



Site Audit Report

Assessment details

Name	Manoah House
Commission ID	7215
Assessment type	Site Audit
Dates	9 October 2023 to 11 October 2023
Assessment team	Team Leader: Eleanor Dennis Team Member: Karen Arriagada

Service included in this assessment:

Provider: 1372 Association for Christian Senior Citizens Homes WA Inc
Service: 4743 Manoah House

Introduction

The assessment was conducted to assess the quality of care and services provided through the service against the Aged Care Quality Standards (the Quality Standards).

This Site Audit report details the Assessment Team's assessment of the approved provider's performance, in relation to the service, against the Quality Standards. The Quality Standards and requirements are assessed as either Met or Not Met.

Where a Quality Standard is Met, all requirements of that Quality Standard have been assessed as Met.

Where a Quality Standard is Not Met, one or more requirements of that Quality Standard has been assessed as Not Met. Note that this does not mean that all requirements of the Quality Standard were assessed.

This Site Audit report is to be read in conjunction with the Quality Standards.

Protected information

This document may contain personal and/or protected information. It is an offence to record, disclose or otherwise use the information contained in this document for a purpose other than which it is provided.

The Aged Care Quality and Safety Commission (the Commission) **does not publish** this report on the Commission's website.

Details about the service

Details about the service	Number
Allocated places	35
Aged care consumers living at the service	29
Aged care consumers on site during assessment	29

Interviews	Number
Consumers	15
Consumer representatives	7
Management	2
Clinical staff	1
Care staff	3
Hospitality and environmental services staff	3
Lifestyle staff	2
External contractors	0
Visiting service providers such as allied health professionals	2
Other	0

Overview of recommendations

This section is an overview of the Assessment Team's assessment of the provider's performance, in relation to the service, against the Quality Standards that were assessed.

Standard 1 Consumer dignity and choice	Met
Requirement 1(3)(a)	Met
Requirement 1(3)(b)	Met
Requirement 1(3)(c)	Met
Requirement 1(3)(d)	Met
Requirement 1(3)(e)	Met
Requirement 1(3)(f)	Met
Standard 2 Ongoing assessment and planning with consumers	Met
Requirement 2(3)(a)	Met
Requirement 2(3)(b)	Met
Requirement 2(3)(c)	Met
Requirement 2(3)(d)	Met
Requirement 2(3)(e)	Met
Standard 3 Personal care and clinical care	Met
Requirement 3(3)(a)	Met
Requirement 3(3)(b)	Met
Requirement 3(3)(c)	Met
Requirement 3(3)(d)	Met
Requirement 3(3)(e)	Met
Requirement 3(3)(f)	Met
Requirement 3(3)(g)	Met
Standard 4 Services and supports for daily living	Met
Requirement 4(3)(a)	Met
Requirement 4(3)(b)	Met
Requirement 4(3)(c)	Met
Requirement 4(3)(d)	Met
Requirement 4(3)(e)	Met

Requirement 4(3)(f)	Met
Requirement 4(3)(g)	Met
Standard 5 Organisation's service environment	Met
Requirement 5(3)(a)	Met
Requirement 5(3)(b)	Met
Requirement 5(3)(c)	Met
Standard 6 Feedback and complaints	Met
Requirement 6(3)(a)	Met
Requirement 6(3)(b)	Met
Requirement 6(3)(c)	Met
Requirement 6(3)(d)	Met
Standard 7 Human resources	Met
Requirement 7(3)(a)	Met
Requirement 7(3)(b)	Met
Requirement 7(3)(c)	Met
Requirement 7(3)(d)	Met
Requirement 7(3)(e)	Met
Standard 8 Organisational governance	Met
Requirement 8(3)(a)	Met
Requirement 8(3)(b)	Met
Requirement 8(3)(c)	Met
Requirement 8(3)(d)	Met
Requirement 8(3)(e)	Met

Summary of findings

A reaccreditation Site Audit was conducted 9 October to 11 October 2023 for Manoah House, a service situated in a semi-rural area of the Perth metropolitan area. It is co-located with an independent living village and is a stand-alone site owned and operated by a Dutch organisation the Association for Christian Senior Citizens Homes WA Inc, which was formed in the 1970s by members of the Dutch Reform Church to provide aged care and retirement living services primarily for their members however all faiths and nationalities are welcome. The service comprises 33 rooms in two wings, the original wing and a new wing built 3 years ago with no dedicated memory support unit. All rooms are spacious with a kitchenette, large living and dining area, large bathroom and access to an outdoor living space and garden area. Consumers can come and go as they please and there is a very close relationship between consumers in the village and Manoah House with many 'villagers' volunteering their services to Manoah House daily.


Manoah House is built on and maintains a very strong Christian ethic which underpins the delivery of care and services to consumers.

The service engages in partnership with consumers/representatives to identify their needs, goals and preferences through ongoing assessment and planning processes. Assessment and care planning processes include consideration of risks and interventions to inform the delivery of care and services to optimise consumer health, well-being, and quality of life.

The service works collaboratively with medical officers (MO), allied health professionals, and other specialised care and service providers to deliver safe and effective individualised clinical and personal care and services, in accordance with identified changing consumer needs and preferences.

The service provides many varied and tailored activities based on consumers' interests, background and abilities.

The service has employed a Pastoral Care Co-ordinator who has the same Christian and cultural background as the service and together with the lifestyle team and volunteers ensures the delivery of effective and constant emotional, spiritual and psychological supports to meet the needs and preferences of consumers. The Assessment Team observed consumers were treated with dignity and respect by staff who know them very well and provide care in line with their preferences. The onsite chef and kitchen team ensure consumers receive freshly cooked, good quality, varied meals catering for individual choice and cultures.



The service has a robust complaints and feedback mechanism, and all consumers/representatives feel comfortable providing feedback and making complaints and receive timely responses and resolutions to issues.

Consumers/representatives said staff are well trained and competent and have the resources required to do their jobs and the service is well run, there are enough staff and call bells are responded to in a timely manner.

Robust governance processes are in place to manage business and clinical requirements as required by legislation and are reviewed and updated regularly to ensure currency and the delivery of best practice care and services for consumers.

The Assessment Team is recommending all Requirements as Met.

Standard 1 Consumer dignity and choice

Met

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:

2. The organisation:
 - (a) has a culture of inclusion and respect for consumers; and
 - (b) supports consumers to exercise choice and independence; and
 - (c) respects consumers' privacy.

Summary of Assessment of Standard 1:

The service is:

- Supporting consumers to be treated with dignity and respect and maintaining their identity, culture and diversity.
- Recognising and valuing the consumers' individual identity, culture and diversity. Consumers are encouraged to do things for themselves and are confident staff know what is important to them.
- Providing culturally safe care and services by identifying, on admission to the service, the consumer's life history, cultural identity, and how the consumer wants their care delivered in line with their values.
- Demonstrating all consumers are treated with dignity, their privacy is respected, and their personal information is kept confidential.

1(3)(a)

Met

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

Assessment:

All consumers/representatives stated staff treat consumers with respect, dignity, and value their culture and diversity. They said staff are kind, friendly and respectful when interacting with them and delivering care. Staff said all consumers are treated

with dignity, kindness, and respect. They made references to consumer care plans to ensure care is delivered in line with consumers' identity, diversity, and preferences. Staff were observed treating consumers with kindness, care, dignity, and respect and demonstrated awareness of individual choices and preferences. Care planning documentation identified the consumer's history, personal preferences, identity, and cultural practices with individual stories of the consumer which corroborated consumers/representative's feedback. The service has policies and a consumer handbook outlining consumers' rights to privacy, respect, dignity and choice.

For example:

- Mr Barry Farquhar's care planning documentation states he lives with dementia. His representative stated he is treated with dignity and respect by all staff within the service. They added staff are kind, caring and gentle with Mr Farquhar and always ensure he is included in daily activities that occur within the service. They acknowledge and state that although Mr Farquhar may not contribute to all activities staff actively engage with him and include him in activities that are purposeful and meaningful to him such as knitting and cooking.
- Sampled staff could demonstrate their awareness of Mr Farquhar's responsive behaviours and the way in which they form part of his identity and described the ways in which they continue to distract and engage him and further support him. They added Mr Farquhar likes to walk and displays exit seeking behaviours, so they ensure he is always taken outside of the service each day to assist with the management of these behaviours.
- Mr Farquhar's leisure and lifestyle care plan reflected what is important to him with his goals needs, and preferences identified. The care plan identifies Mr Farquhar's goals and provides specific interventions inclusive of his known likes, spiritual and emotional wellbeing.
- The Assessment Team spoke with Mr Farquhar on day 3 of the Site Audit whilst he was attending a cooking class. He stated he wanted to walk outside. The Assessment Team later observed Mr Farquhar walking with a group of consumers and staff supervision outside of the service.

1(3)(b)

Met

Care and services are culturally safe.

Assessment:

All consumers/representatives felt consumers' care and services are delivered in line with their cultural needs and preferences stating they felt safe and respected at the service. Staff were able to identify consumers with diverse cultural backgrounds and demonstrated their understanding of each consumer's character, background and individual values. Consumers' care planning documentation reflected their stories, cultural, spiritual and emotional needs and preferences captured from their entry into the service and updated through the assessment process. The service has policies and procedures such as cultural safety and inclusiveness to assist staff in identifying consumers' cultural needs and to guide in the provision of culturally safe services.

For example:

- Care documentation for Ms Ati Brooks states she lives with dementia, visual impairment and type 2 diabetes mellitus. She is of Dutch heritage and deeply religious. Her care plan, last updated on 12 August 2023, evidenced information about her culture, religious beliefs and spiritual fulfilment supports. As per her care plan, she enjoys attending all Dutch festivities, church activities and pastoral care within the service.
- Ms Brooks' representative stated they are happy with the cultural and spiritual support she receives at the service. They demonstrated awareness of pastoral care services involvement and how this contributes to Ms Brooks' overall wellbeing.
- Registered nurses (RN) and care staff stated Ms Brooks is supported by pastoral care staff and attends church services. Pastoral care staff stated they support Ms Brooks with one-to-one support with prayers, devotions and assist Ms Brooks' family with her dementia journey.
- The Assessment Team observed Ms Brooks asleep in her bedroom in the afternoon. Her bedroom was personalised and adorned with religious photographs and pictures.

1(3)(c)

Met

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

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

Assessment:

Consumers/representatives interviewed said consumers are supported to exercise choice and independence when making and communicating decisions about the care they receive and who participates in their care. Consumers/representatives also said they are encouraged to connect and maintain relationships, with those important to them. Staff provided examples of how consumers can make choices about their care and services and how staff assist them to achieve their goals. Care planning documents identify the consumer's individual choices regarding when care is delivered, who participates in their care and how the service supports them in maintaining relationships. The Assessment Team reviewed specific privacy policies and principles and response policies for data breaches for both consumers and staff within the 'resident handbook' and staff onboarding documents, and training records for staff regarding consumers' rights to make choices and enabling them to live according to their preferences.

For example:

- Ms Valerie Armstrong stated she can make decisions about her own care. She added she has two children involved in her care, but she does not like to bother them, as she is quite capable of making her own decisions. She said staff are cognisant of her ability to communicate her own decisions.
- Care planning documentation for Ms Armstrong demonstrated staff awareness and understanding of her current poor mental health status and her preference to be on her own as she is disinterested in engaging with other consumers or activities. Staff further evidenced their understanding of Ms Armstrong's current frame of mind and stated they always ask how she is and aim to spend time with her each day.
- All sampled staff stated they build rapport with consumers/representatives through one-to-one discussions and frequent communication to fully understand what each consumer wants, to encourage a consumer choice and independence driven environment.
- The Assessment Team observed Ms Armstrong outside of her room on day 2 of the Site Audit patting a staff member's pet dog and engaging with a visitor from her church.

1(3)(d)

Met

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

Assessment:

Consumers/representatives interviewed said they felt they would be supported to take risks within the service to ensure they can live the best life they can. They stated they would communicate to staff if they wanted to pursue an activity or preference that may involve risk. Staff demonstrated they are aware of the risks taken by consumers and said they support the consumers wishes to take risks and live the life they choose however, management said, and the Assessment Team confirmed there are no consumers taking risks currently. Care planning documentation reviewed, identified risks as well as strategies to mitigate risks and ensure consumer safety. Risk assessments are conducted to ensure consumers understand the potential harm when making decisions about taking risks. The Assessment Team viewed the policies and procedures associated with risk which outlines risk management systems and processes in place for guiding staff and viewed the clinical risk assessment and informed consent forms on respecting consumer dignity and choice.

For example:

- Care planning documentation for Ms McCallum showed she is at high risk of falls due to Parkinsons disease, does not like using her 4 wheel-walker and continually forgets to use it despite gentle prompting from staff. The physiotherapist decorated Ms McCallum's walker, as observed by the Assessment Team, to encourage her to use it, however she still leaves it behind on occasion and self-mobilises. Staff said they have discussed the falls risks with Ms McCallum if she doesn't use the walker and have put mitigation strategies in place to assist her such as regular sighting and reminding Ms McCallum to use her walker and ensuring she has it with her. The Assessment Team observed Ms McCallum leaving her room and commenting that she needed to retrieve her walker which staff had already parked in the dining room and were returning it to her. Management said a dignity of risk consent is not considered appropriate by the service because Ms McCallum has not expressed a desire to mobilise unaided and understands the risks involved when she forgets to use her walker.
- Management stated they do not have any consumers they currently support to take risks within the service. They added when a consumer is first identified as wanting to do something that involves risk, they seek to understand the risk, communicate with both consumers/representatives, and ensure they are aware of and understand all the potential consequences and mitigation strategies have been discussed and agreed to before the dignity of risk form is completed and signed by the appropriate parties.

- Management and staff stated they support consumers to live their best lives within the service and if a risk is identified that has the potential to impact upon the health and wellbeing of a consumer, they complete a risk assessment immediately. Staff said they are supported to identify and assess the risk and look at all risk mitigation strategies in consultation with the consumer and their representative. They added a multidisciplinary approach is taken when considering risk and alternative options.
- The Assessment Team observed the dignity of risk policy and procedure that aims to support staff with identification and assessment of risk and risk mitigation strategies dependent upon the risk.

1(3)(e)

Met

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.

Assessment:

Consumers/representatives said the service communicates timely information which is easy to understand and assists them in making informed choices. They acknowledged and valued the opportunity to receive information and exercise choice. Staff described how they communicate information to consumers and support them with decision making and communication of their preferences. The Assessment Team observed timely communications made available to consumers, inclusive of monthly newsletters, lifestyle calendars, seasonal and weekly menus, newspapers, feedback forms and various posters displayed in both the reception and communal areas throughout the service environment.

For example:

- Ms Beverley McCallum stated the staff inform her about the daily menu options and if she does not like the options, she is provided with alternatives, or she can state what she would prefer. Additionally, Ms McCallum states she receives a copy of the monthly newsletters, lifestyle activities calendar, resident/relative meeting minutes and staff will leave a copy with her for her convenience. Ms McCallum states the communication processes within the service are good.
- Ms Maureen Cheverton's representative stated the service communicates with them on a regular basis. They said they get frequent updates and summaries from the service concerning Ms Cheverton's general well-being. They added

they can attend the resident/relative meeting each month and always communicate with staff or management if they have a concern.

- Management and staff stated information for consumers is disseminated to consumers and representatives via notice boards, activities programs, newsletters, monthly meetings, emails, meeting minutes and care consultations.
- The Assessment Team observed lifestyle calendars, menus and newsletters in consumers' rooms and displayed on noticeboards throughout the service. These provided information about cultural and spiritual activities and general events taking place at the service.

1(3)(f)

Met

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

Assessment:

Consumers/representatives said they are confident consumers' information is kept confidential and respected by staff. Staff described how they maintain consumers' privacy when providing care by knocking on doors before entering and closing doors when delivering care. Staff were able to describe how they keep computers locked when not in use and use passwords to access consumers personal information. The Assessment Team observed the computers located in the nurses' station were always locked when unattended, restricted areas such as nurses' stations and treatment room doors were always locked, and consumer files were out of sight. The service has an up-to-date privacy policy which is included within the consumer handbook and provided to consumers/representatives on admission to the service.

For example:

- Care planning documentation for Ms Armstrong states she lives with long term depression and anxiety. She said she feels the staff respect her privacy and stated she prefers to always keep her door closed. She said staff always knock on her door and wait for a response before entering and added they always close the door when they leave and respect her privacy. She stated staff are aware she sleeps in until mid-morning, eats her meals in her room and prefers her own company and does not like to engage in any activities.
- The Assessment Team observed Ms Armstrong in her room on the last day of the Site Audit, she stated she is unhappy in the service due to her long-term mental health concerns, but this is not because of the care and support

she receives. She said the staff know her well and always communicate with her and touch base each day.

- Management said, and documentation reviewed, demonstrated staff completed privacy training during their onboarding process and as a mandatory component of employment thereafter. They stated consumer related information is always confidential and they do not disclose it to other staff members unless they are involved in their care. Staff described how they ensure consumers' doors are closed and locked when they are assisting consumers with personal care. They added consumers' doors are always locked and cannot be opened without swipe card access.
- During the Site Audit, staff were observed by the Assessment Team to greet consumers by their preferred name and to knock on consumers' doors waiting to be invited in prior to unlocking the door with their swipe card.

Standard 2 Ongoing assessment and planning with consumers

Met

Consumer outcome:

1. 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:

2. 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.

Summary of Assessment of Standard 2:

The service is:

- Completing assessments and care plans in consultation with consumers/representatives with the consumers preferences, needs and risks identified and addressed, including end of life (EOL) preferences.
- Able to demonstrate partnership with consumers/representatives in assessing and planning consumers' care and services including individuals and other organisations the consumer wishes to be involved with.
- Documenting and communicating updates relating to changes and reviews of the consumer assessments and care plans.
- Reviewing assessments and care plans every 6 months or more often in response to changes in consumer clinical care or unexpected events.

2(3)(a)

Met

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.

Assessment:

All consumers/representatives provided positive feedback and confirmed they were involved in developing consumers' care plans, held in the service's electronic care management system (ECMS) resulting in delivery of care specifically tailored to their

needs, preferences and goals including consideration of risks. The service demonstrated assessment and planning is completed to inform and support the delivery of safe and effective care including the consideration of risks to consumers. RNs were able to describe the assessment and care planning processes and the mitigation of risks potentially impacting the delivery of effective care and services. A 'resident of the day' process guides staff with a 6-weekly review of progress notes for changes to care needs and informs updates and evaluations of care plans on a 6 monthly basis or as clinically indicated. Physical risk assessments are completed initially and reviewed as needed with risks reviewed as part of ongoing assessment and care planning. The service has a range of clinical policies and procedures accessible on its organisational intranet on its organisational intranet, including the completion of clinical documentation. These guide staff on the on the process of reviewing, evaluating, and updating assessments and care plans. Management and staff discussed the assessment and care planning process, including consideration of individual risks and current care plans within the ECMS.

For example:

- Care documentation for Ms Brooks identifies she lives with type 2 diabetes mellitus. Her diabetic care plan was updated on 23 August 2023 and stated she is to have her blood glucose levels (BGL) checked four times per day before food at every mealtime and before bed and prior to her insulin being given at these times. BGL charting for Ms Brooks demonstrated stable BGLs within reportable MO parameters and all BGLs are completed as per the MO's directive. The MO completed a management directive for the treatment of a potential hypoglycaemic episode and stated she must be given a rapid acting carbohydrate such as a glucose drink or jellybeans followed by a slow acting carbohydrate if her BGL is under 3mmol/litre. If her BGL is over 20mmol/litre she is to be encouraged to have further fluids, the MO to be notified and her BGL rechecked every 15 minutes until stable.
- Ms Brooks' representative stated her diabetic care is well managed and they are aware her BGLs are stable. They added they have confidence the clinical support at the service ensures Ms Brooks' diabetic care is maintained.
- An RN could describe the daily diabetic care regime, inclusive of dietary management, 3 monthly Haemoglobin A1c blood test and podiatry appointments every 6-8 weeks. They further confirmed the stability of Ms Brooks' BGLs.
- Management and an RN stated initial assessments are completed on admission by RNs in accordance with service admission process and in consultation with the consumer/representative. Where necessary the MO and

other allied health professionals are involved and consulted with care and services. Potential risks to the consumers' health and wellbeing such as falls, pressure injuries and wounds are discussed with assessment and care planning completed to support the safe and effective delivery of care and services. Sampled consumers' care plans were updated in accordance with the service policy.

2(3)(b)

Met

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.

Assessment:

All consumers/representatives confirmed the assessment and care planning process addresses the current needs, goals and preferences of consumers inclusive of an advance care directive (ACD) and end of life care wishes. Staff described the needs and preferences of consumers which aligned with the current care practices, consumer feedback and care documentation. Management and RNs confirmed the ACD is discussed prior to and at the time of admission, reviewed at the 6 monthly care plan review and rediscussed if there is a notable clinical change in a consumer's condition. Care planning documentation evidenced consumers' needs, goals and preferences are documented to guide staff. The ACD and EOL wishes are uploaded into the ECMS and documented in a paper-based folder to ensure all staff can access and the service has policies and procedures informing staff practice in relation to assessment and planning for EOL care.

For example:

- Ms Cheverton has an ACD, signed and dated on 16 March 2022 by her representative and MO which is reviewed every 6 months as per service policy. It stated in the event of clinical deterioration, she is not for hospital transfer, medical treatment, or cardiopulmonary resuscitation (CPR). Her preference is to receive all EOL care and comfort care at the service with her family present.
- Ms Cheverton lives with dementia, depression and type 2 diabetes mellitus. Her diabetic care plan last updated on 23 August 2023 stated her diabetes is managed by both diet and oral antidiabetic medication. The MO directive was updated on 20 March 2023 stating she is to have her BGLs monitored each week, Haemoglobin A1c checked every 3 months, annual optometry monitoring and all foot and nail care to be assessed every 6-8 weeks. Care

charting demonstrated weekly BGL monitoring is typically completed every Monday and showed stable BGLs.

- Ms Cheverton's representative demonstrated awareness of the diabetic care Ms Cheverton receives at the service. They stated they are happy with the updates and communication they receive regarding Ms Cheverton's diabetic care and acknowledge her quality of life is now the most important aspect of her care.
- The Assessment Team observed Ms Cheverton in the communal dining area being assisted by care staff with her modified meal. Care staff stated Ms Cheverton eats a pureed diabetic meal each day. They demonstrated their awareness of her diabetic meal requirement and meal choices.

2(3)(c)

Met

Assessment and planning:

- (i) 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*
- (ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

Assessment:

All consumers/representatives interviewed stated they are contacted regularly and feel a part of the ongoing assessment, planning and review of consumer care. They stated they can provide input into the assessment and care planning process through formalised conversations and regular feedback. Staff confirmed care and services are constantly reviewed in partnership with consumers/representatives. Care plan reviews and progress notes of sampled consumers demonstrated the involvement of consumers, their representatives, MOs and allied health professionals in the care partnership. The organisation has updated policies and procedures to guide and inform staff in the process.

For example:

- Ms McCallum stated she is involved with her care and can actively participate in the care discussions with her MO, RNs and allied health professionals regarding her general care needs. She added she can communicate and contribute to the way in which her care is delivered with her needs and preferences being addressed and adhered to especially with her high falls risk.

- The care documentation for Ms McCallum evidenced she lives with Parkinsons disease, hypertension, and dementia. Her current mobility and transfer care plan last updated on 12 September 2023 showed she is at high risk of falls with falls risk assessment tool completed post her last fall. Care documentation showed both physiotherapist and allied health professionals reviewed Ms McCallum post fall and falls prevention strategies were reviewed and updated. Falls prevention strategies in use are hourly visual observations, a strict toileting schedule, bed sensor mats and Ms McCallum is part of a wellness group that focuses on balance and gait. The care plan documented one of the reasons identified as to why Ms McCallum was falling was her dislike of the 4-wheel walker. As a result, the physiotherapist decorated the walker to encourage Ms McCallum to use it. Staff added Ms McCallum continues to forget her 4-wheel walker and they remind her each time she is observed to be without it.
- An allied health professional stated they take a multidisciplinary approach to the management of falls within the service. All falls within the service are investigated with commonalities and trends analysed and appropriate action taken to prevent reoccurrence. Care staff added they ensure Ms McCallum is seated within a communal area and supervised to ensure she has her 4-wheel walker when ambulant.
- RNs and management confirmed it is their practice to discuss and plan care with consumers/representatives, MOs, allied health professionals and others involved with the care of the consumer to ensure consistency of care for each consumer.

2(3)(d)

Met

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.

Assessment:

The service demonstrated how consumers/representatives are engaged in communication regarding the outcomes of assessments, planning and care. Consumers/representatives said they are contacted regularly and are informed in a timely manner when circumstances change and are involved in changes to care processes, including any decision-making and they are always offered a copy of the care plan. Staff confirmed they have easy access to consumer care planning documents via computer terminals located in the nurses' station. RNs confirmed it is their practice to notify consumers/representatives of the 6 monthly clinical care assessments, evaluation outcomes and if there are any changes or incidents and

offer them a copy of the care plan. A review of the sampled consumer care plans by the Assessment Team documented outcomes of the assessment and planning of each consumer with changes, updates and communication with consumers/representatives detailed.

For example:

- Mr Max Houghton's representative confirmed they are involved in Mr Houghton's assessment and care plan review. They added the service communicates with them on a regular basis and the process provides them with the opportunity to provide feedback and ensures they are aware of current assessment findings and care changes. They confirmed they are always offered a copy of the care plan post the 6 monthly care plan review and have a copy of the current care plan last updated on 11 September 2023.
- Management confirmed, and a review of care documentation demonstrated Mr Houghton's assessments and care plans are regularly reviewed and evaluated in consultation with him and his representative.
- RNs and care staff stated changes to each consumer's personal and clinical care needs are comprehensively addressed during handover at the start of each shift. RNs and care staff added they can access all consumer care documentation inclusive of transfer and mobility aids and general assistance required, current dietary needs and modifications, falls prevention strategies and complex nursing requirements via the ECMS accessible in the nurses' station.
- The Assessment Team observed RNs and care staff accessing and documenting care notes whilst updating care charting and progress notes in the ECMS.

2(3)(e)

Met

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.

Assessment:

Consumer/representatives stated, and care documentation evidenced care and services are constantly reviewed for effectiveness and when circumstances change. Consumers/representatives indicated they are regularly contacted by the service via phone, email or in person to discuss care and services including updates and

changes to the consumer care plans due to a care change or unexpected incident. RNs and management stated it is their practice to notify consumers/representatives of the 6-weekly 'resident of the day' process and evaluation outcomes of assessments, 6 monthly care plan review and if there are any changes or incidents. A review of care plans evidenced the review of outcomes of assessment and planning for each sampled consumer with changes, reviews and updates indicating they had been communicated to consumers/representatives. The service completes 6 monthly care plan reviews and the Assessment Team sighted policies and procedures for assessment and care planning to guide and inform staff.

For example:

- Ms Petronella Janssen's representative stated they were aware of the falls Ms Janssen experienced during August 2023 and September 2023. They were aware of the falls prevention strategies in place and acknowledged her increased falls risk due to her lack of insight, impulsiveness, and a lack of balance. They added the service always communicates with them after each fall and offers them an explanation and copies of the MO and physiotherapist assessments post review.
- Ms Janssen's care documentation identified she lives with Parkinson's disease and macular degeneration and is assessed as a high falls risk with falls screening assessment tool updated on 24 September 2023 following an unwitnessed fall. The incident report form confirms she experienced unwitnessed falls on 1, 4, 16 and 24 September 2023. Physiotherapist and MO reviews were completed as per service policy and procedure with all falls prevention strategies assessed and falls risk assessment score reassessed and updated post each fall. The current falls prevention strategies include hip protectors, bed and chair sensors, regular visual observations with staff ensuring she is wearing firm well-fitting shoes and to be seated in a well supervised communal area.
- Care staff demonstrated an awareness of Ms Janssen's falls risk status and stated they aim to seat her in the supervised open dining and lounge area of the service but acknowledged she likes to walk in all areas of the service and does not stay seated for long periods.
- The Assessment Team observed Ms Janssen walking with a care staff member by her side. Her bedroom was noted to have both bed and chair sensor alarms in place and was clean and uncluttered.

Standard 3 Personal care and clinical care

Met

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:

2. 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.

Summary of Assessment of Standard 3:

The service is:

- Providing safe and effective care which is considered best practice and tailored to individual consumer needs and optimises their health and wellbeing.
- Ensuring consumer needs and preferences are documented and effectively communicated within the service and with external health care providers.
- Recognising changes and deterioration in the health and wellbeing of each consumer, responding in a timely manner and documenting EOL preferences for each consumer in their ACD.
- Ensuring effective systems and processes are in place to minimise infections and promote antimicrobial prescribing protocols.

3(3)(a)

Met

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

- (i) is best practice; and*
- (ii) is tailored to their needs; and*
- (iii) optimises their health and well-being.*

Assessment:

All consumers/representatives stated consumers are receiving personal and clinical care which is safe, tailored to them and meets their needs and preferences. Staff

could describe consumers' individual needs and preferences, personal and clinical care and how they are delivered in line with their care plans. Care documentation reviewed confirmed staff are following documented strategies and clinical management policies to deliver individualised care to consumers which aligned with consumer/representatives and staff feedback. The Assessment Team sighted policies and procedures that guide staff and practices in relation to both personal and clinical care, that is considered best practice.

For example:

In relation to restrictive practices:

- The service identified 7 consumers subject to chemical restrictive practice. There were no consumers subject to environmental, mechanical, physical restrictive practices or seclusion. Management stated both RNs and MOs review the use of chemical restrictive practice with consumers/representatives at 3 monthly intervals and as per the service policy.
- The service did not consider consumers were subject to environmental restrictive practices even though the entry and exit keypad coded doors with the codes displayed and gates have keypad locks. Management explained and the Assessment Team sighted, signed consent forms in the admission documents which explained the reasons for the use, by the service, of keypad coded front doors and gates being the safety and security of consumers. Management also stated consumers are not prevented from leaving the service if they wish as they either provide consumers/representatives with the codes following a risk assessment or staff assist consumers leave and enter the service which was observed by the Assessment Team. The Assessment Team sighted all other communal doors within the service to be unlocked and accessible for consumers. Each consumer's room has an electronic lock requiring a fob for access. Every consumer and some representatives have fobs to access these. The doors allow consumers to exit their rooms without the need for a fob. All staff have a master fob which allows them to access consumer's rooms for care purposes or if the consumer doesn't have their fob. Representatives can have a fob if their consumer, for example, is bed bound, has reduced cognitive ability or mobility issues.
- The Assessment Team sighted the service's psychotropic medication registry for consumers receiving these medications. Care documentation reflected all sampled consumers had detailed behaviour support plans (BSP) in place with evidence of informed consent from representative and MO.

- Care planning documentation for sampled consumers evidenced consumers are offered non-pharmacological interventions prior to medications being used, but when required consumers are monitored post medication administration and reviewed on a regular basis by both RNs and MO, noting the effectiveness of the medication, adjustments, or cessation to the medication.
- Staff demonstrated an awareness of chemical restrictive practice including minimising medication usage as well as the use of non-pharmacological interventions first. For example:
 - Mr Farquhar's care planning documentation identified he is subject to chemical restrictive practice with the use of a pro re nata (PRN) antipsychotic medications for physical and verbal agitation and increased anxiety.
 - Mr Farquhar has a restrictive practice consent form last signed by his MO and representative on 10 October 2023 recording discussion for the use of the restrictive practice, documenting informed consent and consideration for alternatives to chemical restrictive practices.
 - A BSP is in place for Mr Farquhar which documents his responsive behaviours such as exit seeking and wandering, physical agitation and high anxiety, triggers for the responsive behaviours and guidance for staff with non-pharmacological interventions such as promoting a calm environment, creating a quiet space, engaging in meaningful activities such as cooking and walking outside of the service environment.
 - Care documentation for Mr Farquhar showed an irregular use of the PRN antipsychotic medication. The Assessment Team did not record the last time it was used. Staff were able to demonstrate an understanding of the non-pharmacological interventions such as redirection, encouraging him to participate in the cooking and knitting classes and staff to take him for walks outside that assist with Mr Farquhar's responsive behaviours in line with care documentation.
 - Mr Farquhar's representative stated they are always contacted by the service each time Mr Farquhar's psychotropic medication is reviewed. They further add they communicate with the MO on each occasion enabling them to ask questions and raise concerns.

In relation to pain management:

- Care planning documentation for Ms McCallum identifies she lives with chronic pain and osteoarthritis predominantly located in her right knee. Her pain assessment, last updated on 23 May 2023, documents specific pain management strategies that aim to support and manage her pain. The current pain management care plan documents the location, onset, duration and the frequency of her pain with both pharmacological and non-pharmacological approaches to alleviating her pain.
- Ms McCallum's representative stated they are happy with the care Ms McCallum is receiving at the service. They added they are aware Ms McCallum is seen by the physiotherapist who supports her with non-pharmacological strategies for pain management.
- RNs said they monitor and document Ms McCallum's pain level each shift. They confirmed Ms McCallum can verbalise her pain, but they assess for nonverbal cues and encourage Ms McCallum to report her level of pain. Medication charts demonstrate Ms McCallum is having regular analgesics each day with PRN analgesic options available if she requires further pain relief.
- An allied health professional stated they support Ms McCallum with non-pharmacological pain management strategies inclusive of regular therapeutic massage to her right knee, heat pack therapy and the use of topical analgesic creams and oral analgesics. They confirmed these ongoing care interventions assist Ms McCallum with ongoing pain management.

In relation to skin integrity/wound management:

- There were no consumers with pressure injuries at the time of the Site Audit.
- Care documentation for Mr Cornelis Beemster evidenced he has a skin tear on his left knee identified on 30 August 2023. The current wound management plan documents the dressing regime and schedule as per the RN directive. Wound charting shows regular wound photographs each time the dressing is completed with all wound edges measured and a description of the wound provided each time to further inform and guide staff regarding the progress of the wound. As per the care documentation and recent wound photographs sighted by the Assessment Team the wound was noted to be healing with regular assessments made by the MO.
- Mr Beemster's representative stated they are happy with the care of the wound. They are aware of the MO involvement and further confirmed RNs and enrolled nurses (EN) within the service keep them updated about the

progress of the skin tear. They confirmed staff always assess Mr Beemster's non-verbal pain cues when they complete the dressing.

- An RN confirmed they assess Mr Beemster's level of pain before, during and after completing the dressing. They added they ensure Mr Beemster has his legs elevated when seated to assist with the pain and current deep venous thrombus in his left leg. Care charting for Mr Beemster demonstrates he receives opioid analgesics to support and assist with pain management.

3(3)(b)

Met

Effective management of high-impact or high-prevalence risks associated with the care of each consumer.

Assessment:

Consumers/representatives said they felt high impact high prevalence risks are effectively managed by the service. Staff were able to explain high impact and high prevalence risks and the strategies in place to manage these as well as consumers' individual risks. Care documentation showed evidence of assessment and planning, with consideration to care risks are highlighted to guide RNs, ENs and care staff. Policies and procedures are available to guide staff in relation to the management of high impact and high prevalence such as falls prevention and management, nutrition and weight loss management, skin integrity and wound management and pain management.

For example:

In relation to falls prevention:

- Care planning documentation for Ms Cheverton identifies she is assessed as a high falls risk with a falls risk assessment score of 18, last updated by the physiotherapist on 29 September 2023. The incident report and progress notes document her last unwitnessed fall on the 12 September 2023. The incident report states she was found on the floor of her bathroom with no major injuries and no obvious head strike but complaining of dizziness. Falls risk prevention strategies included a sensor alarm mat in her bedroom, hourly visual observations, her call bell within easy reach and a strict toileting schedule. Care notes show MO and representative notifications were made post fall, pain assessments, neurological observations and vital signs completed immediately after the fall in line with policies and procedures for falls assessment. Emergency services were contacted and Ms Cheverton was transferred to hospital for review. Ms Cheverton returned to the service

on the same day, 12 September 2023 and post discharge urgent referrals were made to the MO and physiotherapist.

- Ms Cheverton's representative stated they were notified of the fall in a timely manner and consent was gained prior to Ms Cheverton's transfer to hospital. They said the RN and management offered them a full explanation of the fall inclusive of the care provided pre fall.
- Care staff confirmed and described the falls prevention strategies in place for Ms Cheverton. They said Ms Cheverton is ambulant with her 4-wheel frame but requires supervision and frequent visual sightings as she does not stay seated for long periods.
- The Assessment Team observed Ms Cheverton within the service environment with care staff supervising and supporting her to mobilise safely.

In relation to weight loss/nutrition management:

- Ms Hendrika DeJager was referred to a dietitian on 7 September 2023 and assessed on 21 September 2023 due to unintentional weight loss noted over the last 3 months, August 2023 to October 2023. Weight charts showed weight loss of 3.4kgs between 4 August 2023 and 2 September 2023 when her weight was 86.1kgs and 82.7kgs, respectively. She was noted on 1 October 2023, to have lost a further 3.6kgs weighing 79.1kgs. A mini nutritional assessment was completed on the 7 September 2023 prior to the dietitian's assessment. Dietary recommendations were reflected in Ms DeJager's nutrition and hydration care plan last updated on 20 September 2023 and included the continuation of supplementary high protein drinks twice per day and fortification of meals, commencement of high caloric drink, provision of juice as Ms DeJager dislikes water and staff to monitor fluid intake and bowel actions.
- Ms DeJager's representative stated they are aware of Ms DeJager's recent loss of weight attributing it to her recent general decline and confirmed she had been started on high protein and high caloric drinks to prevent further weight loss.
- Staff interviewed demonstrated an awareness of Ms DeJager's ongoing weight loss. They added they encourage her to drink the high protein and high calorie drinks and stated they provide her with juice as well, as she does not like water.

The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

Assessment:

Consumers/representatives confirmed consumers ACDs including EOL wishes are discussed with them. RNs, ENs and care staff were able to articulate how to care for consumers nearing the terminal stage of life and to ensure both comfort is maximised, and their dignity preserved. Management reported they are guided by MOs and representatives if involvement by palliative care specialist services is clinically indicated. The service completes a palliative care assessment and EOL intervention plan when a consumer is on EOL care. The Assessment Team observed the services ACD and EOL care procedures which guides staff practices.

For example:

- As there were no consumers receiving end of life care during the Site Audit, a documentation review was conducted for Mr Len Van Dyken who passed away at the service on 27 August 2023 at 3:20 pm.
- Care documentation for Mr Van Dyken showed he had an ACD initially signed by the MO and representative on 31 October 2022, and reviewed at all 6 monthly care plan reviews, stating he was not for CPR or hospital transfer in the event of clinical deterioration. Care notes showed he experienced a period of acute decline on 23 August 2023 when staff noted he appeared drowsy, with a poor swallow and gurgling post fluids. Appropriate actions were taken by the service with neurological observations, vital signs and oxygen saturations completed and immediate notifications were made to the MO and representative. After the MO assessment and approval from the representative, Mr Van Dyken was commenced on an EOL pathway on 24 August 2023. Further assessments were completed to determine if Mr Van Dyken could tolerate oral fluids for the commencement of oral antibiotics.
- Care notes for Mr Van Dyken showed he was commenced on an initial oral opioid analgesic but quickly moved to subcutaneous administration as he rapidly deteriorated. All oral medications aside from the antibiotics were ceased and subcutaneous anxiolytics and antiemetics were commenced. A syringe driver was commenced on 24 August 2023 when it was identified Mr Van Dyken was experiencing ongoing pain and agitation. Documentation showed continued and effective communication with Mr Van Dyken's representative, MO and within the service. The EOL documentation showed all comfort care was provided and demonstrated regular pressure area care,

oral and eye care and personal hygiene attended to by care staff with regular pain assessments completed pre and post care. Mr Van Dyken passed away peacefully on 27 August 2023 at 3:20 pm with his family in attendance which was confirmed by his representative who also said the care provided to Mr Van Dyken throughout his time at the service was wonderful and especially in his last days.

- An RN and care staff were able to describe the way in which care delivery changes for consumers nearing EOL and the practical ways in which consumers' comfort is maximised and their dignity preserved through the provision of symptom management, pain assessments and the management of all comfort care. They added the emotional care of the family is important and they seek the assistance of pastoral care during this time.

3(3)(d)

Met

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.

Assessment:

All consumers/representatives stated they are confident the service will respond in a timely manner and address any deterioration in the consumer's health status. RNs, ENs and care staff could articulate their response to any deterioration in consumers' overall health. Care documentation evidenced when deterioration in a consumer was identified, responses were attended to in a timely manner. The service has policies and procedures to guide staff with the management of clinical deterioration of a consumer. Communication processes within the service assist with the identification of and actioning of changes, are effective and include comprehensive handovers at the start of each shift, incident reports, progress notes and clinical charting.

For example:

- Care documentation for Mr David Barrett confirmed he had an episode of sudden and acute clinical deterioration on 23 September 2023 when he was noted to be coughing, febrile and warm to touch with low oxygen saturations in room air. Care notes demonstrate an immediate response by the service on 23 September 2023 with communication to and assessment by MO, continued monitoring of vital signs and oxygen saturations, chest auscultation and staff ensuring he maintained his upper body at an angle of 30 to 45 degrees. Mr Barrett started vomiting on 24 September 2023 and following RN assessment he was transferred to hospital, on this day at 10:00 am, due to continued deterioration.

- The MO and representative notifications were completed in a timely manner and care notes showed Mr Barret was returned to the service at 7:00 pm on 24 September 2023 after being actively treated at the hospital. As per service policy and procedure a head-to-toe assessment was completed upon return and pain charting, vital signs and neurological observations commenced. Mr Barrett was immediately referred to speech pathology and his meals were modified to a pureed diet following treatment for aspiration pneumonia.
- Mr Barrett's representative confirmed the service contacted them to gain consent for hospital transfer on 24 September 2023. They stated the staff offered them a full explanation as to the episode of clinical deterioration. They were aware he was treated in hospital with antibiotics, and he required a pureed diet while awaiting an assessment by the speech pathologist.
- The Assessment Team observed Mr Barrett sitting upright while being assisted by care staff to consume his pureed meal.

3(3)(e)

Met

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.

Assessment:

Consumers/representatives said they are satisfied the consumers' condition, needs and preferences are documented and communicated with relevant staff and staff are aware of the consumers' preferences and care needs. Staff were aware of the consumers' care needs and preferences concerning the handover process is effective and they receive up to date information about the consumers during handover. Care planning documentation provides adequate information to support effective and safe sharing of the consumers information in the provision of care and evidenced input from the broader health care team. The Assessment Team observed an RN on duty providing handover to incoming staff and staff being informed of changes in individual consumers including assessments and monitoring for the staff.

For example:

- Care documentation for Ms Janssen showed she was assessed by a speech pathologist on 14 June 2023 following a request by her representative to have her current pureed diet upgraded so she may continue to safely experience texture in her meals. Care notes confirmed Ms Janssen's representative was in attendance for the review. The review recommended

all vegetables could be upgraded to mince moist but meat must continue to be pureed with fluids remaining mildly thickened. Ms Janssen must be fully assisted with all meals and fluids and staff must encourage her to alternate food and fluids at all mealtimes. The current nutrition and hydration care plan last updated on 4 August 2023 confirmed continuation of the current plan.

- The Assessment Team observed Ms Janssen being assisted with her meal at the lunch time service. Vegetables were noted to be mince moist and the meat pureed. Staff were assisting Ms Janssen with the meal and offered her mildly thickened fluids between mouthfuls of food.
- Mr Houghton lives with dementia, Parkinson's disease and anxiety. Care documentation showed he was assessed by a speech pathologist on 5 October 2023 due to a general decline since his previous assessment on 6 December 2022 and noting of an occasional cough at mealtimes. Care notes confirm all speech pathologist recommendations are reflected in his hydration and nutrition care plan. His meal has been downgraded to pureed with moderately thickened fluids, staff are to continue to encourage fluids as Mr Houghton gets thirsty, to continue with full assistance at mealtimes and monitor the fungal infection on his tongue.
- Mr Houghton's representative was observed to be assisting him with an afternoon snack of pureed fruit and yoghurt on day 3 of the Site Audit. The representative said staff had ensured the food was the correct consistency in line with Mr Houghton's recent meal modification.

3(3)(f)

Met

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

Assessment:

Consumers/representatives confirmed timely and appropriate referrals occur when needed and consumers have access to relevant health care supports. RNs and ENs described the process for referring consumers to allied and health care professionals and how this informs the delivery of care and services provided to the consumers. They said they speak with clinical managers for further guidance and approval prior to referring. Referral documentation was noted for sampled consumers including referrals to MO's, dietitians, and allied health professionals. The service has policies and procedures in place to guide staff practice in relation to referral processes.

For example:

- The care documentation for Ms Cheverton confirmed she was referred to a geriatrician on 11 May 2023 due to an increase in behavioural concerns namely physical aggression and increased anxiety. The geriatrician recommendations are reflected within the BSP and include a full assessment for both pain and discomfort and general unmet needs when responsive behaviours are noted. Medication charting confirmed an increase in her cholinesterase inhibitor medication, cessation of current antipsychotic medication and trial of another one. Care charting demonstrated pain assessments and behavioural charting are completed following responsive behaviours. Care staff confirmed awareness of Ms Cheverton's BSP, and the strategies required to manage her responsive behaviours.
- Ms Cheverton's representative confirmed the medication changes earlier in the year. They stated RNs and management explained the purpose of the change in medication, with all potential risks, benefits and side effects and possible alternatives explained prior to giving consent to the usage of the medication.
- Ms McCallum was assessed by a geriatrician on 27 April 2023 due to an increase in her Parkinson's disease symptoms related to her recent diagnosis of dementia. Post assessment recommendations such as the therapeutic drug monitoring of specific medications, cessation of antipsychotics and continued monitoring of all responsive behaviours throughout the day are reflected within her BSP and behaviour charts. Medication charting and progress notes confirm all recommendations were completed and communication processes between the service, MO and Ms McCallum's representative were effective.
- Ms McCallum stated her care is well managed within the service. She stated she communicates with her MO but ensures her representative is present so they are informed and can contribute.

3(3)(g)

Met

Minimisation of infection-related risks through implementing:

- (i) standard and transmission-based precautions to prevent and control infection; and*
- (ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

Assessment:

Consumers/representatives said they were happy with how the service managed COVID-19 outbreaks and infections. Staff confirmed they receive training in relation

to infection, prevention and control and antimicrobial stewardship (AMS) which forms part of a mandatory eLearning module. The service has two dedicated infection prevention and control leads (IPCL) to assist with all infection prevention control audits and education within the service. RNs and ENs demonstrated an understanding of required precautions to both prevent and control infections and the steps they could take to minimise the need for antimicrobials. The service has policies and procedures in place which underpin their infection, prevention and control processes related to AMS and infection control management as well as a COVID-19 and other infectious disease outbreak management plan to guide and inform staff.

For example:

- Care documentation for Ms DeJager identified she was increasingly confused with episodes of verbal aggression and hallucinations on the 5 September 2023. Care notes demonstrated an appropriate staff response with a urinalysis ordered and a mid-stream urine collected and sent for pathology testing on 6 September 2023. Staff encouraged and assisted Ms DeJager to increase her fluid intake and monitored her urine output. The MO and representative were notified. Medication and care charting showed Ms DeJager was commenced on oral antibiotics with the preliminary pathology results confirming a urinary tract infection (UTI). On the 11 September 2023 pathology results confirmed a UTI with sensitivities to multiple antibiotics and medication charting confirmed a change in antibiotic based on the sensitivity report.
- Staff could describe practices to minimise infection related risks such as hand hygiene, wiping down all equipment pre and post use and isolating consumers with potentially transmissible infections to mitigate the transfer of infections and the steps they could take to minimise the need for antimicrobials. Staff further advised they completed online infection control training and education as part of their annual mandatory education.
- Ms DeJager's representative stated the service managed the last COVID-19 outbreak in December 2022 very well. They described how the service initiated the lockdown within the service environment and communicated and adjusted the visitor restrictions in response to the community outbreak and further stated all current visitors are still required to wear surgical masks, complete a health declaration and monitor their temperature, but no longer must complete a rapid antigen test prior to entry.
- The service has up to date and current records for COVID-19 vaccinations and 2023 influenza vaccinations for all consumers and staff. As of 11 October

2023, 100% of consumers had received 3 doses of a COVID-19 vaccine and 90% had received their 2023 influenza vaccine. All current staff had received 3 doses of a COVID-19 vaccine and 52% had received their 2023 influenza vaccine.

Standard 4 Services and supports for daily living

Met

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:

2. 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.

Summary of Assessment of Standard 4:

The service is:

- Ensuring each consumer receives safe, effective and appropriate supports for daily living that meet their needs and preferences and optimises their independence, health, well-being and quality of life including their spiritual and emotional health.
- Supporting consumers to participate in the community both within and outside the service, have social and personal relationships and do things of interest to them.
- Providing appropriate referrals to individuals and other organisations and providers of care and services and communicating and sharing consumers' needs and preferences where responsibility for care is shared in a timely manner.
- Providing good quality meals that are varied and of a suitable quantity and safe, suitable, well-maintained equipment to assist consumers live the life they want.

4(3)(a)

Met

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.

Assessment:

All consumers/representatives sampled said consumers' goals, needs and preferences are met, their independence supported and their health, well-being and quality of life maintained and, in some cases, enhanced. Management and staff were able to describe how they support consumers to continue their independence and ensure their needs and preferences are met. A review of care planning documentation confirmed consumers' needs and preferences are captured on entry and regularly reviewed and updated as needs change and a comprehensive personal life story is documented, describing their interests, needs and preferences together with strategies to ensure each consumer's independence, well-being and health are maintained in line with their documented needs and preferences. The Assessment Team observed consumers carrying out daily activities of interest to them, independently and with assistance from staff. Policies and procedures and training in the Quality Standards, particularly Standards 1 and 4 were sighted by the Assessment Team and staff confirmed they have received training in the Quality Standards and relevant policies and procedures.

For example:

- Ms Ann Wouters and Mr Herman Wouters said they are supported to live as a couple even though they have separate rooms, opposite each other. They spend their days together either in Ms Wouters' room due to her decreased mobility, go to activities and meals together which was observed by the Assessment Team and confirmed in the lifestyle care planning documentation.
- On Sundays, Ms Wouters and Mr Wouters watch a live stream of the church service from the Dutch Reform church. They have a glass of wine with meals and spend a few nights away from the service with family, all of which are very important to them.
- Care planning documentation described their needs and preferences. For example, Ms Wouters prefers to have a shower twice a week on Tuesdays and Fridays at 7:00 am and to have a wash in between. Ms Wouters said she doesn't need more than 2 showers per week in winter and if she requires an extra shower, she can ask for one, which was confirmed in care planning documentation and by staff.
- Staff could describe how they collect information on entry and over the first few weeks of a consumer's residency to ensure they know the consumer's needs and preferences in detail. They also explained how they constantly monitor consumers to ensure they capture changes in needs and preferences.

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

Assessment:

All consumers/representatives stated consumers have daily access to emotional and spiritual support and when required, external psychological support. Management and staff described the philosophy of the service as a Christian based service originating from a need for aged care services initially recognised amongst the Protestant Dutch community in the Dutch Reform Church and the spiritual, religious and emotional support continues to be a major focus of the service. Consumers have access to pastoral and religious care and services 24 hours a day if required, either from their inhouse staff or from organisations of the consumer's choice. Management confirmed psychological support is available when required by consumers via referrals to external services and with the consumer/representative consent. Care planning documentation confirmed each consumer's preference for the type of care and services they require including frequency, and at end of life. The Assessment Team observed consumers taking part in devotion and reflections services and receiving one to one time from all staff, including management.

For example:

- Ms Wouters and Mr Wouters who are members of the Dutch Reform Church which founded the service, said they can watch a live stream from their church every Sunday and the pastoral counsellor visits them regularly for a coffee and a chat which was confirmed by staff and their care planning documentation.
- Ms Armstrong said she does not want pastoral visits from the service staff because she has her own church from which she receives visitors and spiritual and emotional support, particularly since the recent passing of her partner who was also a consumer in the service, which was confirmed by staff and care planning documentation. Management and lifestyle staff stated they do however ensure Ms Armstrong has non pastoral care visits because she prefers to stay in her room all day, including mealtimes, and has a history of mental health issues for which she receives external professional support. Ms Armstrong confirmed her preferences are met, she is supported by management and staff and she has external support services.
- The Assessment Team observed the regular devotions service and a reflections service, a specific service for a consumer who has passed. The consumer's loved ones attend and take part along with consumers and staff

all of whom are encouraged to take part and share their memories of the consumer.

4(3)(c)

Met

Services and supports for daily living assist each consumer to:

- (i) participate in their community within and outside the organisation's service environment; and*
- (ii) have social and personal relationships; and*
- (iii) do the things of interest to them.*

Assessment:

All consumers/representatives said consumers have social and personal relationships, do things that interest them and participate in community both within and outside the service and they are supported and encouraged by management and staff to do so. Management and staff described how they support consumers to participate in things they like to do both within and outside the service and encourage them to make and maintain social and personal relationships. Care planning documentation confirmed consumers' participation both within and outside the community, their social and personal relationships and participation in activities they want to do. The Assessment Team observed consumers' participation in the community both within and outside the service, consumers engaging in social and personal relationships and taking part in activities that interest them.

For example

- Ms Wouters and Mr Wouters said they like to visit their children and mentioned they had been on social leave for 3 nights the week before the Site Audit. Ms Wouters crochets and makes blankets which she sells and donates the funds to the service, and they attend many activities especially the Dutch activities such as sjoelen (shuffleboard) and Dutch Club.
- Staff said Ms Abigail Lincoln goes out most days with her friends from her church and Ms Jacoba (Kobe) Pol goes to church every Sunday with a volunteer from the church she attends.
- Lifestyle staff said, and consumers confirmed, various groups have visited recently including the Dutch Choir, Bunnings volunteers who assisted consumers to develop a vegetable garden which they had requested and volunteers from a vintage car club took consumers for a drive in their cars.
- The service, in conjunction with the independent living village co-located with the service, have a market day to raise funds for the service. The next market

day is 14 October 2023 and the Assessment Team observed consumers making items for sale some of which were on display in the service. Several villagers also volunteer in the service several days a week, conducting Eureka (bingo), playing the piano, interacting with consumers and assisting with activities which was observed by the Assessment Team.

4(3)(d)

Met

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

Assessment:

Consumers/representatives said when consumers' needs and preferences change the staff communicate the changes to whoever needs to know for example the kitchen for dietary changes, allied health for mobility issues, pastoral care for spiritual or emotional support. Management and staff described the communications systems in place to ensure changes in needs and preferences for each consumer are captured, documented and acted on including progress notes, the communication book in the nurses' station, handover sessions and emails detailing changes and referrals. Care planning documentation confirmed changes are documented in care notes and care plans are updated accordingly.

For example:

- Ms Armstrong notified staff during the Site Audit, via a handwritten note pinned to the wall in the breakfast preparation area, sighted by the Assessment Team, her changed preferences for breakfast. Staff retrieved the note and documented it in her care planning documentation and the breakfast preparation records in the servery area as breakfast is prepared by care staff.
- Staff confirmed dietary changes for Mr Houghton had been confirmed and documented in his care plan, in the communication book for all staff and via email with the chef. His representative confirmed staff knew of the changes and were adhering to them.
- Staff described the process for notifying the RN, EN, clinical nurse manager (CNM) and the 'facility manager' (FM) if required, when a consumer requests a change or if they notice a change in a consumer's condition including documenting changes in the progress notes and communication book and discussion at handover. The CNM, RN, EN and allied health staff said they

discuss all changes in consumers' care and services with the consumers/representatives.

4(3)(e)

Met

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

Assessment:

Consumers/representatives said they can ask for anything they want to help consumers with daily life including assistance from other individuals and organisations if it was required however they said they are very well supported with volunteers from the onsite independent living village, other volunteer organisations and their respective churches. Staff said the majority of referrals for consumers are to volunteer organisations and occasionally to Dementia Support Australia (DSA) and Older Adults Mental Health Services (OAMHS). Care documentation reviewed, and observations made by the Assessment Team, confirmed timely and appropriate referrals made and the active participation of volunteer services for several consumers.

For example:

- Ms Irene Lawton is a new consumer at the service. On 30 August 2023, during initial care planning, Ms Lawton requested a volunteer once a fortnight to take her on outings of her choice including shopping, to have coffee or go to the movies. Ms Lawton said she used to have NDIS support for the same activities a few years prior. Staff explained the Community Volunteer Scheme (CVS) and offered to make a referral to the Aged Care Volunteer Visitors Scheme (ACVVS) which was accepted by Ms Lawton.
- Progress notes reviewed for Ms Lawton confirmed referrals were made to two community volunteer service organisations, one on 6 September 2023 and one on 13 September 2023. Ms Lawton was visited by an ACVVS co-ordinator on 20 September 2023 and a plan was agreed to commence a one hour per fortnight visit with Ms Lawton once a volunteer was confirmed. The documentation confirms Ms Lawton was happy with the plan. The Assessment Team was unable to speak to Ms Lawton as she was unavailable. Staff said and her progress notes confirmed, her family take her out a lot and she often stays overnight with them.
- Staff confirmed Mr Farquar and Mr Ewald Georgiou (George) have ACVVS volunteers which were observed by the Assessment Team, Mr Beemster (Kees) has his own volunteer and Ms Jannigje (Jaanie) Haanappel, Ms Jacoba (Coby) Nauta and Ms Cornelia (Keemie) Van Den Bor have

volunteers from Cura, a Dutch specific volunteer organisation who were also observed at the service.

4(3)(f)

Met

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

Assessment:

Consumers/representatives said consumers are satisfied with the variety, quality and quantity of food offered and could ask for an alternative if they do not want the meal they had ordered. The service has a 4-week rotating menu which changes seasonally in winter and summer and includes cultural favourites. Meals are freshly cooked onsite each day and served by staff in the main dining room. The chef and kitchen staff collect verbal feedback daily from consumers regarding their meals in addition to feedback at resident/relative meetings. The menu is reviewed by a consultant dietitian. Documents reviewed demonstrated food/kitchen is self-audited to ensure food safety compliance and consumers' feedback is acted on. Staff stated they always refer to the dietary list prior to serving meals. The Assessment Team reviewed menus which demonstrated a choice of balanced nutritional offerings including hot meals, vegetables, salads and sandwiches. Staff confirmed consumers can request an alternative meal, such as sandwiches or salads if they do not like any of the choices offered and food and beverages are available 24 hours a day.

For example:

- Ms Else Baayens, Ms Wouters, Mr Wouters and Ms Brigid Gloudie all said the meals are very good and they can ask for alternatives if they have changed their minds post their order. Consumers and staff described the 'consumer choice' Thursday. A consumer's name and their favourite meal are 'drawn from a hat' and cooked for everyone. Ms Gloudie, who is of Malaysian Chinese heritage, said the noodle meals are very good. Dutch consumers said they look forward each week to the Dutch national dish, 'stamppot,' which is also a favourite of non-Dutch consumers. All consumers said and staff confirmed, they look forward to the cooked breakfast on Fridays.
- The Assessment Team observed consumers having late breakfasts and tables set for meals with assistive cutlery, tablecloths, condiments, table centres and consumers' meals nicely plated. Staff were assisting consumers and engaging with them in a caring manner.
- All kitchen staff have training in International Dysphagia Diet Standardisation Initiative (IDDSI) framework, the Quality Standards, and food health and safety regulations, sighted by the Assessment Team and all up to date.

- During the Site Audit the chief executive officer was informed by the government food health and safety authority anyone involved in supervising or taking delivery of food must undertake a Food Safety Supervisors course, not just the chef or person in charge. A continuous improvement action was documented on 10 October 2023 and an accredited online course was confirmed on 11 October 2023 for all kitchen staff to complete.

4(3)(g)

Met

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

Assessment:

Consumers/representatives said their equipment is kept clean and in good order and maintenance and repairs is attended to promptly. Staff said wheelchairs are cleaned every night and 4-wheel walkers every month or as needed and all activities equipment such as exercise equipment, is cleaned between use. All personal equipment is assessed by the physiotherapist and occupational therapist for suitability for consumers in line with their assessed mobility or transfer needs. Management said they have recently changed their equipment supplier and maintenance company and commented the service provided is 'excellent.' The Assessment Team observed equipment for activities for daily living (ADL) to be clean, safe and in good order.

For example:

- Mr Wouters said if anything needs attention such as his 4-wheel walker or the TV or he needs pictures hung, he tells staff who put it in the maintenance book and the onsite maintenance officers attend promptly particularly if it relates to consumer safety.
- A recent request by Mr Wouters to have his TV installed was documented in the maintenance book and signed off as completed which was confirmed by Mr Wouters.
- Staff described how they support consumers with suitable and well-maintained equipment. The occupational therapist said they train staff to use hoists and slings correctly. Staff described the process for requesting equipment maintenance and repair and care staff said they clean all equipment after use.

Standard 5 Organisation's service environment

Met

Consumer outcome:

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

Organisation statement:

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

Summary of Assessment of Standard 5:

The service is:

- Providing an environment which is welcoming, safe, clean, and well maintained.
- Ensuring the environment enables consumers to move freely indoors and outdoors.
- Providing furniture, fittings and equipment which are safe, clean, and well maintained.

5(3)(a)

Met

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

Assessment:

The service comprises 35 rooms in two wings, the original and a wing finished 3 years ago. Each consumer has a large, spacious room with an ensuite bathroom, a kitchenette and access to their own outdoor space including a veranda and garden. All consumers/representatives said consumers' rooms are very comfortable with lots of space and doors to the outside. Hallways are wide and the dining and activities spaces are spacious, light-filled and with external access to extensive gardens and outdoor eating areas. Every room has an electronic lock and every consumer, and some representatives have a swipe card to access their rooms. Staff have a master electronic fob to assist consumers access their rooms if consumers have issues such as forgetting their fob. The system is designed to control access to rooms but not exiting of rooms meaning consumers can exit anytime. In the new wing, dementia friendly design principles have been incorporated as best practice design as well as looking to the future needs of existing and new consumers without the need to have a dedicated memory support unit. Design features include contrasting toilet seats in the bathrooms, a quiet space away from the main activities areas

available for consumers and family members and cabinetry and, walls are contrasting and in muted colours. All consumers have personalised their spaces and have photos/art and other signage on their doors that means something to them to help them identify their rooms. Handrails were in place to assist consumers independence and function.

For example:

- Ms Wouters and Mr Wouters said their rooms are very spacious and comfortable and are opposite each other making it easy to visit each other. The service is helping them to select an appropriate sofa bed for Ms Wouters' room so that Mr Wouters can sleep in her room when required.
- The Assessment Team observed their rooms to be spacious, light-filled, with a kitchenette, their own furniture in place and access to their own outdoor terrace and the communal garden in which they can grow their own plants.
- Staff said the service is the consumers' home and they support them to make them feel welcome especially when they arrive at the service and are settling in which was confirmed by Ms Wouters and Mr Wouters.
- The Assessment Team noted clear signage to assist consumers navigate in the service and chairs and lounges are situated around the service where consumers can rest if they need to. Lifestyle, pastoral care staff and volunteers were observed engaging with consumers and representatives and hosting a wide range of activities in the large communal lounge and activities area and in the gardens.

5(3)(b)

Met

The service environment:

- (i) is safe, clean, well maintained and comfortable; and*
- (ii) enables consumers to move freely, both indoors and outdoors.*

Assessment:

All consumers/representatives said the service is very clean, well maintained and very comfortable and confirmed they can move freely both indoors and outdoors. Staff described the process to log maintenance requests on behalf of consumers. Management said there are two qualified tradespersons living in the onsite independent living village who attend to a range of maintenance tasks daily. Management said for safety and security reasons there are keypad locks on the front doors and on the 2 external gates however all consumers can come and go from the service at any time and they either have the keycode or staff let them in and out,

which was observed by the Assessment Team. Management said consumers return to the service whenever they wish, including late at night. There is a sign in and out book in which consumers/representatives record where they are going, with whom and an estimated return time so that staff are expecting them and can let them in. The Assessment Team observed the service and consumers' rooms to be clean, well-maintained and the environment to be safe and comfortable.

For example:

- Ms Wouters and Mr Wouters said the cleaning staff are wonderful and the service and their rooms are kept very clean. Ms Wouters said, 'the good thing about living in the service is that as soon as you have showered, someone cleans the bathroom.' Cleaning staff demonstrated a weekly cleaning schedule which included bathrooms to be cleaned every day and full clean once a week.'
- Ms Baayens was observed sitting outside her room having coffee and reading and confirmed to the Assessment Team she can move freely within and outside the service.
- The Assessment Team observed consumers making use of all parts of the service both in and outdoors and the spaciousness of the service allowed consumers to mobilise safely indoors and outdoors. Consumers and representatives were observed sitting in the garden outside their rooms, enjoying coffee, having one to one sessions, gardening and reading.
- Management described a two-year project which is almost complete, to refurbish the older part of the service to match the new wing. New carpets and flooring and lighting have been installed and once the cabinetry in the hallways has been completed, new blinds and curtains will be installed.

5(3)(c)

Met

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

Assessment:

All consumers said they felt the fitting and furniture supplied by the service was safe, clean, well-maintained and suitable for their needs. Staff said all consumers who need mobility or other equipment to support them in their daily activities are assessed by the physiotherapist and/or occupational therapist, prior to equipment being supplied, to ensure it is suitable for the consumer. Management described the preventative and reactive maintenance processes. The Assessment Team noted furniture in the dining and lounge areas to be suitable for all consumers and care

equipment such as hoists and belts to be clean, safely stored, and well-maintained. Bathrooms were noted to be large ensuring staff can safely attend the personal care of consumers with mobility aids such as 4-wheel walkers and wheelchairs.

For example:

- Mr Wouters said the occupational therapist measured his height and the space where a sofa bed is to be installed in Ms Wouters' room to ensure he would have enough length to sleep comfortably, and the sofa would fit in the space when it was converted to a bed. He said they also wanted to ensure there would be enough room around it for Mr Wouters and Ms Wouters to safely mobilise all of which was confirmed by management, the occupational therapist and lifestyle staff and sighted by the Assessment Team in their care planning documentation.
- The Chief Executive Officer (CEO) manages the entire site, that is the independent living village and the service, and manages all the preventative maintenance schedules and contracts for the site such as fire, electricity, water, solar power, building maintenance, air conditioning, gardens, pathways and roads, plumbing as well as the specific contracts for the service such as kitchen, laundry, alarm systems and care equipment maintenance and replacement.
- The Assessment Team sighted the preventative maintenance schedule which was up to date and the kitchen, laundry and cleaning storage area were all clean, tidy and secure.

Standard 6 Feedback and complaints

Met

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:

2. 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.

Summary of Assessment of Standard 6:

The service is:

- Encouraging and supporting consumers to provide feedback and make complaints, regularly seeking suggestions, and feedback from consumers/representatives, the workforce, and others.
- Demonstrating consumers/representatives are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.
- Demonstrating feedback and complaints are reviewed and used to improve the quality of care and services through an effective continuous improvement and feedback system where the effectiveness of requested changes is discussed and reviewed.
- Ensuring appropriate actions taken in response to complaints whilst ensuring an open disclosure process is used when things go wrong, in line with the feedback and complaints policy and procedure.

6(3)(a)

Met

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

Assessment:

Consumers/representatives said if they have any complaints, or wish to provide feedback, they know how to and are supported to do so. Staff were able to describe how they encourage and assist consumers/representatives to make complaints or provide feedback. The Assessment Team reviewed the compliments and complaints register which demonstrated complaints and feedback with actions and evaluations taken in a timely manner. The Assessment Team sighted the mandatory training records on open disclosure and managing complaints and feedback. Posters and leaflets were displayed for the Commission, Older Persons Advocacy Network (OPAN), the Charter of Aged Care Rights (the Charter). Staff and management were able to describe the feedback and complaints process in place. The Assessment Team observed feedback forms displayed and available for consumers to use, locked feedback boxes located at the front reception area and within a communal area, and resident/relative meeting minutes which documented feedback, compliments and complaints received. A feedback policy guides staff practice to encourage consumer feedback and complaint resolution.

For example:

- All sampled consumers/representatives were able to explain how they would make a complaint if they had one and said they would feel comfortable providing feedback. For example:
 - The representative of Ms McCallum stated they are comfortable raising any concern with staff and management and generally speak face to face with them. They said staff and management are responsive.
 - Ms McCallum stated if she had a concern she would simply speak with staff.
- Sampled staff said if a consumer raises a concern, they will always attempt to address it if it is within the scope of their role or escalate it. Staff were able to describe the various channels for reporting and recording complaints and feedback including maintenance requests and escalating verbally to the RN and management.
- Management described the various ways consumers/representatives are encouraged and supported to provide feedback and raise comments or complaints including verbally, via email and through hard copy feedback forms.

6(3)(b)

Met

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

Assessment:

All consumers/representatives interviewed said they knew they could raise concerns externally, although they felt most comfortable raising any issues with management and staff directly. They said they have been provided with information regarding how to provide feedback or make a complaint and felt they could access support or advocacy to help them should it be required. Staff and management referred to external resources available and described how they access family and internal resources to resolve concerns. The service has posters and leaflets displayed advertising the Commission and other advocacy services. The Assessment Team observed and were provided with, examples of services available, and reviewed the feedback register which identified individual actions and closure dates for complaints.

For example:

- Ms Cheverton's representative said they are aware of the feedback and complaints processes but would generally go directly to management as the service is small and they have had no current concerns. They stated they feel comfortable raising any concerns and feel the service listens and communicates with them.
- Ms Brook's representative said the service is in constant contact with them and if they ever had a concern they would simply raise with the staff at the time and said 'there are no issues, they do everything they can.'
- Staff stated no consumers at the service currently require an interpreter service. Management stated they have used interpreters at the service previously to assist with specialist visits and are happy to bring in translation and interpreter services. They added some staff and family assist with translation and interpretation for some consumers. Management and staff said they have used a Finnish translator application and cue cards to better communicate with one sampled consumer, however they are generally not required as the consumer comprehends and speaks English fluently.
- The consumer handbook reviewed by the Assessment Team contained information regarding internal and external complaints processes including contact details for external complaints, advocacy agencies and access to translation and interpreter services. The service displayed posters regarding external complaints mechanisms, and the Commission's 'do you have a concern or complaint?' poster and brochure and Elder Rights Advocacy brochures were available in the reception area of the service.

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

Assessment:

Consumers/representatives and staff provided examples of when things had gone wrong, the service apologises, acts promptly to resolve issues, and communicates well. Management and staff explained how open disclosure occurs and how the service responds in a timely manner. Management said they acknowledge all complaints and demonstrated effective reporting mechanisms, with timely closure processes. Management said, and documentation confirmed, staff training is provided on the topic of open disclosure and used as required. The Assessment Team observed open disclosure in the feedback register and staff training records. Staff and management demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. The Assessment Team observed complaints were recorded and actioned in the complaints register which evidenced open disclosure.

For example:

- All sampled consumers/representatives stated they did not have any concerns and added they received good communication from the service and management regarding care and felt well informed. For example:
 - Ms Cheverton's representative stated the service is in contact with them on a regular basis. They said the service advises them of any incidents, in particular Ms Cheverton's multiple falls in August 2023 and September 2023. They added they were contacted in a timely manner and feel Ms Cheverton is safe in the care of the service.
 - Ms McCallum stated she had a recent concern with her overnight continence aid. She spoke with management and staff on the 5 October 2023 to share the concern and understand what could be done to assist. Care notes and management confirmed communication with Ms McCallum and her representative, and a larger size incontinence aid was discussed, and samples provided for Ms McCallum to consider. A 5-day trial of a larger size incontinence aid was commenced on 10 October 2023. On the 11 October 2023 Ms McCallum stated she had the best night's sleep she had experienced in a long time as she did not need to get up overnight.
 - Management stated they will continue to monitor Ms McCallum overnight and if she is happy with the outcome, they will order the new continence aid for her, and her continence care plan will be updated accordingly.

- Staff and management said if a complaint is made, they will respond quickly with contact made with the consumer/representative, investigate the complaint and take action to resolve the concern. They added they have a qualified pastoral counsellor onsite who can assist with potential conflict and always seek to find a mutually agreeable and peaceful solution.
- Management reports and the complaints register reviewed by the Assessment Team identified recording, reporting and follow up of complaints were in line with the organisation's complaints management and open disclosure policy.

6(3)(d)

Met

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

Assessment:

Consumers/representatives and staff described how their feedback and complaints were used to improve care and services. The service's complaint register, and Continuous Improvement Plan (CIP) demonstrated feedback and complaints are trended, analysed, and used to improve the quality of care and services. Management and staff described how improvements had resulted from actions taken in response to feedback and complaints, which are evaluated in consultation with consumers/representatives at meetings, in case conferences, via surveys and general communication with consumers/representatives each day. Complaints and feedback are discussed in staff meetings and education is provided in response to complaints and feedback to improve care and services. The Assessment Team reviewed resident/relative meetings minutes which recorded all feedback raised during the respective meeting inclusive of recognition, and proposed actions.

For example:

- Consumers/representatives, staff and management were able to provide examples of service improvements at an individual and whole of service level which resulted from consumer/representative and staff feedback. Review of the service's CIP demonstrated the same. For example:
 - The service's management team have commenced a daily walk around of the service environment and provide meal assistance for consumers during the lunch service following feedback and reflection post a Serious Incident Response Scheme (SIRS) event in June 2023.

- Management stated consumers were involved in the selection of new carpets, recently installed in the original wing which was confirmed by Mr Farquhar's representative and documented in the resident/relative meeting minutes.
- The Assessment Team reviewed consumer and staff meeting minutes which identified feedback from consumers/representatives is discussed, recorded and actioned including evaluations of actions/resolutions undertaken. Management stated that all complaints/feedback is reported to the Board every month and if required, a CIP action recorded.

Standard 7 Human resources

Met

Consumer outcome:

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

Organisation statement:

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

Summary of Assessment of Standard 7:

The service is:

- Providing a workforce that is planned and the number and mix of staff deployed enables the delivery and management of safe, effective, quality clinical and personal care.
- Providing a kind, caring workforce that respects each consumer's identity and culture.
- Ensuring the workforce is trained, equipped, and supported to deliver outcomes required by the quality standards, regularly assessing, monitoring, and reviewing staff performance.
- Monitoring staff qualifications to ensure they are in line with legislative requirements.

7(3)(a)

Met

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.

Assessment:

Consumers/representatives said there is enough staff and they rarely have to wait for attention. Staff said there are enough staff and any vacant shifts are filled by other staff. Management said their Australian National Aged Care Classification (AN-ACC) minutes are currently averaging 204 minutes which is 6 minutes over their target of 198 however, due to a shortage of RNs the nursing minutes are averaging

13-15 minutes of the total. The service does not have 24/7 RN coverage at present, but they are working on a range of strategies including constant recruiting, taking on student placements and offering employment to those deemed suitable and upskilling ENs in the service. Rosters reviewed showed there were no unfilled shifts from the period reviewed.

For example:

- Ms Gloudie, Ms Baayens and Ms McCallum said they do not have to wait for attention if they ring their call bells. Staff also said Ms Baayens has a hand bell which she rings when she is outside her room and requires attention. The Assessment Team observed Ms Baayens using the bell and staff immediately attending to her needs.
- Staff said there are enough staff and they are happy to take up extra shifts if available. For unplanned leave such as sick leave, management and staff said staff work extended or short shifts to cover if there if no one is available to fill in. Management said, and the Assessment Team confirmed from rosters reviewed there were no unfilled shifts in the past month prior to the Site Audit.
- Rosters showed and management confirmed currently RNs are only available on the weekends for the morning shift from 6:00am to 2:30pm and for 2 hours each weekday. During the week, medication competent ENs and care staff cover all shifts with support from the 3 senior managers, CNM, FM and CEO, who are also RNs, if required. Staff confirmed they escalate to the on-call management staff (FM and CNM) if required. Four ENs with medication endorsement who are long term employees of the service are currently upskilling to RN with the financial and personal support of the service, one of whom will complete their studies this year. An interview is pending for the week beginning 16 October 2023 for a new RN. The CEO said the Board of management is fully aware of the situation and provides a weekly update to the Board. The CEO added 24/7 RN coverage is a top priority and a major plan of their new strategic plan is to ensure stability and continuity of RNs at the service. The CEO also commented they have long term, stable care and hospitality staff and staff turnover is low.
- Management said they have recently installed a new call bell system which was having teething problems during the Site Audit. The Assessment Team saw the contractors working on the system on several occasions during the Site Audit. Management were unable to provide call bell reports for analysis. The Assessment Team witnessed staff attending call bells immediately and management said the system escalates to the CNM and FM if it is not answered promptly. The service KPI is less than 5 minutes. Management

said call bells are always answered promptly which the Assessment Team observed. Consumers and staff said there had been no impact on care due to the technical issues with the call bell system.

- Management said the service applied for an exemption for the 24/7 RN requirement however it was not granted. Management will report RN care minutes monthly, the first report due November 2023, to the Federal Department of Health and Aged Care as required by legislation which came into effect on 1 October 2023, and weekly to their Board of Management. Management said they report weekly to the Board regarding progress towards filling RN positions. To date they have tried all usual avenues to recruit RNs and ENs including electronic advertising on relevant sites which has not proved successful. Management said the specific challenges in recruiting RNs are the fallout from COVID-19 and registered staff leaving the aged care sector, the remoteness of Western Australia which has proved difficult to attract staff from the Eastern Seaboard and the small pool of RNs available in the State relative to the more populous Australian States. Management said the FM and CNM are on call after hours, from 5:00pm until 6.00am, on alternate weeks. The FM lives within minutes of the service and can be onsite promptly if required. If required, the CEO, who is an RN supports the service after hours and the pastoral care coordinator attends the service after hours if required to provide spiritual and emotional support to loved ones following the death of a consumer. The service has access to MOs, telehealth and the local hospital when needed.

7(3)(b)

Met

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

Assessment:

Consumers/representatives sampled said the staff were kind, caring and respectful of consumers' identity, culture and diversity. Staff were able to demonstrate knowledge of consumers who required specific care related to their identity or culture. Management was able to demonstrate a commitment to consumer centred care that is kind, caring, respectful and aligned with each consumer's identity, culture and diversity. The Assessment Team sighted policies, procedures, and training completed for all staff related to respecting consumers' identity, culture, diversity, privacy and confidentiality in the new online training system where the modules are linked to the Quality Standards. The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner.

For example:

- Ms Wouters and Mr Wouters said staff ‘are beautiful and can’t do enough for you.’ They went on to say their medication packs are delivered to them daily and they take their medications as required. A risk assessment, sighted by the Assessment Team, was completed on entry, 31 May 2023, for both Ms Wouters and Mr Wouters and both were deemed competent to manage and administer their own medications including use of an inhaler, analgesia for pain management and an anti-inflammatory skin cream. Mr Wouters and Ms Wouters confirmed staff always knock and ask to enter and close the door to the room and bathroom when attending ADLs.
- Management and staff explained the ways in which they respect each consumer such as communicating in Dutch when required, respecting and supporting a recently arrived consumer who has hoarding issues manage her possessions, ensuring consumers who are regular attendees at church and devotions are ready in time and assist them to attend and providing activities such as Dutch shuffleboard (sjoelen).
- The Assessment Team observed staff interacting with consumers in a kindly and respectful manner and engaging with them at every opportunity and staff confirmed they have received training in all the Quality Standards for example in July 2023, modules assigned and completed by all staff included Cultural Diversity and Safety – Aged Care Quality Standard 1, Privacy and Dignity – Aged Care Quality Standard 1, Elder Abuse – Aged Care Quality Standard 8. All staff confirmed they had received training in The Code of Conduct and could explain consumer centred care and the rights of consumers to safe, respectful care and services delivered in line with their individual needs and preferences for identity, culture and diversity.

7(3)(c)

Met

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

Assessment:

All consumers/representatives sampled said the workforce is competent and have the knowledge to perform their roles and assume they have the qualifications as well. Staff confirmed they have the qualifications for their respective roles and are encouraged to upskill. Management said they conduct thorough checks during recruitment including checking the Banning Orders Register, to ensure the workforce have the qualifications and registrations required to effectively perform their roles and competencies are assessed during orientation and the initial probation phase. The Assessment Team reviewed relevant professional registrations, police checks, visa status and relevant statutory declarations all of which were current, and detailed

position descriptions for every role across the service which included required and desirable qualifications, skills and experience.

For example:

- Mr Wouters and Ms Wouters said the staff are well trained and know what they are doing.
- Staff interviewed could describe policies and procedures to manage a range of high-risk high prevalence issues such as diabetes, falls, pain, responsive behaviours, deterioration, delirium as well as the management of incidents including serious incidents such as abuse and neglect.
- The Assessment Team sighted training records confirming all staff were up to date with competencies and mandatory training; orientation records confirmed relevant competencies are assessed during orientation for example donning and doffing personal protective equipment (PPE), dysphagia, ADLs, care planning, food safety, handling chemicals and the Quality Standards.

7(3)(d)

Met

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

Assessment:

Consumers/representatives sampled said staff are well trained and know what they are doing. Management described their recruitment, training and support programs including onboarding, orientation process, the probationary period and associated competency training and assessments. Staff said they have access to online, face-to-face workshops and toolbox training. All staff sampled said they received lots of training and can ask for more and have sufficient and appropriate equipment to carry out their work. Management said they have a training matrix for mandatory and annual refresher training and schedule other training based on trends and outcomes from monthly clinical indicator assessments and staff needs and requests. Management support whatever staff require to ensure the delivery of safe and effective quality care and services.

For example:

- Representatives for Ms Janssen, Ms McCallum and Mr Farquar said they believe the workforce is trained, equipped and supported to deliver good care judging by the way their consumers are looked after.

- Staff said and management confirmed, they are buddied for several shifts prior to being added to the roster and they are given access to the online training system as soon as they have signed their contract. Staff described mandatory training requirements commenced during orientation and recent toolbox training in addition to online modules, such as diabetes, PPE, SIRS, pain, delirium and bowel management. All staff commented they feel supported by management and their peers, and they can ask for any training they need. Competencies are assessed as required.
- The Assessment Team sighted the training register which confirmed 97% of staff were up to date with mandatory and required training in line with their role, including the Quality Standards. The 3% represents new starters who have just joined the service. Mandatory training is to be completed within one month of commencement and refreshed yearly which was confirmed by the Assessment Team on review of training records and in interviews with staff.
- Management said they buy whatever equipment is required for consumers at the request of staff and they support staff financially to undertake training for example, Certificate 4 for carers, medication competencies and Infection Control and ENs upskilling to RN qualifications. External organisations are also engaged to provide training such as DSA for dementia, wound and pain specialists and palliative care.

7(3)(e)

Met

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

Assessment:

Management described the processes used to regularly assess, monitor and review the performance of every member of the workforce and includes competency assessments and annual appraisals. All staff sampled confirmed the processes as described by management. Workforce policies and procedures are in place to support the workforce in all matters relating to employment procedures, expectations and the organisation's vision, mission and values and the Commission's Code of Conduct for Aged Care (the Code).

For example:

- The Assessment Team reviewed the appraisal schedule for all staff and most appraisals due, were up to date. Management said it is the first time there has been a delay in appraisals. Management explained the administration position had been vacant for several months due to a workforce dispute and

they were not allowed to hire a temporary replacement while the situation was being investigated. The situation has been resolved and a new administration officer is in place and is sending out the appraisal forms to staff as they become due and providing the FM with reminders of who is due and arranging for the face-to-face interviews. The Assessment Team did not obtain numbers for overdue appraisals but noted evidence of the catch-up process underway. Appraisals for the service's 38 staff are scheduled annually from employment start date, following successful completion of the probationary period. The Assessment Team reviewed a selection of appraisals from various roles across the service and lengths of service which demonstrated a very thorough, ongoing, two-way process for appraisals including goals, objectives, strengths and areas for improvement. All staff sampled confirmed they had annual appraisals following the initial 3-month probationary period and said the process is 'worthwhile and provides a time for reflection' on progress and to set some improvement goals.

- Management said assessments of staff performance are ongoing and include actions such as the FM and CNM reviewing all progress notes twice a day and feedback received from consumers/representatives, students, colleagues, peers and other staff. The CEO, FM and CNM are present spontaneously 'on the floor' every day engaging with staff and consumers and the FM assists consumers at mealtimes all of which was observed by the Assessment Team.
- Personnel records reviewed and staff sampled, confirmed a comprehensive orientation and competency assessment process and demonstrated personal growth of the personnel reviewed.
- Management said they have a robust performance management process in place which includes an initial informal warning, investigations in response to further complaints, letters of allegation and formal warnings, meetings to hear responses from the subject and notification and acknowledgement of performance management processes to be implemented.

Standard 8 Organisational governance

Met

Consumer outcome:

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

Organisation statement:

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

Summary of Assessment of Standard 8:

The service is:

- Engaging consumers in the development, delivery and evaluation of care and services and the organisation's governing body is accountable for, and promotes safe, effective, inclusive quality care and services.
- Utilising the organisation's governance systems to ensure consistency and transparency of care and services across the organisation including systems to record, monitor and manage high impact high prevalence risk, incident management and recognition of abuse and neglect and supporting consumers to live their best lives.
- Able to demonstrate effective governance systems which guide information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints.
- Adhering to an organisational wide clinical governance framework that promotes antimicrobial stewardship, minimising the use of restraint and the practice of open disclosure.

8(3)(a)

Met

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

Assessment:

Consumers/representatives stated they are engaged and supported to be involved in the development, delivery and evaluation of care and services via a range of

mechanisms. For example, care planning reviews, feedback and complaints, resident/relative meetings, consumer surveys and audits. Management and staff stated they assist consumers/representatives to be involved in various ways such as regular care planning reviews, alerting them to resident/relative meetings and assisting them to provide feedback or make complaints. The Assessment Team sighted a range of documents, including care planning documentation detailing regular case conferences, newsletters, internal and external audits, complaints/compliments/feedback registers and the CIP. The service has implemented consumer-focused policies, procedures to ensure the engagement of consumers in the development and evaluation of care and services.

For example:

- Consumers/representatives said they are aware of the care planning process and have been offered care plans but feel they don't need them because they are constantly informed if there is an issue and staff know what they are doing which was confirmed by Ms Wouters and Mr Wouters.
- Consumers/representatives said they were involved in choosing the new carpets and flooring for the refurbishment of the original wing.
 - Management said they showed various carpet samples to consumers to consider and discuss while having their lunch. Two samples were picked and a final vote was conducted and a unanimous decision reached.
 - The carpets and new flooring have been installed and consumers/representatives and staff said they are 'very happy' with the outcome.
- Management and staff were able to describe how they engage with consumers/representatives when making recommendations about care and services. The Assessment Team reviewed care plans, minutes of 'residents/relative' meetings and the complaints/feedback register and sighted evidence of engagement and collaboration in the delivery of care and services. In September 2023 as part of the requirements for governance reforms in Aged Care, the service emailed an 'expression of interest' form and information regarding the Consumer Advisory Committee and the Quality Care Advisory Committee to consumers/representatives to garner nominees for one of both committees. There has been one response to date and the first meeting is planned for November 2023.
- The CEO said the ratified Board minutes will be made available to consumers/representatives from October 2023 as part of greater transparency and exchange of information regarding care and services and future directions.

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

Assessment:

Consumers/representatives said the service is accountable for safe, inclusive care and services as evidenced by regular case conferences and other communications, complaints, feedback and suggestions. Management said the Board of Management is drawn from members of the Association for Christian Senior Citizens Homes WA Inc as per their constitutional requirements. There have been some recent constitutional changes to modernise their processes to bring aged care in line with the current governance requirements including reducing the number of Board members and aligning Board positions to the needs of the organisation. The Assessment Team sighted detailed policy and procedure frameworks for both clinical governance and risk management, aligned with the Quality Standards, with clear roles and responsibilities for every role and level within the service.

For example:

- Management described the reporting, auditing and meeting processes which occur daily, weekly and monthly to ensure accountability and the delivery of safe and effective care and services.
- The CEO commented the Board members are always available to discuss any issues if required in between the monthly Board meetings where all aspects of care and services are reported and discussed. The Board does not have sub-committees preferring to be across all aspects of care and services delivery as confirmed by the meeting agenda sighted by the Assessment Team.
- At service level, the FM and CNM review progress notes, incidents reports, complaints/feedback daily and the FM does two rounds a day in the service and assists in the dining at lunch time which provides the opportunity to informally observe staff and chat to consumers.
- Handovers occur at the changeover of every shift. The FM, CNM and CEO are available after hours to advise and assist staff if required. Call bells are monitored by the FM daily which was observed by the Assessment Team. A new system has been installed which escalates to other staff if not answered promptly. There were some teething problems during the Site Audit, but the Assessment Team did not observe any impact on consumers.

- The CEO described the Board’s capability which now comprises members with skills in medical, emergency, aged and palliative care as well as engineering, tax and accounting with auditing experience.
- The CEO said the Board has recently engaged a firm to work on a new vision, mission and values statement and a strategic plan both of which were approved at the September 2023 Board meeting. Staff were fully involved in the development of the new vision, mission and values statement centred on the delivery of care and services underpinned by Christian values. The strategic plan states the service will focus on stabilising and consolidating regulatory changes for the next two years for example 24/7 RNs while planning for growth.

8(3)(c)

Met

Effective organisation wide governance systems relating to the following:

- (i) information management*
- (ii) continuous improvement*
- (iii) financial governance*
- (iv) workforce governance, including the assignment of clear responsibilities and accountabilities*
- (v) regulatory compliance*
- (vi) feedback and complaints.*

Assessment:

Management was able to describe and demonstrate the organisation-wide systems and processes that underpin the delivery of quality, safe and effective care and services.

For example:

In relation to information management:

- The service uses an organisation-wide electronic information management system which includes a range of systems and applications in a secure environment. For example, the ECMS is used for consumer clinical information, there is a medication management system, a new policies and procedures/training/assurance (incident reporting, complaints/feedback and CIP) system, maintenance management and a semi-automated people and culture and a financial management system. Access to the systems is controlled by a permissions-based security matrix dependent on the role and responsibilities of each employee.

- Other forms of information distributed at service level include consumer newsletters (organisation and service level), minutes of resident/relative meetings, and activities calendars, social media and annual reports as well as information about locally and nationally available support services. All information is available in electronic and hard copy format.
- All staff are required to complete mandatory privacy and confidentiality training a part of their onboarding process.

In relation to continuous improvement:

- Continuous improvement is aligned to the Quality Standards and is documented in a CIP, referenced to the relevant Standard and Requirement/s.
- Each item has the date, source, planned and actual finish dates, person responsible and status recorded, in addition to a description of the issue, planned actions for both the organisation and the service and outcomes, results and achievements.
- A review of the CIP confirmed a range of continuous improvement actions to improve care and services for consumers including replacement of flooring and carpets in the original wing; new cabinetry for the old wing to match the new wing; updated equipment in the kitchen including a second oven and rangehood; in the laundry, larger capacity washing machines and dryers; engaged cleaners to conduct steam cleaning of the facility yearly and installed air scrubbers in communal areas.
- During the Site Audit the CEO was informed by a government food health and safety authority anyone involved in supervising or taking delivery of food must undertake a Food Safety Supervisors course, not just the chef or person in charge. A continuous improvement action was documented on 10 October 2023 and an accredited online course was confirmed on 11 October 2023 for all kitchen staff to complete.

In relation to financial governance:

- The CEO reports to the Board monthly, or sooner if necessary, all aspects of finance including operational, capital and prudential aspects such as residential accommodation deposits (RADS) and investment strategies including compliance to the investment policy approved by the Board; AN-ACC reporting and its relationship to the budget and income; 24/7 RN situation as it relates to budgeting and all other aspects of financial management including operational and capital expenditure against the

approved annual budget. Liquidity arrangements are reviewed at least once a year. The CEO also attends to all regulatory financial reporting required by the Commonwealth government including liaison with the Board.

- A draft annual budget is presented to the Board every May and once approved at the June Board meeting it is ratified at the annual general meeting (AGM) in October each year along with the audited financial accounts from the previous financial year.
- The organisation is a registered charity with Australian Charities and Not-for-profits Commission (ACNC) and has Tier 1 Deductible Gift Recipient status granted by the Australian Tax Office and reports financial and other required information annually.
- The CEO said that all equipment required for the delivery of safe and effective care for consumers is generally always approved within the role's delegation power, otherwise it is referred to the Board for consideration.

In relation to workforce governance, including the assignment of clear responsibilities and accountabilities.

- The Board is responsible for overall policies and procedures for workforce governance. The FM has day to day responsibility for recruitment and management of staff and reports to the CEO and the CEO is accountable to the Board. All other staff are accountable to the FM via the CNM for nursing and care staff, the Chef manager for hospitality staff and the OT for physiotherapy and occupational therapy assistants (lifestyle and pastoral care).
- All staff positions have roles and responsibilities and duty statements clearly defined including minimum educational qualifications for example Certificate III for care staff, required certifications and registrations for example AHPRA registration for RNs and Allied Health staff, police clearances for staff and volunteers which must be updated every three years and current visas with right to work clearance and not be listed on the Aged Care Register of banning orders.
- Management said the service currently does not have 24/7 RN coverage at present, but they are working on a range of strategies. These include constant recruitment, taking on student placements and offering employment to those deemed suitable and upskilling ENs in the service whilst having medication competent ENs and care staff as well as management providing on-call support to staff in absence of RNs.

- The service has recently implemented an Employee Assistance Program and the Board encourages staff to improve their knowledge and qualifications via the provision of online training and financial support for example, to undertake training for approved courses at TAFE.

In relation to regulatory compliance:

- Regulatory and legislative changes relevant to the delivery of care and services is overseen and managed by the CEO supported by the new electronic policies and procedures and assurance system, information from the aged care services peak body and the Commission's newsfeeds and communications. The CEO said he is a member of a network group in Western Australia for standalone services where experience and information is shared on all aspects of governing and managing residential aged care services. Information is provided to management and staff via meetings, workshops, email and memos. Where required, training is provided to all staff in line with their roles and responsibilities and changes are communicated to consumers/representatives via email, newsletters and resident/relative meetings and in future, through the consumer advisory committee. The Assessment Team noted training in the code of conduct is a mandatory module for all staff and it had been completed by all staff.
- The Assessment Team sighted policies and procedures for restrictive practices in line with the current legislative requirements, which were being followed by the service for environmental and chemical restraints as discussed in 3(3)(a).
- The Assessment Team sighted training for staff, email notifications and newsletter articles to staff and consumers on the recent regulatory changes to restrictive practices, AN-ACC minutes, and the Code of Conduct.

In relation to feedback and complaints

- The service is in the process of implementing an electronic feedback and complaints system which is part of the new policies/procedures and assurance system. Currently all complaints/feedback and suggestions are captured via feedback forms at the service, daily comments from consumers, resident/relative meetings and internal consumer and staff satisfaction audits and manually collated.
- All information is collated, analysed and trends documented and reported to the monthly Board meetings, consumers and staff via meetings, newsletters, email and hard copy mailouts.

- Feedback and complaints are used to improve the care and services for individual consumers as well as the service as a whole if appropriate.

8(3)(d)

Met

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

- (i) managing high-impact or high-prevalence risks associated with the care of consumers*
- (ii) identifying and responding to abuse and neglect of consumers*
- (iii) supporting consumers to live the best life they can*
- (iv) managing and preventing incidents, including the use of an incident management system.*

Assessment:

Management was able to demonstrate there are effective risk management systems and practices in place to manage high-impact/high-prevalence risks associated with the care of consumers such as PIs, wounds, clinical deterioration and falls. Systems and processes are in place to identify and respond to abuse and neglect. Consumers are supported to live the best life they can, including risk identification and assessments to determine mitigation strategies commensurate with the level of risk. The service uses an incident management system to manage and prevent incidents.

For example:

In relation to managing high-impact or high prevalence risks associated with the care of consumers:

- The service has a clinical governance framework which is overseen by the Board, CEO, FM and CNM and available in the new electronic policies and procedures system. Clinical data is collected, analysed and trends identified for high-risk high prevalence consumers to ensure risk mitigation strategies are best practice, current across the service and best suited to the individual consumer.
- The FM reports on all high impact high prevalence incidents to the CEO who reports to the Board monthly. The management team analyse and discuss trends to understand the reasons for increases in, for example falls, wounds, PIs, and if required, further investigation is undertaken to develop risk mitigation strategies and monitoring processes to decrease high-impact high prevalence risks such as further staff training.

In relation to identifying and responding to abuse:

- The service has policies and procedures for identifying abuse and neglect of consumers, which is supported by mandatory training for all staff regardless of the position they hold within the service.
- Training is mandatory for the SIRS and is available on the online learning system. Management monitor compliance and staff receive reminders to complete training modules. The Assessment Team reviewed the SIRS register and confirmed incidents were reported in a timely manner with evidence of actions taken and open disclosure provided, and SIRS processes were followed in line with the service's policies and procedures as discussed in Requirement 6(3)(d).
- Management and staff were able to demonstrate and describe abuse and neglect and what steps they would take to report suspicions or actual harm.

In relation to supporting consumers to live the best life they can:

- Management was able to demonstrate the organisation's policies and procedures defining consumer choice and dignity of risk.
- All consumers can do whatever they choose if it does not put them at risk of serious harm or injury or impinging on the rights of other consumers. If consumers want to continue with activities that might harm themselves or others, the service works with them to tailor solutions to enable them to continue to live in the way they choose.
- Management and staff said there are no consumers who are currently undertaking behaviours which could be considered to be a risk and the Assessment Team observed all consumers living their best lives as discussed in Requirement 1(3)(d)

In relation to managing and preventing incidents, including the use of an incident management system:

- Management demonstrated the use of an incident management system that captures risks for all consumers including medications, mobility, diabetes, behaviour management, wounds and pressure injuries and complex care.
- All incidents are reported promptly and recorded in the incident management system and staff could describe the escalation process as well as documenting the details of what had happened.
- All incidents are presented to the Board at monthly Board meetings.

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

- (i) antimicrobial stewardship*
- (ii) minimising the use of restraint*
- (iii) open disclosure.*

Assessment:

Management demonstrated a robust clinical governance framework with individual policies and procedures for AMS, minimising the use of restraint and open disclosure.

For example:

In relation to antimicrobial stewardship:

- The CNM is one of the IPCLs for the service and could describe the organisation's policies and procedures for the minimisation of the use of antimicrobials and how they implement them in the service.
- Staff were able to describe AMS and what they need to do or be aware of when providing care and services to consumers.
- Antivirals for COVID-19 are kept onsite.
- The Assessment Team sighted the mandatory training records demonstrating all staff were up to date with AMS training.
- All staff could describe AMS and how to minimise infections.

In relation to minimising the use of restraint:

- Policies and procedures are in place to guide the use of restrictive practices, in accordance with current legislation and regulation. Policies stipulate restrictive practices may only be used as the last resort, for the minimum amount of time and assessed for effectiveness and side effects. The service ensures informed consent is provided by the consumer/representative or substitute decision maker and chemical restrictive practices are only administered after all non-pharmacological interventions have been tried and assessed as ineffective.

- All restrictive practices are documented in a register, reported to the FM and CEO who reports the statistics to the Board monthly. The Assessment Team observed the MO conducting reviews and updating the register.
- Staff were able to describe each category of restraint and what is meant by minimising the use of restraint and confirmed there were no consumers classified as subject to seclusion, physical, environmental or mechanical restrictive practices. Training records confirmed all training in restrictive practices was up to date.

In relation to open disclosure:

- Management demonstrated the service's policies and procedures for open disclosure.
- All RNs and care staff receive training in open disclosure as part of training in complaints and feedback and SIRS.
- All staff sampled could describe open disclosure, including offering and apology to consumers/representatives, when and how it should be implemented and associated escalation and reporting processes.