint boxes located around the service as long as all consumers and representatives have access to the one that is available. The representatives who were interviewed did not stated they were not encouraged to make a compliant which was evidenced by the fact that they did and two representatives who had no issues and stated they would make a complaint or raise issues when necessary.

It is for these reasons I find Uniting Edinglasse Lodge Penrith complaint with this requirement.

### 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.*

The Assessment Team found that consumers and representatives are made aware of advocacy and language services but this was no revisited by the service. Interviews with two representatives found that they were not aware of how to access advocacy services (except OPAN) and they didn’t know how to lodge an external complaint. The found there was only one advocates poster and not all advocacy organisation has pamphlet in the foyer. They stated that on entry consumers receive a flyer that includes advocacy information but omits the Aged Care Quality Safely Commission to lodge external complaints and the ‘Have your Say’ pamphlet. However, the resident handbook included information about complaints and including how to make an external complaint to the Aged Care Quality Safely Commission. They also state that comments and feedback are not a standing agenda item at relatives and representatives meetings.

The service provided a comprehensive response to the Assessment Teams findings. The service has now has displayed multiple copies of advocacy posters throughout the service and sent an email to remind representatives and consumers of the support that was already in place including the organisations culturally and linguistically diverse team, LGBTIQ+ Health Australia and the translating and interpreting service to support consumers with language barriers. The service has now included a ‘Have your Say’ pamphlet with the welcome pack and have stating despite the agenda being created from raised items at the last meeting they have now have a standing agenda to which includes feedback and complaints.

In coming to my view, I have considered all of the information provided by the Assessment Team and the Providers response and I find the provider is Complaint with this Requirement.

I find the service has provided the necessary information to consumers through different means including posters, pamphlets, the welcome pack and the resident handbook. Whilst all of the information was not in each area it demonstrates the information was available for consumers and their representatives if they wish to access it. I did consider that two representatives were asked if they were aware of advocacy services and how to make a complaint externally with one saying they we aware of advocacy services and both not knowing how to lodge an external complaint. There was no additional information provided but review of information from the other requirements shows that one had no complaints and stated they would ask staff if they have issues and the other whilst they did have issues did not state they were looking for that information and could not find it. I find there was sufficient information available if they were looking for it.

It is for these reasons I find Uniting Edinglasse Lodge Penrith Complaint with this requirement.

### 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 that the service did not always follow the open disclosure process and the service does not always take appropriate action when a complaint is made. The Assessment Team listed five complainants with one raising issues in relation to open disclosure, two raising issues with satisfactory resolution of complaints and two who were satisfied with the process.

Two of the complaints related to bruising of consumers where the Assessment Team have reviewed the clinical indicators which showed the bruising was not systematic in nature it was confined to individual consumers and not the same consumers. One representative was concerned about an incident that occurred ‘some years ago’ and remains concerned that their current issues relating to staffing in the service are not being addressed adequately and is concerned that his mother may be assaulted again, (she was assaulted with a tea towel) due to a lack of staff in the service. A bruise occurred with the consumer and they are not confident the improvements made by the service can be maintained. Another representative did not feel appropriate action with a complaint that he made to a ‘homemaker’ regarding noise concerns from a consumer by their representative.

The service provided a comprehensive response to all issues raised by the Assessment Team disputing they do not use open disclosure and they do ensure complainants are satisfied with the outcome of issues raised.

In relation to the two consumers with bruising evidence was provided to show that both bruises were reported through the incident management system and whilst one was not reported immediately to the representative it was demonstrated when they were advised a short time later that open disclosure was used and apology provided. The service stated they were not aware of the ongoing issues with the other representative and have engaged with them to resolve the issues.

The service also provided the incident reports of the bruising and correspondence with the representatives around the incident. Progress notes were included to show how the bruising occurred with each consumer and how it was followed up.

Management stated were not aware of the complaint from the representative that was made to the homemaker. When they were made aware they arranged a conference with them to address the issues and provided education to staff to ensure all complaints are recorded and escalated as per the policy.

In coming to my view, I have considered all of the information provided by the Assessment Team and the Providers response and I find the provider is Complaint with this Requirement.

I had to consider whether the service is addressing complaints. There was no evidence provided to show they were not addressing issues as they became aware of them or using open disclosure when things go wrong. Whilst and individual incident where staff did not pass on an issue it did not appear to be a regular occurrence and once management were aware they took immediate action. This requirement is about taking appropriate action and using open disclosure and apologising when things go wrong. After considering the evidence I do think the service does this.

The feedback from representatives only showed there were elements where they were not satisfied but were generally happy overall. Even the representative who was worried about an assault re-occurring said the service made improvements but was just not confident they could maintain them.

Much of the evidence in relation to the bruising is more relevant in Standard 8 Requirement 3(3)(d) so I have considered the bulk of it there. When the representative was not immediately advised of the bruising due to staff error the service demonstrated via email that they used the open disclosure process. They also provided staff with education to ensure they know what to do in future.

Some of the dissatisfaction was also in relation to staffing levels and the service not improving them to the satisfaction of the representative. This information is more relevant in Standard 7 Requirement 3(3)(a) so I have considered it there. Staffing levels are subjective to individuals so it may be, they could never satisfy a complainant.

The service have implemented improvements in relation to feedback and complaints processes in response to the Assessment Teams report and have provided education to staff to ensure those processes are followed.

It is for these reasons I find Uniting Edinglasse Lodge Penrith Complaint 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 that as the service had not completed any continuous improvement in relation to the bruising of consumers and representatives were not satisfied with the staffing levels at the service.

The Assessment Team spoke with management in relation to the bruising issues and they explained that as bruising was limited to individual consumers rather than there being any trends in relation to bruising that is why it was not added to the plan for continuous improvement.

In their response the service refuted they had not made improvements as a result of the feedback and complaints system.

The service explained in their response further that the bruising incident are discussed as part of the clinical indicators and recorded in the incident management system. It is through here that the trending is completed and there was no trending noted with bruising in the service. It was limited to individual incidents with consumers rather than trends with consumers.

They explained that they complete audits to obtain opportunities for improvement along with quality indicators and consumer surveys, incidents and feedback and complaints. Cleanliness was included in the risk questions as a trend for complaints and was included as a continuous improvement item.

The information in relation to staffing levels is more relevant in Standard 7 Requirement 3(3)(a) so I have considered it there. However, it was noted that in response to feedback the service has now two cleaners seven days per week.

In coming to my view, I have considered all of the information provided by the Assessment Team and the Providers response and I find the provider is Complaint with this Requirement.

I have considered information in Standard 8 Requirement 3(3)(a) which talks about consumers having a say in the care and services provided and due to the feedback of a consumer in one house they made a pub which leads me to believe they do make improvements care and services based on feedback .

The Assessment Team recorded that complaints and feedback are all recorded in an electronic system with the steps taken and it shows how complaints are addressed. Along with the providers response this leads me to think that someone must be looking over the system to ensure complaints are addressed and improvement items such as cleanliness are used to improve care and services for consumers.

It is for these reasons I find Uniting Edinglasse Lodge Penrith Complaint with this requirement.

# 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 Assessment Team found the service to be Non-complaint in requirements 7(3)(a), 7(3)(d) and 7(3)(e) in this Standard. This was due feedback from staff and representatives that there was a lack of staff in the service, that staff were not trained and equipped to deliver care as provided by these Standards and not all staff have had performance appraisal in the last 12 months.

Based on the Assessment Team’s report and the Approved Provider’s response I disagree with the Assessment Team that requirement (3)(a), 7(3)(d) and 7(3)(e) are Non-compliant. I find them all Complaint and I have provided my reasoning in the specific requirement below.

Representatives found staff to be kind and caring and supporting consumers with their identity and culture. Staff were observed to be kind and caring and were responsive to consumers throughout the Site Audit.

Representatives overall found staff to be competent and skilled enough to meet consumer needs. Staff confirmed they felt qualified and competent in their role. The service ensures that all staff have the appropriate qualifications and registrations for their role.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found that through feedback from representatives and staff that there are not sufficient staff in the service to deliver quality care and services. Feedback from representatives said that there has been a lack of regular staff which has affected the supervision of consumers. Staff said they are rushed and they do not get to take a break or are late for their break. They also said that continence care and repositioning are affected along with cleaning not being competed and lifestyle staff are working in their own time for purchases of lifestyle items. They said they are not listened to and no action was taken when they raised issues.

The report stated that management responded that that they were not surprised with the feedback as recent events had come to a head where a meeting was held to address things such as chain of escalation, code of conduct, positive workplace behaviour, diversity inclusion, working within your scope, communication with relatives general practitioners and allied health, importance of pressure area care and personal care, using equipment designated for each consumer, new equipment ordered, meal breaks, consumer activities, communication, mobile phones and work computers, the serious incident reporting scheme, PPE requirements and other issues.

In their response the service explained the model of care that is used and how it differs from other models and that staff are trained across multiple roles. They explained how they ensure the mix and match of staff is completed and how they review numbers to ensure it matches the acuity of consumers.

In response to consumer concerns raised the service acknowledged in the current climate it has been challenging with staff to obtain replacements for vacant shifts and it is not ideal for their model of care. To counteract this the service has been block booking agency staff in forecast times of need to ensure consistency is maintained as much as possible.

The service also highlighted that only three consumers have pressure injuries all to their toes or heels and they are not deteriorating any further. They also highlighted with continence only three consumers have had urinary tract infections in the past six months, all being detected and treated early. They also provided evidence that cleaning hours have been increased and stated that lifestyle staff have permission if they come across something they want to purchase for consumers they will be reimbursed. The recent issues team meeting was a result of listening to staff and was an effort to resolve issues.

In coming to my view, I have considered all of the information provided by the Assessment Team and the Providers response and I find the provider is Complaint with this Requirement.

Reading the information from the report across all Standards, it did not highlight any impact to consumers from lack of care. In the clinical standards issues with behaviour management, repositioning or issues with continence care was not highlighted. Where there are issues in these areas it is an indicator that staff either don’t have the time or are not competent to complete their duties. I was not provided any impacts to consumers except that some are left alone. I would expect to see if there were no enough staff there would be impacts to consumers especially with the delivery of care.

Whilst I understand staff are rushed, they are either very good at completing their work or there are enough staff to provide the care. Whilst there were some issues raised such as a consumer being hit with a tea towel this was not highlighted with evidence to show this is an ongoing problem. I also considered Standard 4 as the social aspects of the service are highlighted here and there was no indication that staff were not providing social interactions for consumers or support when they are feeling down.

Given the lack of impact to consumers I don’t have any evidence to show me that staff are not delivering quality care and services to consumers.

It is for these reasons I find Uniting Edinglasse Lodge Penrith Complaint 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) Compliant

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

The Assessment Team found through interview that some representatives felt that staff required further training in how to approach people with cognitive impairment due to a lack of staff in the service.

In their response the service stated that upon commencement all staff undergo mandatory training which includes training to support residents with dementia and behaviours of concern. They also responded to state that toolbox talks are ongoing and staff have access to the online learning modules for dementia training. A training needs analysis is also undertaken annually by the regional clinical nurse to determine staff training needs to identify any gaps in staff training needs.

In coming to my view, I have considered all of the information provided by the Assessment Team and the Providers response and I find the provider is Complaint with this Requirement.

I considered the information provided in Standard 3(3)(a) and (3)(b) in relation to behaviour management and staff were able to explain how to deescalate the behaviour of the consumer mentioned. There was no other mention of staff not managing consumers behaviours. I can only consider the information provided in the report and the response by the service and whilst staff may require more training in this area I have not been provided the evidence to confirm this.

It is for these reasons I find Uniting Edinglasse Lodge Penrith Complaint with this requirement.

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

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

The Assessment Team found that the regular assessment, monitoring and review of the performance of each member of the workforce is not undertaken at the service as 50 staff have not received a performance appraisal in the last 12 months as management said that only five appraisals have been completed. However, through the electronic system they did find the service demonstrated performance management of staff is occurring although the follow up of staff is always completed in documentation and file notes for the performance management of staff were observed.

In their response the service stated that service has ‘continuous conversations’ which involves having a conversation each year and the information provided to the Assessment Team was the information for 2022 only and not all have been completed as yet but 20 have been done.

In coming to my view, I have considered all of the information provided by the Assessment Team and the Providers response and I find the provider is Complaint with this Requirement.

From the information provided by both parties I acknowledge that not all staff have had a performance appraisal in the last 12 months due to the structure of the appraisal system. This requirement is not only about performance appraisals but about the monitoring of staff as well. The Assessment Team did observe through the services systems that there are file notes for the performance management of staff and performance management is occurring. This information leads me to think that performance is monitored in the service. With lack of impacted noted about staff performance throughout I can only rely on the information I have available to me.

It is for these reasons I find Uniting Edinglasse Lodge Penrith Complaint with this requirement.

# 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 Assessment Team found the service to be Non-complaint in requirements, 8(3)(c) and 8(3)(d) in this Standard. The Assessment Team found that workforce governance was Non-complaint due to two complaint of bruising not being effectively addressed and ten staff had no recompleted their medication competency.

Based on the Assessment Team’s report and the Approved Provider’s response I disagree with the Assessment Team that requirements 8(3)(c) and 8(3)(d) are Non-compliant. I find them all Complaint and I have provided my reasoning in the specific requirement below.

Management demonstrated that consumers are involved in the development of care and services and changes are made based on their feedback. The service is supported by the wider organisation’s governance systems and the oversight of a Board who is accountable for the delivery of quality care and services. The organisation has a range of sub-committees that focus governance in core areas.

The organisation was able to demonstrate established, documented and effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints.

The service was able to demonstrate effective risk management systems and practices are in place including but not limited to managing high impact or high prevalence risk associated with care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system.

The clinical governance framework is effectively implemented at the service with policies and procedures to support the minimisation of restraint, antimicrobial stewardship and the use of open disclosure when things go wrong.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) 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 to have governance systems relating to information management, continuous improvement, financial governance, workforce governance and regulatory compliance. However, it was found feedback and complaints were not effectively addressed. The Assessment Team found that as bruising to two consumers was not effectively addressed and responded to.

The service refuted they were no effectively address and provided a response to the assertion. The service reviewed the complaints over the last twelve months and found only two complaints in relation to bruising, the two included in the Assessment Teams Report. The service provided information to show that both issues were addressed adequately.

In coming to my view, I have considered all of the information provided by the Assessment Team and the Providers response and I find the provider is Complaint with this Requirement.

In coming to my view of whether the governance system for complaints is met I have considered all of the information provided in relation to Standard 6 to determine whether the governance system for complaints and feedback is effective. Given they have the electronic system for recording monitoring and evaluation of complaints, polices, procedures and education for staff and a continuous improvement plan I can only determine they have got an effective governance system.

It is for these reasons I find Uniting Edinglasse Lodge Penrith Complaint 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.*

The Assessment Team found that the bruising of consumers and the lack of timely reporting to representatives has not been adequately addressed and ten staff who are responsible for the administering of medication to consumers have not been tested for their competency in the last year and this is still outstanding.

The service disputes thy do not have effective risk management systems to manage all elements of this requirement. They asserted they did address the bruising adequately and whilst they state the 10 staff were not yet due for their competency they bought forward to competencies so there are now all complete.

In coming to my view, I have considered all of the information provided by the Assessment Team and the Providers response and I find the provider is Complaint with this Requirement.

From the risk questions it was stated that there were no medication incidents in the past six months were a consumer required hospitalisation or medical attention which leads me think that medication errors have not had a large impact on consumers and I can only assume that any medication incidents have been reported and acted upon appropriately due to the absence of information stating they have not. The service provided the incident reports for the bruising which were completed in line with the expectations of an incident management system.

I do not have any adverse information to show that the service is not meeting the expectations of this requirement.

It is for these reasons I find Uniting Edinglasse Lodge Penrith Complaint with this requirement.

### 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.*

I have considered the evidence from both the Assessment Team and the service in Standard 3 Requirement (3)(a) in relation to minimising restraint usage. From this information I do not have enough evidence to show that the service in not meeting the minimisation of restraint legislation. I can only encourage the service to ensure they are fully complaint with this requirement.

# Areas for improvement

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