Baptistcare Moonya Nursing Home

Performance Report

59 Ipsen Street
MANJIMUP WA 6258
Phone number: 08 9771 8100

**Commission ID:** 7915

**Provider name:** Baptistcare WA Limited

**Site Audit date:** 22 February 2021 to 25 February 2021

**Date of Performance Report:** 10 June 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 26 March 2021
* other information and intelligence in relation to the service held by the Commission.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation (for alignment with the feedback from consumers) and tested staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

While most consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose, for one named consumer this did not occur. Most consumers felt valued and their privacy and dignity was respected, however, the dignity of one named consumer was not respected. Care and services were generally delivered in a culturally safe manner that respected and valued consumers’ culture and diversity. For one named consumer their cultural preferences were not supported. Consumers had choice over their decisions, could include who they wished in the development of their care and services and were supported to take activities of risk to live their best life at the service.

Consumers and their representatives stated the service respected consumers’ privacy and kept consumer private information confidential. Consumers were encouraged and supported to maintain connections and relationships that were important to them. Consumers confirmed the service communicated information in a clear manner they could understand that enabled them and their loved ones to make informed decisions.

Staff described the ways in which they valued consumers’ identities, culture and diversity and how they respected their privacy, dignity and choices they made. However, it was noted for one consumer staff did not respect the consumer’s identity. Care files reflected the different cultural needs and preferences of consumers and their individual choices for care and service delivery including supports to take risks to do the things they wished.

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

## Assessment of Standard 1 Requirements

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

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

The Assessment Team identified for one named consumer their emotional and psychological well-being was not effectively supported and brought forward these deficits in Standard 4 Requirement (3)(b). It is my decision the information relates more closely to the consumer not being treated with dignity and respect and their identity and culture was not valued. Therefore, I am considering the Assessment Team’s information under this Requirement.

For one named consumer with specific care needs and care planning directives required to respect their dignity and culture, these were not supported by staff at the service. The consumer requested not to be attended to by male staff on any occasion.

On three occasions between November 2020 and January 2021, male staff attended to the consumer’s care needs which triggered the consumer to display physical acts of aggression. Management confirmed the episodes of physical aggression were caused by male staff attending to the cares of the consumer. The consumer has also sustained falls when avoiding male staff assist them to get out of bed, this was confirmed by management.

The Approved provider’s written response to the Assessment Team’s findings includes a commitment to a comprehensive assessment and review of the consumer to be completed by 31 March 2021, to include clear communication and documentation regarding the consumer’s preference for female staff only. Rosters will be reviewed to support the consumer’s preference for female staff.

While I acknowledge the actions planned by the Approved provider to address these deficits, at the time of the site audit not all consumers were treated with dignity and respect and their identity and culture were not respected. Therefore, it is my decision this Requirement is Non-compliant.

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

Consumers and/or their representatives felt like partners in the ongoing assessment and planning of their care and services and outcomes of these were communicated and readily available to them. Representatives advised the service kept them informed of any incidents that occurred or changes in condition that may impact care and service delivery.

Care planning documentation demonstrated assessments inform the development of the care plan to guide staff practice for care and service delivery. However, risks to consumers’ health and well-being were not effectively identified through the assessment and planning process. Consumers at risk of falls, pain and deterioration of wounds were not identified and care planning strategies did not include appropriate interventions to support care delivery. Care and services were not reviewed regularly when circumstances changed or following incidents impacting on the needs, goals and preferences of the consumer.

Assessment and planning identified and addressed consumers’ current needs, goals and preferences in relation to advance care planning and end of life planning. Assessment and planning of care and services were undertaken in partnership with the consumer, and others the consumer wished to be involved. Where appropriate other organisations and providers of care were also involved in planning and assessment process.

The outcomes of assessment and planning were effectively communicated to consumers and documented in a care and services plan to guide delivery. Consumers stated outcomes of assessments were discussed with them and they could access their care plan.

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

## Assessment of Standard 2 Requirements

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

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

Assessment and planning processes were not effective in considering the risks to consumers’ health and well-being, and therefore have not informed the delivery of safe and effective care.

Four consumers have had negative care outcomes due to ineffective assessment and planning.

For one named consumer with a complex wound on their right heel and is at risk of falls, care planning directives do not include preventative strategies in relation to the care of their wound, falls prevention strategies or pressure relieving devices. While the Assessment Team observed a variety of falls prevention devices were in place for the consumer, these were not documented to guide staff practice. The consumer had a pressure relieving mattress in place however this was not included in care planning documentation. There was a lack of instructions to guide staff regarding protecting the consumer’s wound when providing hygiene care. The consumer has developed a second pressure injury.

The Approved provider in its written response has committed to a comprehensive clinical assessment and review of the consumer to be completed by 31 March 2021. The Approved provider refuted the information relating to a lack of instructions to provide the consumer with pain relief prior to wound care and demonstrated directives in the consumer’s specialised nursing section of their care plan directing staff to provide pain relief prior to wound care. I note however, in Requirement 3(3)(b) the Assessment Team noted the consumer was in pain despite pain relief being administered prior to wound care, and there was a lack of evidence to support the consumer’s medical officer was notified the consumer was in pain.

For a second named consumer with a chronic pressure injuring and altered skin integrity, assessment and planning processes have been ineffective in addressing the consumer’s skin integrity. While care planning directives instruct staff to check the consumer’s continence aid regularly, there is a lack of instructions relating to protecting the consumer’s skin with the use of a barrier cream, toileting schedule or review of suitability of continence aids. A pressure area risk assessment was incorrect and was not updated when the consumer’s the pressure area deteriorated in February 2021. The consumer frequently refuses to comply with pressure area care, however behaviour assessment or planning have not addressed this behaviour or provided staff with strategies to manage this behaviour.

The Approved provider in its written response has committed to a comprehensive clinical assessment and review of the consumer to be completed by 31 March 2021 and has not provided further commentary relating to the consumer.

A third named consumer was noted to be at high risk of falls and has sustained eight falls between November 2020 and January 2021, care planning directives did not include falls prevention directives. The Assessment Team observed falls prevention strategies in place in the consumer’s room despite the lack of strategies included in the consumer’s care plan. The consumer’s mobility care plan states the consumer is non-ambulant however behavioural care planning notes the consumer wanders at night, will not remain in bed and wanders into other consumers’ rooms. The consumer experiences anxiety when cared for by male carers, this has not been documented clearly in the consumer’s care plan and is contained in hygiene preferences only.

The Approved provider in its written response has committed to a comprehensive clinical assessment and review of the consumer to be completed by 31 March 2021 and has not provided further commentary relating to the consumer.

The fourth consumer had pain related to an abdominal hernia which has not been adequately assessed or addressed. Care planning for the consumer does not include pain management strategies. The consumer was last assessed for pain in December 2020. The consumer’s representative indicated staff do not provide the consumer with adequate pain relief and they intervene to ensure the consumer receives appropriate pain relief.

The Approved provider in its written response has committed to a comprehensive clinical assessment and review of the consumer to be completed by 31 March 2021 and has committed to provide additional training of staff in relation to pain assessment.

It is my decision this Requirement is Non-compliant as the risks to consumers were not effectively managed through assessment and planning processes.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

The Assessment team identified deficiencies relating to this re

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

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

I have come to a different decision to the Assessment Team regarding this Requirement. It is my decision care and services were not reviewed regularly when circumstances changed or when incidents impacted on the needs of consumers. Three consumers had experienced deterioration in their wounds which did not prompt assessment or the review of care and services. Care and services were not reviewed for two consumers with identified weight loss. Review of services did not occur for a consumer who experienced eight falls in a three-month period.

It is my decision the above information evidences care and services were not regularly reviewed when circumstances or incidents impacted on the needs of consumers. Therefore, it is my decision this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Consumers did not receive safe and effective care. While consumers provided positive feedback in relation to care and service delivery, this was not evidenced for all consumers. Consumers did not receive wound care as prescribed. Consumers with identified weight loss have not been referred or strategies implemented to address their weight loss. Falls management strategies have been ineffective in decreasing the risks of further falls. Behaviour management strategies have not been implemented for consumers who refuse care.

The high impact risk relating to complex wounds, nutrition, falls, infections and behaviours has not been managed effectively. Consumers have not received wound care as prescribed. Consumers have experienced weight loss which has not been addressed. Falls have continued to occur as mitigation strategies have not been implemented. Consumers who refuse care have not been assessed to mitigate the risk of care not being provided.

Documentation confirmed the needs, goals and preferences of consumers were documented for end of life and consumers confirmed staff discussed this with them. Consumers who have experienced deterioration or had changes in their condition were generally recognised through incident reports, progress notes and clinical handovers and action was generally taken in response to the changes or incidents including implementing strategies.

Information about consumers’ condition, needs and preferences was documented and communicated within the organisation, and with others where responsibility for care was shared. Consumers and representatives advised information about the consumer’s condition is effectively communicated between staff. Documentation confirmed information was communicated effectively with other providers of care.

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

### Assessment of Standard 3 Requirements

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

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

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

I have come to a different decision to the Assessment Team regarding this Requirement. While the Assessment Team recommended this requirement was met, I have considered the information in Requirement 3(3)(b) does not support the safe delivery of clinical care.

Consumers have not received wound care in accordance with directives. Consumers have experienced weight loss which has not been actioned. A consumer was in pain during wound care delivery. A consumer experienced eight falls over a three-month period.

I have noted the Approved provider has included several actions to address deficiencies in clinical care delivery and training of staff in its plan for continuous improvement.

It is my decision based on the information above, consumers did not receive safe and effective clinical care and therefore it is my decision this Requirement is Non-compliant.

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

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

High impact and high prevalence risks to consumers have not been effectively managed by the service. Consumers have experienced poor care delivery in relation to their complex wound care needs, nutrition needs.

For one named consumer the risk involved with their complex wound was poorly managed, causing negative impact to the consumer. The consumer was first noticed to have a wound to their right heel in July 2020, in less than three months the wound had become unstageable and was noted to contain maggots in October 2020. The service investigated these occurrences and identified significant systemic deficits in the management of the consumer’s wound leading to deterioration.

Despite the identification of significant systemic deficits identified by the service in relation to the consumer’s wound, the consumer continued to receive substandard wound care in relation to the risk of the wound deteriorating further. Between 14 December 2020 and 17 February 2021, the wound was not attended to as prescribed on six occasions, wound care was delivered later than prescribed, and on one occasion wound care was not delivered for eleven days. This is despite the consumer having been reviewed by a wound care specialist. The wound was not consistently monitored as measurements and photographs were not taken to monitor the healing process of the wound. Wound care products were not always listed to guide staff practice and wound care products were changed in the absence of a clinical decision directing the change of product. It was noted the consumer developed a new pressure injury to their sacrum on 24 February 2021, staging for the pressure injury was incorrectly recorded by registered staff and clinical staff were unaware why the pressure area had not been identified sooner.

The named consumer’s care planning did not contain directives in accordance with their needs including a directive from the occupational therapist to elevate the consumer’s heels was not included in care planning. The consumer was noted to have balance issues during hygiene care and a referral to the physiotherapist did not occur. Despite the consumer receiving pain relief prior to the provision of wound care, the consumer expressed pain during wound care in November 2020 which did not prompt a referral to their medical officer for a review of pain management strategies.

While the named consumer has been reviewed by a dietitian and is receiving dietary supplements, the consumer continues to lose weight and additional strategies to manger the risk of malnutrition including monitoring of the consumer’s intake have not been considered. Directives to assist the consumer with meals were not followed and the consumer was observed eating unassisted and not completing their meal.

The Approved provider in its response has committed to a comprehensive clinical assessment and review of the consumer to be completed by 31 March 2021 and has provided commentary the consumer was weighed in October 2020 but did not provide the recorded weight for the consumer to demonstrate either weight loss or gain. Management are seeking further advice from the consumer’s medical officer regarding further treatment options. Staff will be reminded to assist the consumer with their meals.

For a second consumer who has a chronic pressure injury to their buttocks who refuses pressure area care, strategies have not been considered how to increase the compliance of the consumer with pressure area care. Behavioural care planning strategies did not include any interventions to address the consumer’s refusal of care despite management being aware the consumer refuses to rest in bed in the afternoon.

Despite the consumer having a chronic pressure area the wound has not been reviewed by a wound specialist since November 2020. Monitoring processes have been ineffective in addressing the risk of the wound not healing. Wound measurements were not taken between January 2020 and September 2020. Wound care products have been changed in the absence of the clinical decision or reasoning.

The Approved provider in its response has committed to a comprehensive clinical assessment and review of the consumer to be completed by 31 March 2021. The Approved provider refuted the Assessment Team’s information relating to the consumer not being reviewed by a wound specialist since August 2020 and provided evidence the consumer was reviewed by the wound specialist in November 2020. I also note the consumer’s wound has deteriorated in February 2021 and there is an absence of evidence to support the deteriorating wound has been referred to the wound specialist.

The high impact risk of infection for a third named consumer was not effectively managed, the consumer sustained a deterioration to a service acquired skin tear with then required antibiotic therapy. The consumer sustained a large skin tear on 20 October 2020, while the wound was noted to be swollen and red, there is no evidence this was reported to their medical officer. The consumer was commenced on antibiotic therapy 11 days after the wound was sustained. The wound had deteriorated and doubled in size. The current wound chart indicates the wound is healing, I note this equates to a consumer having a skin tear which developed into a wound requiring treatment for more than four months at the time of the site audit.

The third named consumer sustained eight falls in a three-month period and the risk of the consumer sustaining further falls was not effectively managed since their first fall in November 2020. The risk of falls was further heightened due to staff practice as the consumer’s wheelchair brakes were not applied on two occasions causing falls and their sensor mat was not connected to alert staff the consumer had left their bed. While the consumer did not sustain injuries, it is noted pain assessment processes were not followed to assess the consumer for any pain associated with their eight falls. Management stated the most recent fall was caused when the consumer’s bed was moved away from the wall as this may have constituted restraint of the consumer. The risk associated with further falls had not been considered when moving the bed. Restraint authorisation or discussion with the consumer and/or their representative did not occur prior to the decision to move the consumer’s bed.

The third named consumer was noted to have lost 3.4kgs in a three-month period between August and November 2020. Evidence to support the risk of malnutrition was not identified and the consumer was not referred to a dietitian. Despite instructions for the consumer to be referred to a dietitian in December 2020, this has not occurred. Consideration of the consumer’s nutritional status affecting their capacity to heal the wound to their right lower leg has also not been considered.

Based on the information recorded above it is my decision the management of consumers with high impact or high prevalence risks has not been effectively managed. Therefore, it is my decision this Requirement is Non-compliant.

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

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

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

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

I note consumers have experienced deterioration which had not been addressed in a timely manner. I have considered this information and have placed weight of this information in Requirements 3(3)(a) and 3(3)(b).

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

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

### Requirement 3(3)(f) Non-Compliant

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

Referrals to individuals, other organisations, and providers of other care and services did not occur in a timely manner. The service’s policies were not followed by staff and consumers were not referred when a need was identified. Three consumers requiring referrals to specialist services were not referred in a timely manner or not referred at all.

One named consumer who experienced a change in their mobility, has a complex wound and experienced pain during wound care was not referred to either a physiotherapist, medical officer or wound care specialist in a timely manner. The named consumer experienced a weight loss of 15kg since May 2020 to January 2021, and was reviewed by a dietitian and supplements commenced, however further strategies including monitoring of their dietary intake has not occurred. Directives to assist and supervise the consumer while eating have not been followed by staff as the consumer was observed eating alone unsupervised and did not complete their meals. Despite the consumer experiencing balancing problems during hygiene care, they have not been referred to the physiotherapist for review. While the consumer is provided pain relief prior to their complex wound dressing, the consumer was noted to experience pain during wound care. This information has not been referred to their medical officer for review. Despite the consumer having a chronic complex wound to their right heel, there was insufficient documentation to support regular review by the wound care specialist. The wound care specialist last reviewed the consumer in January 2021 and the wound persists.

The Approved provider in its written response has committed to a comprehensive clinical assessment and review of the consumer to be completed by 31 March 2021. Education has been provided to staff in relation to timely referrals where the assessed need of the consumer indicates the referral.

A second named consumer with a chronic pressure injury to their buttocks has not been referred or reviewed by the wound care specialist since October 2020. The consumer’s wound has deteriorated and the consumer refuses pressure area care. Behavioural specialist services have not been accessed to review the consumer to enable alternate strategies to be considered.

The Approved provider in its written response has committed to a comprehensive clinical assessment and review of the consumer to be completed by 31 March 2021. Education has been provided to staff in relation to wound care and continence care and the implementation of timely referrals where the assessed need of the consumer indicates the referral. The Approved provider refuted the information brought forward by the Assessment Team and provided evidence the consumer was reviewed by a wound care specialist in October 2020. I also note the consumer’s wound has deteriorated in February 2021 and there is an absence of evidence to support the deteriorating wound has been referred to the wound specialist.

A third named consumer has not been referred to a dietitian despite losing weight and having a complex wound. The consumer lost 3.4 kgs in weigh between August and November 2020, at this time the consumer had a complex wound and consideration was not given to the impact of their poor nutritional status affecting their wound healing capacity. A request to refer the consumer to a dietitian in December 2020 was not actioned. The consumer also experienced eight falls between November 2020 and January 2021, despite these falls the consumer’s medical officer was not notified of all falls and the consumer was referred to the physiotherapist for review on one occasion. The Assessment Team viewed documentation, spoke with consumers and staff and found that not all policies provide guidance to staff for referrals to other providers, and when policies did include documentation on referrals to other individuals, organisations or providers, the policy was not consistently followed by the staff.

The Approved provider in its written response has committed to a comprehensive clinical assessment and review of the consumer to be completed by 31 March 2021. The Approved provider refuted the Assessment Team’s findings the consumer had not been referred to a dietitian and evidenced the consumer was reviewed by a dietitian on 22 February 2021, I am unable to determine the directives made by the dietitian as they were not provided by the Approved provider. The Approved provider also contests the consumer was not referred to allied health staff following their eight falls and evidenced referrals occurred on five occasions. The Approved provider has not demonstrated directives made by the allied health staff following these referrals.

Based on the information contained above, it is my decision timely and appropriate referrals did not occur for consumers requiring referral. Therefore, it is my decision this Requirement is Non-complaint.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The lifestyle program at the service did not meet the needs of consumers, the program has not optimised consumers’ independence, health and well-being or quality of life. Consumers are not satisfied with the variety of activities offered in the activity program.

Documentation does not support consumers are receiving their preferred lifestyle options. Staff did not have enough time to support consumers during group or individual activities.

Assessments identify consumers’ emotional, spiritual and psychological needs to promote their well-being. Consumer care files included the needs and preferences for the emotional and spiritual support for consumers and how this was to be delivered. The chaplain spent their time each week visiting consumers that receive individual therapy and consumers who were new to the service and those who were receiving palliative care.

Consumers and their representatives were confident information about their condition, needs and preferences that influence care and services was communicated with other providers of their care. Referrals to individuals and other organisations and providers of care were appropriate and actioned in a timely manner. Consumers were satisfied with the way the service engaged external service providers to meet their needs and preferences.

Consumers were satisfied with the food and enjoyed their dining experience. Hospitality staff described how they used consumer feedback to improve the dining experience and meet consumers’ preferences with meals.

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

## Assessment of Standard 4 Requirements

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

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

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

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

The Assessment Team brought forward concerns under this Requirement relating to a named consumer with specific emotional and psychological needs who was not supported in those needs causing a negative impact. I have considered this information and have decided this information refers to Standard 1 Requirement (3)(a) and I have detailed the relevant information in this Requirement.

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

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

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

Consumers have not been supported in activities of daily living. The lifestyle program at the service did not meet the needs of consumers, the program has not optimised consumers’ independence, health and well-being or quality of life. Consumers are not satisfied with the variety of activities offered in the activity program. Documentation does not support consumers are receiving their preferred lifestyle options. Staff did not have enough time to support consumers during group or individual activities.

Consumers were not satisfied with the range or availability of activities. Consumers provided feedback they were bored, did not like to attend group activities due to the noise level, but were not provided with alternatives. One consumer stated they sit in the dining room as there was nowhere else to go. Consumer representatives provided feedback regarding the activity program indicating there was a lack of staff to support the lifestyle preferences of the consumers and they observed minimal activities occurring.

Consumers have not received their preferred lifestyle options. Individual therapy sessions have not been provided for four consumers assessed as benefitting from individual sessions. For one named consumer noted to prefer quiet surroundings necessitating individual therapy, a lifestyle report indicated the consumer would be removed from the individual therapy program as they were experiencing increased activity levels, this is not in accordance with activity records or feedback from Chaplaincy staff.

Staff across several domains including care, nursing, lifestyle, allied health and volunteers provided feedback there was insufficient staff to deliver the lifestyle program in accordance with consumers’ needs and preferences. The Assessment Team observed a lack of self-directed activities for consumers, consumers sitting in armchairs not engaged in activities and consumers facing an empty kitchen servery rather than facing outdoor windows.

The Approved provider in its written response has accepted the feedback regarding the lifestyle program. Actions planned by the Approved provider to address these deficits include a full review of the lifestyle service in collaboration with consumers and staff. The service’s plan for continuous improvement notes this improvement would be completed by 31 May 2021. Education and training are to be provided to the lifestyle coordinator. The approved provider has noted the service is supported by a dedicated team of volunteers but has not documented how the volunteers will be used to improve lifestyle options at the service.

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers felt they belonged in the service and felt safe and comfortable in the service environment. Equipment used by consumers was well maintained. Consumers felt at home and were able to personalise their rooms with personal items and pictures. Consumers stated visitors were made welcome in the service and consumers stated they enjoyed living there.

The service environment was observed to be clean, uncluttered and easy to navigate. Indoor and outdoor areas were inviting, and furniture and fittings were fit for purpose with neat gardens and appropriate paths for consumers to navigate the service.

Effective processes were in place for preventative and responsive maintenance and there were contractors for other items that cannot be completed by the service.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers were encouraged and supported to give feedback and make complaints, and that appropriate action was taken following their feedback. Consumers and their representatives felt supported to provide feedback and make complaints and were confident management and staff would action their complaints. Consumers were able to access advocates as needed and staff described ways in which they supported consumers to access advocacy and language services.

The service used the feedback from consumers and representatives to improve care and service delivery and were able to provide examples of improvements implemented. The feedback and complaints process used open disclosure and staff were able to describe how they implemented this process.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Whilst the workforce was kind and caring, competent, trained and staff performance was regularly monitored, there was insufficient planned staff deployed to support the delivery of safe and effective care to consumers. Shifts were regularly unfilled across both care and clinical designations.

Consumers and/or their representatives were not satisfied with the sufficiency of staffing, particularly relating to the lifestyle program. Consumers had been impacted by staff shortages including monitoring and supporting consumers with challenging behaviours, provision of meals, supporting consumers who felt isolated and providing adequate lifestyle options.

While consumers and their representatives were content with staff performance and skills and felt confident staff were kind, caring and respectful, deficits in staff skills and knowledge have been noted in relation to following wound care directives, identifying weight loss and completing assessment and planning processes.

Staff were observed interacting with consumers in a kind and caring manner and documentation showed, where required staff were managed in relation to their performance.

Training documentation showed staff are regularly provided training and all staff were current with mandatory training requirements.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 number and mix of members of the workforce were insufficient to deliver safe and effective care and services. Consumers were not satisfied with the staffing levels at the service and this has impacted consumers by delays in care provision including meals and a lack of activities. Shifts were routinely not replaced, and staff were required to work with less staff than required.

Consumers have been affected by insufficient staffing, consumers experienced delays in meal provision, delays in call bell responses and the inability to attend or participate in their chosen lifestyle options. Consumers were observed to be seated in communal areas with no stimulation available on multiple occasions during the site audit.

Roster and staff allocation documentation evidenced the service did not have the full allocation of staff to deliver care and services. Care staff confirmed they had difficulty meeting the transfer, hygiene, toileting and meal assistance needs of consumers. This was confirmed through feedback for consumers and representatives regarding staffing levels.

The Approved provider has acknowledged the deficiencies in staffing and have commenced several strategies to recruit skilled staff to the service. The Approved provider has documented the difficulty of recruiting staff to the service due to the remote rural location of the service. The service has implemented an escalation process whereby vacant shifts are escalated to management who will prioritise care as per the consumers’ individual requirements and preferences. Recent recruitment of a Clinical Nurse and four registered nurses have commenced. Call bell response times are monitored, and any areas of concern are noted, and strategies implemented to address the concerns.

While I acknowledge the actions taken by the Approved provider to ensure adequate skilled staff to deliver care and services, this was not effective during the site audit and staff shortages impacted on the needs of consumers. It is my decision therefore; this Requirement is Non-compliant.

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

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

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

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

Nursing staff have not demonstrated competency in performing their roles. Consumers have been impacted by the failure of nursing staff to identify developing pressure injuries, deliver wound care as directed, address unexplained weight loss and action referrals in a timely manner.

For three consumers, staff delivering wound care did not follow directives and wound care was not delivered as prescribed. Two consumers experienced weight loss and strategies were not implemented to monitor their nutritional intake. Referrals did not occur for consumers requiring wound specialist services, dietitian support for consumers who lost weight and physiotherapy referrals for consumers who have fallen.

Assessment and planning processes completed by nursing staff failed to identify and consider the risk for four consumers and this resulted in negative outcomes for the consumers.

The Approved provider has responded to this information and has committed to requesting nursing staff to self-identify their training needs. A gap analysis will be completed in relation to information contained in the site audit report. The plan for continuous improvement has prioritised education and training.

While I acknowledge the actions taken by the Approved provider to address the deficits in this Requirement and I am cognisant staffing levels may have affected staff’s ability to perform the tasks listed above. It is my opinion nursing staff should have the knowledge and skills to perform their roles effectively, and this has not been evidenced through Standards 2 and 3 of this report. Therefore, it is my decision this Requirement is Non-compliant.

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Organisational wide governance systems were not effective in identifying and responding to risks to consumer care, work force governance and regulatory compliance. The service does not have an effective risk management system to mitigate the high impact and high prevalence risks to consumers such as wounds, weight loss and falls management and consumers at the service have been negatively impacted. Staffing levels have not been maintained to delivery safe and quality care and services. Behavioural care plans have not been updated within specified timeframes following episodes of assault.

Consumers were engaged and supported in the development and evaluation of their care and services. The organising body promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. A clinical governance framework was in place which includes policies and procedures for antimicrobial stewardship, minimising the use of restraint and open disclosure to guide staff practice.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The organisation had effective governance systems in relation to continuous improvement, financial governance and feedback and complaints. The organisation did not have effective systems in relation to information management, workforce governance or regulatory compliance. This has impacted consumers by care planning strategies not being current or containing appropriate strategies to support consumers with complex wound or pressure area care or consumers at risk of social isolation.

The Approved provider has responded to this information by implementing processes to complete, update and review consumers’ care plans to ensure current and relevant information is included. Training and support have been planned to support handover processes, emotional support, behaviour management and behaviour review.

The organisation was unable to demonstrate workforce governance was effective, there were insufficient staff to deliver care and services, shifts were not filled and consumers were dissatisfied with staff responses to requests for assistance. The Approved provider has acknowledged work hours predicted by the organisation were impacted on the service’s ability to fill shifts when sickness occurred, this was further impacted by the service’s remote and rural location. Key developments to address this deficiency have included the appointment of a Clinical Nurse in March 2021 and the appointment of four registered nurses in March 2021.

Regulatory compliance processes were not followed when reportable assaults occurred. Care planning strategies were not reviewed after incidents of assault and incidents reoccurred. The Approved provider has committed to ensuring staff follow the organisation’s policy and procedures after an episode of assault. Additional training and support will be delivered to staff relating to regulatory compliance requirements.

The organisation did not demonstrate effective organisational wide governance systems in place relating to information management, workforce governance or regulatory compliance. Therefore, it is my decision this Requirement is Non-compliant.

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

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

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

The organisation did not have effective systems and practices in relation to high impact and high prevalence risks associated with the care of consumers. Wound care has not been delivered as prescribed to consumers, consumers with weight loss and pain have not been identified or addressed and falls management strategies were not effective in addressing consumers sustaining frequent falls.

The Approved provider has responded to the above information and has evidenced a Clinical Nurse commenced at the service 8 March 2021 who will be supported by the Corporate Clinical Support team, ensuring clinical oversight. Education and training in relation to clinical oversight have been prioritised by the Service Manager. A gap analysis will be completed by 15 April 2021 to further inform the training plan.

While I acknowledge the actions, the Approved provider has committed to in order to address the deficiencies in this Requirement. At the time of the site audit these processes were not in place, and actions taken will need time to be implemented and tested for their effectiveness. It is my decision the organisation did not have effective risk management systems and practices in place, and therefore this Requirement is Non-compliant.

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

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

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

# Areas for improvement

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

* Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* 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.
* 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.
* Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:
	+ is best practice; and
	+ is tailored to their needs; and
	+ optimises their health and well-being.
* Effective management of high impact or high prevalence risks associated with the care of each consumer.
* Timely and appropriate referrals to individuals, other organisations and providers of other care and services.
* Services and supports for daily living assist each consumer to:
	+ participate in their community within and outside the organisation’s service environment; and
	+ have social and personal relationships; and
	+ do the things of interest to them.
* 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 workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Effective organisation wide governance systems relating to the following:
	+ information management;
	+ workforce governance, including the assignment of clear responsibilities and accountabilities;
	+ regulatory compliance.
* Effective risk management systems and practices, including but not limited to the following:
	+ managing high impact or high prevalence risks associated with the care of consumers.