Arthur Blackburn VC Gardens

Performance Report

821 Ocean Drive   
PORT MACQUARIE NSW 2444  
Phone number: 02 5534 2602

**Commission ID:** 0537

**Provider name:** RSL LifeCare Limited

**Site Audit date:** 6 October 2020 to 9 October 2020

**Date of Performance Report:** 16 November 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) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-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) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-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) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-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 5 November 2020.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* One consumer said the staff make her feel respected by treating her kindly and always attending to her care promptly. Another consumer said staff show respect by knocking before entering his room and not moving his belongings.
* Consumers said staff always knock on closed doors and that staff close the door prior to assisting consumers with their personal hygiene requirements or activities of daily living.
* Observations by the Assessment Team were that confidential information is returned to secure areas after use, staff do not speak about consumers confidential information in public spaces and computers were logged off when not in use.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

### Requirement 1(3)(e) Non-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.*

The Assessment Team found that the service generally demonstrates that it understands and applies this requirement in various ways. However, information provided to prospective consumers listed on the services website and the internet is not accurate or current and has been raised by consumers at previous performance assessments.

In their response, the Approved Provider submitted information to address the issues raised by the Assessment Team. While the Approved Provider stated that information in consumer agreements is accurate, they do not dispute the findings of the Assessment Team that discussions have not occurred between the Independent Living Unit Manager and interested consumers about amenities listed as available to consumers, on the website. Information about amenities at the service remained out dated on the Approved Providers website at the time of the assessment. I accept that the Approved Provider’s marketing team has investigated this and has corrected this since the date of the site audit. The Approved Provider acknowledged that an apology letter and a plan will be issued to consumers in the future. While I accept that the COVID 19 pandemic has delayed this, the information was not current at the time of the site audit .

On balance, considering all information before me I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate that information provided to consumers is current, accurate and timely.

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

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

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Most sampled consumers (or representatives on their behalf) considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* All representatives said they are informed of any changes to care and services or when incidents occur.
* Feedback about whether consumers or their representatives are informed of the outcomes of assessment and planning is mixed. While all consumers (or representatives) said they feel they are partners in care, most consumers/representatives did not know what a care plan was and/or were not aware they can access the care plan.
* All but one consumer representative said they had been given an opportunity to communicate the consumers’ wishes for advanced care planning.

The review of assessments and care plans identified that consumers generally have care plans that cover most care needs however they do not always address specific risks to the consumer’s health and well-being. The service demonstrated that all consumers sampled have shared their goals and preferences in relation to advanced care planning and end of life wishes. In relation to other current care needs these are not identified or addressed and incorporated into care plans. The regular review of care plans has not identified whether interventions have been effective in meeting the needs of consumers.

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

## 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 that the organisation has policies, procedures and schedules to guide staff practice in relation to conducting assessments and developing care plans however they have not been followed for three consumers sampled. The review of assessments and care plans identified that consumers generally have care plans that cover most care needs however they do not always address specific risks to the consumer’s health and well-being. For three consumers sampled who have recently entered the service, assessment and care planning has not addressed their needs in relation to falls prevention, self-administration of insulin, behaviour management and chemical restraint. For one of those consumers sampled there was a lack of information on entry to establish clinical risk.

In their response, the Approved Provider submitted information to address the issues raised by the Assessment Team. I accept the information provided by the Approved Provider about a sampled consumer’s fall risk was known by the service in a timely manner as a functional assessment was conducted by a Physiotherapist the day following entry to the service, and nursing staff had also recorded personal care needs to minimise risk of falling until a formal falls assessment was conducted the week following entry to the service.

The Approved Provider does not dispute there were delays in conducting a depression screening till one month after entry to the service for another sampled consumer. This is inconsistent with the documented guidance provided to staff.

While I accept that a letter provided by a sampled consumer’s doctor following the site audit opines that the cause of his falls is unlikely to be from the low dose quetiapine, the service did not address the substantive issue that a risk assessment was not conducted by the service at the time, of the increased use of this medication to eliminate it’s contribution to an increased frequency of falls.

I am of the view that it is not a satisfactory explanation by the Approved Provider that a consumer is not chemically restrained because the medication is prescribed by a medical practitioner for a diagnosed mental disorder and physical condition. They did not submit documentation which shows the practitioner’s consideration that the medication could be restraint and subsequent decision to use the medication, has been appropriately recorded in the care and services plan. Instead, they disputed that the medication was a restraint.

While I accept that a consumer’s preference for self-administering insulin is listed in his goals and preferences form in his health management plan, the Approved Provider did not submit information to support how risks associated with this choice were considered by the service upon the consumers entry to the service.

On balance, when I consider all information before me I am of the view that the Approved Provider does not comply with this requirement as it does not consistently demonstrate that assessment and planning consider risks to consumer’s health and wellbeing and informs the delivery of safe and effective care and services.

### Requirement 2(3)(b) Non-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.*

The Assessment Team found that the service demonstrated that all but one consumer sampled have shared their goals and preferences in relation to advanced care planning and end of life wishes. In relation to other current care needs these are not identified or addressed and incorporated into care plans. Assessment and care planning do not demonstrate goals, needs and preferences established by consumers (or representatives) themselves. Case conferences provide a forum for the establishment of consumers’ needs, goals and preferences however they have not been conducted for all consumers at the time of the performance assessment.

In their response, the Approved Provider submitted information to address the issues raised by the Assessment Team. I accept that while not all consumers have had a case conference in the past four months, all however have had a case conference since February this year.

The Approved Provider did not dispute that sampled consumers goals and preferences aren’t consistently recorded in their care plan. They have updated these care plans following feedback from the team.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate that consumers needs, goals and preferences are considered in assessment and planning, aside from end of life 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) Non-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.*

The Assessment Team found that while care plans are reviewed regularly by registered nurses, meaningful review is not conducted when consumers’ condition or needs change. The regular review of care plans has not identified whether interventions have been effective in meeting the needs of consumers.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. While I accept that interventions for occasions of behaviours of concern are reviewed for effectiveness at the time, the Approved Provider did not submit information which demonstrates an overall evaluation of the effectiveness of the program of interventions. Despite most occasions being resolved with non-pharmacological interventions, there is an increased frequency of the use of chemical restraint to address agitation for a sampled consumer. While the information provided about this consumer supports a brief check of areas of the care plan is conducted bi-monthly, it does not support that the care plan is comprehensively reviewed and evaluated for effectiveness.

The information submitted by the Approved Provider supports that a sampled consumer was not reviewed for symptoms of depression despite them being apparent in the care plan, and treatment being provided three weeks earlier. The effectiveness of this medication was not reviewed until a depression screen was conducted three weeks post the initiation of the medication. I acknowledge that the Approved Provider took appropriate action concerning this consumer during the site audit when they noticed a change in her behaviour. They conducted a delirium screen, depression scale, GP review and pathology review and a referral to Dementia Services Australia and a Geriatrician.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate that care and services are reviewed for effectiveness in a meaningful way.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers (or representatives on their behalf) considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers (or representatives on their behalf) said in most cases they receive the care they need. They said generally staff know them and communicate well about their needs.
* Consumers (or representatives on their behalf) said they believe the consumers have ready access to medical and allied health professionals when they need it.

While the needs and preferences of consumers nearing the end of life have been met, consumers have not consistently received clinical care that is best practice and optimises their health and wellbeing in relation to falls prevention, behaviour management and the use of chemical restraint. The service staff did not demonstrate an understanding of antimicrobial stewardship. While the Assessment Team received positive feedback from consumers/representatives, the review of care and service records does not support that personal and clinical care is appropriate and safe for all consumers sampled.

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

### 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 that while consumer (or representatives on their behalf) spoke positively about the care provided to consumers, for consumers sampled, care and service records do not support this. Clinical care provided is not best practice and does not optimise consumers’ health and wellbeing. Chemical restraint is not used as a last resort and physical causes of escalation in behaviour of concern are not adequately explored and further development of behaviour strategies does not occur.

In their response, the Approved Provider submitted information to address the issues raised by the Assessment Team. While the information submitted concerning chemical restraint confirms consumers have a diagnosis to support the use of specific psychotropic medication, review dates are recorded and describes some suggested alternatives to the use of the medication, it did not demonstrate that they’re proactively managing the dose or making attempts to reduce, nor document the frequency that alternate strategies are used, with their effectiveness. It also does not describe the frequency with which consumers participate in activities of interest to them, which would allow them to monitor whether the dose is impacting consumers functional abilities. The information provided does not confirm that consumers are not chemically restrained.

While I accept that interventions for occasions of behaviours of concern are reviewed for effectiveness at the time, the Approved Provider did not submit information which demonstrates an overall evaluation of the effectiveness of the program of interventions. Despite most occasions being resolved with non-pharmacological interventions, there is an increased frequency of the use of chemical restraint to address agitation for a sampled consumer.

The information submitted by the Approved Provider supports that while another sampled consumer was anxious and agitated and wanting to go home on the days following entry to the service she was prescribed a benzodiazepine prn within 48 hours of entry to the service. She was not reviewed for a urinary tract infection as a potential source of the behaviours of concern until a further 24 hours, at which time the medical officer increased the dose of the benzodiazepine. The sampled consumer was treated for a urinary tract infection six days following entry to the service. In this example, it confirms that psychotropic medication is not used as a last resort and alternatives tried and failed.

While I accept the information provided for some sampled consumers supports a diagnosis appropriate for psychotropic medication, it is apparent that this information may not have been reflected in consumers care plans. The Approved Provider confirmed that the information was in a separate psychotropic folder. The Assessment Team may not have reviewed this; however, it demonstrates that information is not consistent between two sources of documentation about consumers diagnosis and indications for use of psychotropic medication. This is not best practice.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate that each consumer gets safe and effective personal and clinical care concerning behaviour management and use of psychotropic medication.

### 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 that care plans include some information about some high impact and high prevalence risks for consumers however interventions are not adequate to minimise risk. Psychotropic medication use is high, and the system is not effectively working to minimise use. The risks associated with the medication have not been adequately considered. For the consumers sampled, possible negative outcomes have been identified in relation to falls and behaviour management. Management did not demonstrate an understanding of the high impact, high prevalence risks generally and particularly associated with psychotropic medication.

In their response, the Approved Provider submitted information to address the issues raised by the Assessment Team. While I accept that falls risk assessments have been conducted for sampled consumers, the information submitted by the Approved Provider does not support that this high impact and high prevalence risk at the Service is effectively managed. They did not provide information to demonstrate that the impact of medications has been considered as a potential contributor to an increased likelihood of a fall or that the frequency of the high impact risk is being monitored at the service.

I have addressed the compliance finding regarding the high prevalence of psychotropic medication use at the service, in my compliance decision for Requirement 3(3)a.

I am not persuaded that the memo to registered nurses from the Care Manager in June 2020 constitutes education, nor supports an adequate understanding of high prevalence, high impact risk as it does not describe how the service monitors and manages these risks at the service.

I am of the view that the Approved Provider does not comply with this requirement as they do not demonstrate that high impact and high prevalence risks are effectively managed at the service.

### 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) Non-compliant

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

The Assessment Team found that for the consumers sampled, there is evidence of appropriate and timely referrals to physiotherapists, speech pathologist, dieticians and specialist medical services. However, in relation to referrals to behavioural advisory services this has not occurred despite two consumers sampled demonstrating significant behaviour of concern. Consumers (or representatives on their behalf) expressed satisfaction with their access to medical and allied health services. Behaviour of concern that is managed using chemical restraint has not been referred to specialist services to assist staff with the development of interventions to manage the behaviour.

In their response, the Approved Provider submitted information to address the issues raised by the Assessment Team. While the information supported that a referral to a behavioural specialist occurred during the site audit, this was not timely as it was three months after the onset of behaviours of concern and increasing use of psychotropic medication. No information was provided to substantiate that referrals are made for other consumers who demonstrate repeated behaviours of concern.

I am of the view that the Approved Provider does not comply with this requirement as they do not demonstrate that consumers with behaviours of concern receive appropriate and timely referrals.

### Requirement 3(3)(g) Non-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.*

The Assessment Team found that standard and transmission-based precautions are in place to prevent infection. The service has generally implemented appropriate COVID-19 preparedness procedures and consumers (or representatives on their behalf) spoke highly of the service’s response to the pandemic. However antimicrobial stewardship has not been implemented at the service and staff are unable to demonstrate its application to their practice.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. While I accept that the Approved Provider’s notes from the exit meeting record that one Registered Nurse did not understand antimicrobial stewardship they did not submit information to support a widespread understanding amongst Registered Nurses. I accept that the Service is addressing the lack of knowledge for the sample Registered Nurse. While I accept that several staff have received training in antimicrobial stewardship following the site audit, this does not confirm that the Service was compliant with this requirement at the time of the visit. While I accept that meetings occurred in June 2020 between the Care Manager and staff where antimicrobial stewardship was an agenda item, the information submitted does not support that anything of significance was discussed concerning this topic. I accept that MAC meetings discuss antimicrobial stewardship.

On balance, considering all the information before me I am of the view that the Approved Provider does not comply with this requirement as it does not systemically demonstrate that antimicrobial stewardship is practiced effectively at the service.

# STANDARD 4 COMPLIANT 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers interviewed confirmed that they are supported to do things they like to do, including things that are not listed on the activity schedule. Even considering COVID-19 related restrictions, consumers said there are still plenty of activities available to them.
* Consumers interviewed confirmed they are supported to maintain relationships and keep in touch with people who are important to them. Consumers reported staff assist by helping them to contact friends and family by writing or by telephone and giving consumers space and privacy to enjoy time with their visitors or spouse.
* Feedback from consumers in relation to the meals provided was consistently positive. Consumers reported that the food is of suitable quality, quantity and variety in menu options. Consumers report they can obtain food between meals and staff frequently seek their feedback in relation to meals.

Consumers or their representative provide staff with comprehensive information about their life to date, their preferences, interests and the people important to them. This information is used to inform care planning and is reviewed on an ongoing basis to ensure that the care and services delivered optimise the consumer’s independence, health, well-being and quality of life.

The service provides a range of lifestyle activities within the service and externally in the community which cater to individual preferences and interests as well as varying levels of cognitive and physical ability.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* All consumers interviewed said they feel safe within the service and find the service to be well maintained. Consumers said the equipment provided by the service is comfortable and clean, and laundry and cleaning services do a very good job.
* Most consumers reported feeling at home within the service and said that the new building and the kind nature of the staff make it a nice place to live and that their visitors feel welcome to visit the service.

The service opened just over one year ago and is a two-storey building. Consumers occupy both levels of the service. The corridors are well lit, free of obstacles and clean. Temperature control within the service is adequate and all consumers rooms have individual controls for air conditioning. The noise level within the service was observed to be at an acceptable level and the overall service environment was welcoming, clean and well maintained.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers and representatives interviewed said they felt comfortable to make a complaint and felt safe to do so. This could be in writing, or in person to a staff member or management who have an “open door” policy. Information on complaints mechanisms, including external mechanisms is available throughout the service.
* Feedback was noted in the complaints register that action had been taken to resolve concerns and management had offered an apology demonstrating open disclosure. Actions had been undertaken to endeavour to make sure these issues did not occur again.
* There are established processes for the management of feedback and complaints. Management and staff demonstrated an understanding of preferred practices which is confirmed through the sample review of complaints documentation.

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

## Assessment of Standard 6 Requirements

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

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

### 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-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall sampled consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Consumers and representatives interviewed said staff at the service are kind and caring. When asked one representative said, “very much so”, and that they think the care “is fabulous”. The Assessment Team observed examples of staff interacting with consumers in kind, respectful ways and with familiarity.
* Review of rosters and allocations show staffing levels are maintained to ensure consumers care services are provided. Most consumers and representatives interviewed said they felt there was enough staff however one consumer said staff were “a bit rushed” when doing their work. When asked about the impact to the consumer themselves, they said there was none and that this was their observation.
* Staff interviewed reported that there is an orientation and buddying process and that they have access to ongoing training, information and resources to help them perform their roles. Consumers and representatives interviewed felt confident that staff are skilled enough to meet their care needs saying staff are good at their jobs.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

The Assessment Team found that while staff have the necessary qualifications to undertake their roles, they do not demonstrate knowledge to undertake care and services in accordance with the Aged Care Quality Standards. Although consumers and representatives felt confident that staff are competent and knowledgeable in their roles, a review of care and service records and discussions with staff, registered nurses and the care manager indicate a lack of knowledge across restraint minimisation and antimicrobial stewardship. For further information in relation to these items refer to compliance findings in Standard 2 and Standard 3.

The Approved Provider submitted information to address the issues raised by the Assessment Team. I have addressed the issue of staff competence in antimicrobial stewardship in the compliance finding relating to Standard 3 (3)g, and a restraint management in the compliance finding relating to Standard 3 (3)a. On both occasions I was satisfied that the service is not managing risks associated with these areas of care, at the service. Examples provided by the Assessment Team support that staff have gaps in their knowledge as they’re not following the documented guidance of the Service. I accept that training has been provided to staff following this site audit in the areas of antimicrobial stewardship and the new restraint policy.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate that the workforce is competent and possesses the necessary 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-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Consumers and representatives interviewed said they felt the place is well run and are happy to have more stable management. They believe they receive quality care from staff and if they raise a concern, it is followed up.
* Consumers and representatives were offered places on the quality and governance committee. Two consumers and one representative are current members and to date there have been five meetings. The meetings include information about all aspects the service on a daily basis and documentation demonstrates the involvement of the consumers and representative.

Information management is not effective at the service with different methods for different roles in place.

While consumers and representatives felt confident that staff are competent and knowledgeable in their roles, a review of care and service records and discussions with staff, registered nurses and the care manager indicate a lack of knowledge across restraint and antimicrobial stewardship. Management did not demonstrate an understanding of the high impact, high prevalence risks generally and particularly associated with psychotropic medication.

#### Handover is not conducted where all staff are receiving the same information, at the same time and information regarding the use of chemical restraint medication has not been considered by the service as an item for improvement and inclusion on the plan for continuous improvement.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The Assessment Team found that information management systems for communication within service staff are not always effective. Non-compliance against the Aged Care Standards identified in the previous site audit 28 January to 31 January 2020 in relation to the use of chemical restraint as not been documented as an item for improvement and inclusion on the plan for continuous improvement. Compliance with the documentation of chemical restraint has not been demonstrated.

In their response, the Approved Provider submitted information to address the issues raised by the Assessment Team. I accept that the improvement plan submitted by the Approved Provider demonstrates that improvements relating to non-compliance with the Quality Standards in January 2020 about chemical restraint, were identified, actioned and closed out. I am however not persuaded that the current documentation at the service concerning chemical restraint is compliant with the legislation at the time of this site audit.

The information submitted by the approved provider about information management didn’t support that staff can effectively access required information relating to policies and procedures when under pressure. Despite providing information to support that staff had received training in handover it was evident to the Assessment Team at the time of the site audit that staff still do not effectively access information about consumers from shift to shift.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate that it has effective organisation wide governance systems relating to information management, and regulatory compliance.

### 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 that the service was unable to demonstrate effective management of high impact and high prevalence risks such as falls and the use of psychotropic medication. Care and service records reviewed demonstrate training provided has not been effective in relation to psychotropic medication and the impact on falls risk.

In their response, the Approved Provider did not submit information to address the issues raised by the Assessment Team concerning this requirement. I have considered the evidence of the Assessment Team as well as the Approved Providers response to other requirements concerning their systems for management of high impact or high prevalence risks associated with the care of consumers.

I am of the view that the Approved provider does not comply with this requirement as it does not demonstrate effective risk management systems for managing high impact and high prevalence risks at the service.

### Requirement 8(3)(e) Non-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.*

The Assessment Team found that the organisation provided a documented clinical governance framework however this is still in draft form. Management advised this policy is to be presented to the board at the end of this month and they expect it will be reviewed and endorsed at that meeting. The organisation has an endorsed procedure relating to antimicrobial stewardship due for review in June 2020. The service provided recently endorsed policies for restraint (physical and chemical), an open disclosure procedure.

In their response, the Approved Provider did not submit any unique information to address the issues raised by the Assessment Team concerning this requirement. They did not dispute that the governance framework is still in draft form.

I am of the view that the Approved Provider does not comply with this requirement as it does not demonstrate that there is an effective clinical governance framework at the service.

# 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.

### Requirement 1(3)(e)

*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.*

The Approved Provider must demonstrate that:

* information provided to prospective consumers listed on the services website and the internet is accurate and current

### Requirement 2(3)(a)

*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 Approved Provider must demonstrate that:

* The organisation policies, procedures and schedules to guide staff practice in relation to conducting assessments and developing care plans are being followed.
* assessments and care plans identify that consumers have care plans that cover all care needs and address specific risks to the consumer’s health and well-being. For example, self-administration of insulin, behaviour management and chemical restraint.

### Requirement 2(3)(b)

*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.*

The Approved Provider must demonstrate that:

* consumers share their goals and preferences in relation to all current care needs.
* these are identified and addressed and incorporated into care plans.

### Requirement 2(3)(e)

*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.*

The Approved Provider must demonstrate that:

* care plans are reviewed regularly by registered nurses, and a meaningful review is conducted when consumers’ condition or needs change.
* the regular review of care plans identifies whether interventions have been effective in meeting the needs of consumers.

### Requirement 3(3)(a)

*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 Approved Provider must demonstrate that:

* consumers care, and service records demonstrate that clinical care provided is best practice and optimises consumers’ health and wellbeing.
* Chemical restraint is used as a last resort and physical causes of escalation in behaviour of concern are adequately explored and further development of behaviour strategies occurs.

### Requirement 3(3)(b)

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

The Approved Provider must demonstrate that:

* care plans include information about high impact and high prevalence risks for consumers and interventions are adequate to minimise risk.
* Psychotropic medication use is reduced, and the system effectively works to minimise use.
* The risks associated with medication have been adequately considered.
* possible negative outcomes have been identified in relation to falls and behaviour management.
* Management can demonstrate an understanding of the high impact, high prevalence risks generally and particularly associated with psychotropic medication.

### Requirement 3(3)(f)

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

The Approved Provider must demonstrate that:

* there is evidence of timely referrals to behavioural advisory services
* Behaviour of concern is managed using chemical restraint as a last resort and is referred to specialist services to assist staff with the development of interventions to manage the behaviour.

### Requirement 3(3)(g)

*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.*

The Approved Provider must demonstrate that:

* antimicrobial stewardship is effectively implemented at the service and all staff are able to demonstrate its application to their practice.

### Requirement 7(3)(c)

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

The Approved Provider must demonstrate that:

* staff demonstrate knowledge to undertake care and services in accordance with the Aged Care Quality Standards.
* staff, registered nurses and the care manager demonstrate a sound knowledge across restraint minimisation, behaviour management and antimicrobial stewardship.

### Requirement 8(3)(c)

*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 Approved Provider must demonstrate that:

* information management systems for communication within service staff are effective.
* compliance with the documentation of chemical restraint is demonstrated.

### Requirement 8(3)(d)

*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 Approved Provider must demonstrate that:

* the service is able to demonstrate effective management of high impact and high prevalence risks such as falls and the use of psychotropic medication.
* Care and service records will demonstrate training provided has been effective in relation to psychotropic medication and the impact on falls risk.

### Requirement 8(3)(e)

*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.*

*The Approved Provider must demonstrate that:*

* the organisation’s documented clinical governance framework is finalised and approved.
* The procedure relating to antimicrobial stewardship has been reviewed as it is overdue.