Amaroo Village McMahon Caring Centre

Performance Report

74 Lissiman Street
GOSNELLS WA 6110
Phone number: 08 9398 7722

**Commission ID:** 7909

**Provider name:** Amaroo Care Services Inc

**Site Audit date:** 25 August 2020 to 27 August 2020

**Date of Performance Report:** 20 October 2020

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 21 September 2020
* the Assessment Team’s reports and Performance Reports for Assessment Contacts conducted on 16 March 2020 and 10 July 2020.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Quality Standard is assessed as Non-compliant as two of the six specific requirements have been assessed as Non-compliant.

The Assessment Team found the service did not meet Requirements (3)(a) and (3)(f) in relation to Standard 1 Consumer dignity and choice. I agree with the Assessment Team and find the service Non-compliant in this Standard and have provided my reasons below in the relevant Requirements.

Majority of consumers interviewed considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers said they are supported to take risks to enable them to live the best life they can.

Staff interviewed spoke of consumers with respect and demonstrated knowledge of the specific cultural and personal support needs of each consumer. Staff described how they support consumers to maintain relationships inside and outside the service, including intimate relationships between couples living at the service.

However, the Assessment Team observed, and consumers’ feedback indicated staff do not treat each consumer at the service with dignity and respect at all times. Consumer privacy was observed not always to be upheld during this visit and confidential information was not always stored securely.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

The Assessment Team found the service implemented staff training in relation to treating consumers with dignity and respect in April and May 2020 following the service being found non-compliant in this Requirement in March 2020. While the service demonstrated it was compliant in this Requirement in July 2020, the improvements and staff practice have not been maintained. The Assessment Team found at the Site Audit six consumers were not treated with dignity and respect and did not have their unique personalities valued. Evidence included:

* Staff were observed to be changing a consumer’s clothes with the door wide open and the consumer exposed to those walking past the room.
* Staff were observed to treat consumers in a derogatory manner while attending to them.
* Staff were observed to not speak to consumers or respond to consumers’ questions, attempts at communication or physical signs of communication when attending to consumers’ needs.
* Two consumers commented staff do not always treat them with respect or communicate in a manner that is caring.
* Consumers were observed to be left for long periods of time at tables with no interaction with staff and no provision of activity, equipment or means to occupy themselves.
* Management acknowledged ongoing improvement is required in staff practice in providing consumer centred care which is respectful and supports consumer dignity.

The approved provider’s response acknowledged the deficits identified by the Assessment Team and have implemented a plan for continuous improvement with actions to address the deficits, including; staff education, monitoring of staff practice, proactively gathering feedback from consumers and privacy and dignity expectations added to agency staff orientation and staff meeting agendas.

The service has provided staff with training in relation to providing consumers’ care and services which is person centred, respectful and supports consumer dignity and has implemented plans for further training and monitoring of staff practice. However, at the Site Audit the service did not demonstrate each consumer was treated with dignity and respect or staff value each consumer’s identity and unique needs. Staff were observed on multiple occasions to be dismissive of consumers, communicate and treat consumers in a derogatory manner and not respect consumer privacy. Two consumers were not satisfied all staff treat them in a caring and respectful manner. I acknowledge the service have implemented actions and improvements to address the deficits identified by the Assessment Team, however at the time of the Site Audit the service did not demonstrate the service was compliant with this Requirement.

Based on the summarised evidence above I find the service Non-compliant in this Requirement.

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

### Requirement 1(3)(f) Non-compliant

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

The Assessment Team found the service did not demonstrate it consistently respects the privacy of each consumer or that consumer information is stored in a confidential manner. Evidence included:

* The Assessment Team observed staff not to respect one consumer’s privacy by leaving the door open and exposing the naked consumer while staff assisted the consumer to change clothes.
* The Assessment Team observed the nursing station to be left unattended and open and the wound trolley with consumer confidential information accessible to consumers and visitors.
* Management acknowledged staff practice is not in line with maintaining confidential information.

The approved provider’s response acknowledged the deficits identified by the Assessment Team and have implemented a plan for continuous improvement with actions to address the deficits, including; installation of automatic closing doors in nurses’ stations and assigned secure storage area for wound trolleys.

The service has processes in place including policies, staff training and confidential storage of information to ensure consumer privacy including privacy of information is supported. However, staff practice observed at the Site Audit did not demonstrate staff practice was in line with the service’s expectations in relation to ensuring each consumers’ privacy is respected and personal information is kept confidential. I acknowledge the service have implemented actions and improvements to address the deficits identified by the Assessment Team, however at the time of the Site Audit the service did not demonstrate the service was compliant with this Requirement.

Based on the summarised evidence above I find the service Non-compliant in this Requirement.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team found the service did not meet Requirement (3)(a) in relation to Standard 2 Ongoing assessment and planning with consumers. I agree with the Assessment Team and find the service Non-compliant in this Standard and have provided my reasons below in the relevant Requirement.

Consumers interviewed confirmed they are consulted in relation to their preferences and needs, staff are aware of their needs and are involved in the planning of their care and have access to their care plans.

Documentation confirmed consumers’ needs and goals are identified and documented in a care plan, are reviewed regularly and others are involved in the planning of consumer needs.

The service has validated risk assessment and planning tools to assess and inform staff on how to deliver safe and effective care. However, the service did not demonstrate the assessment process including the assessment of risk is consistently and accurately completed by staff. Documentation confirmed risks associated with consumers’ care were not always identified, assessed or documented to inform safe and quality delivery of care.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

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

The Assessment Team found the service did not demonstrate assessment and planning including consideration of risks to consumers’ health and well-being was consistently and accurately completed for all consumers to inform the safe delivery of care. Evidence included:

* One consumer did not have assessment and planning documentation completed, including consideration of risks when a psychotropic medication was commenced.
* One consumer who had a risk of choking identified during admission to hospital did not have the risk associated with choking assessed or documented in the care plan on return to the service to inform staff of the risk and strategies implemented by the hospital to manage the risk were not documented.
* One consumer did not have known risks of behaviours and falls appropriately assessed on entry to the service and documented interim care plans did not record adequate strategies to inform staff on how to manage the risks.

The approved provider’s response acknowledged the deficits identified by the Assessment Team and have implemented a plan for continuous improvement with actions to address the deficits, including; review of all consumer clinical assessments, clinical staff training and workshop on assessment and risks, discussion of consumers with identified risk at clinical meeting and a traffic light system to identify and monitor deteriorating and changed consumer needs.

The service has policies, procedures and guidance including assessment and planning tools to guide staff on completing assessments including risk assessments to identify and inform the management of consumers’ care and risks associated with care. However, the assessments and plans are not consistently completed to ensure risks associated with the care of consumers are identified and strategies to manage the risks are documented in the care plans to inform staff on how to manage the risks. Specifically, the service did not adequately review and reassess consumers’ risks when changes occurred, they returned from hospital or were new to the service. I acknowledge the service have implemented actions and improvements to address the deficits identified by the Assessment Team, however at the time of the Site Audit the service did not demonstrate the service was compliant with this Requirement.

Based on the summarised evidence above I find the service Non-compliant in this Requirement.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

The Assessment Team found the service did not meet Requirements (3)(a) and (3)(b) in relation to Standard 3 Personal care and clinical care. I agree with the Assessment Team and find the service Non-compliant in this Standard and have provided my reasons below in the relevant Requirements.

Consumers interviewed were generally satisfied they receive personal care and clinical care that is safe and in line with their needs and preferences and they had access to appropriate clinical support and specialists when required.

However, consumers’ clinical files including progress notes, assessments, care plans and charting show consumers’ clinical care including medication and diabetes management and behaviours relating to dementia is not always managed in line with best practice, in line with medical officer and specialist directives and high impact risks of consumers are not always managed effectively to prevent and reduce negative impacts and incidents.

The service has effective systems to identify changes in consumers’ clinical condition and needs and appropriate and timely referrals occur to specialists. Documentation and staff interviews confirmed consumers’ comfort and end of life needs are delivered in a manner appropriate and in line with consumers’ assessed needs and goals. The service demonstrated appropriate infection control management procedures and practices are in place, including appropriate use of antibiotics.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

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

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

The Assessment Team found the service did not demonstrate each consumer gets safe and effective personal and clinical care which is best practice or that optimises their health and well-being, specifically in relation to diabetic management and medication management. Evidence included:

* One consumer with a diagnosis of insulin dependent diabetes with a diabetic management plan in place including a sliding scale for insulin administration was not managed in line with their diabetic management plan or in line with the service’s diabetic management policy and procedures.
	+ The consumer did not receive emergency diabetic medication in line with directives after complaining of being unwell and experiencing symptoms of a low blood glucose level which was confirmed through a blood glucose test.
	+ A medication incident report was not completed following the medication not being administered in line with directives and procedures.
	+ The staff failed to monitor the consumer’s blood glucose levels following the incident of a low blood glucose level.
	+ Staff failed to report low blood glucose levels to the medical officer on four occasions in line with the diabetic management plan and procedures. When the low blood glucose levels were referred to the medical officer for review the diabetic medication was reduced.
	+ Staff failed to monitor the consumer’s blood glucose levels after a low reading was identified in line with the diabetic management plan and the procedure.
* One consumer was commenced on a new psychotropic medication (anti-depressant) without evidence the service and or prescribing medical practitioner had consulted in relation to possible side effects and gained consent of the consumer and representatives.
	+ The consumer experienced side effects including being drowsy and slurred speech.
	+ The service had not implemented any monitoring after the commencement of the new medication.
	+ The consumer’s family raised concerns about the medication and the medication was then ceased.

The approved provider’s response acknowledged the deficits identified by the Assessment Team and have implemented a plan for continuous improvement with actions to address the deficits, including; staff training on medication management and diabetes, training to include best practice procedures and consultation and consent prior to commencement of new medications and meeting with medical practitioners in relation to diabetic management plans.

The service has policies and procedures, assessments and planning tools based on best practice in place to guide the management of diabetes and medications. However, two consumers were not provided clinical care in line with best practice, management plans or the service’s procedures. One consumer with diabetes requiring medications to manage was not administered emergency medication, was not monitored appropriately following low blood glucose levels and staff did not report the low blood glucose levels to the medical officer for review and management in a timely or appropriate manner. The consumer continued to have low blood glucose levels including with symptoms for approximately four weeks which were not monitored or reported to the medical officer appropriately. The service did not follow its best practice policies and procedures for commencing a new medication and appropriate consultation including discussion on possible side effects did not occur. The issue was not reviewed by the service until the consumer’s family raised concerns about a change in the consumer’s condition. I acknowledge the service has taken appropriate and timely actions in response to the deficits identified by the Assessment Team. However, at the time of the Site Audit the service did not demonstrate compliance with this Requirement.

Based on the summarised evidence above I find the service Non-compliant in this Requirement.

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team found the service has implemented improvements and actions to address deficits in this Requirement after the service was found non-compliant in this Requirement following Assessment Contacts conducted in March and July 2020. Improvements implemented included; staff training and review of assessment and planning documentation and process. However, the improvements have not been effective at ensuring the high impact and high prevalence risks associated with one consumer’s physically and verbally aggressive behaviours are managed, or high risk of choking was communicated in a timely manner. Evidence included:

* One consumer with behaviours related to dementia diagnosis including resisting clinical and personal care, physically aggressive and hitting out at staff and other consumers and agitation and restlessness impacting their health and well-being has not been managed effectively. Examples included:
	+ The consumer had been moved to a different area of the service, to a room with their spouse, after ongoing aggressive incidents with another consumer.
	+ Behaviours charts and progress notes show ongoing restless and agitated behaviour for over two weeks after the change of room impacted the consumer’s sleep patterns and including becoming delirious.
	+ Progress notes and staff interviews confirmed physical and verbal aggression towards staff during provision of care.
	+ Assessment and care plans had not been updated and did not include information about the physically aggressive behaviours, agitation and actual and potential risks of the impact to themselves and others.
	+ Management and staff confirmed no risk assessment or assessments had been completed in response to the aggressive behaviours recorded on incident forms, progress notes and charts.
	+ Strategies used during incidents of wandering and aggression towards others have been noted as not effective however, there is no evaluation of the strategies on the care plans and no new strategies implemented.
	+ The service transferred the consumer to hospital for review of mental health and related behaviours in August 2020. However, on return from hospital the service did not obtain or take steps to obtain the report, recommendations or outcome of the review.
	+ The service had dementia specialists review the consumer in June 2020, however the service did not update the care plan with the recommended strategies from the review.
	+ Two staff interviewed confirmed the consumer’s behaviours had become worse, including impacting other consumers and current strategies were not effective.
	+ The consumer returned to the service from hospital with directions of thickened fluids to manage the risk of choking and coughing. However, the care plan was not updated.

The approved provider’s response acknowledged the deficits identified by the Assessment Team and have implemented a plan for continuous improvement with actions to address the deficits, including; staff training on managing challenging behaviours and psychotropic medication, include discussion of consumers with high impact and high prevalence risks at daily meetings and multidisciplinary meetings, a traffic light system to indicate consumers who have risks and participation in a pilot program in relation to specialist input for consumers identified with behaviours.

The service has processes including assessment tools, incident reporting systems and a risk framework to guide staff in identifying and managing consumers with high impact and high prevalence risks associated with their clinical care. I acknowledge the service has reviewed the risk management system in relation to managing risks associated with consumers’ care, provided staff training in managing risks and reviewed and updated assessment and care plans in response to previous non-compliance and deficits identified in this Requirement. However, at the Site Audit the service did not demonstrate the improvements were effective in identifying and managing each consumer’s high impact and high prevalence risks associated with their care. One consumer’s high impact risks of behaviours including aggression, wandering, resistiveness to care and agitation were not managed effectively over a significant period of months. The service completed incident reports, charting and progress notes and did refer the consumer to specialists for review. However, the service failed to use information gathered from incidents, behaviour charting, progress notes and specialists reports to document and implement effective strategies to manage the behaviours resulting in the risks to the consumer’s health and to others were ongoing, not prevented and not reduced.

Based on the summarised evidence above I find the service Non-compliant in this Requirement.

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

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

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

The Assessment Team found the service did not meet Requirement (3)(c) in relation to Standard 4 Services and supports for daily living. I agree with the Assessment Team and find the service Non-compliant in this Standard and have provided my reasons below in the relevant Requirement.

Consumers interviewed confirmed they are supported and have access to supports to enhance their independence and enjoyment. However, observations show consumers with cognitive and mobility impairments are not always supported to engage in social activities of interest to them.

Consumers confirmed they receive meals which are varied and of good quality. However, some consumers stated they occasionally receive meals late and the temperature of the food is not always to their liking.

Documentation demonstrated the service has a system to consult with consumers and their representatives to identify and plan activities and supports to meet the consumers’ social needs and preferences. Specialists and others are consulted and involved in planning and providing services to ensure consumers’ independence is supported and social, emotional and spiritual supports are provided.

## Assessment of Standard 4 Requirements

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

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

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

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

### Requirement 4(3)(c) Non-compliant

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

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

The Assessment Team found the service did not demonstrate there are services and supports in place for daily living to assist all consumers to do the things of interest to them and to have social relationships with others. Consumers interviewed with minimal cognitive and physical impairments were satisfied they are supported to do activities of interest to them and maintain and enjoy social and personal relationships. However, observations, interviews with staff, consumers and representatives and documentation viewed showed consumers with complex health needs including impaired cognition or mobility are not always supported to do things they enjoy and engage in meaningful social interactions and relationships. Evidence included:

* Observation of one consumer living with dementia and dependent on staff to assist with mobility, showed the consumer left for many hours on their own at a table in the dining room facing a wall with no activity or person to interact with. The consumer’s care plan identifies the activities of interest to the consumer including walks in the garden, music and concerts, spending time with the robotic cat, hand massages and one on one interaction with staff and volunteers. However, there is no evidence these activities are offered or supported by the service on a regular or consistent basis.
* One consumer with health conditions impacting their communication, speech and mobility, representative interviewed were not satisfied the service supports and provides adequate social interaction and engagement in line with the consumer’s individual preferences and needs which impacts on the consumers well-being. The consumer can be independent with mobility if the breaks on the wheelchair are released, however, staff regularly place the consumer in an area and put the breaks on the wheelchair. The consumer enjoys listening to conversation and being in a social atmosphere, however, the consumer is regularly left in an area with consumers who can’t communicate, and staff do not spend time conversing with the consumer.
* Lifestyle staff stated they have limited time and are not always able to spend quality time engaging and providing activities with all consumers.
* Care staff interviewed had knowledge of consumers’ individual needs, however stated they do not have access to activities consumers enjoy such as music, or CD player.

The approved provider’s response acknowledged the deficits identified by the Assessment Team and have implemented a plan for continuous improvement with actions to address the deficits, including; review of all consumer preferences and activities of interest and lifestyle plans, monitoring of staff engagement and provision of activities and provision of suitable equipment to support individual activities.

The service has systems to identify consumer social preferences and activities of interest to the consumer and to plan supports and services for participating in the community and engaging in social activities. The service demonstrated consumers independent with mobility and communication were supported to participate in social activities and activities of interest to them including maintaining relationships. However, the service did not demonstrate consumers with cognitive and mobility impairment were consistently being supported to engage and participate in social activities and activities of interest to them. Two specific examples demonstrated consumers with mobility impairment are left for periods of time with no engagement and no social support and no activity provided in line with their assessed needs and preferences. I acknowledge the service has committed to review and improve social engagement and activities for all consumers, however at the time of the Site Audit the service did not demonstrate compliance with this Requirement.

Based on the summarised evidence above I find the service Non-compliant in this Requirement.

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

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

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

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

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

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

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Quality Standard is assessed as Non-compliant as one of the three specific requirements have been assessed as Non-compliant.

The Assessment Team found the service did not meet Requirement (3)(b) in relation to Standard 5 Organisation’s service environment. I agree with the Assessment Team and find the service Non-compliant in this Standard and have provided my reasons below in the relevant Requirement.

Consumers confirmed the service is clean and feels like home and consumers’ family and visitors are made to feel welcome and they have access to indoor and outdoor areas to enjoy meals and social events.

Observations, staff interviewed, and documentation demonstrated the service has processes to ensure equipment, environment and furniture provided is safe, clean and well maintained.

However, the service has three courtyards which are designated for consumers who wish to smoke which did not have adequate safety equipment or monitoring and the service’s processes of monitoring safety systems and environment had not identified the deficit.

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

The Assessment Team found the service did not effectively manage environmental risks to ensure consumer safety in relation to designated areas for consumers who choose to smoke. Evidence included:

* The service has three outdoor courtyard areas designated for consumers who choose to smoke. Consumers were observed to be smoking in these areas throughout the visit without supervision, without use of smoking equipment such as non-flammable aprons.
* The three areas were observed to not have any fire equipment or signage such as fire blankets or extinguishers accessible in the event of a fire.
* The ashtrays and table where consumers sit while smoking were placed next to an exit door. The service’s policy states smoking is not to occur next to entrance and exit doors.
* The service had not completed any work health and safety environmental inspection or audits of the smoking areas. However, the service has completed their environmental audit including outdoor areas in March 2020. There was no evidence the smoking areas had been inspected as part of the audit and the audit had not been effective at identifying the safety and equipment deficits.
* The service acknowledged the deficits and implemented safety equipment including fire extinguishers.

The approved provider’s response acknowledged the deficits identified by the Assessment Team and have implemented a plan for continuous improvement with actions to address the deficits, including; development of an environmental audit including safety of smoking area, provision of all required safety and fire equipment in designated areas and supervision of consumers who smoke in line with their assessed needs.

The service has systems to provide and monitor a safe and suitable environment. However, the service’s processes were not effective at identifying deficits in the safety of the environment and area designated to consumers who smoke. The areas did not have safety equipment and smoking was occurring in a manner that was not safe, supervised or in line with the service’s policies. Environmental inspections and monitoring were not effective at identifying the deficits. I acknowledge the service has taken timely and appropriate actions to address the deficits. However, at the time of the Site Audit the service did not demonstrate the environment provided to consumers who smoke was safe.

Based on the summarised evidence above I find the service Non-compliant in this Requirement.

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers and their representatives interviewed confirmed they are encouraged and supported to provide feedback and raise complaints and they feel confident if they make complaints they will be responded to appropriately by management and staff.

Staff interviews demonstrated staff support consumers in providing feedback including forwarding verbal concerns and assisting consumers to access the complaints processes.

Documentation demonstrated a variety of feedback mechanisms are in place and complaints are recorded and monitored to ensure appropriate actions are taken and trends are identified.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found the service did not meet Requirement (3)(b) in relation to Standard 7 Human resources. I agree with the Assessment Team and find the service Non-compliant in this Standard and have provided my reasons below in the relevant Requirement.

Consumers and their representatives confirmed there are sufficient numbers of staff including nursing staff to provide care and services in line with their needs. One consumer was not satisfied staff always respond to their call bell in a timely manner. However, monitoring of call bells show staff have responded to the consumer’s call bell within eight minutes on all recent occasions.

Observations of staff interactions with consumers showed staff do not always treat consumers with kindness or respect.

Staff interviewed confirmed they have sufficient time, training and resources to perform their roles. However, lifestyle staff stated they are very busy and work under time pressures. Documented rosters show staff numbers and skill mix is planned based on consumer need and there has been an increase in clinical staff hours and oversight to ensure safe and quality delivery of clinical care.

Documentation shows staff are provided with training on commencement of employment and annually and where needs arise. Management complete reviews of staff performance and ensure staff are competent in their role.

## Assessment of Standard 7 Requirements

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

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

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

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

The Assessment Team found majority of consumers and their representatives stated staff interactions with consumers are positive and staff treat them with respect. However, the Assessment Team observed staff interactions with consumers which were not kind, caring or respectful and did not support the dignity and individuality of each consumer. Evidence and examples included:

* Staff were observed to not treat one consumer with dignity and respect when staff were observed to change the consumer’s clothes including having the consumer naked with the door wide open and exposed to others.
* Staff were observed to treat and speak to a consumer in a disrespectful and undignified manner while assisting them in a wheelchair.
* Agency staff were observed to deliver meals to consumers and ignore the consumers and not interact with them when they asked questions about their meals.
* Agency staff were observed not interacting with a consumer when assisting with meals and not waiting for the consumer to finish their mouthful before putting more food in the consumer’s mouth.
* One representative stated they did not think staff always treated the consumer with kindness or respect.
* One consumer stated majority of staff are respectful. However, some staff do not respect his age or life experience and one staff had made a rude comment about the consumer’s appearance.
* One consumer was left by staff for a long period with no activity or engagement and staff were seen to ignore the consumer and not interact with them.

The approved provider’s response acknowledged the deficits identified by the Assessment Team and have implemented a plan for continuous improvement with actions to address the deficits, including; policies and procedures of treating consumers with dignity and respect will be reinforced with staff daily and through meetings, pro-actively monitor staff practice and gather feedback from consumers, re-education of staff and review of recruitment processes to reduce agency usage.

Workforce interactions with consumers observed at the time of the Site Audit showed staff were not interacting with consumers in a kind, caring and respectful manner and staff did not demonstrate they are respectful of each consumer’s unique identity. Majority of consumers were satisfied with staff interactions. However, I find it significant one consumer provided an example of staff not treating them with respect and making rude comments about the consumer. The service has policies in place and staff have previously had training in treating consumers with respect. However, the service did not demonstrate staff practice was monitored to ensure it was in line with training, policies or the organisation’s expectations. I acknowledge the service has committed to monitoring and improving staff practice and outcomes for consumers. However, at the time of the Site Audit each consumer was not treated with kindness and respect during interactions with staff.

Based on the summarised evidence above I find the service Non-compliant in this Requirement.

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

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

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team found the service did not meet Requirement (3)(d) in relation to Standard 8 Organisational governance. I agree with the Assessment Team and find the service Non-compliant in this Standard and have provided my reasons below in the relevant Requirement.

Consumers interviewed confirmed they are engaged in the development and evaluation of care and services through feedback mechanisms and feel well informed and supported by staff and management in relation to changes at the service.

The organisation demonstrated it is committed to ongoing improvement in the delivery of care and services to consumers and has reviewed and implemented policies, procedures and guidelines to ensure an effective governance framework and the service meets its legislative requirements.

Documentation and staff and management interviews confirm effective systems including information management, workforce governance, financial governance and a clinical governance system including effective infection control processes, minimisation of restraint and use of open disclosure.

The service has implemented and reviewed improved risk management processes. However, documentation and observation show staff practice at implementing the risk management systems including management of clinical risks and environmental risks is inconsistent and not always effective.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The service was found non-compliant in this Requirement following an Assessment Contact in July 2020. The non-compliance was in relation to staff and management not demonstrating knowledge and application of legislative requirements in relation to the reportable assaults. The service has implemented improvements including staff training, review of processes and procedures and review of incidents requiring reporting.

The Assessment Team found the improvements implemented have been effective, staff interviewed demonstrated an understanding of incidents requiring reporting or when to use discretion not to report. Documentation confirmed incidents are reported within legislative timeframes and in line with legislative requirements including recording of incident details and investigation.

The service demonstrated other governance systems including information management, continuous improvement and financial governance are effective. While the Assessment Team identified some staff interactions with consumers were not always kind and respectful, the service does have an effective workforce governance system to ensure sufficient staff, provide staff with training and to monitor staff performance and competence.

Based on the summarised evidence above I find the service Compliant in this Requirement.

### Requirement 8(3)(d) Non-compliant

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The Assessment Team found the service has implemented improvements and actions to address deficits in this Requirement after the service was found non-compliant in this Requirement following Assessment Contacts conducted in March and July 2020. Improvements implemented included; staff training and review of risk management framework, policies and procedures, monitoring of staff practice and improved processes to identify and communicate risks associated with consumers’ care. However, the improvements have not been effective at ensuring risks associated with each consumer’s clinical care are identified and managed effectively, that environmental risks are identified and managed or that consumers are supported to live their best life. Evidence and examples included:

* One consumer has had ongoing risks associated with behaviours over a significant period of time putting the consumer and others at risk. However, the service has not managed the risks in line with the risk management framework, including; staff are not completing and updating relevant assessment and planning documents, strategies to review and monitor the risks have not been evaluated for effectiveness to ensure reduction or prevention in the risks.
* The service’s environmental safety processes and monitoring were not effective at identifying risks associated with consumers who choose to smoke.
* Observations and feedback show consumers with risks associated with cognitive and mobility impairment are not effectively managed to ensure they are supported to live the best life they can.

The approved provider’s response acknowledged the deficits identified by the Assessment Team and have implemented a plan for continuous improvement with actions to address the deficits, including; ongoing review of consumers with high impact and high prevalence risks, discussion of consumers with risks at daily meetings and regular clinical meetings, staff training on identification and management of risks.

The organisation has reviewed and implemented changes to the risk management framework, policies, procedures and monitoring processes including recording, communication and reporting on clinical incidents and increased clinical oversight of consumers with identified risks. The systemic review of the risk management system was a result of non-compliance being identified in this Requirement in March and July 2020. The improvements have resulted in more comprehensive guidelines and processes and improved monitoring and communication of clinical risks associated with consumer care. However, the deficits identified at the Site Audit show they new systems have not been imbedded to ensure all risks at the service are identified, actioned and managed appropriately to ensure safe and effective care and services for consumers. One consumer has had ongoing risks associated with behaviours not managed effectively demonstrating staff practice is not consistently in line with expectations or policies. Risks associated with consumers smoking were not identified to ensure a safe environment or strategies to prevent or reduce risks were implemented. I acknowledge the organisation continues to monitor and review the risk management systems and is committed to addressing deficits identified. However, at the time of the Site Audit the service did not demonstrate the risk management systems were consistently implemented or effective.

Based on the summarised evidence above I find the service Non-compliant in this Requirement.

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

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

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

# Areas for improvement

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

Standard 1 Requirement (3)(a)

* Ensure staff practice including treating all consumers with dignity and respect and recognising and supporting each consumer’s unique identity is in line with the organisation’s expectations and policies and these Standards.

Standard 1 Requirement (3)(f)

* Ensure all consumers privacy and dignity is maintained including that consumer information is kept confidential.

Standard 2 Requirement (3)(a)

* Ensure all consumers have risks identified through assessment processes and appropriate strategies documented in the care plans to inform staff on managing the risks.

Standard 3 Requirement (3)(a)

* Ensure consumers’ clinical care needs including medication administration and monitoring and diabetic management are delivered in line with best practice and documented directions.

Standard 3 Requirement (3)(b)

* Ensure high impact risks associated with consumers’ clinical care, including those with behaviours associated with dementia, are effectively managed and when incidents are ongoing appropriate review of the effectiveness of strategies and implementation of new strategies occurs to reduce and prevent further risks.

Standard 4 Requirement (3)(c)

* Ensure all consumers including those with impaired cognition and mobility are provided supports and services to engage in social activities and leisure activities of interest to them.

Standard 5 Requirement (3)(b)

* Ensure consumers are provided a safe environment including safety equipment if they choose to smoke and ensure the safety of environment and equipment is monitored effectively to identify deficits.

Standard 7 Requirement (3)(b)

* Ensure staff interactions with consumers are kind, caring and respectful and that staff practice is monitored to identify deficits in staff performance.

Standard 8 Requirement (3)(d)

* Ensure the organisation’s risk management framework is effectively implemented by staff including management of risks associated with consumer care and management of consumers choosing to take risks including smoking.