Baptistcare Moonya

Performance Report

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**Commission ID:** 7064

**Provider name:** Baptistcare WA Limited

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

**Date of Performance Report:** 8 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** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | 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) | 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 24 March 2021
* other intelligence and information held by the Commission in relation to the service.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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.

Consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they choose. Care and services were delivered in a culturally safe manner that respected and valued consumers’ culture and diversity.

Consumers felt valued and their privacy and dignity was respected. 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 when they expressed a wish to.

Consumers and their representatives agreed the service respected their privacy and kept their private information confidential and they were encouraged and supported to maintain connections and relationships that were important to them. Information provided to consumers was current, accurate and delivered in a timely manner.

Staff demonstrated the ways in which they valued consumers’ identities, culture and diversity and how they respected their privacy, dignity and choices they made. 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 to live their best life.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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 considered they 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 to consumers that may impact care and service delivery. Processes for monitoring and reviewing consumers’ current care needs, goals and preferences in relation to advance care planning and end of life planning were effective. Assessment and planning of care and services was conducted in partnership with the consumer, and others the consumer wished to be involved. The outcomes of assessment and planning were effectively communicated to consumers, and care and service plans were available and accessible to consumers.

While care planning documentation demonstrated assessments informed the development of the care plan to guide staff practice for care and service delivery. The service was unable to demonstrate that risks to consumers’ health and well-being were considered through their assessment and planning process. Assessments and care plans did not always guide staff to deliver safe and effective care, as they did not contain strategies to support the care of consumers.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements has 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 tools were not effective in identifying risks to consumers’ safety, health and well-being. For two consumers assessments were not undertaken following incidents of risk, and therefore care planning directives were not updated to direct staff practice.

For one named consumer identified as a perpetrator of unwanted sexual behaviours against another consumer, care plan strategies did not identify the risk of the behaviours continuing. Care planning strategies were not appropriate for the consumer’s cognitive level and the consumer’s personal profile included they liked to visit the victim of their unwanted sexual behaviours. The first assault occurred in May 2020 and was repeated in August 2020.

The Approved provider in its response has acknowledged the consumer’s diagnosis does affect their cognition, and the consumer lacks insight. The Approved provider committed to a comprehensive clinical assessment and review of the consumer in conjunction with their preferred representative and updates to the consumer profile and care plan. This process will be overseen by the Clinical Nurse and be completed by 31 March 2021 and be subject to regular reviews.

A consumer who suffered two choking incidents in December 2020 and January 2021 did not have their care plan reviewed following the incidents of choking. Safe swallowing techniques or other mitigating strategies were not included in the consumer’s care plan to reduce the risk of choking and the consumer sustained a second event of choking. Discrepancies existed in relation to the dietary requirements of the consumer, care planning suggests the consumer requires bite sized food, however the consumer is prescribed a minced/moist diet.

The Approved provider stated the dietary documentation for the consumer was reviewed and adjusted on 16 March 2021, and the consumer will undertake a comprehensive clinical assessment and review to be completed by 31 March 2021.

The named consumer sustained a fall in November 2020, however they were not reviewed by a physiotherapist, their pain was not reviewed, and care planning strategies were not reviewed following the fall to reduce the risk of reoccurrence.

The Approved provider has stated the service’s policy reflects a registered nurse can review a consumer following a fall and documentation supports the consumer was reviewed by a registered nurse following the fall who assessed the consumer for pain. It is not documented if falls prevention strategies were included in the consumer’s care plan following this review. The Approved provider committed to reminding staff of the referral process following falls and additional staff training regarding the assessment of pain for consumers.

While I acknowledge the commitment of the Approved provider in improving assessment and planning processes, and the consumers noted above have undergone a comprehensive clinical review, at the time of the site audit assessment and planning processes were not effective in identifying the risks to the consumers’ health and well-being. It is therefore my decision this Requirement is Non-compliant.

### 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.*

### 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.*

I have noted the Assessment Team have recommended the service has met this Requirement, I also note however the information to support the non-compliance in Requirement 2(3)(a) relates to assessment and planning not reviewed following incidents occurring for two consumers. I have decided this Requirement is Compliant and have placed weight on the consideration of risks not identified for the two consumers noted in Requirement 2(3)(a) rather than a systemic deficiency in relation to incident management.

# STANDARD 3 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.

While consumers considered they received personal care and clinical care that was safe and right for them, and clinical care delivered supported their health and well-being, the management of high impact and high prevalence risk associated with consumers was not effectively managed. Consumers did not receive safe and effective care in relation to the possibility of choking or the prevention of inappropriate sexual behaviours.

The needs goals and preferences of consumers nearing the end of life were recognised and addressed, their comfort maximised, and their dignity preserved. Consumers who deteriorated or had changes recognised through incident reports, progress notes and clinical handovers, action was taken in response to the change 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. However, it is noted the needs and preferences for some consumers were not reviewed in relation to the risks to their health and well-being. Appropriate and timely referrals were generally sent to relevant individuals and organisations, the consumers were reviewed in a timely manner and interventions and recommendations as a result of these referrals were implemented. Effective systems were in place to minimise the risks of infection.

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

### 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.*

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

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

The high impact and high prevalence risks to consumers has not been effectively managed. For three consumers who are at risk of either exhibiting sexually inappropriate behaviours or be the victim of sexual assault or at risk of choking, risk management was ineffective, and incidents have reoccurred.

For one named consumer who was the perpetrator of two unwanted sexual assaults on another consumer. The risk of this consumer reoffending was not effectively managed, strategies were ineffective in decreasing the risk of this behaviour and were not reviewed to assess the validity of the strategies.

The first incident of assault occurred in May 2020, strategies were implemented include sight charting, this was not effective as the consumer reoffended and assaulted the same consumer in August 2020. Care planning strategies to reduce the risk of reoccurrence were not appropriate and did not consider the consumer’s impaired cognitive level and their ability to process directives. I note the consumer was not referred to a behavioural specialist service and I am unable to determine whether the consumer’s medical officer reviewed them following the incident.

The Approved provider responded to the above information and confirmed the consumer’s diagnosis would lead to a lack of insight into their behaviours. The Approved provider noted the consumer was referred to their medical officer following the second incident of assault, however, did not provide the medical officer’s findings or requested actions following the assault. The consumer was scheduled for a comprehensive clinical assessment and review to be completed by 31 March 2021.

For the victim involved in the two sexual assaults, there was a lack of appropriate actions taken to reduce the risk of further assaults. Staff were requested to monitor the consumer via hourly checks, however no other strategies were trialled such as increasing lifestyle activities, increasing the visibility of the consumer or assessing the security of their room when alone. The consumer was noted to be on their bed alone and calling out during the site audit.

The Assessment Team brought forward concerns relating to the use of psychotropic medication for the consumer in this Requirement and Requirement 8(3)(e), I have considered it is more appropriate to consider this information in this Requirement. The consumer was administered ten doses of as required psychotropic medication to manage verbal behaviours between December 2020 and January 2021. The medication was noted to be ineffective on two occasions which did not prompt the reassessment of the effectiveness of the medication. Alternate strategies were not documented as trialled prior to the administration of the medication and staff stated they were unable to provide individual support for the consumer. Pain was not considered as a cause for the consumer’s anxiety. Additional emotional support was not provided to the consumer despite them verbalising being unhappy, confused and teary.

The Approved provider committed to a comprehensive assessment and review was to be completed for the consumer by 31 March 2021, staff training and education relating to psychotropic medication will be delivered by 31 March 2021, and the Clinical Nurse will be reinforcing the clinical assessment and identification of triggers for the consumer at clinical handover. A review of the consumer’s medication has been requested to the consumer’s medical officer by 25 March 2021. The Approved provider refutes that emotional support was not provided to the consumer as a registered staff member updated the behaviour care plan section on 12 August 2021 (following the second assault) by stating the consumer felt unsettled and is unable to remain seated for prolonged periods, and progress notes indicate the registered staff member spent time with the consumer without talking about the incident. It is my opinion this does not demonstrate the provision of emotional support.

For a third consumer with a known risk of aspiration from choking, effective risk management practices to reduce the impact of them choking were not considered and actions taken following the first episode were ineffective. The consumer had two episodes of choking in December 2020 and January 2021, following the first episode the consumer was not reassessed of their swallowing ability and safe swallowing strategies were not implemented. The consumer was not referred to a speech pathologist until 18 January 2021, which was 13 days after the second episode of choking. While staff interviewed were aware of the consumer’s risk of choking, the consumer was observed on two consecutive days to be eating their lunch unsupervised.

The Approved provider in its response to information regarding this consumer noted following a conversation with the speech pathologist on 18 February 2021, the consumer’s diet notification form was amended to provide the consumer with a minced/moist diet under supervision. The need to supervise the consumer at meal times has been reinforced and a comprehensive assessment and review of the consumer was to occur by 31 March 2021. The Service Manager has arranged for additional education, training and support for clinical staff in relation to individualised care planning, challenging behaviours and safe swallowing strategies.

While I acknowledge the actions taken and planned by the Approved provider in relation to the information detailed above, it is my decision the effective management of consumers with high impact risks including challenging behaviours, medication management and risk of aspiration were not managed at the time of the site audit. 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.*

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

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

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

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

I note the Assessment Team recommended the service has met this Requirement, however I also note for the three consumers documented in Requirement 3(3)(b) there were delays or lack of evidence to support referrals had occurred to either the medical officer, geriatrician, behavioural specialist or speech pathologist. I have considered this information in the context of not managing risk as opposed to timely and appropriate referrals, and therefore have not considered systemic deficiencies had occurred in relation to referral processes.

### 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 supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers did not have supports and services for daily living to do the things that interest them and participate in the internal and external community. Consumers expressed boredom with the lifestyle program. Consumers were not supported with their preferred lifestyle choices and consumers were observed to be sleeping for extended periods of time in communal areas. Observations included self-directed activities were not utilised or appropriate for consumers. Care staff do not have sufficient time to assist consumers with self-directed activities or engage with consumers in activities.

While consumers stated they felt they were supported to optimise their independence, health and well-being, some consumers provided feedback that indicated the lifestyle program did not always meet their preference. A leisure and lifestyle assessment was completed for consumers as part of the entry process and care files demonstrated this includes information about consumers’ likes, needs and preferences for engagement with the lifestyle program.

Services and supports were in place to promote each consumer’s emotional, spiritual and psychological well-being. Consumers felt supported by staff and had access to the service’s chaplain when required. Communication regarding consumer condition, needs and preference where the responsibility of care was shared was effective. Consumers were happy with the service’s engagement of external service providers to meet their needs and preferences. Meals provided were varied and of suitable quality and quantity. Consumers and their representatives were satisfied with the quality and quantity of food and enjoyed the dining experience. Observations showed equipment used for lifestyle supports and services was safe and clean, and documentation confirmed it was well maintained. Consumers felt safe regarding equipment to support their lifestyle choices and that the service kept equipment well maintained and regularly cleaned.

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.*

The Assessment Team has recommended this Requirement is met, as consumers felt supported to maximise their independence, well-being and quality of life. I have considered the negative feedback regarding the lifestyle program and observations made during the site audit and consider this information is better suited in my compliance decision for Requirement 4(3)(c).

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

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

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

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

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

Consumers did not have supports and services for daily living to do the things that interest them and participate in the internal and external community. Consumers expressed boredom with the lifestyle program.

For one named consumer who wishes to access the garden and read, feedback was provided they have not been given the opportunity to access the garden and therefore spent time in their room. The consumer was observed during the site audit to have their head in their hands crying stating they were unhappy and bored. Care planning interventions indicate the consumer’s preferred individual support and likes to read and listen to music. Reading in the garden was not included in the consumer’s lifestyle care plan. Lifestyle and care staff were aware the consumer was not leaving their room, however, did not express any efforts to support the consumer and their lifestyle choices. Care staff confirmed they did not have the resources to support the consumer with the lifestyle choices. Lifestyle staff confirmed they had not provided the consumer with additional individual sessions.

Consumers were not supported with their preferred lifestyle choices and consumers were observed to be sleeping for extended periods of time in communal areas. Observations included self-directed activities were not utilised or appropriate for consumers. Self-directed activity choices while observed to be in place, it was noted consumers did not engage with these activities and painting resources were noted to be unusable. Consumers were observed sleeping in recliner chairs in communal areas on several occasions during the site audit, with a television the only source of interaction.

The Approved provider has accepted the findings of the Assessment Team and have implemented a number of interventions to support consumers enjoy their preferred activity. A full review of the lifestyle program will be undertaken, a review of the service’s plan for continuous improvement indicates this process will be completed by 31 May 2021. Discussions have occurred with lifestyle staff and training and education will be provided. The service is supported by a dedicated team of volunteers, it is unclear from the Approved provider’s response how the volunteers will be utilised to support the lifestyle program.

While I acknowledge the actions taken and the planned actions to be implemented to improve lifestyle services, it is my decision these processes were not in place at the time of the site audit and will need time to implement and evaluate for their effectiveness. Therefore, it is my decision this Requirement is Non-compliant.

### 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. Consumers felt safe using equipment and confirmed it was well maintained. Consumers felt at home and they were able to personalise their rooms with personal items and pictures. Consumers said visitors were made welcome in the service and consumers enjoyed living at the service.

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.

The service had effective processes 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 – asked 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. Consumers and their representatives felt confident management and staff would action their complaints when they were submitted. Consumers were able to access advocates if they needed to and staff described ways in which they supported consumers to access advocacy and language services. Consumers and their representatives described how the service used the feedback they provided to improve care and service delivery and provided examples of when this had occurred.

The service had a feedback and complaints process that used open disclosure and staff were able to describe this process and the implementation of open disclosure.

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. Staff allocated to specific roles including medication administration were required to fill other roles alongside their medication roles. Medication errors had occurred when this role was not replaced.

Consumers and/or their representatives were not satisfied with the sufficiency of staffing. Consumers had been impacted by staff shortages including monitoring and supporting consumers with challenging behaviours, supervising consumers at risk of aspiration, supporting consumers who felt isolated and providing adequate lifestyle options. Consumers and their representatives were content with staff performance and skills and felt confident staff were kind, caring and respectful.

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 one of the five specific requirements has 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 unable to deliver safe and quality care and services to consumers. Consumers and/or their representatives were not satisfied with the sufficiency of staffing. Consumers had been impacted by staff shortages including monitoring and supporting consumers with challenging behaviours, supervising consumers at risk of aspiration, supporting consumers who felt isolated and providing adequate lifestyle options.

For four named consumers staff did not have sufficient time to address their individual requirements. This has impacted on consumers with challenging behaviours being supported or distracted, consumers at risk of sexual assault, providing emotional support to consumers feeling isolated and supervising consumers at risk of aspiration.

Shifts were regularly unfilled across both care and clinical designations. Staff allocated to specific roles including medication administration were required to fill other roles alongside their medication roles. Medication errors had occurred when this role was not replaced. A review of roster documentation supported shifts were not replaced and staff worked with less than the required compliment of staff to deliver care and services. Call bell response times did not support consumers were provided with timely responses to their requests for assistance.

Observations made by the Assessment Team included a consumer requiring assistance waiting for assistance due to a lack of staffing, consumers sleeping for long periods of time not engaged in meaningful activities and a consumer in tears due to their boredom and unhappiness.

Care and lifestyle staff stated there was insufficient staffing to engage with consumers in activities of their choice.

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. Call bell response times are monitored, and any areas of concern are noted, and strategies implemented to address the concerns. Performance processes have occurred to ensure staff are delivering key performance indicators.

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) Compliant

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

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Consumers considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers stated they were included in the development and review of their care and services including care planning on entry and lifestyle program options.

The service had a clinical governance framework in place that guided staff practice delivering personal and clinical care and a quality management team that reviewed incidents to identify ongoing improvements.

The organisation wide governance system was not effective in the communication of care and services across the service when changes occurred or identifying when consumers’ strategies for care were ineffective when incidents of unwanted sexual contact or choking occurred.

The workforce did not support the sufficiency of staff deployed to enable safe and quality care and service delivery resulting in negative impacts to some consumers.

The organisation’s risk management processes were not effective in identifying, addressing or reducing the possibility of high impact risks from reoccurring, consumers subject to assault while identified the response from the service was not effective and consumers have not been supported to live the best life they can.

The organisation had a clinical governance framework with policies and processes to guide staff practice. This included processes for antimicrobial stewardship, minimising the use of restraint and open disclosure.

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 challenging behaviours, consumers at risk of aspiration 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 Assessment Team have recommended this Requirement is met, as the deficits identified relating to high impact and high prevalence risks related to staff practices and actions taken by the Approved provider in relation to the consumer at risk of choking were immediately implemented by the service.

I have come to a different decision to the Assessment Team, it is my decision the organisation did not have effective systems and practices in relation to high impact and high prevalence risks associated with the care of consumers. For one consumer they were subject to a second sexual assault due to the ineffectiveness of strategies to reduce the reoccurrence of assaults. For another consumer risk mitigation strategies were not implemented following an initial episode of choking and they sustained a second episode of choking requiring intervention to assist their breathing. For a third consumer lifestyle options at the service did not support them to live the best life they could, their preferences were not supported by the service. Staff confirmed they did not have the resources to support the consumer.

Through the review of the Approved provider’s response to other Requirements, I acknowledge the Approved provider has committed to extensive clinical assessment and review of the consumers involved in the assaults and choking episodes and staff education and training is planned. Additional individual visitations have been arranged for the consumer noted to be socially isolated.

It is my decision this requirement is Non-complaint as the organisation’s risk management processes were not effective in identifying, addressing or reducing the possibility of high impact risks from reoccurring, consumers subject to assault while identified the response from the service was not effective and consumers have not been supported to live the best life they can.

### 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 Assessment Team recommended the service did not meet this Requirement based on information relating to the minimisation of restraints. I have considered this is not an organisational wide deficiency and I have considered this information has been considered in Requirement 3(3)(b).

# 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.

* Assessment and planning, is required to include consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.
* Effective management of high impact or high prevalence risks is required associated with the care of each consumer.
* Services and supports for daily living need to assist each consumer to:

*(i) participate in their community within and outside the organisation’s service environment; and*

*(ii) have social and personal relationships; and*

*(iii) do the things of interest to them.*

* The workforce needs to be 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.
* Effective organisation wide governance systems are needed relating to the following:
1. *information management;*
2. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
3. *regulatory compliance.*
* 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.*