Ashleigh House Hostel

Performance Report

20-24 Bergen Crescent
SALE VIC 3850
Phone number: 03 5144 4484

**Commission ID:** 3026

**Provider name:** Sale Elderly Citizens Village Inc

**Site Audit date:** 17 May 2021 to 20 May 2021

**Date of Performance Report:** 15 July 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** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **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) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 30 June 2021

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Assessment team found the service treats consumers with dignity and respect. Consumers feel they are able to maintain their identity, make informed choices about their care and services and live the life they choose. The service has a ‘Wellbeing policy’, which outlines how to provide care in a culturally safe way.

Consumers were comfortable that staff respected their culture, values and diversity. The service is displaying aboriginal artwork in the memory support unit that was chosen with the assistance of one of the consumers who is an aboriginal elder.

Consumers are provided with information that is current, accurate and timely enabling them to exercise choice, where possible. Staff described how consumers are assessed to make choices and are supported to do so in a safe manner, however not all risk assessments were current at the time of the visit. One consumer explained they choose to smoke and have access to their own cigarettes and lighter.

Most consumers are able to choose their preferred meal options for lunch and dinner but the consumers in the memory support unit are served meals based on their documented dietary needs and preferences.

In general, staff were observed to deliver care and services in a way which was respectful of consumer privacy. However there was equipment visible by anyone, labelled with consumers date of birth, Medicare numbers and medical officer details.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as 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) Compliant

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Assessment Team found the service did not demonstrate that care plans are always updated as consumer’s health needs change and care plans do not consistently include information to guide staff with consumer’s current needs.

Risks to consumers’ health and wellbeing are not always identified.

Overall consumers and representatives feel that they are partners in the ongoing assessment and planning of their care and services. The Assessment team viewed consumer care plans which showed representatives are contacted when there is a change in the consumer’s condition. Care plans are readily available where care and services are provided, and their contents discussed with consumers and representatives.

Advance care planning is completed and all plans are reviewed by a registered nurse.

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 the documentation did not demonstrate that there is a consideration of risks to the consumer's health and well-being to inform the delivery of safe and effective care and services in relation to psychotropic medications, pain management and medications.

Although the service and staff are aware of consumers’ pain and changing needs, pain assessments, charting and pain care plans were not implemented for consumers reviewed by the Assessment Team. Reassessments are not undertaken when needs change such as when consumers have falls, change medication or are palliating. One consumer’s risk was not reassessed for their ability to drive after being prescribed psychotropic medication.

In their response the service agreed with the findings of the Assessment Team and are working towards putting improvements in place to develop a workflow process for triggering further clinical assessment and interventions based on identified issues. Pain charting was immediately put in place for the identified consumers and updates to the risk assessment form in the electronic system will be investigated.

Based on the information provided I find the service is not compliant in this requirement.

### 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 service’s consideration of risks and how it has reviewed or minimised and consulted about the use of chemical restraint is addressed in requirement 3(3)(a).

The service has a policy where consumers who choose to self-medicate are reviewed every three months and assessed every 12 months but this is not consistently occurring or completed by a registered nurse as required. The Assessment Team reviewed the files of three consumers who currently self-medicate. Their files showed assessments were over 12 months old and some did not have all information completed.

Medication charts are not completed in accordance with service’s policy or in line with best practice and do not reflect consumer’s current needs.

The approved provider accepts the finding of the Assessment team and have already commenced a review of their processes to identify and address these deficits with clinical documentation. Spot check audits will be introduced for consumers who self-medicate.

Based on the information provided I find the service is not compliant in this requirement.

### 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 service did not demonstrate that care and services are reviewed regularly for effectiveness and when circumstances change, or incidents occur. Care plan reviews are not identifying when strategies are ineffective and are not resulting in reassessment or new interventions. For example:

* one consumer has had multiple falls since their last review and there was no evidence that their care plan was reassessed to update the consumer’s needs
* Smoking risk assessments are not current as two consumers were last reviewed in 2019
* One consumer’s mobility plan was not updated to reflect the change in their needs after an injury to their knee following a fall.
* One consumer’s nutrition needs were not updated in the care plan, but were outlined in the progress notes, following a speech pathologist review.

Progress notes reflect the action taken but do not appear to show follow up and whether/how the issue documented is resolved. Care plans are not updated in response to changes and do not accurately reflect the consumer’s current needs. Clinical staff could not explain why three monthly care plan reviews were not undertaken. Staff provided details on how they record variations to care in progress notes.

The approved provider has agreed to these findings and will look to initiating improvements in the workflow management in documentation. There has already been a continuous improvement process in place for the resident of the day process. Based on the information provided I find the service is not compliant in this requirement.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Assessment Team reviewed progress notes, charting, assessments and care plans and found the service was not able to demonstrate how each consumer receives personal and clinical care in line with best practice and tailored to their individual needs.

Chemical restraint is not minimised or managed in accordance with best practice and impacts negatively on consumers.

The service does not consistently manage high impact or high prevalent risks particularly in relation to diabetes care, medication management and falls. The service did not demonstrate they are implementing or maintaining strategies to minimise risk of infections.

Consumers and their representatives expressed their satisfaction with the care provided, and they feel the service is meeting their needs. Consumers and representatives said consumers have access to visiting medical officers, allied health staff and other specialists.

Consumers and representatives said they are confident consumers would be cared for according to documented end of life wishes

The service demonstrated it can identify and respond to changes in a consumer’s health status. Consumers and representatives sampled said they were satisfied with the timely interventions of staff and follow up by medical officer and other health services.

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.

The Quality Standard is assessed as Non-compliant as three 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.*

Assessing and monitoring of consumers’ pain is not consistently completed in response to consumer’s changed needs, or in accordance with best practice, leading to ineffective pain outcomes for consumers. One consumer for example, described their pain not being relieved from the time of their entry to the service.

Chemical restraint is being used on consumers without reviews being conducted or regard to the minimisation of its usage. One consumer was observed by the Assessment Team to be asleep for most of the time of their visit. Clinical management acknowledged to the Assessment Team during the visit that chemical restraint for each consumer could have been reviewed and potentially minimised. They also acknowledged for this consumer, it is having a negative impact.

The Assessment Team reviewed consumers’ files in relation to a range of clinical care needs including restraint, pain, falls and diabetes management that indicated deficits in care. The Assessment Team noted other care needs including stoma and catheter care and skin care are being met.

The approved provider has agreed with the findings of the Assessment Team and had already identified there were deficits in the area of chemical restraint and have a continuous improvement plan in place.

Based on the information provided I find the service is not compliant in this requirement.

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

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

The Assessment Team found issues with the administration and safekeeping of medications. Medications administered were not signed in by staff on a regular basis and unlabelled medication was left unattended. Blood glucose levels are not being checked after administering insulin as per the care requirements.

Consumers are not consistently assessed as per the service’s policy requirements. Neurological observations are not consistently taken as per the service’s protocol for unwitnessed falls or falls with a head strike by a registered nurse.

Charts outlining supplements provided to consumers was incomplete and one consumer’s dietary requirements for a modified diet were not known by the catering staff which could put the consumer at risk.

The service in their response has accepted the Assessment Team’s findings and have circulated an updated draft post falls guideline to the staff. The medication administration guidelines will also be updated. Management will have total oversight of all documentation which has been entered. Monthly meetings involving key staff will be held and catering staff will attend daily clinical handovers.

Based on the information provided I find the service is non-compliant in this requirement.

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

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

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

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

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

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

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

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

### Requirement 3(3)(g) 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 service does have adequate processes and policies in regard to their antimicrobial stewardship, however the Assessment observed staff practice is not consistently minimising the risk of infection occurring or in line with best practice.

The visitor screening process on entry is not monitored by staff and some visitors were observed not to have fully completed the declarations or had their temperature recorded on the days of the audit. There was only one pen available at the sign in area which was utilised multiple times without being sanitised.

Density signage is lacking in many areas and signage prompting sanitising in between use is not displayed or available in multiple areas where shared equipment is stored. Where there was density signage in place in one office it was ignored.

Signage to instruct regular cleaning of high touch points surfaces and communally used surfaces including desktops and computer equipment is absent in all areas of the service.

Staff were not always practicing correct usage of personal protective equipment including masks being worn incorrectly.

The outbreak management plan did not have all information required including outlining donning and doffing stations and having a list of staff who work across multiple aged care/health services.

In their response the service has accepted the findings and provided evidence that the reception area has been updated to allow a better sign in process and will perform spot checks on visitor sign in. Density signage has been replaced in staff only areas as the common areas for residents were always well within density thresholds and stated residents felt intimidated by the signage.

The outbreak management plan will be updated as required and the Assessment Team’s feedback and leadership role modelling will be implemented to ensure correct usage of personal protective equipment.

Based on all of the information I find the service is non-compliant in this requirement.

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Lifestyle activities did not always cater to everyone, with some consumer’s stating the activities catered to female consumers and there were limited activities in the memory support unit. Equipment used was observed to be safe, suitable, clean and well maintained.

Consumers provided negative feedback in relation to the variety and quality of the food provided by the service especially in relation to the evening meal.

Most 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. The consumers provided positive feedback and examples of how the service supports and optimises their independence, health, and well-being.

Consumers provided examples on how the service supports their independence such as being supported to smoke, leave the facility and have lunch off site in the company of a volunteer.

Consumer’s indicated that the services and supports offered at the facility help promote the consumer’s emotional, spiritual, and psychological well-being.

Consumers and their representatives expressed satisfaction in the communication relating to their condition, needs and preferences both within and external to the organisation.

The care planning documents reflect the involvement of others in provision of lifestyle supports such as family visits. The lifestyle staff described how they work with external organisations to help supplement the lifestyle activities offered by the service such as the local primary school, RSL and Baptist Church.

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

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

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

Consumers interviewed said that the service did not always cater to their preferences with some male consumers interviewed suggesting that the lifestyle activities tend to cater more towards the females at the service. The Assessment Team did not always observe consumers within all areas of the service being actively engaged with lifestyle activities.

Some consumers believe the activities cater to the older and less able consumer. There are limited activities available for vision impaired consumers and one to one time activities for consumer is not occurring or is unstructured.

Lifestyle staff said that they do not consult the consumer or representative when completing three monthly lifestyle care plan reviews and the activity calendar is created based on feedback from lifestyle staff and not from consumers. At the most recent ‘resident meeting’ held in March 2021, management said they would address any issues relating to lifestyle, maintenance, laundry and kitchen. However, the minutes did not record evidence of consultation or feedback sought by the consumers in relation to this. There was also staffing shortages in the lifestyle area with eight shifts remaining unfilled in one week resulting in a lack of activities on these days including three shifts on the weekend.

The lifestyle program in the memory support unit is based on the Montessori for Dementia model, with a ‘Breakfast Club’ being designed to give consumers as much independence as possible. Consumers are involved in preparing their breakfast with guidance from care staff. However, the Assessment Team did not observe much engagement from consumers in the memory support unit during their visit.

The Assessment Team did observe lifestyle staff running lifestyle activities in Ashleigh House during the site visit such as bingo, the ‘resident’s shop’, and drinks and nibbles. Consumers were engaged in these activities.

The response by the service accepts these findings and has stated that Lifestyle has been identified as an area of strategic growth for the facility. This includes ensuring there are increased budgets, extra staff and setting target levels of participation. They will also seek input form services such as Vision Australia to ensure they provide activities to cater for all abilities.

Based on the information provided I find the service is non-compliant with this requirement.

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

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

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

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

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

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

The consumers expressed dissatisfaction with the meals especially in relation to the evening meal but the lunchtime meals were on average acceptable. The menu has not been changed in nine months and was not reviewed by a dietitian. Consumers currently have no input into the decision making around the meals provided at the service.

Alternatives such as sandwiches or salads are available if the consumer does not like the meal provided. One consumer has passed on feedback in relation to the food but management have not actioned this.

Staff are aware of the individual requirements of the consumers in relation to the dietary requirements but this was not evident by the meals prepared by the kitchen staff, with one consumer not receiving a modified diet.

The service in their response have accepted the findings of the Assessment Team and a process of menu improvement has commenced with input from consumers. A new dietitian had just commenced at the time of the visit and had only looked at consumer reviews.

Consumers will be involved in the creation of the menu and a resident driven food focus group has been implemented.

Based on the information provided I find the service is non-compliant with this requirement.

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers in the memory support unit are restricted in using the outside areas and rely on staff to allow them into the garden area, limiting their ability to move freely both indoors and outdoors at the service. Consumers in Ashleigh House, (except those in the memory support unit) can move freely and access both indoor and outdoor areas of the service. Consumers described how their rooms are clean and well maintained, any requests are responded to promptly and they feel safe and able to move freely at the service.

The designated smoking area was not well maintained or clean. The chief executive officer advised that the area was to be renovated. There were a number of areas under renovation at the time of the visit.

The service is welcoming and offers numerous communal spaces in which consumers can interact with others or spend time alone. The service was observed to be clean and uncluttered allowing for consumers to move around the service. Consumers consider that they feel they belong in the service and feel safe and comfortable in the service environment.

Consumers rooms are internally personalised with items to reflect what they like to feel at home. Entrances to consumers’ rooms however were not always personalised.

All garden areas are well maintained (except for the smoking area) with shaded areas and level paths for safe mobilisation. Consumers were observed enjoying the outdoor garden areas by sitting in the sunshine.

The Assessment Team observed furniture, fittings and equipment around the service be safe, clean, and well maintained, such as dining tables, lounge chairs, and wheelchairs. Consumers felt comfortable at the service and were confident that staff were able to use equipment safely.

Maintenance staff said that the care management system is checked twice daily for maintenance requests. Maintenance performs both preventative and corrective maintenance.

Cleaning staff said they clean high touch point areas twice daily. They were also aware of consumers’ requirements in regard to cleaning of their rooms.

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

*The service environment:*

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

The Assessment Team observed that consumers in the memory support unit did not have free access to the garden area but relied on staff using a swipe card to provide access as the door was locked at all time during the visit by the Assessment Team.

The designated smoking area was not clean with bird droppings visible and chairs being used were damaged with cigarette burns. Two old tins were used in the place of ashtrays.

Another storage area had chemicals being stored along with bed linen.

Exit lights at the entrance to the service were not functioning and this was raised with management and were observed to be working by the end of the visit.

The service response is that consumers in the memory support unit are not prevented from accessing the garden but management confirmed they have ordered a change to the locking system so that the door can remain open to allow access without staff assistance.

The renovations to the smoking area have been completed as they were commenced during the site audit. The lighting malfunction occurred on the day of the site audit and as already stated by the Assessment Team was repaired the next day.

Although the service has put measures in place to rectify the issues, the consumers in the memory support unit did not have free access to all areas during the site audit and will not have it until the lock is changed.

Based on the information provided I find the service is non-compliant with this requirement but are actively working on improvements.

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

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Feedback forms are accessible by consumers and representatives and are located around the service.

Consumers said that changes were made at the service in response to complaints and feedback, describing staff as “always helpful”. Consumers felt that management took their complaints seriously. The service demonstrated that they take appropriate action in response to complaints and that an open disclosure process is used when things go wrong.

Although not all consumers were aware of external services for raising complaints they were available and have been utilised by some consumers in the past.

In general, the service reviews feedback and complaints and uses the information in order to make improvements to the service, but this is not the case in relation to complaints about food, where complaints are ongoing.

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 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Mixed feedback was provided by staff and consumers regarding the adequacy of staffing levels at the service. Following review of rosters and discussion with management the Assessment Team found that the service currently has sufficient numbers and mix of staff to meet the needs of consumers. Additionally, management will be reviewing rosters to ensure there are enough staff in the memory support unit.

The workforce at the service is deemed to be competent, with the members of the workforce having the qualifications and knowledge to effectively perform their roles. Most staff have position descriptions in place which outline their core competencies/capabilities.

All permanent staff have completed the mandatory training modules. Staff receive performance appraisals during their probationary period and then every 2 years. Senior clinical staff monitor the performance of care and clinical staff, raising any concern with management where required.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as 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) Compliant

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

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumer information accessed by staff has been found to not always be current or complete. Management stated they were aware of issues regarding the documentation of clinical data, which was identified through internal audits. They stated they are looking to address this in the future.

The service maintains incident and risk management systems, with supporting processes in place. However, the service is not always identifying high impact and high prevalence risks to consumers, and that while management have been identifying incident trends, they are not always implementing remedial actions in a timely manner.

The service has documentation to guide antimicrobial stewardship, the minimisation of the use of restraint as well as open disclosure. Staff demonstrated an awareness of these polices and related practices, however management were assessed as not providing adequate oversight over antimicrobial stewardship and the use of restraint.

Consumers were not consulted in the review of the menu even though many have provided feedback regarding the poor quality of the food.

Consumers are able to engage in the development, delivery and evaluation of care and services through the following:

* ‘Resident meetings’ attended by consumers at the service;
* ‘Resident Committee meetings’ composed of a group of consumers and attended by the chief executive officer;
* Consumer feedback received both informally and formally through the feedback and complaint process; and

Admission interviews, where by the consumers goals, needs and preferences are discussed. Some consumers were able to provide examples of where their feedback has been used to make improvements

The Board at the service promote a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Board have been engaged in various major incidents and complaints over the past year and are kept informed of the operations at the service by the management team. Governance systems and related processes were deemed to be in place, however there are areas for improvement with particular regard to information management and continuous improvement.

The Quality Standard is assessed as Non-compliant as two 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) Compliant

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

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

### Requirement 8(3)(d) 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.*

### An incident occurred involving alleged elder abuse. The service conducted an investigation into the incident and took appropriate actions based on their findings. This was not followed up with education in relation to elder abuse for all staff. Training in relation to elder abuse has not occurred since January 2020.

### Formal training for staff in relation to the new Serious Incident Response Scheme (SIRS) has not occurred. Management demonstrated awareness of SIRS and have provided informal training to care and clinical staff within staff meetings Staff stated they have been provided with documentation about SIRS and it has been discussed in staff meetings.

The Assessment Team noted that risks to consumers’ health and wellbeing are not always identified in a timely manner, particularly regarding the use of psychotropic medications, pain management and medication management. A review of medication charts took place in January 2021 and noted areas for improvement, however the Assessment team identified that medications charts still do not align with best practice and may put consumers at risk.

The approved provider has agreed with the findings of the Assessment Team and will be scheduling training in elder abuse. As noted in requirement 3(3)(a) a review of medication charts is also underway to ensure rigour in procedural compliance.

Based on the information provided I find the service non-compliant with this requirement.

### 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 organisation has:

* a documented clinical governance framework (Governance-clinical policy);
* an Antimicrobial stewardship policy;
* a policy relating to minimising the use of restraint (Restraint policy); and
* an Open disclosure policy.

The Assessment Team found, chemical restraint is not minimised or managed in accordance with best practice and is negatively impacting consumers at the service. The service did not demonstrate informed consent is received in relation to the use of psychotropic medication.

Management provided a record of consumer names who are currently administered psychotropic medication. The record does not include the reason for its use, alternatives used, when and with whom informed consent is obtained (if obtained), and the date of last review.

Review of Medication Advisory Committee Meeting minutes indicates that clinical management are monitoring the use of antibiotics however, specific data including the number of consumers receiving antibiotics is not being reported within the meeting nor within the Clinical Care and Quality Indicators reports.

An audit on respite consumers completed during March and April 2021, identified trends including only initial assessments being completed with no other assessments or care plans being completed. The Assessment Team noted this continues to occur, for a current respite consumer.

The approved provider in their response has accepted the finding of the Assessment team and have commenced a list of continuous improvements that have been put in place or will be put in place to rectify the deficits identified.

Based on the information provided I find the service is non-compliant in this requirement.

# 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. I recognise that some improvements have already been made but need to ensure the following improvements are actioned:

* Ensure care planning documentation is comprehensive and includes all assessments, charting and is updated as a consumer’s need changes, including conducting re-assessments to ensure care is best practice and tailored to the consumer’s needs.
* Pain assessments, charting and pain care plans are to be implemented for all consumers and treatment is evaluated for its effectiveness.
* Improvements to be made to the thoroughness, quality and timeliness of documentation and assessments and care plans for respite consumers.
* Medication charts are to be completed and signed by staff when medications are given medication is always labelled and stored safely .
* Neurological observations to be conducted and recorded by the registered nurse post unwitnessed falls or falls with a head strike.
* Ensure all staff are aware of dietary requirements and these are correctly recorded and updated in assessments.
* Visitor screening processes to be supervised to ensure effectiveness of infection control.
* Ensure outbreak management plan is reviewed and updated with staffing lists and donning and doffing stations identified. Density signage to be updated in all areas needed and ensure all staff have education on and practice good infection control including the use of personal protective equipment.
* Ensure signs are in place to remind staff of the need to clean high touch/use equipment before and after use.
* Ensure all consumers are consulted and feedback sought in relation to their preferences in activities that interest them and that lifestyle activities cater for all consumers including those with special needs.
* Ensure meals meet the standard required and are tailored to the consumer’s dietary needs. Seek consultation and feedback from consumers on proposed menus and ensure feedback is sought on the quality of the food, including creating a resident driven food focus group as per the plan for proposed plan for continuous improvement.
* Ensure consumers in the memory support unit have free and easy access to the outside area without having to ask for staff assistance to unlock doors.
* Ensure the smoker’s area is renovated and once renovated, is maintained in a clean and safe manner.
* Ensure policies are in place for the minimisation and management of psychotropic medications and chemical restraint that align with best practice including ensuring:
	+ information on reason for the use of psychotropics is recorded;
	+ strategies and interventions trialled;
	+ when consent has been obtained and by whom; and
	+ the date of the last review.
* Capture and monitor the number of consumers receiving antibiotics and include it in the Clinical Care and Quality Indicators reports, for review at Medication Advisory Committee meetings.
* Ensure staff receive formal training in elder abuse, SIRS and infection control.