War Veterans Home Myrtle Bank

Performance Report

55 - 59 Ferguson Avenue
MYRTLE BANK SA 5064
Phone number: 08 8379 2600

**Commission ID:** 6211

**Provider name:** RSL Care South Australia Incorporated

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

**Date of Performance Report:** 29 August 2022

# Performance report prepared by

Michelle Glenn, 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 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 consumers, representatives, staff and management; and
* the provider’s response to the Site Audit report received 22 August 2022.

# STANDARD 1 COMPLIANTConsumer 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 have been assessed as Compliant.

The Assessment Team recommended Requirement (3)(d) in Standard 1 not met. The Assessment Team were not satisfied the service demonstrated each consumer is supported to take risks to enable them to live the best life they can. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have come to a different view from that of the Assessment Team and find the service Compliant with Requirement (3)(d). I have provided reasons for my finding in the specific Requirement below.

## In relation to all other Requirements in this Standard, the Assessment Team found most consumers sampled considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers said they are supported to maintain their identity and do things that are meaningful and important to them. Consumers’ care and service needs are identified through assessment processes and consultation with consumers and representatives to capture what culturally safe care looks like for each consumer. Care files sampled included information relating to consumers’ culture and diversity, such as emotional and spiritual care needs, personal relationships and social history. Staff were familiar with consumers’ backgrounds and could identify specific strategies which maintain consumers’ identity, culture, and diversity. Consumers and representatives said most staff were kind and caring and staff interactions with consumers were observed to be professional, respectful, kind and caring.

Consumers are supported to exercise choice, maintain relationships and independence and communicate their decisions. Staff were observed to promote choice and independence whilst interacting with consumers and care files demonstrated consumers had been consulted and involved in making and communicating decisions regarding care and service delivery. All consumers sampled confirmed they are supported to exercise choice and independence, communicate their decisions, and decide who is involved in their care and expressed satisfaction with the service contacting primary contacts as detailed in their care plan.

Information provided to consumers is current, accurate and timely, and communicated in a way that is easy to understand and enables them to exercise choice. Consumers receive information through a various of avenues, including meeting forums, newsletters, menus, activity calendars and noticeboards. Staff described how information is provided to consumers and how they assist them to understand the information. Consumers and representatives said they get the information they need to enable them to make decisions and exercise choice, were happy with information provided relating to COVID-19 and indicated information is provided to them in an appropriate format. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

Based on the Assessment Team’s report, I find RSL Care South Australia Incorporated, in relation to War Veterans Home Myrtle Bank, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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.*

The Assessment Team were not satisfied the service demonstrated each consumer is supported to take risks to enable them to live the best life they can. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* There were no documented risk mitigation strategies relating to the consumer leaving the service independently. The consumer is assessed as having a moderate cognitive impairment and a low falls risk rating. The consumer was previously rated a moderate falls risk following two falls in May and June 2021.
* Progress notes from May to July 2022 indicate the consumer left the service on five occasions, on one occasion accompanied by a family member and on four occasions the consumer attended a social group via taxi.
* Progress notes indicate on one occasion in April 2022, the consumer was found outside of the service.

Consumer B

* A risk assessment completed during the Site Audit indicates the consumer leaves the service weekly via a Community bus. Potential risks and mitigating strategies are noted. Progress notes indicate since July 2022, the consumer has left the service via the Community bus on five occasions.
* The consumer is assessed as having a moderate cognitive impairment requiring one staff supervision for mobility and can experience dizziness at times.

Consumer C

* There were no documented risk mitigation strategies relating to the consumer leaving the service independently. The consumer is assessed as having a moderate cognitive impairment and a low falls risk rating. The consumer was previously rated as a high falls risk following two falls in April and July 2021.
* The consumer stated they have been provided a swipe card so they can leave the service when they want and does so regularly. The consumer indicated they have a phone, carries their details and completes a social outing form. The consumer indicated these were their strategies to make them feel safe and did not refer to the service discussing these strategies with them.

Consumers D and E

* Both consumers are assessed as requiring staff supervision while undertaking an activity which includes an element of risk. Two staff stated the consumers are not continually supervised while undertaking the activity.

The provider did not agree with the Assessment Team’s recommendation and included commentary and supporting documentation to refute assertions made by the Assessment Team. The provider’s response included, but was not limited to:

In relation to Consumer A

* In April and May 2020, there was one occasion where the consumer was found to have an intention to leave the service and two occasions where the consumer was found to have left the service unaccompanied. Documentation provided indicates appropriate actions were implemented and since this time, the consumer has not attempted to leave the service unaccompanied.
* All social group attendees are provided with transport directly to and from the service.
* The consumer developed an acute infection in April 2021 impacting their usual presentation and they attempted to leave the service. Holistic assessments relating to the event were undertaken, including referral to the Medical officer.

In relation to Consumer B

* Initial decision making associated with leaving the service independently occurred with the consumer and representative in January 2021. The assessment identified, but was not limited to, the consumer only leaves the service via the Community bus and knows where and what time to meet the bus to return to the service.
* A holistic assessment indicated there were no foreseeable risks, therefore, no other mitigation strategies were required. Since entry, the consumer has had no incidents of falls or unexplained absences from the service.

In relation to Consumer C

* The Assessment Team has misstated the consumer’s capacity to make informed decisions. The provider’s response included specialist summaries from 2018 to 2021 which included commentary relating to cognition. The last summary dated June 2021 indicated the service had not seen any significant change in the consumer’s capacity to manage day-to-day affairs and continues to manage their finances well.
* The consumer has full capacity to make informed decisions regarding risks they choose to take to live the best life they can, including when and under what circumstances they choose to leave the service.

In response to questioning by the Assessment Team during the Site Audit, prescriptive questions relating to leaving the service independently have been included on the assessment for Consumers A, B and C, despite not being clinically indicated.

In relation to Consumers D and E

* Questions within the electronic care system provide only three options regarding support required. As Consumer D requires some oversight, they cannot be recorded as independent and they do not require physical assistance.
* The provider’s response included a definition of supervision and indicated Consumer D had clearly been assessed under the qualifying statements for the assessment of supervision, including reminders of appropriate areas to undertake the activity and that staff are required to keep an eye on the consumer in case of any incidents.
* The times Consumer D undertakes the activity coincides with there being a staff member located in the nurse’s station.
* Updated the required risk assessment to include a monitor level between independent and supervision and the related policy to clarify the level of supervision provided.
* Review of Consumer E’s assessment identified the incorrect selection and this has been corrected to indicate the activity is undertaken independently.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement.

In relation to Consumer A, I have considered that of the five occasions the consumer has left the service, the consumer was transported by a taxi on four occasions directly to and from a social group and on one occasion, was accompanied by a family member. Not including the incidents in April and May 2020, where appropriate mitigation strategies were noted to have been implemented, the consumer has only been found to have left the service unaccompanied on one occasion. As evidence through commentary and documentation in the provider’s response, this was during an acute episode and no further incidents of this nature have occurred since. As such, I find that current activities the consumer partakes in, that is attending a social group, does not pose a risk to the consumer and is not an activity which is possibly harmful to them as it relates to the intent of Requirement 1(3)(d).

In relation to Consumer B, I have considered that of the five occasions the consumer left the service in July 2022, the consumer was transported by a Community bus on each occasion. While the consumer has been assessed as having a cognitive impairment, the provider’s response indicates this does not impair their ability to leave the service independently and there are strategies in place which assist to maintain the consumer’s safety. I have also considered that there is no evidence to suggest that the consumer has left the service unaccompanied on any other occasion. As such, I find that current activities the consumer partakes in, that is leaving the service weekly via a Community bus, is not an activity which is possibly harmful to them as it relates to the intent of Requirement 1(3)(d).

In relation to Consumer C, I have placed weight on supporting documentation included in the provider’s response, specifically, information clarifying the consumer’s cognitive function and decision-making capacity. I have also considered feedback from the consumer highlighted in the Assessment Team’s report demonstrating their awareness of the possible risks related to leaving the service independently and measures they implement to enhance their feeling of safety. As such, I find that the consumer’s choice to leave the service independently is not an activity which is possibly harmful to them as it relates to the intent of Requirement 1(3)(d).

In relation to Consumer D, I acknowledge the provider’s response. I have also considered while the Assessment Team’s report indicates two staff stated the consumer is not continually supervised during the activity, there is no further evidence, such as observations, incident reports, consumer interviews or feedback from other members of staff, to suggest the consumer has been placed at risk.

In relation to Consumer E, I have placed weight on the provider’s response indicating an error in the assessment and the consumer is able to partake in the activity independently.

Additionally, in coming to my finding, I have considered information included in the Assessment Team’s report indicating for consumers who choose to eat foods not in line with dietary requirements, associated risks had been identified and risk assessments completed; staff were knowledgeable of consumers who partake in activities which include an element of risk; and risky activity data is monitored, trended and discussed at organisational meeting forums.

For the reasons detailed above, I find RSL Care South Australia Incorporated, in relation to War Veterans Home Myrtle Bank, to be Compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

### 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 COMPLIANTOngoing 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 have been assessed as Compliant.

The Assessment Team found overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Care files sampled demonstrated a range of assessments relating to clinical and well-being aspects of care are completed on entry and on an ongoing basis. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop individualised care plans which incorporate each consumer’s goals, needs and preferences. Additionally, a range of accredited assessment tools are used to identify consumers’ needs and perceived risks, and strategies are developed to mitigate risks. All staff reported care planning documentation provides sufficient information to enable them to deliver care and services to consumers safely. Consumers and representatives were aware of and expressed satisfaction with care planning and assessment processes.

Consumer files identified and addressed consumers’ needs, goals and preferences relating to care and services. Care files also included advance care directives, 7 step pathways and a palliative care plan outlining end of life needs, goals and preferences, all of which had been developed in consultation with consumers and representatives. Review processes ensure information remains current and reflective of consumers’ current care and service needs. Consumers and representatives indicated they had discussed end of life wishes on entry and at care plan reviews and reported care plans reflect consumers’ current goals and needs

Care files demonstrated staff work with the consumer and/or representative to ensure care and service provision is in line with consumers’ needs and preferences. Involvement of other providers of care, including Medical officers and Allied health specialists was also noted. Consumers and representatives described involvement in care planning, including others involved in the review process.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers on request. Care plans demonstrated representatives had been updated following comprehensive care plan review processes and progress notes included summaries of care plan consultations or case conferences. Consumers and representatives confirmed outcomes of assessment and planning are communicated to them.

There are processes to ensure care plans are up-to-date and meet consumers’ current needs, including when changes are required due to an adverse event or a change in consumers’ health condition. Representatives said they are contacted following an incident or change of consumers’ circumstances to discuss the issues and any required change of care.

Based on the Assessment Team’s report, I find RSL Care South Australia Incorporated, in relation to War Veterans Home Myrtle Bank, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with 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 COMPLIANTPersonal 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 have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they receive personal and clinical care that is safe and right for them.

A range of assessments are completed on entry and on an ongoing basis to identify each consumer’s care needs and preferences. Care plans are developed from information gathered through assessment processes and conversations with consumers and/or representatives, ensuring management strategies are tailored to consumers’ needs and optimise their health and well-being. Medical officers and Allied health specialists are involved in, and contribute to, the management of consumers’ clinical care. Care files sampled demonstrated appropriate management and monitoring strategies had been implemented for wounds, use of psychotropic medications and pain. Clinical and care staff were knowledgeable of each consumer’s personal and clinical needs and described how care is tailored to consumers’ needs and optimises health and well-being.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and management of risks relating to weight loss, skin integrity behaviours and pressure injuries. Staff demonstrated an awareness of the high impact or high prevalence risks and discussed strategies to mitigate the risks. One consumer and a representatives indicated satisfaction with management post falls and psychotropic medications.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. Care and clinical staff described how delivery of consumers’ care and services are altered during the end of life phase. A care file sampled for a consumer who had passed demonstrated care had been delivered to ensure their comfort was maximised and dignity preserved. The consumer’s representative said the consumer’s care was extremely well managed, pain was assessed, they were comfortable, reviews by the Medical officer occurred as needed, and staff could not have done enough.

Where changes to consumers’ health are identified, care files demonstrated assessments and monitoring processes are implemented and timely referrals to Medical officers and/or Allied health specialists initiated. Care staff were familiar with sampled consumers’ current care needs and said they notify clinical staff of any changes to consumers’ health and well-being. Consumers and representatives confirmed appropriate and prompt action had been taken in response to deterioration in consumers’ health and recalled assessments, observations, medical reviews and transfer to hospital, when appropriate. Additionally, all consumers and representatives confirmed regular input from the multidisciplinary team and access to Medical officers and Allied health specialists.

An effective infection prevention and control program is in place and the service has a dedicated Infection prevention and control lead. Numerous policies and plans are available to guide staff in relation to outbreak management, including COVID-19, and identification and management of infections, including minimising use of antibiotics. Clinical staff demonstrated an understanding of antimicrobial stewardship principles and described practical strategies used to minimise the spread of infection. There are processes to monitor infections and antibiotic use.

Based on the evidence documented above, I find RSL Care South Australia Incorporated, in relation to War Veterans Home Myrtle Bank, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### 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 COMPLIANTServices 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 have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they receive the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do.

Care files sampled included detailed information relating to consumers’ life history, culture, emotional, spiritual and psychological well-being needs and preferences and clinical factors which may need to be considered when undertaking lifestyle activities. Care staff demonstrated familiarity with what was important to consumers and described how they provide emotional, spiritual and psychological support to promote consumers’ well-being. All consumers sampled stated they felt staff support them to do the things they want to do which optimised their independence, well-being and quality of life. The service has a Veteran’s support officer, a volunteer with previous military experience and a Spiritual care coordinator who all provide consumers with varying levels of support. Additionally, the service works closely with specialist services which provide mental health and post-traumatic stress disorder services to Veterans. Consumers said staff are supportive of their emotional, spiritual and psychological well-being and confirmed staff regularly check on their well-being

Consumers are provided with appropriate services and supports for daily living, including participating in their internal and external communities, doing things of interest them and maintaining social and personal relationships within the service and in the community. Care files included information relating to how individual consumers wish to maintain relationships, either with their family and friends and involvement in the community, specifically veterans who participate in various organisations. An activities calendar is maintained and consumers were observed participating in a range activities and engaging in individual activities of their choosing. Consumers talked about how the service supports them to maintain relationships that are important to them and described frequent occasions when family and friends visited.

Consumer files demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, appropriate and timely are referrals are initiated. Consumers indicated their condition, needs and preferences had been identified and staff refer them in a timely manner to appropriate Allied health services, organisations or providers, where required, to meet their changing needs.

Meals provided are varied, of suitable quality, quantity and provide nutritional requirements. Care files reflected consumers’ dietary needs and/or preferences, including allergies, likes and dislikes. The menu includes two cycles, spring/summer and winter/autumn, and is audited annually by a Dietitian to consider portion sizes and nutritional value. Care staff were observed being attentive and assisting consumers with their meals during meal service. Meals were well presented and consumers appeared to enjoy their meals. Consumers confirmed they have input into the menu, can provide feedback and are provided with meal choices. Feedback from consumers included the food is ‘too good’, love the food, the cakes for afternoon tea are homemade and ‘excellent’, there is lots of choice and snacks on offer and most meals are tasty.

Equipment used by staff was observed to be safe, suitable, clean and well maintained. Preventative and reactive maintenance processes ensure equipment provided is maintained. Staff confirmed they have access to equipment when they need it, they feel the equipment is safe to use and they are aware of how to submit a maintenance request, if required.

Based on the Assessment Team’s report, I find RSL Care South Australia Incorporated, in relation to War Veterans Home Myrtle Bank, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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 COMPLIANTOrganisation’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 have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they feel safe and comfortable in the service environment, it is clean and well maintained, they can access all areas and enjoy using the communal spaces.

The Assessment Team observed the service environment to be welcoming; rooms and communal areas are spacious and designed for consumers to interact with one another. There are multiple outdoor areas which were observed to be well maintained and manicured. The memory support area is designed to create a sense of belonging and enables consumers to interact and function within the space. Management described how the service has been designed to meet the needs to consumers and to facilitate their interaction and function, for example, the memory support area has been redesigned on several occasions dependent on the consumer cohort. Consumers said they feel safe and find the environment welcoming, easy to navigate and well furnished.

The service was observed to be safe, clean, well maintained and comfortable and the service environment supports free movement of consumers. Consumers were observed utilising the various communal areas, including outdoor spaces and courtyards; garden areas and pathways were observed to be well maintained and free of hazards. Regular cleaning of consumer rooms, common areas and high touch services is undertaken in line with a schedule. Consumers said the environment is safe, clean, well maintained, and they can access all areas of the service, including outdoor areas.

Furniture, fittings, and equipment were observed to be safe, clean, well-maintained and fit for purpose. Preventative and reactive maintenance processes are in place and staff described how they report and manage maintenance issues. Contracted services are utilised to maintain and inspect aspects of the environment and equipment. Consumers indicated they feel safe when using equipment provided and said the maintenance team are responsive to actioning maintenance requests and repairs.

Based on the Assessment Team’s report, I find RSL Care South Australia Incorporated, in relation to War Veterans Home Myrtle Bank, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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 COMPLIANTFeedback 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 have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they are encouraged and supported to give feedback and make complaints, appropriate action is taken and staff apologise when they make mistakes.

Consumers described how they provide feedback or raise concerns, including through consumer meeting forums, and stated they can talk to staff about any issues they may have. Various feedback mechanisms support consumers to provide feedback and make complaints, including consumer meeting forums, surveys and consumer engagement interviews. Staff described how they respond to complaints or feedback raised by consumers, including acknowledging concerns and offering help to rectify issues raised. Resident meeting and focus groups minutes demonstrated consumers are supported and encouraged to provide feedback and raise concerns through these forums.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry and on an ongoing basis, including through consumer meeting forums. Feedback forms and external complaints, language services and advocacy information was also observed on display. Consumers and representatives were aware of the different methods to raise complaints, describing information being provided during meeting forums, raising issues with the service’s Veteran support officer and utilising external advocacy services.

A Complaints register is maintained and demonstrated complaints are appropriately responded to and an open disclosure process applied. Management described complaints processes and provided examples of actions taken in response to complaints, including working with the consumer and/or representative to find a solution and educating staff members on how to minimise a reoccurrence of a similar situation. Staff were aware of the importance of resolving issues and apologising to consumers when things go wrong. Consumers and representatives were happy with care and services and had either not needed to make complaints or complaints had been minimal in nature, and the service responded appropriately.

Feedback and complaints are reviewed and used to identify and drive continuous improvement. Feedback and complaints are regularly reviewed, monitored and analysed to ensure concerns are actioned and trends identified. Feedback from consumers and review of the complaints register indicated complaints are monitored and reviewed and services are improved. Consumers and representatives said management work closely with them to ensure feedback is actioned in a timely manner and service improvements are identified and implemented in response to their feedback.

Based on the Assessment Team’s report, I find RSL Care South Australia Incorporated, in relation to War Veterans Home Myrtle Bank, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

**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 COMPLIANTHuman 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 have been assessed as Compliant.

The Assessment Team found overall, consumers considered staff to be kind and caring and respectful, staff understand their preferences and interests and have the appropriate skills and knowledge.

The service has processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. Staffing is regularly monitored to meet consumers’ changing needs and there are processes to manage short notice absences, particularly in relation to COVID-19 restrictions. Clinical and care staff said there are enough staff rostered each day to allow them to perform their duties and attend to consumers’ care needs in a timely manner. Consumers and representatives said there are enough staff to attend to consumers’ care needs, staff are quick to respond to call bells and care needs are always attended and while staff are always under a lot of pressure, this does not impact care provided.

Workforce interactions are kind, caring and respectful of each consumer’s identity, culture, and diversity. Staff were observed to be interacting with consumers and talking to them in a respectful manner. All consumers and representatives said staff are kind and caring, they treat consumers with respect, are responsive to their needs and understand their preferences and interests. Feedback from consumers and representatives indicated staff couldn’t be better and know consumers’ needs; staff are always respectful and explain things; and staff are exceptionally caring towards the consumer. The complaints and compliments register for the six months prior to the Site Audit included two complaints relating to workforce interactions, which had been resolved and found not to be systemic in nature; there were multiple compliments for staff and the caring manner they show to consumers.

The service has processes to ensure the workforce has the skills and knowledge to effectively perform their roles. Duty statements, outlining minimum qualification requirements, and work instructions guide staff in performing their roles effectively. Clinical staff complete annual competency-based assessments, and personal care workers conduct a competency assessment during their probation period. A training schedule is developed based on core competencies which staff require to perform their role effectively. Staff practices are monitored daily to ensure they are using best practice methods. Additional and tailored training is provided for staff across all roles, based on observations, incidents, feedback or trends. Staff said they feel supported in their roles and additional training or equipment is provided if requested. Consumers and representatives said staff know what they are doing, and they have confidence in them to perform their roles effectively and safely.

Recruitment processes determine if potential employees fit with the consumers and culture within the service. New employees are provided with extensive onboarding and training, including buddy shifts, and a three-month probation period where their skills and competence are supervised and monitored. Care and clinical staff said they are provided sufficient training opportunities to assist them to conduct their roles confidently and competently and further training opportunities are available, as required. Consumers and representatives were satisfied with the skills and knowledge of staff and indicated there were lots of people in the service that were familiar with the ‘experiences’ veterans go through and clinical staff are very knowledgeable and provide a high level of care.

The service has a staff performance framework which ensures staff performance is regularly assessed, monitored and reviewed. Staff performance appraisals are undertaken during the probationary period and every two years and as required thereafter. Staff performance is regularly monitored to assist to identify knowledge and/or practice deficiencies and gaps and processes to manage underperformance were demonstrated. Staff said they felt supported in their role and assessment of their performance occurs mainly through supervision from their supervisor on a daily basis.

Based on the Assessment Team’s report, I find RSL Care South Australia Incorporated, in relation to War Veterans Home Myrtle Bank, to be Compliant with all Requirements in Standard 7 Human resources.

**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 COMPLIANTOrganisational 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 have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. Consumers are engaged in the development, delivery and evaluation of care and services through meeting forums, committees, feedback processes, surveys and care and service review processes which contribute and are used to drive continuous improvement.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation’s governing Body comprises of a Board of directors who are supported by a Chief executive officer and leadership team, as well as various sub-committees. Monthly reports, which include incident data, issues, feedback and improvement initiatives, are provided to relevant sub-committees and the Board, ensuring the Board’s awareness and involvement in the delivery of services.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the Board is aware and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. Staff were aware of the incident reporting system and described reporting processes, including how to raise an incident and who to notify.

The organisation has a clinical governance framework, embedded in all organisational policies and procedures and to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff awareness of organisational policies and procedures relating to clinical governance was demonstrated through evidence presented in other Standards.

Based on the Assessment Team’s report, I find RSL Care South Australia Incorporated, in relation to War Veterans Home Myrtle Bank, to be Compliant with all Requirements in Standard 8 Organisational Governance.

**Assessment of Standard 8 Requirements**

**Requirement 8(3)(a) Compliant**

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

**Requirement 8(3)(b) Compliant**

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

**Requirement 8(3)(c) Compliant**

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

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

**Requirement 8(3)(d) Compliant**

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

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

**Requirement 8(3)(e) Compliant**

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

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

# Areas for improvement

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