Balaklava Millcourt Homes

Performance Report

7 Railway Terrace   
BALAKLAVA SA 5461  
Phone number: 08 8862 1576

**Commission ID:** 6063

**Provider name:** Balaklava Mill Court Homes Inc

**Assessment Contact - Site date:** 23 August 2021 to 24 August 2021

**Date of Performance Report:** 7 October 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 15 September 2021
* the provider’s Compliance action plan received 30 September 2021
* the Performance report dated 27 April 2021 for the Site Audit conducted 27 January 2021 to 29 January 2021.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Requirements (3)(a) and (3)(f) in Standard 1 were found Non-compliant following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found staff practices were not always supportive of encompassing a culture of dignity and respect and the service was unable to demonstrate consumers’ sensitive and personal information was discussed and stored in a secure and confidential manner. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirements (3)(a) and (3)(f) met.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirements (3)(a) and (3)(f) in Standard 1 Consumer dignity and choice. I have provided reasons for my finding in the specific Requirements below.

## Assessment of Standard 1 Requirements

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

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

The service was found Non-compliant with Requirement (3)(a) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found staff practices were not always supportive of encompassing a culture of dignity and respect. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented a range of policies and procedures related to dignity and choice, culture, diversity, values, beliefs and consumer rights.
* Training provided to staff relating to assessment and care planning, including dignity and personalised care and customer service, including communication and supporting individuals.
* Conducted a Consumer experience survey to understand consumers’ experience.
* Reviewed care plans to ensure they reflect consumers’ individual identity, needs and preferences.

Information provided to the Assessment Team by consumers, representatives and staff through interviews, observations and documentation sampled demonstrated:

The service demonstrated how they ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and representatives provided examples of staff practices which demonstrated dignity and respect for consumers, including using consumers’ preferred names, respecting their individual preferences and treating consumers as if they were their own family.

Care files reflected consumers’ individual identity and preferences. Staff were familiar with consumers’ backgrounds, likes and dislikes and described how this influences delivery of consumers’ day-to-day care and services. Additionally, staff were observed interacting with consumers in a respectful manner during the Assessment Contact.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(a) in Standard 1 Consumer dignity and choice.

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

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

The service was found Non-compliant with Requirement (3)(f) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate consumers’ sensitive and personal information was discussed and stored in a secure and confidential manner. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Installed keypads at nurses’ station doors to ensure doors are always locked.
* Replaced citizens band radios with new phone systems for staff communication related to consumers’ care needs and provision.
* Purchased additional confidential bins and reminded staff of correct disposal processes relating to consumers’ confidential information.

Information provided to the Assessment Team by consumers and staff through interviews, observations and documentation sampled demonstrated:

The service has processes to ensure each consumer’s privacy is respected and personal information is kept confidential. Consumers confirmed their personal privacy is respected and felt sure their information is kept confidential.

Consumers are provided with the organisational Privacy policy and complete a Privacy, confidentiality and personal information consent form on entry. These documents are reviewed as required. Staff described how confidential information is stored and indicated phones have been purchased to assist with communication.

During the Assessment Contact, the Assessment Team observed nurses station doors to be locked, consumers’ confidential information to be securely stored and staff practices which ensured consumer privacy and confidentiality was maintained.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(f) in Standard 1 Consumer dignity and choice.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The purpose of the Assessment Contact was to assess the performance of the service in relation to all five Requirements in Standard 2 Ongoing assessment and planning with consumers. These Requirements were found Non-compliant following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate:

* effective assessment and planning processes for consumers entering the service;
* assessment and planning processes focussed on consumers’ actual needs and preferences to inform the development of associated and appropriate care strategies;
* assessment and planning processes actively involved consumers and representatives;
* care plans were accurate and up-to-date to support effective and safe delivery of care and services; and
* care and services were reviewed in response to consumers’ changing needs.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirements (3)(c) and (3)(e) met. However, the Assessment Team were not satisfied actions implemented have sufficiently addressed the deficits identified in relation to Requirements (3)(a), (3)(b) and (3)(d) and have recommended these Requirements not met. In relation to Requirements (3)(a), (3)(b) and (3)(d), the Assessment Team were not satisfied the service demonstrated:

* Assessment and planning, including consideration of risks to consumers’ health and well-being, informs the delivery of safe and effective care and services, specifically assessment of pain and malnutrition.
* Clear processes to identify consumers nearing the end of life or a process to support end of life and advance care planning.
* Care plans are made available to consumers and/or representatives.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Non-compliant with Requirements (3)(a), (3)(b) and (3)(d) and Compliant with Requirements (3)(c) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers. I have provided reasons for my finding in the specific Requirements below.

## Assessment of Standard 2 Requirements

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

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

The Assessment Team were not satisfied the service demonstrated assessment and planning, including consideration of risks to consumers’ health and well-being, informs delivery of safe and effective care and services, specifically assessment of pain and malnutrition. The Assessment Team’s report provided the following evidence relevant to my finding:

* Three day pain monitoring charts are used for assessment and recording of consumers’ pain. There are no instructions to guide staff on the use of the pain chart, no option to record verbal pain scores and no directions in relating to use the Abbey pain score.
* Descriptions of the use of the pain assessment tool by three clinical staff was not in line with best practice or the service’s process.
* Management acknowledged the pain assessment tool used was not appropriate for assessment and monitoring of pain, including for consumers with cognitive impairment.

Consumer A

* Consumer A’s care plan did not guide staff on how to monitor pain. The care plan indicates the consumer does not get pain, has a severe cognitive impairment and lacks insight into care needs and pain.
* The care plan goal indicates to encourage the consumer to tell staff when they experience pain.
* Two care and/or clinical staff members indicated they identify Consumer A’s pain through non-verbal cues. This information was not reflected in the care plan.
* Consumer A was diagnosed with a sacral fracture following a fall in July 2021. The current care plan did not include management strategies relating to this pain or identify if it was ongoing.

Consumer B

* Consumer B recorded a weight loss of over 5kg in four months. The most recent malnutrition assessment was completed in April 2021. Consumer B has lost a further 4.42kg since this review.
* Weight loss is noted on the High risk register. Risks were documented as being reviewed on four occasions in July/August 2021, however, the reviews do not demonstrate reassessment of weight or nutrition.
* Consumer B’s care plan was updated in July 2021 without re-evaluation of malnutrition in line with the service’s policy.
* Senior clinical staff responsible for care plan reviews stated they do not routinely reassess risk of malnutrition and were unsure who would undertake this.

The service was found Non-compliant with Requirement (3)(a) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate effective assessment and planning processes for consumers entering the service. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Assessments to be completed on entry and when required, with a care plan schedule in place to ensure care plans are updated six monthly or as required.
* Reviewed the admission process and Clinical care policy regarding initial assessments and sequence of clinical assessments for respite and permanent consumers. An assessment schedule has been implemented.
* Creation of admission policy and procedure.
* Implemented a Critical review/risk management register to capture and review critical incidents.
* Risk forms have been reviewed and signed by the Medical officer.

The provider did not dispute the Assessment Team’s recommendation and have developed a Compliance action plan directly addressing the deficits identified in the Assessment Team’s report. Actions planned and/or completed include, but are not limited to:

* Complete a pain gap analysis to assess impact, and update pain care plans. Monitor and audit outcome.
* Source a pain tool to best meet the needs of consumers and remove existing pain chart.
* Review the Pain policy and procedure to reflect amended pain assessment and practice.
* Education for consumers, representatives and staff in relation to pain assessment and charting.
* Review all care plans of consumers with a cognitive impairment to ensure staff are monitoring for non-verbal signs of pain.
* Update Consumer A’s care plan to include monitoring of non-verbal signs of pain and commence pain charting to ensure Consumer A’s pain is being appropriately managed.
* Updated the weight loss spreadsheet to flag total weight loss over a six to 12 month period.
* Malnutrition policy and procedure to be reviewed to reflect.

I acknowledge the provider’s response and actions planned and/or completed in relation to the Assessment Team’s report and recommendation. Additionally, I acknowledge the actions taken in response to the Non-compliance identified following the Site Audit conducted 27 January 2021 to 29 January 2021. However, I find at the time of the Assessment Contact, the service’s assessment and planning, including consideration of risks to consumers’ health and well-being, did not routinely inform delivery of safe and effective care and services.

In relation to Consumer A, care plan directives in relation to identification of pain were not in line with the consumer’s known cognitive ability and did not provide effective guidance for staff to ensure the consumer was effectively monitored for signs of pain. For Consumer B, while the consumer’s weight loss had been identified on the High risk register and evidenced review of associated risks on four occasions over a two month period, there was no indication the reviews resulted in additional management strategies or reassessment of the consumer’s weight or nutrition. Additionally, despite a recorded weight loss of over 5kg in four months, a further malnutrition assessment had not been undertaken or risk of malnutrition re-evaluated in line with the service’s policy.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

### 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 were not satisfied the service demonstrated clear processes to identify consumers who are nearing end of life, or a process to support end of life and advance care planning. The Assessment Team’s report provided the following evidence relevant to my finding:

* Three care files sampled did not demonstrate:
* discussion of needs, goals and preferences in relation to advance care planning, end of life wishes or care expectations.
* a summary of advance care directive information.
* information relating to end of life planning and palliative care needs/advance care directives had not been checked on Care consultation documents indicating it had not been discussed at review.
* Two lifestyle care plans did not include consumer goals.
* Discussions relating to palliative care needs and advance care directives is included on the six-monthly Care consultation checklist. In relation to the service’s approach to discussing end of life planning Clinical staff indicated:
* they have not been required to have any conversations about palliative care needs and advance care directives within the last six months or to reconfirm consumers’/representatives’ preferences;
* when consumers reach end of life, the nurse on shift at the time will develop the palliative care plan and it is up to the staff providing care to determine when the right time for this will be.

The service was found Non-compliant with Requirement (3)(b) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate assessment and planning processes focussed on consumers’ actual needs and preferences to inform the development of associated and appropriate care strategies. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Updated care plans to include goals and preferences and goal setting is now discussed as part of the care plan development and evaluation process.
* Implemented an admission assessment schedule and developed a care plan schedule.
* Training provided to staff relating to development of lifestyle plans, and additional hours have been allocated to lifestyle staff for reviews.
* Commenced audits to monitor care plan reviews and processes to rectify identified gaps.
* Introduced Care plan of the week to seek feedback from staff and ensure staff are familiar with care plan changes.
* Completed a diabetes audit and reviewed care plan directives with the introduction of a Diabetic monitoring tool.
* Reviewed advance care directives. A plan is in place to update advance care documentation on a needs basis and during care plan evaluation.

The provider did not dispute the Assessment Team’s recommendation and have developed a Compliance action plan directly addressing the deficits identified in the Assessment Team’s report. Actions planned and/or completed include, but are not limited to:

* Education for staff relating to palliative care planning and assessments, including entry assessments.
* Palliative care plans to be completed for all consumers.
* Palliative care to be added to admission schedule.
* Care consultation documentation to be amended to include confirmation of discussion of end of life planning and palliative care needs/advance care planning.
* Lifestyle care plans to be amended to include consumer goals.

I acknowledge the provider’s response and actions planned and/or completed in relation to the Assessment Team’s report and recommendation. Additionally, I acknowledge the actions taken in response to the Non-compliance identified following the Site Audit conducted 27 January 2021 to 29 January 2021. However, I find at the time of the Assessment Contact, assessment and planning did not consistently identify and address consumers’ goals, needs and preferences in relation to advance care planning and end of life planning.

In coming to my finding, I have considered that goals, needs and preferences relating to advance care planning, end of life planning and care expectations had not been documented in care files or routinely discussed during care consultation processes in line with the service’s process for three consumers. Additionally, senior clinical staff indicated conversations relating to palliative care needs and advance care directives or reconfirming consumers’ preferences had not been required in the past six months. The service should seek to engage consumers in discussions relating to end of life planning and advance care planning on a regular basis to ensure consumers’ end of life experience is in line with their needs and preferences.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Non-compliant with Requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers.

### 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.*

The service was found Non-compliant with Requirement (3)(c) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate assessment and planning processes actively involved consumers and representatives. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Consumer care plans are being developed and reviewed in consultation with consumers and/or others the consumer wishes to be involved.
* Introduced a Care plan consultation document and commenced care discussions with consumers and family members, with feedback given to relevant services for follow up.
* Discussed care planning at consumer meeting forums.
* Reviewed and distributed policies and procedures relating to care planning.
* Documented Partnership in care arrangements in care plans.
* Undertaking weekly High risk meetings to monitor consumers with high care needs and introduced a Health and well-being meeting.

Information provided to the Assessment Team by representatives and staff through interviews and documentation sampled demonstrated:

Consumer files sampled and information provided by consumers, representatives and staff through interviews demonstrated assessment and planning is based on ongoing partnership with consumers and others consumers wish to be involved and includes other organisations and providers that are involved in the care of consumers.

Care plans reflected assessment and recommendations from Medical officers, external providers of care and allied health specialists. Clinical staff described consultation processes with consumers and/or representatives in relation to care plan review processes and notification to representatives in response to consumer incidents or changes in health and condition.

Progress note demonstrated representatives are promptly notified following consumer incidents, changes to health or care and following Medical officer reviews. A representative described being involved in care plan reviews and consultation and was satisfied with communication processes in relation to the consumer’s care.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers.

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

The Assessment Team were not satisfied the service demonstrated care plans are made available to the consumer and/or representative. The Assessment Team’s report provided the following evidence relevant to my finding:

* Two representatives described involvement in care plan reviews, however, neither recalled viewing or being made aware of the presence of the care plan.
* Clinical staff indicated care plans would be ideally reviewed with representatives during visits to the service. However, this was not always possible and they would attempt to call representatives and undertake the review by phone if they could.
* Clinical staff stated they do not offer a copy of the care plan to consumers or representatives.
* The Assessment Team asked how consumers or representatives would know about the presence of a care plan to ask to view it. Clinical staff were unable to provide an answer.
* Management indicated the availability of care plans had been discussed at consumer and representative meeting forums and minutes of the meetings were sent to all representatives.
* Minutes of the Representatives meeting undertaken in July 2021 indicated “representatives will be involved in the six monthly process”.
* The minutes did not reflect advice indicating a copy of the care plan was able to be made available to consumers and representatives.

The service was found Non-compliant with Requirement (3)(d) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate care plans were accurate and up-to-date to support effective and safe delivery of care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented a process to ensure care plans are updated and reflective of consumers’ assessed needs and to provide clear instruction to support the needs, goals, safety and individual preferences of consumers.
* Care plans of consumers identified in Site Audit report have been reviewed and updated to rectify omitted information.
* Root cause analyses are completed following critical incidents, added to the critical review/high risk register log and outcomes discussed at staff meeting forums.
* Discussed care plan assessment and process at the representative meeting forum.

The provider did not dispute the Assessment Team’s recommendation and have developed a Compliance action plan directly addressing the deficits identified in the Assessment Team’s report. Actions planned and/or completed include, but are not limited to:

* Education relating to development of the care plan and process involved, including consultation six-monthly and as required raised at consumer and representative meeting forums.
* Consumers and representatives notified that care plans are available for them to access on request.
* Modification to the Care evaluation form to include confirmation that consumers and/or representatives have been informed that the care plan is available to them.
* Education to senior clinical staff relating to care plan consultation and discussions with consumers and/or representatives regarding care plan availability.

I acknowledge the provider’s response and actions planned and/or completed in response to the Assessment Team’s report and recommendation. Additionally, I acknowledge the actions taken in response to the Non-compliance identified following the Site Audit conducted 27 January 2021 to 29 January 2021. However, I find at the time of the Assessment Contact, consumers and/or representatives were not routinely involved in the care plan review process, including involvement in discussions relating to consumers’ care and service needs and preferences or supported to understand and have ownership of the care plan as they are entitled to have.

In coming to my finding, I have considered that while two representatives recalled being involved in care plan review processes, neither recalled viewing or being made aware of the presence of the care plan. Additionally, the senior clinical staff member responsible for undertaking care plan reviews stated they do not offer a copy of the care plan to consumers or representatives and could not articulate how consumers or representatives would know about the presence of a care plan to ask to view it.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Non-compliant with Requirement (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

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

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

The service was found Non-compliant with Requirement (3)(e) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate assessment and planning processes actively involved consumers and representatives. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented a clinical follow up form to track feedback instructions from Medical officers and allied health specialists as well as consumer and representative feedback.
* Withdrawn carer documentation, and Medical officers’ documentation is captured separately to progress notes.
* Transferred responsibility for care plan review processes and implemented a care plan review schedule.
* Training provided to staff on incident documentation to ensure all incidents are captured and reviewed.
* Commenced monitoring of consumer outcomes, feedback and clinical indicators through monthly meeting forums and an audit schedule has been created and implemented to ensure quality.

Information provided to the Assessment Team by representatives and staff through interviews and documentation sampled demonstrated:

The service demonstrated processes to ensure care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of consumers. A representative indicated they are contacted by staff in relation to care plan reviews and consumer incidents or changes to health. They stated their feedback is sought and listened to and they feel confident approaching staff.

Care files demonstrated care plans are updated in response to change in consumers’ circumstance and following incidents. Consumers are reviewed by allied health specialists following falls and reassessments are completed. Clinical staff stated care plan reviews are undertaken six-monthly or in response to incidents or changes in consumers’ care or service needs. Care staff stated they report changes to consumers’ health or well-being to clinical staff.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as seven of the seven Requirements assessed have been found Compliant.

The purpose of the Assessment Contact was to assess the performance of the service in relation to all seven Requirements in Standard 3 Personal care and clinical care. These Requirements were found Non-compliant following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate:

* each consumer was provided with effective personal or clinical care, which was best practice, tailored to their needs or optimised their health and well-being;
* effective management of responsive behaviours of two consumers which negatively impacted other consumers and staff;
* practices and processes which ensured the comfort of consumers in the terminal phase of life was maximised;
* appropriate action and follow-up for a consumer who exhibited changes in their continence, mental health and physical health needs;
* consumers’ care plans reflected relevant information to support their needs, goals and preferences;
* staff referred consumers to Medical officers and/or health specialists in response to changes in health conditions and/or as clinically indicated; and
* effective monitoring processes to enable staff to identify potential infectious outbreaks or to monitor outcomes for consumers with actual or potential infections.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended all seven Requirements in Standard 3 Personal care and clinical care met.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in the specific Requirements below.

### Assessment of Standard 3 Requirements

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

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

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

The service was found Non-compliant with Requirement (3)(a) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate each consumer was provided with effective personal or clinical care, which was best practice, tailored to their needs or optimised their health and well-being. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* All consumers with identified weight loss have been reviewed by a Dietitian for dietary needs and a menu review has been completed.
* Consumers with weight loss and/or swallowing concerns have been reviewed by a Speech pathologist.
* Training provided to staff in relation to assessment of malnutrition, the International dysphagia diet standardisation initiative and pain.
* Improved communications in relation to changes in consumers’ dietary needs for care, clinical and kitchen staff.
* Completed a dietary audit to review information in care plans against information held by the kitchen staff.
* Updated the restrictive practice policy, completed a review of current consumers and completed restraint assessments.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

The service has processes to ensure each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. Consumers and representatives expressed satisfaction with care provided, including in relation to activities of daily living, diabetes and cognitive decline.

Care files demonstrated identification of consumers’ personal and clinical care needs, including through use of validated risk assessment tools, such as for falls, depression, sensory and malnutrition. Additionally, care files demonstrated reportable parameters for blood glucose levels were identified and referrals to allied health specialists had occurred in response to weight loss. Appropriate assessment and management processes were also noted in relation to restrictive practices, skin integrity, including wounds and pain management.

A new suite of policies has recently been introduced to guide staff practice in relation to clinical and care management, and staff confirmed they use the policies to guide care and services. Clinical staff stated they review consumer files and progress notes, and undertake observations daily to identify any concerns with consumers. Care staff described how they receive updates relating to changes in consumers’ care and service needs, including through handover processes and care plan documents.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

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

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

The service was found Non-compliant with Requirement (3)(b) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service did not effectively manage the responsive behaviours of two consumers which negatively impacted other consumers and staff. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implementing a High risk resident management framework and Register with weekly meetings to monitor strategies and progress of identified consumers.
* Assessed consumers with responsive behaviours, identified triggers and strategies, developed Behaviour support care plans and initiated referrals to specialist behaviour services.
* Reviewed the Lifestyle program in relation to the evening sundowners program. Created busy boxes and added additional evening shift carer hours to assist with management of consumers with challenging behaviours.
* Formed Serious Incident Response Scheme (SIRS) reporting and training and reviewed incident forms to meet SIRS requirements.
* Training provided to staff relating to elder abuse, legislative reporting obligations, effective behaviour management, manual handling and falls prevention, wound care and continence.
* Reviewed psychotropic medication use and undertaken discussion with staff in relation to requirements to document strategies trialled prior to use.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

The service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. A representative described changes made to a consumer’s care following review by specialist services and improvements they had observed in the consumer.

Care files demonstrated consumers’ high impact or high prevalence risks are identified through assessment processes, including validated risk assessments, and appropriately managed. Examples of high risk or high risk prevalence risks demonstrated through consumer files included skin integrity, falls management, continence, diabetes and challenging behaviours. Where high risk or high prevalence risks are identified, additional monitoring and reassessment had occurred, management strategies reviewed and referrals to Medical officers and/or allied health specialists initiated.

Staff were familiar with consumers assessed as high risk and strategies to manage risks in line with consumer care plans. Clinical staff described assessment processes used to identify consumer risks and were familiar with consumers with specialised nursing care requirements, including those requiring oxygen and catheter care.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

### 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.*

The service was found Non-compliant with Requirement (3)(c) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service did not consistently demonstrate practices and processes which ensured the comfort of consumers in the terminal phase of life was maximised. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Creating advance care directives for admission or pre-admission review to ensure consumers’ wishes are documented.
* Undertaking regular assessment of pain to identify change in consumers’ pain needs.
* Consumers with unmanaged pain are being referred to the Medical officer for review and are monitored through handover and meeting forums.
* Training provided to staff relating to pain management and palliative care.
* End of life care is being monitored through file review and representative feedback.
* Access to palliative care specialists is being arranged to support Registered nurses and Medical officers.
* Reviewed palliative care documentation, including the care plan and a check sheet for subcutaneous medication infusion pumps.

Information provided to the Assessment Team by representatives and staff through interviews and documentation sampled demonstrated:

The service has processes to ensure the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. A representative, whose family member had passed away at the service, expressed gratitude for the care provided to the consumer.

A care file sampled for a consumer who recently passed included a 7-step pathway identifying the consumer’s advance care directives, a Palliative care plan reflecting the consumer’s personal goals for palliation and care needs and evidence of consultation with the consumer’s family and Medical officer. Progress notes demonstrated the consumer was closely monitored and changes made to care in response to their deteriorating condition.

Staff described the importance of the palliative care plan and ways in which they provide care to consumers to ensure comfort is maximised and dignity preserved. Consumers identified as deteriorating, transitioning towards or receiving end of life care are monitored on an ongoing basis through High risk resident meetings.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(c) in Standard 3 Personal care and clinical care.

### 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.*

The service was found Non-compliant with Requirement (3)(d) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate appropriate action and follow-up for a consumer who exhibited changes in their continence, mental health and physical health needs. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented a High risk resident management framework and introduced regular meetings to review consumers identified as high risk.
* Included consumers with mental health issues in the high risk register for review and management.
* Referred consumers identified with high risks to specialist services and incorporated recommendations and management strategies into care plans.
* Connected with a Geriatrician for telehealth consultations, with two consumers initially referred and reviewed.
* Consumers with identified issues requiring review were assessed, reviewed and care plans updated.

Information provided to the Assessment Team by representatives and staff through interviews and documentation sampled demonstrated:

The service has processes to ensure deterioration or change of consumers’ mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Representatives stated they are notified of any changes to consumers, even minor matters, they are kept well informed and indicated they feel confident staff identify changes.

Consumer progress notes and charts are monitored on a daily basis ensuring further assessments or investigations are initiated in a timely manner. Care files demonstrated changes to consumers’ health are identified and appropriate action is taken. Actions included referrals to allied health specialists, review and/or development of management strategies and implementation of additional monitoring processes. Care staff said they know consumers well and can identify when they are not their usual selves; they will alert clinical staff for assessment and follow-up.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(d) in Standard 3 Personal care and clinical care.

### 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.*

The service was found Non-compliant with Requirement (3)(d) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found consumers’ care plans did not reflect relevant information to support their needs, goals and preferences. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Conducting a full review of consumers’ care plans to ensure they are reflective of current assessed needs and provide clear instruction to support health, safety and well-being of the consumer.
* Developed a feedback summary and verbal handover process between visiting allied health and nursing staff.
* Reviewed staff handover processes and implemented a seven-day handover process.
* Adjusted the carer roster to ensure care staff receive handover.
* Introduced Care plan of the week to allow care staff to review and provide feedback on selected care plans.
* Training provided to staff relating to incident reporting and documentation.
* Implemented monitoring of incidents for trends through various meeting forums.
* Implemented a clinical audit schedule.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

The service has processes to ensure information about consumers’ condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. Representatives indicated staff are familiar with consumers and any concerns raised in relation to consumers are followed up by staff.

Consumer files demonstrated involvement of allied health specialists in consumers’ care. Care and clinical staff described how they are kept up-to-date with changes in consumers’ care and service needs, including through handover processes and meeting forums.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(e) in Standard 3 Personal care and clinical care.

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

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

The service was found Non-compliant with Requirement (3)(d) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate that staff refer consumers to Medical officers and/or health specialists in response to changes in health conditions and/or as clinically indicated. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented weekly High risk resident meetings to monitor and manage consumers identified at risk.
* Conducting daily review of all charting and progress notes to ensure consumers are referred to Medical officers as required.
* Reviewed policies and procedures in relation to diabetes management and deteriorating condition.
* Training provided to staff relating to diabetes.
* Reviewing impact of not having available Medical officers after hours.

Information provided to the Assessment Team by representatives and staff through interviews and documentation sampled demonstrated:

The service demonstrated timely referrals to individuals, other organisations and providers of other care and services. A representative indicated the consumer is reviewed regularly by the Medical officer and could be seen promptly if required. Additionally, the representative provided examples of the consumer being reviewed by allied health specialists in response to increased agitation resulting in improved health.

Care files demonstrated consumers are referred to Medical officers and/or allied health specialists as required. Additionally, documentation demonstrated where changes to consumers’ care and service needs occur in response to referrals, recommendations are initiated and reassessments occur.

Clinical staff stated all consumer files and progress notes are reviewed on a daily basis to identify consumers requiring reassessment, review and referral to Medical officers or allied health specialists. Additionally, clinical staff indicated regular Medical officer clinic days are held at the service and there are processes to contact Medical officers between these days as required.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(f) in Standard 3 Personal care and clinical care.

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

*Minimisation of infection related risks through implementing:*

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

The service was found Non-compliant with Requirement (3)(g) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate effective monitoring processes to enable staff to identify potential infectious outbreaks or to monitor outcomes for consumers with actual or potential infections. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Appointed an Infection prevention and control lead.
* Training provided to staff relating to COVID-19, outbreak management, donning and doffing, hand hygiene, detecting and managing urinary tract infections and safe food handling.
* Implemented an Antimicrobial stewardship policy.
* Reviewed cleaning procedures and purchased new cleaning trolleys.
* Arranging access to online pathology service results.
* Updated the COVID-19 plan in line with Department of Health requests.

Information provided to the Assessment Team by representatives and staff through interviews and documentation sampled demonstrated:

The service has processes to minimise infection related risks, including through implementation of standard and transmission based precautions to prevent and control infection and practices to promote appropriate antibiotic prescribing and use. Two representatives indicated there can be delays in commencing antibiotics for suspected infections, however, understood this was due to samples being required first.

Staff are provided training in relation to COVID-19, handwashing and donning and doffing of personal protective equipment. Antibiotic use is monitored and reviewed on a monthly basis through relevant meeting forums. Additionally, infection rates are monitored and reviewed on a monthly basis to identify trends. Documentation related to a recent outbreak demonstrated correspondence with consumers, representatives, staff and the Communicable Disease Control Branch occurred, additional monitoring and observations of consumers was undertaken and clinical indicators were reviewed at the conclusion of the outbreak to identify trends. Management stated identified learnings from this outbreak will assist to refine current outbreak protocols.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(g) in Standard 3 Personal care and clinical care.

# STANDARD 4 Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The Assessment Team assessed Requirement (3)(d) in Standard 4 Services and supports for daily living as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

Requirement (3)(d) in Standard 4 was found Non-compliant following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found that while staff were aware of consumers’ individual needs and articulated specific needs, goals and preferences, this information had not always been documented in care plans to ensure effective communication within the organisation. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(d) met.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(d) in Standard 4 Services and supports for daily living. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 4 Requirements

### 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.*

The service was found Non-compliant with Requirement (3)(d) following an Site Audit conducted 27 January 2021 to 29 January 2021 where it was found while staff were aware of consumers’ individual needs and could articulate specific needs, goals and preferences, this information had not always been documented in care plans to ensure effective communication within the organisation. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented a Leisure and lifestyle coordinator position.
* Reviewed consumers’ lifestyle care plans and developed a six-monthly lifestyle care plan review schedule.
* Developing personalised lifestyle calendars to reflect consumers’ preferred activities. All calendars are expected to be implemented by the end of September 2021.

Information provided to the Assessment Team by consumers and staff through interviews, observations and documentation sampled demonstrated:

The service has processes to ensure information about the consumer’s condition, needs and preferences is communicatedwithin the organisation, and with others where responsibility for care is shared. Consumers were satisfied their needs and preferences had been identified and were known by staff.

Care files included information about consumers’ conditions, needs and preferences and this information was reflected in consumers’ care plan and lifestyle activities plan. Care plans also included information relating to consumers’ background, hobbies, interests and spiritual and emotional needs and preferences. Staff confirmed they have access to information relating to consumers and were observed accessing consumer information throughout the Assessment Contact.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(d) in Standard 4 Services and supports for daily living.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Requirement (3)(b) in Standard 5 was found Non-compliant following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found that while the service environment was clean, well-maintained, comfortable and allowed consumers to move freely both indoors and outdoors, the service environment was not always safe for consumers living with cognitive impairment. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(b) met.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 5 Requirements

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

*The service environment:*

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

The service was found Non-compliant with Requirement (3)(b) following an Site Audit conducted 27 January 2021 to 29 January 2021 where it was found that while the service environment was clean, well-maintained, comfortable and allowed consumers to move freely both indoors and outdoors, the service environment was not always safe for consumers living with cognitive impairment. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Installed keypads at nurses’ station doors to ensure consumers’ files are secured and only accessible to relevant personnel.
* Installed door closers and keypads at treatment and oxygen room doors, accessible to staff with access codes.
* The medication room is locked, and only accessible by clinical staff and management with a key. A door closer has been installed.

Information provided to the Assessment Team by consumers and staff through interviews, observations and documentation sampled demonstrated:

Consumers considered the service environment to be safe, comfortable, clean and well maintained and stated they can move freely throughout the service and access outdoor areas.

A cleaning program is in place, and staff were observed cleaning and maintaining the service environment and consumer rooms throughout the Assessment Contact. Corridors were free from clutter enabling consumers to navigate around the service safely. Security measures, including keypads located at the service entrance and the nurses stations ensure the safety of consumers is maintained.

Maintenance records demonstrated reactive and preventative maintenance processes are in place and include processes relating to electrical testing and tagging, maintenance of fire suppression equipment and pest control.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The Assessment Team assessed Requirements (3)(c) and (3)(d) in Standard 6 Feedback and complaints as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

Requirements (3)(c) and (3)(d) in Standard 6 were found Non-compliant following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate effective systems for following-up complaints, implementation of an open disclosure process where required or that feedback and complaints were used to improve the quality of care and services for consumers. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirements (3)(c) and (3)(d) met.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirements (3)(d) and (3)(d) in Standard 6 Feedback and complaints. I have provided reasons for my finding in the specific Requirements below.

## Assessment of Standard 6 Requirements

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

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

The service was found Non-compliant with Requirement (3)(c) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate effective systems for following-up complaints or implementation of open disclosure processes where required. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Complaints are listed on the complaints register which includes investigation, consultation and actions taken to resolve complaints.
* Complaints/feedback are standing items at consumer meeting forums meetings with Board members attending.
* Implemented an Open disclosure policy to guide staff practice and provided training to staff.
* Conducted a Consumer experience survey in July 2021 which indicated consumers were very satisfied with the complaints handling process.

Information provided to the Assessment Team by consumers and staff through interviews and documentation sampled demonstrated:

The Assessment Team were satisfied appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers felt encouraged and supported to provide feedback and make complaints, and that appropriate action is taken. Consumers said they raise issues at meeting forums or speak directly with staff and indicated complaints raised are actioned and resolved to their satisfaction.

Staff indicated they are encouraged to acknowledge mistakes and have received training in relation to open disclosure. Management described how consumers and/or representatives are informed when things go wrong and described use of open disclosure process in relation to a recent incident.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(c) in Standard 6 Feedback and complaints.

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

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

The service was found Non-compliant with Requirement (3)(d) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate feedback and complaints were used to improve the quality of care and services for consumers. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* The 2021 complaints register includes fields related to the complaint, complaint status, person actioning and actions/outcomes.
* Complaints are categorised on the register and trends are analysed and reported through monthly meeting forums.

Information provided to the Assessment Team by consumers and staff through interviews and documentation sampled demonstrated:

The service has processes to ensure complaints are reviewed and used to improve the quality of care and services. Consumers provided examples of how feedback and issues raised had been resolved to their satisfaction to improve their care.

Complaints are collated and analysed on a regular basis to assist to identify trends and improvement opportunities and are reported through various meeting forums. Management provided examples of improvements to care and services made in response to complaints and feedback received.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(d) in Standard 6 Feedback and complaints.

# STANDARD 7 Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Assessment Team assessed Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in Standard 7 Human resources as part of the Assessment Contact. All Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in Standard 7. These Requirements were found Non-compliant following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate:

* staffing numbers were sufficient to ensure the effective delivery and management of care and services;
* staff had the skills and knowledge required for their roles;
* staff were supported in their day-to-day practice to improve outcomes for consumers; and
* the service’s performance appraisal processes had been effective.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirements (3)(c), (3)(d) and (3)(e) met. However, the Assessment Team were not satisfied actions implemented have sufficiently addressed the deficits identified in relation to Requirement (3)(a) and have recommended this Requirement not met. In relation to Requirement (3)(a) the Assessment Team were not satisfied the service demonstrated the workforce was planned to enable the delivery and management of safe and quality care and services.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in Standard 7 Human resources. I have provided reasons for my finding in the specific Requirements below.

## 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.*

The Assessment Team were not satisfied the service demonstrated the workforce is planned to enable the delivery and management of safe and quality care and services. The Assessment Team’s report provided the following evidence relevant to my finding:

* Consumer A indicated staff do not always answer their call bell promptly.
* Three days prior to the Assessment Contact, the consumer indicated they waited 20 minutes for assistance for toileting. Staff answered the call bell and stated they were busy and would be back in 10 minutes, however, they didn’t return.
* Call bell data for a 32 day period showed 159 call bell activations. A wait time of 33 minutes was recorded on one occasion, all other calls were under 10 minutes with an average response time of 2.8 minutes.
* There were eight occasions where the consumer has activated the call bell repeatedly within a short time period.
* The consumer stated they had not discussed the matter with management.
* Consumer B indicated they sometimes wait for call bells, particularly around lunch time and had recently experienced an incontinent episode.
* Call bell data for a 31 day period a wait time of 12 minutes was recorded on one occasion, the majority of all other calls were under 10 minutes.
* A call bell in the ensuite was noted to have been activated twice within six minutes on one occasion.
* Management stated they were not aware of the repeat call bells for Consumers A and B and the practice of turning the call bell off and not responding to requests was impacting the consumers’ continence care needs.

The service was found Non-compliant with Requirement (3)(a) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate staffing numbers were sufficient to ensure the effective delivery and management of care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Appointed a Clinical nurse and Support nurse.
* Reviewed agency staff usage.
* Implemented trial of extended shifts for two care staff rosters over lunch time shifts.
* Reviewed catering and care worker roles during meal service.
* Use of a Registered nurse every morning and an Enrolled nurse for afternoon shifts.
* Introduced a short messaging service to contact staff.
* Developed a projected roster incorporating Registered nurse on site 24/7.

The provider did not dispute the Assessment Team’s recommendation and have developed a Compliance action plan directly addressing the deficits identified in the Assessment Team’s report. Actions planned and/or completed include, but are not limited to:

* Staffing review and ongoing recruitment of casual staff to manage staffing shortfalls.
* Education to staff relating to cancellation of call bells and not attending to consumers in a timely manner.
* Daily review of call bell wait times to continue.
* Inclusion of instructions in the Call bell policy and procedure to review for repeated call bell activation within a short time period and for appropriate follow-up from these findings, including investigation into cause and impact.
* Call bell wait times to be discussed at consumer and representative meeting forums.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. In coming to my finding, I have considered that the evidence presented does not indicate systemic issues with the number and mix of staff or the ability of staff to deliver and manage safe and quality care and services.

I acknowledge feedback from Consumers A and B indicating they did not consider call bells were answered promptly, however, call bell data did not indicate this was a regular occurrence. Call bell data demonstrated both Consumer A and B had only one call bell response each recorded over 10 minutes in an approximate 32 day period with the majority of call bell responses under 10 minutes. I have also considered that while feedback from Consumers A and B and call bell data indicates call bells are turned off prior to attending to consumers’ needs, the call bell data does not demonstrate this is a systemic issue. However, I would encourage the service to consider monitoring for frequent call bell activations over a short time period and following up with the consumers concerned to determine reasons and impact.

In coming to my finding for this Requirement, I have considered information in the Assessment Team’s report indicating most sampled consumers and representatives considered consumers get quality care and services from people who are knowledgeable, capable and caring. One representative stated staff turnover had been high, however, staff now appeared more settled. All care staff sampled indicated they generally have enough time to meet consumers’ needs. Call bell data is monitored on a daily basis and there are processes to follow up with consumers and staff for responses exceeding 10 minutes. A call bell audit report for a two week period in August 2021 showed less than 1% of calls were responded to over 10 minutes. Feedback data demonstrated no complaints had been received in relation to staffing over the past six months.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(a) in Standard 7 Human resources.

### 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.*

The service was found Non-compliant with Requirement (3)(c) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate staff had the skills and knowledge required for their roles. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Clarified and updated onboarding processes, incorporating the development of checklists for new casual and agency staff.
* Reviewed performance management processes and staff monitoring.
* Introduced buddy shifts and dedicated orientation shifts for clinical and care staff.
* Use of reflective practice in relation to incidents and performance.
* Reviewed Human resource policies and duty statements.
* Updated the training plan incorporating training objectives, delivery methods, training evaluation methods and outcomes with progress reviewed weekly.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

The service has processes to ensure the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Most consumers and representatives said consumers are happy at the service and with the level of care provided. Consumers indicated staff are competent, trained and know their needs, likes and dislikes and care is provided in accordance with their needs.

Management described introduction of induction checklists, review of position descriptions, buddy shifts and use of probationary review processes to determine staff competence, as well as using information gathered through feedback, audits and surveys. There are minimum qualification requirements for clinical and care staff and practical assessments, including in relation to medication administration and manual handling to assess competence of staff.

Staff confirmed induction processes are undertaken on commencement of employment and they are provided ongoing training and assessment of skills and knowledge.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(c) in Standard 7 Human resources.

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

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

The service was found Non-compliant with Requirement (3)(d) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate staff were supported in their day-to-day practice to improve outcomes for consumers. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed recruitment procedures, including assessment of staff competencies during the probation period and development and use of the new staff onboarding checklist.
* Reviewed and updated job descriptions.
* Monitoring of staff practices through review of medication incidents, audit outcomes, staff appraisals, consumer feedback and surveys.
* Implemented a training plan incorporating objectives and evaluation outcomes to address deficits in staff knowledge, skill, and practice.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

There are processes to ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Consumers and representatives were satisfied regular staff were competent and know the needs of consumers.

Onboarding processes ensure staff are trained, equipped and supported to undertake their roles and new staff described performance review processes undertaken as part of the probationary period. Management stated consumer acuity is considered on entry and staff training needs are identified as part of this process. Staff sampled indicated they have received training in relation to a number of topics, including in relation to the Serious Incident Response Scheme and felt confident in identifying, escalating and reporting incidents. Training records demonstrated staff have received training in a range of mandatory and non-mandatory training.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(d) in Standard 7 Human resources.

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

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

The service was found Non-compliant with Requirement (3)(e) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate the performance appraisal processes had been effective. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Established a performance appraisal schedule. Each department head is responsible for performance appraisal status and outstanding training.
* Staff practice is monitored through audits, feedback, and surveys.
* Ongoing review of Human resources policies and procedures.
* Completed performance appraisals for department heads.
* Developed a staff appraisal schedule.

Information provided to the Assessment Team by management and staff through interviews and documentation sampled demonstrated:

The service has processes to ensure regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Performance reviews occur annually. A schedule has been established for ongoing staff and to identify outstanding performance appraisals.

Management described how staff performance is monitored, including through care files reviews, audits, direct observation, clinical indicators and consumer feedback and complaints. Staff confirmed annual performance appraisals are undertaken and new staff described the performance review process undertaken as part of the probation process.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(e) in Standard 7 Human resources.

# STANDARD 8 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

The Quality Standard is assessed as Compliant as five of the five Requirements assessed have been found Compliant.

The purpose of the Assessment Contact was to assess the performance of the service in relation to all five Requirements in Standard 8 Organisational governance. These Requirements were found Non-compliant following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate:

* consumers were actively involved in developing, delivery and evaluating care and services;
* the Board actively promoted a culture of safe, inclusive and quality care and services;
* effective governance systems;
* effective risk management systems and practices, specifically in relation to managing high impact or high prevalence risks associated with care of consumers or identifying and responding to abuse and neglect of consumers; and
* an effective clinical governance framework.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended all five Requirements in Standard 8 Organisational governance met.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 8 Organisational governance. I have provided reasons for my finding in the specific Requirements below.

## 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.*

The service was found Non-compliant with Requirement (3)(a) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate consumers were actively involved in developing, delivery and evaluating care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Consulted consumers and representatives about frequency and content of Resident meetings and communication processes.
* Consumers were satisfied with current communication, however, representatives were dissatisfied. As a result, Representative meetings have been implemented.
* Board members attend consumer and representative meetings and feedback is reported and discussed at monthly Board meetings.
* Consumer feedback and complaints are documented on a register, data trended monthly and reported at monthly meeting forums, attended by heads of departments, and Board meetings.
* Completed a Consumer experience survey which demonstrated overall satisfaction with care and services.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers and representatives felt the service was well run and described how they are engaged in development, delivery and evaluation of care and services, including through care plan review processes, meeting forums and feedback processes. One consumer described how feedback provided through meeting forums is considered by management and has resulted in improvements to services provided.

Management said consumers are encouraged and supported to have input into their care and services through care reviews and surveys. Staff regularly engage with consumers and seek input, including in relation to dining experiences, meals and group activities. Consumer and representative meeting minutes included discussions relating to legislative changes, clinical indicators, organisational changes and staffing.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(a) in Standard 8 Organisational governance.

### 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.*

The service was found Non-compliant with Requirement (3)(b) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate the Board actively promoted a culture of safe, inclusive and quality care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Board members have completed governance training, including in relation to the Quality Standards – governance, risk management, clinical governance, antimicrobial stewardship, open disclosure, elder abuse and mandatory reporting.
* Board members attend monthly consumer and representative meeting forums to increase communication and seek feedback.
* Reviewed organisational policies and implemented governance policies.
* Implemented monthly reporting and communication processes to the governing body from the Chief executive officer and Quality and residential care manager. Monthly key performance indicator reports are presented by the Chief executive officer and Quality and residential care manager and discussed at monthly Board meetings.
* The organisation’s strategic, business and diversity action plans are currently being reviewed by the Board.

Information provided to the Assessment Team by Board members, management and staff through interviews and documentation sampled demonstrated:

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. A Governance framework has been implemented and the governing body has embedded effective systems to promote safe and quality care and services and to monitor the performance of the service.

Board meeting minutes included discussions relating to workforce, clinical indicators and trends, complaints, reportable incidents, continuous improvement and financials. Minutes demonstrate the governing body provides direction, information and updates and seeks feedback from consumers, representatives, staff and management in relation to the delivery of care and services. Newly implemented monthly reporting processes assist the Board to satisfy itself the Quality Standards are being met.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

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

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

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

The service was found Non-compliant with Requirement (3)(c) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate effective governance systems, specifically in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

In relation to information management:

* Implemented a new suite of policies and procedures to ensure staff, management and the governing body have access to relevant information and guidance related to the Quality Standards and delivery of care and services.
* Implemented a care plan review process to ensure care plans are up-to-date.

In relation to workforce governance:

* Implemented a new organisational structure, including a new Clinical nurse role to provide clinical support.
* Implemented an additional Lifestyle coordinator role to provide supervision of lifestyle staff and ensure assessments and care planning are completed as required.
* Implemented a Creating a dynamic workforce suite of policies and procedures.
* Implemented a training plan to address the Non-Compliance identified at the Site Audit conducted 27 January 2021 to 29 January 2021. The plan will be ongoing and reviewed six-monthly.

In relation to feedback and complaints:

* Implemented new processes to seek feedback, including meetings and surveys.
* Training provided to staff relating to customer service and customer experience, including complaints management, communication and open disclosure.
* Implemented processes to ensure feedback and complaints are captured, documented in the register and followed up with the complainant.
* Implemented a Responding to consumer feedback and complaints suite of policies and procedures, including an Open disclosure policy.

In relation to continuous improvement:

* Implemented a new Plan for continuous improvement – Compliance action plan to address Non-compliance. Each Standard and Requirement is documented and includes issues, goals/actions, progress with the plan, person responsible, due date and actual completion date.
* Issues identified at the Site Audit have been documented and addressed, and have either been completed or in progress.
* Monitoring and trending feedback, complaints and incidents to inform continuous improvement.
* The organisation demonstrated how recent reportable incidents have informed improvements and provided an example of a recent improvement as a result of consumer feedback.

In relation to regulatory compliance:

* Following identification at the Site Audit conducted 27 January 2020 to 29 January 2020 that reportable incidents had not been reported in line with legislative requirements, the organisation reported the reportable incidents to the Commission, applied discretion not to report as required and documented the incidents in the mandatory reporting log.
* Training provided to staff, management and Board members in relation to incident reporting, including escalation processes, mandatory reporting and Serious Incident Response Scheme training, and elder abuse training.
* Implemented a Serious Incident Response Scheme register.

Information provided to the Assessment Team by management and staff through interviews and documentation sampled demonstrated:

The organisation demonstrated effective wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported on at a service and organisational level and to the Board.

Board meetings included reporting of recruitment and training activities, staffing mix and roster changes, agency use and Board endorsement of new positions. Financial delegations and budgets are in place and management provides a monthly financial report to the Board. Feedback and complaints are trended, discussed at meetings, reported to the Board and inform continuous improvement activities.

There are processes to monitor regulatory changes through updates from peak bodies, the Commission and Department of Health. These inform policy reviews and updates, for example, recent implementation of policies and procedures related to minimising restrictive practices and reportable incidents, including the Serious incident Response Scheme requirements.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(c) in Standard 8 Organisational governance.

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The service was found Non-compliant with Requirement (3)(d) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate effective risk management systems, specifically in relation to managing high impact or high prevalence risks associated with care of consumers and identifying and responding to abuse and neglect of consumers. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented a governance risk management framework, including a Risk management policy and procedure and an organisational risk register.
* Board members have completed risk management training.

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

* Implemented a Consumer risk management policy to provide guidelines for reducing consumer risks and a High-risk residents register to monitor consumers identified at risk.
* Training provided to clinical staff relating to clinical risk, including developing risk treatment plans, communication to staff and the clinical risk register.

In relation to identifying and responding to abuse and neglect of consumers:

* Implemented a Reportable incidents policy and procedure related to identification, reporting and investigation of reportable incidents, in line with Serious Incident Response Scheme legislative requirements.
* Training provided to staff relating to incident reporting, including the escalation process, Serious Incident Response Scheme and elder abuse.
* Training completed by Board members relating to elder abuse training and Aged Care Quality Standards – Governance training.

Information provided to the Assessment Team by management and staff through interviews and documentation sampled demonstrated:

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect; supporting consumer to live the best life they can and managing and preventing incidents, including the use of an incident management system. There are processes to ensure these areas are monitored and reported on.

A High-risk Resident register has been implemented to monitor consumers identified at risk, including in relation to falls, behaviours of concern, pressure injuries and wounds, weight loss, diabetes, clinical incidents, deterioration/changes, and palliative and respite consumers. The register is reviewed weekly and monitored and discussed at monthly meeting forums.

Staff provided examples of consumers currently supported to take risks, for example, using their motorised scooter outside the service, including risk assessments related to their mobility, diabetes and use of the scooter. Staff have completed assessment and care planning for consumers, including risk assessments and dignity of risk.

A Reportable incidents policy and procedure has been implemented which provides guidance to staff and management in relation to incident reporting and management processes, including reportable incidents requirements under the Serious Incident Response Scheme. All consumer incidents are documented on an incidents register, reported and discussed at monthly meeting forums, including Board meetings.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(d) in Standard Organisational governance.

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

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

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

The service was found Non-compliant with Requirement (3)(e) following a Site Audit conducted 27 January 2021 to 29 January 2021 where it was found the service was unable to demonstrate an effective clinical governance framework, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented a clinical governance framework, including:
* A Clinical governance policy and procedure encompassing antimicrobial stewardship, minimisation of restrictive practices and open disclosure.
* A Clinical incidents register enabling incidents to be monitored, clinical trends identified and preparation of monthly clinical reports and analysis.
* Board members have completed training related to clinical governance, antimicrobial stewardship and open disclosure.

In relation to antimicrobial stewardship:

* Implemented an Antimicrobial Stewardship policy and procedure.
* Training provided to staff relating to antimicrobial stewardship.

In relation to minimising the use of restraint:

* Completed a full audit of restrictive practices in use and implemented a Restraint register.
* New restrictive practices legislative requirements are currently being implemented, including development of Behaviour support plans and substitute decision makers.
* Implemented a Minimising restrictive practices policy and procedure reflective of legislative requirements.
* Training provided to staff relating to restrictive practices and restraint management.

In relation to open disclosure:

* Implemented an Open disclosure policy and procedure.
* Training completed by staff and Board members relating to open disclosure.

Information provided to the Assessment Team by representatives, management and staff through interviews and documentation sampled demonstrated:

The organisation demonstrated an effective clinical governance framework, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. There are processes to ensure these areas are monitored and reported on.

Clinical staff have completed a range of clinical education and a suite of clinical policies and procedures are available to guide clinical practices.

There are processes to monitor infections and antimicrobials and infection rates are monitored, collated and analysed for trends on a monthly basis. Data relating to infections and antimicrobial use is reported and discussed at various meeting forums and to the Board.

Representatives confirmed open disclosure processes had been implemented following consumer incidents, such as pressure injuries. Documentation sampled demonstrated open disclosure principles had been applied following to recent falls incidents. There are processes to monitor restrictive practices with data reported and discussed regular meeting forums.

For the reasons detailed above, I find Balaklava Mill Court Homes Inc, in relation to Balaklava Millcourt Homes, Compliant with Requirement (3)(e) in Standard 8 Organisational governance.

# Areas for improvement

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

**Standard 2 Requirements (3)(a), 3(b) and (3)(d)**

* Ensure staff have the skills and knowledge to:
* initiate assessments and update care plans where changes to consumers’ health are identified, including in relation to pain and nutrition and hydration, including weight loss.
* identify, document, monitor and review consumers’ end of life and advanced care planning wishes, needs and preferences.
* Ensure consumer care plans are updated in response to consumers’ changing condition.
* Ensure care plans are reviewed in consultation with consumers and/or representatives and care plan documents are made available to consumers and/or representatives on request.
* Ensure care plans are reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.