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

**Assessment Contact - Site date:** 12 January 2021 to 13 January 2021

**Date of Performance Report:** 6 May 2021

# 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** |  |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(c) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 17 February 2021
* the Site Audit Report for the Site Audit conducted 25 August 2020 to 27 August 2020
* the Performance Assessment Report dated 20 October 2020 for the Site Audit conducted 25 August 2020 to 27 August 2020.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Assessment Team assessed Requirements (3)(a) and (3)(f) in relation to Standard 1 Consumer dignity and choice. All other Requirements in this Standard were not assessed and, therefore, a rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a) and (3)(f) in this Standard. These Requirements were found Non-compliant following a Site Audit conducted 25 August 2020 to 27 August 2020.

At the Site Audit conducted 25 August 2020 to 27 August 2020, in relation Standard 1 Requirement (3)(a), it was found that the service did not demonstrate each consumer was treated with dignity and respect or staff value each consumer’s identity and unique needs. In relation to Requirement (3)(f), it was found staff practice was not in line with the service’s expectations in relation to ensuring each consumer’s privacy was respected and personal information kept confidential. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirements (3)(a) and (3)(f) met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s reports and the provider’s response to come to a view of compliance with Requirements (3)(a) and (3)(f) in Standard 1 Consumer dignity and choice and find the service Compliant with Requirements (3)(a) and (3)(f). I have provided reasons for my decision in the specific Requirements below.

## Assessment of Standard 1 Requirements

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

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

The Assessment Team’s report provided evidence of actions taken to address the non-compliance identified at the Site Audit conducted 25 August 2020 to 27 August 2020 including, but not limited to:

* Education relating to consumer dignity and respect provided to clinical, care and lifestyle staff.
* Provided surveys to all consumers and/or their representatives to gather feedback relating to staff and other service areas.
* Provided feedback to the contracted agency relating to staff performance. A request was also made for the agency to retrain staff in consumer dignity, privacy and respect and provide evidence that the staff had completed the training prior to being allocated to work at the service.

In relation to Standard 1 Requirement (3)(a), information provided to the Assessment Team by consumers, representatives and staff through interviews, documentation sampled and observations demonstrated:

Consumers and representatives sampled confirmed staff treat consumers with respect and maintain consumer dignity when providing care and services. Consumers provided examples of staff respecting their privacy and choices during personal care and staff being respectful of each consumer’s individual personality and preferences.

Staff sampled, and observations of staff practice show staff understand how to treat consumers with respect and staff ensure consumers’ privacy is maintained. Staff provided examples of how they maintain consumers’ dignity, such as knocking on doors before entering, shutting doors during provision of care and explaining tasks to consumers prior to providing care and services. However, one observation showed staff not interacting in a manner which valued and respected a consumer who is non-English speaking.

Consumer files sampled included consumers’ cultural backgrounds and included strategies to guide staff when providing care and services to consumers.

For the reasons detailed above, I find Amaroo Care Services Inc, in relation to Amaroo Village McMahon Caring Centre, Compliant with Requirement (3)(a) in Standard 1 Consumer dignity and choice.

### Requirement 1(3)(f) Compliant

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

The Assessment Team’s report provided evidence of actions taken to address the non-compliance identified at the Site Audit conducted 25 August 2020 to 27 August 2020 including, but not limited to:

* Fitted automatic closing mechanisms to nurses’ station doors in three areas of the service.
* Education and training to staff in relation to maintaining privacy and dignity for consumers.

In relation to Standard 1 Requirement (3)(f), information provided to the Assessment Team by consumers, representatives and staff through interviews, observations and documentation sampled demonstrated:

Consumers sampled confirmed they feel staff maintain their privacy, including ensuring consumer information is stored and managed confidentially. Staff provided examples of how they ensure consumer privacy, including closing doors and correct storage and use of consumer information. Observations confirmed staff communications in relation to consumer information were managed confidentially and consumer information was stored in a confidential manner including locked nurses’ station doors at all times.

For the reasons detailed above, I find Amaroo Care Services Inc, in relation to Amaroo Village McMahon Caring Centre, Compliant with Requirement (3)(f) in Standard 1 Consumer dignity and choice.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant. The Assessment Team assessed Requirement (3)(a) in relation to Standard 2 Ongoing assessment and planning with consumers. All other Requirements in this Standard were not assessed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(a) in this Standard. This Requirement was found Non-compliant following a Site Audit conducted 25 August 2020 to 27 August 2020.

At the Site Audit conducted 25 August 2020 to 27 August 2020, in relation to Standard 2 Requirement (3)(a), it was found assessments and plans were not consistently completed to ensure risks associated with care of consumers were identified and strategies to manage risks documented in care plans to inform staff on how to manage the risks. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit. However, the Assessment Team were not satisfied actions implemented in response to the non-compliance have sufficiently addressed the deficiencies identified at the Site Audit and have recommend Requirement (3)(a) not met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s reports and the provider’s response to come to a view of compliance with Requirement (3)(a) in Standard 2 and find the service Non-compliant with Requirement (3)(a). I have provided reasons for my decision in the specific Requirement below.

## 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 were not satisfied the service effectively demonstrated assessment and planning processes are used to inform safe and effective care and service delivery, specifically for consumers who have recently entered the service and those with challenging behaviours. The Assessment Team’s report highlighted three consumers. The following evidence was provided:

Consumer A

* The behaviour management care plan has not been updated following an incident of Consumer A being physically aggressive towards another consumer.
* Behaviour management strategies have not been reviewed or updated in response to documentation indicating current management strategies are not effective.
* A pain assessment was not initiated despite staff indicating pain may be a contributing factor for Consumer A’s escalating behaviours.

Consumer B

* A behaviour chart over a 13 day period included 20 entries indicating behaviour management strategies implemented had not been effective. A review of Consumer B’s behaviour care plan or behaviour management strategies has not been undertaken in response.
* Episodes of aggressive behaviours are documented daily on a behaviour chart over a three day period. On two occasions, behaviours occurred during activities of daily living. The trigger on these occasions is documented as ‘unknown’. Consumer B’s care plan and behaviour management strategies have not been undertaken in response.

Consumer C

* Behaviour management strategies noted in an evaluation of a behaviour chart have not been documented on Consumer C’s interim care plan.
* A management plan completed by external behaviour management specialist states Consumer C has aggressive behaviours and includes strategies to manage behaviours. These strategies have not been included on Consumer C’s interim care plan.
* A hospital discharge summary indicates Consumer C has compromised skin integrity. The interim care plan indicates Consumer C has no skin integrity issues and skin care management strategies are not included.
* Information documented on Consumer C’s interim care plan is not consistent with the consumer’s assessed needs. Management stated they were behind in completing the consumer’s care plan.

The provider’s response indicates they agree with the Assessment Team’s recommendation and includes a Plan for continuous improvement. The plan includes planned and completed actions and demonstrates the provider is proactively addressing the issues identified in the Assessment Team’s report. Actions include, but are not limited to:

* Review and update care plans for consumers highlighted in the Assessment Team’s report.
* Review all consumers’ clinical care needs in consultation with consumers.
* Creation of a new interim care plan.
* Staff training in relation to assessment and planning processes, behaviour management.

The Assessment Team’s report provided evidence of actions taken to address the non-compliance identified at the Site Audit conducted 25 August 2020 to 27 August 2020 including, but not limited to:

* Education workshops provided to registered staff relating to assessment and care planning, including behaviour and diabetes management.
* Set up nurses’ stations in each wing with a registered or enrolled nurse allocated to each for the morning and evening shifts.
* Introduced a ‘Daily Huddle’ project where staff meet in each wing every day during each morning shift to discuss each consumer.

I acknowledge the provider’s response and commitment to address the issues identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, assessment and planning processes were not effectively implemented, specifically in response to incidents of behaviour and implementing strategies to mitigate known consumer behaviours. For Consumer A and Consumer B, review of behaviour care plans and behaviour management strategies have not been routinely initiated in response to incidents and documentation indicating ineffectiveness of current management strategies. For Consumer C, despite receiving information from external allied health providers relating to aggressive behaviours and appropriate management strategies, these have not been included on Consumer C’s interim care plan used by staff to provide care and services. By not reviewing behaviour management care plans and omitting to include information on an interim care plan relating to a consumer’s known aggressive behaviours and appropriate management strategies, has the potential to compromise the safety, health and well-being of other consumers and staff.

For the reasons detailed above, I find Amaroo Care Services Inc, in relation to Amaroo Village McMahon Caring Centre, Non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard is assessed as Non-compliant as one of the seven specific Requirements has been assessed as Non-compliant. The Assessment Team assessed Requirements (3)(a) and (3)(b) in relation to Standard 3 Personal care and clinical care. All other Requirements in this Standard were not assessed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a) and (3)(b) in this Standard. These Requirements were found Non-compliant following a Site Audit conducted 25 August 2020 to 27 August 2020.

At the Site Audit conducted 25 August 2020 to 27 August 2020, in relation Standard 3 Requirement (3)(a), it was found two consumers were not provided clinical care in line with best practice, management plans or the service’s procedure, specifically in relation to medication and diabetes management. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(a) met.

In relation to Requirement (3)(b), at the Site Audit the service did not demonstrate improvements implemented were effective in identifying and managing each consumer’s high impact or high prevalence risks associated with their care. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit. However, the Assessment Team were not satisfied actions implemented in relation to Requirement (3)(b) have sufficiently addressed the deficiencies identified at the Site Audit and have recommend this Requirement not met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s reports and the provider’s response to come to a view of compliance with Standard 3 Requirements (3)(a) and (3)(b) and find the service Compliant with Requirement (3)(a) and Non-compliant with Requirement (3)(b). I have provided reasons for my decision in the specific Requirements below.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team’s report provided evidence of actions taken to address the non-compliance identified at the Site Audit conducted 25 August 2020 to 27 August 2020 including, but not limited to:

* Provided education to all clinical staff relating to diabetes management; clinical assessment, planning process and delivery of care and psychotropic medications.
* Training to all staff relating to the service’s policy and procedures for medication management.
* Placed guidelines for the effective management of a diabetic event in consumers’ care plans.
* Reviewed consumer diabetic management plans.

In relation to Standard 3 Requirement (3)(a), information provided to the Assessment Team by consumers, representatives and staff through interviews, observations and documentation sampled demonstrated:

Consumers and representatives sampled confirmed they are satisfied consumers receive safe and effective personal and clinical care, including in relation to medication and diabetic management. Consumers provided examples of staff providing regular diabetic management and support, and representatives confirmed staff manage medications effectively to improve health outcomes for consumers.

Consumer files sampled, including care plans, assessments, progress notes and medication charts demonstrated consumers’ clinical needs are assessed, strategies and directives are recorded in care plans and medication charts and diabetic management plans are reflective of best practice.

Staff interviewed, and documentation sampled confirmed staff provide medication and diabetic management to consumers in line with consumers’ assessed needs and in line with best practice.

For the reasons detailed above, I find Amaroo Care Services Inc, in relation to Amaroo Village McMahon Caring Centre, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

### 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 were not satisfied the service effectively managed high impact or high prevalence risks, specifically in relation to behaviour management and sleep disturbance. The Assessment Team’s report highlighted two consumers. The following evidence was provided:

Consumer D

* A narcotic analgesic was administered on 23 occasions over a two month period. It was noted for one of these months, the medication was administered for agitation. There was no record indicating the agitation is related to pain and pain assessments had not been completed when the medication was administered.
* Four pain assessments were completed in one month. There was no documentation relating to actions taken in response to the outcome of the assessments where pain was identified.
* A sleep assessment was not initiated despite narcotic analgesic medication being administered overnight over a two month period on six occasions and progress notes indicating Consumer D’s sleep was disturbed.
* Behaviour assessments had not been completed or behaviour management strategies reviewed in response to 14 episodes of agitation in a one month period.
* Pain assessments and non-pharmacological interventions were not implemented in response to administration of as required psychotropic medication in line with the service’s process.
* Behaviour specialist recommendations had not been included in Consumer D’s main care plan and/or behaviour care plan.

Consumer C

* Behaviour specialist’s recommendations for non-pharmacological strategies to assist Consumer C’s sleep disturbance have not been included on the consumer’s interim care plan.

The provider’s response indicates they agree with the Assessment Team’s recommendation and includes a Plan for continuous improvement. The plan includes planned and completed actions and demonstrates the provider is proactively addressing the issues identified in the Assessment Team’s report. Actions include, but are not limited to:

* Reviewed and updated care plans for consumers highlighted in the Assessment Team’s report.
* Sleep and Abbey pain assessment tools to be updated to ensure accurate assessment and identification of consumers’ needs.
* Review and update of behaviour assessment tool and implementation of behaviour management flowchart.
* Introduction of as required psychotropic medication stickers requiring staff to identify and document non-pharmacological interventions initiated.

The Assessment Team’s report provided evidence of actions taken to address the non-compliance identified at the Site Audit conducted 25 August 2020 to 27 August 2020 including, but not limited to:

* Reviewed all consumers’ clinical care needs, including high impact or high prevalence risks in consultation with consumers and/or representatives.
* Consumers with high risks are referred to the multidisciplinary team for review.
* Discussion of consumers with high impact or high prevalence risks at daily meetings with clinical, multidisciplinary and care team.
* Introduction of a traffic light system in each house to identify and monitor consumers who are assessed with high impact or high prevalence risks, are deteriorating or at end of life, and consumers returning from hospital.
* Training provided to staff relating to management of adverse events, including behaviour incidents.

I acknowledge the provider’s response and commitment to address the issues identified in the Assessment Team’s report. However, this Requirement expects services effectively manage the high impact or high prevalence risks associated with the care of each consumer. Based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, the service’s processes relating to management and monitoring of behaviours, specifically in relation to Consumer D, were not effective. Information documented in assessments and care documentation relating to Consumer D’s behaviours and use of narcotic analgesic medication did not prompt further charting or assessment processes or a review of the effectiveness of current behaviour, sleep and pain management strategies. Additionally, for both Consumer D and Consumer C, behaviour specialist’s recommendations to manage behaviours and promote sleep were not added to care plans to assist staff to provide care and effectively manage consumer risks.

For the reasons detailed above, I find Amaroo Care Services Inc, in relation to Amaroo Village McMahon Caring Centre, Non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# STANDARD 4 Services 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 Assessment Team assessed Requirement (3)(c) in relation to Standard 4 Services and supports for daily living. All other Requirements in this Standard were not assessed and, therefore, a rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(c) in this Standard. This Requirement was found Non-compliant following a Site Audit conducted 25 August 2020 to 27 August 2020.

At the Site Audit conducted 25 August 2020 to 27 August 2020, in relation Standard 4 Requirement (3)(c), it was found the service did not demonstrate consumers with cognitive and mobility impairment were consistently supported to engage and participate in social activities and activities of interest to them. The Assessment Team’s report provided evidence of actions taken to address the non-compliance identified at the Site Audit and have recommended Requirement (3)(c) as met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s reports and the provider’s response to come to a view of compliance with Requirement (3)(c) in Standard 4 and find the service Compliant with Requirement (3)(c). I have provided reasons for my decision in the specific Requirement below.

## Assessment of Standard 4 Requirements

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

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

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

The Assessment Team’s report provided evidence of actions taken to address the non-compliance identified at the Site Audit conducted 25 August 2020 to 27 August 2020 including, but not limited to:

* Reviewed interests and preferences for each consumer and updated associated consumer documentation to reflect their choice of activity and preferred interest.
* Management monitored care and lifestyle staff engagement with consumers, ensuring each consumer was provided with opportunities to engage in activities that are of interest and meaningful to them.
* Purchased equipment and items to facilitate activities.
* Developed and implemented the ‘Named Nurse Project’ where Registered nurses are assigned to a consumer on entry. The Registered nurse coordinates assessment and planning process in partnership with the consumer and ensures care plans are reflective of consumers’ individual preferences and lifestyle choices to help them live the best life possible.

In relation to Standard 4 Requirement (3)(c), information provided to the Assessment Team by consumers, representatives and staff through interviews, observations and documentation sampled demonstrated:

Consumers and representatives sampled confirmed consumers are supported to do things outside of the service and enjoy partaking in activities of interest to them within the service. The Assessment Team observed consumers engaged in activities, both in a group setting or individually.

Consumer files sampled, included information outlining how consumers participate in the community, maintain relationships and do things of interest to them. A therapy program viewed included a variety of activities and attendance sheets demonstrated consumers actively attend activities of interest to them. .

For the reasons detailed above, I find Amaroo Care Services Inc, in relation to Amaroo Village McMahon Caring Centre, Compliant with Requirement (3)(c) in Standard 4 Services and supports for daily living.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Assessment Team assessed Requirement (3)(b) in relation to Standard 5 Organisation’s service environment. All other Requirements in this Standard were not assessed and, therefore, a rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in this Standard. This Requirement was found Non-compliant following a Site Audit conducted 25 August 2020 to 27 August 2020.

At the Site Audit conducted 25 August 2020 to 27 August 2020, in relation Standard 5 Requirement (3)(b), the service’s processes were found to be ineffective at identifying deficits in the safety of the environment and area designated to consumers who smoke. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(b) as met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s reports and the provider’s response to come to a view of compliance with Requirement (3)(b) in Standard 5 and find the service Compliant with Requirement (3)(b). I have provided reasons for my decision in the specific Requirement below.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

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

The Assessment Team’s report provided evidence of actions taken to address the non-compliance identified at the Site Audit conducted 25 August 2020 to 27 August 2020 including, but not limited to:

* Completed an audit of all designated smoking areas and the outside courtyards.
* Implemented safety signage and equipment in each designated smoking area.
* Information provided to staff regarding the requirement to supervise consumers smoking, ensuring appropriate safety equipment is within reach and in use when required.

In relation to Standard 5 Requirement (3)(b), information provided to the Assessment Team by consumers and staff through interviews, observations and documentation sampled demonstrated:

Consumers sampled stated they were happy with the cleanliness of the service and stated if they have issues requiring maintenance attention, these are promptly actioned by staff.

The Assessment Team observed the service environment to be clean and tidy and consumers were moving freely both indoors and outdoors. Consumers were observed using the smoking areas with staff supervising and providing assistance as required. Designated smoking areas included fire extinguishers and appropriate signage and equipment.

Consumer files sampled, included information outlining how consumers participate in the community, maintain relationships and do things of interest to them. A therapy program viewed included a variety of activities and attendance sheets demonstrated consumers actively attend activities of interest to them.

Staff sampled described processes for reporting maintenance issues and stated issues are rectified quickly; this was also confirmed through maintenance documentation viewed.

For the reasons detailed above, I find Amaroo Care Services Inc, in relation to Amaroo Village McMahon Caring Centre, Compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

# STANDARD 7 Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(b) in relation to Standard 7 Human resources. All other Requirements in this Standard were not assessed and, therefore, a rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in this Standard. This Requirement was found Non-compliant following a Site Audit conducted 25 August 2020 to 27 August 2020.

At the Site Audit conducted 25 August 2020 to 27 August 2020, in relation Standard 7 Requirement (3)(b), it was found staff were not interacting with consumers in a kind, caring or respectful manner and staff did not demonstrate they are respectful of each consumer’s unique identity. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(b) as met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s reports and the provider’s response to come to a view of compliance with Requirement (3)(b) in Standard 7 and find the service Compliant with Requirement (3)(b). I have provided reasons for my decision in the specific Requirement below.

## Assessment of Standard 7 Requirements

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

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

The Assessment Team’s report provided evidence of actions taken to address the non-compliance identified at the Site Audit conducted 25 August 2020 to 27 August 2020 including, but not limited to:

* Training in relation to treating consumers with dignity and respect provided by all staff.
* Provided surveys to all consumers and/or representatives seeking feedback in relation to their experience, including staff interactions with consumers.
* Reduced use of agency staff.
* Implemented the ‘Named Nurse’ project.
* Set up nurses’ stations in every wing to enable monitoring of staff performance on the floor at all times.

In relation to Standard 7 Requirement (3)(b), information provided to the Assessment Team by consumers and observations demonstrated:

Consumers and representatives sampled indicated staff were kind and caring towards consumers. They indicated they were happy with the way staff interacted with them and care and services were always delivered to consumers in a respectful manner.

Staff training records viewed indicated education and training had been provided to staff in relation to respecting consumers and treating them with respect. The Assessment Team observed staff interactions with consumers to be kind and caring.

For the reasons detailed above, I find Amaroo Care Services Inc, in relation to Amaroo Village McMahon Caring Centre, Compliant with Requirement (3)(b) in Standard 7 Human resources.

# STANDARD 8 Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Assessment Team assessed Requirement (3)(d) in relation to Standard 8 Organisational governance. All other Requirements in this Standard were not assessed and, therefore, a rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(d) in this Standard. This Requirement was found Non-compliant following a Site Audit conducted 25 August 2020 to 27 August 2020.

At the Site Audit conducted 25 August 2020 to 27 August 2020, in relation Standard 8 Requirement (3)(d), new clinical governance systems implemented had not been imbedded to ensure all risks were identified, actioned and managed appropriately to ensure safe and effective care and services for consumers. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(d) as met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s reports and the provider’s response to come to a view of compliance with Requirement (3)(d) in Standard 8 and find the service Compliant with Requirement (3)(d). I have provided reasons for my decision in the specific Requirement below.

## Assessment of Standard 8 Requirements

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

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

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

The Assessment Team’s report provided evidence of actions taken to address the non-compliance identified at the Site Audit conducted 25 August 2020 to 27 August 2020 including, but not limited to:

* Reviewed and updated site and organisational risk register management.
* Completed environmental risk assessments.
* Training relating to management of high impact or high prevalence risks to consumer care is ongoing for care and clinical staff.
* Allocated a nurses’ station to each wing.
* Developed and implemented the ‘Named Nurse’ project.

In relation to Standard 8 Requirement (3)(d), information provided to the Assessment Team by consumers and documentation sampled demonstrated:

Consumers sampled considered that the organisation is well run and risks to their health and well-being are well managed, enabling them to live their best life.

The organisation’s risk management framework and risk register have been updated. Documents sampled demonstrated consideration of and completed assessments for consumers wishing to undertake activities which include an element of risk. Consumer risk assessments were up-to-date and showed consultation with consumers and/or representatives relating to associated risks had occurred.

Staff have received training relating to recognising and responding to elder abuse and documentation viewed demonstrated incidents, where required, had been managed in line with organisational process and legislative reporting responsibilities.

The organisation has processes to monitor clinical incidents and identify trends. Clinical incidents are discussed at various site and organisational meeting forums.

For the reasons detailed above, I find Amaroo Care Services Inc, in relation to Amaroo Village McMahon Caring Centre, Compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# 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.

The provider’s response included a Plan for continuous improvement outlining actions and improvements the service have or plan to implement which directly address the issues identified by the Assessment Team in the relevant Requirements.

**Standard 2 Requirement (3)(a)**

* Ensure staff have the skills and knowledge to:
* Initiate assessments and update care plans where changes to consumers’ health are identified or when incidents occur.
* Recognise changes to consumers’ health and well-being and initiate assessments, implement and/or review strategies and monitor effectiveness.
* Ensure consumer care plans are updated and reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
* Incorporate specialist recommendations into consumer care plans and monitor effectiveness of strategies.
* Ensure policies and procedures in relation to incident management, assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to incident management, assessment, care planning and review.

**Standard 3 Requirement (3)(b)**

* Ensure staff have the skills and knowledge to:
* Initiate charting and assessments, review and/or develop appropriate management strategies and monitor effectiveness of strategies relating to behaviour, sleep and pain management.
* Implement appropriate behaviour management strategies to minimise the impact of these behaviours on the consumer’s health and well-being.
* Develop care plans that are accurate and reflective of each consumer’s current care and service needs.
* Incorporate specialist recommendations into consumer care plans and monitor effectiveness of strategies.
* Implement and monitor effectiveness of non-pharmacological behaviour management interventions prior to administration of psychotropic or narcotic medication.
* Ensure policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks, including pain and behaviour management care are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks, including pain and behaviour management.