Benetas Colton Close

Performance Report

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**Commission ID:** 4324

**Provider name:** Anglican Aged Care Services Group

**Site Audit date:** 2 February 2021 to 3 February 2021

**Date of Performance Report:** 21 April 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) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **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) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 4 March 2021

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall, most consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Each consumer is supported to take risks to enable them to live the best life they can.

Consumers and representatives expressed satisfaction with the way staff value individuals’ cultures and diversity. Consumers confirmed feeling safe in relation to how staff treat them. The service has a privacy policy and staff were observed respecting each consumer’s privacy.

The service demonstrated through consumer and representative feedback, staff and allied health feedback that each consumer is supported to exercise choice and independence and to make decisions regarding their care including involvement with family and friends.

The organisation demonstrates information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

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

Overall, consumers considered they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives said staff consult with them during the assessment and planning of the consumer’s care and services. Consumers and representatives said they are informed by staff when there are changes in a consumer’s condition.

Most consumers or their representatives said they are partnered in ongoing assessment and planning of their care and services and they have access to the consumer’s care plans if requested. Consumer files reviewed demonstrate that care plans are regularly reviewed by registered nurses in response to any identified changes.

The service was not able to demonstrate assessment and care planning processes consider and identify consumer risks and interventions. Management and staff were not able to identify aspects of risks for consumers during the assessment and care planning process.

The Quality Standard is assessed as Non-compliant as one 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 care planning documentation was reviewed and did not demonstrate there is a consideration of risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services.

### Management cannot demonstrate how the service has considered risks, assessed, reviewed or minimised and consulted about the use of chemical and physical restraint. The service in their response acknowledged one case of physical restraint was not recognised and the assessment was not conducted as per the approved provider’s policy. The service is working with the representative of the consumer to come to an agreed solution.

### The service has not recognised consumers who currently have chemical restraint in use and have not considered or assessed or planned for this risk. This includes ensuring consent has been obtained prior to prescribing the medication. The Assessment team noted some consumers were overdue for a review of their psychotropic medications by a general practitioner. Documentation demonstrated a review of their psychotropic medications has not occurred as required when the Resident of the Day and care plan reviews were completed.

In their response the service advised this was due to COVID-19 and extended periods of lockdown where GP visits were reduced and consultations were done via telehealth. As a result, they were unable to access the restrictive practice report and reviews fell behind. A Registered Nurse has been appointed to oversee the psychotropic medications to ensure compliance.

The Assessment team observed pressure injury charts required to guide staff as to the care required for the consumer, were not in place. In their response the provider presented documented evidence that referrals to wound consultants were conducted and care plans and notes outlining required care recorded. They also acknowledged that pressure injuries had increased based on their reporting and were actively working on strategies to reduce the numbers.

The Assessment team found issues with the strategies to guide behaviour documented in some care plans. The provider was able to show that there are individualised care plans which guide staff in interventions to provide adequate care.

Based on the information I find the service is non-compliant in this requirement but is working on improvements.

### 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.*

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

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

Of the consumers sampled, a review of their care plans and associated documents demonstrated consultation from other healthcare professionals, which provides guidance to staff including in relation to mobility, nutrition and swallowing.

There are policies and procedures relating to assessment and review of consumers’ care and service needs. Further policies and flowcharts guide staff in the escalation process and incident management.

The service was not able to demonstrate that each consumer receives clinical and personal care tailored to their individual care needs. Care documentation and observations demonstrated that the service does not effectively meet individual consumers’ care needs. Deficits in the management of consumers’ skin integrity are not identified or actioned in a timely manner.

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

Pressure injuries are acquired in the service and are not identified in a timely manner, frequently being first identified at stage two, stage three and unstageable. Skin assessments were in place for some consumers, outlining that risks to skin integrity were present and consumers still suffered pressure injuries which were then not identified in a timely manner. The wounds were treated when identified and referred to a wound consultant. Referral to a consultant only occurs when the strategies employed by the staff do not appear to be working.

The provider response states the service does not use pressure care charts but staff occasionally will complete them anyway. In December they increased wound care support and appointed an RN to take on the portfolio when they identified an upward trend in pressure injuries.

The Assessment team found that psychotropic medicines are administered prior to the trialling of non-pharmacological strategies. The response by the provider outlines they have created a plan for continuous improvement in regard to psychotropic medications.

Concerns were also raised by representatives in regard to oral care provided and staff not responding to their concerns about the care provided to the consumers. There was also concerns staff do not have proper handover. The provider responded that oral care is being improved but some consumers are resistant to oral care. Staff not meeting employee conduct are subject to internal counselling and performance management.

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

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

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

Management do not always have effective monitoring and identification of high impact or prevalence risks for individual consumers such as use of a bed pole and consumers who smoke. Staff and management interviews demonstrated a lack of awareness of the bed pole in use and could not demonstrate how, when in use, the consumer is monitored for safety. Recent assessment of the use of the bed pole was performed by an RN rather than a physiotherapist which is not in line with the service’s policy, which has been acknowledged.

Smoking aprons were not observed to be worn by a consumer who was smoking unsupervised on one day of the visit. The service responded that the consumer always wears the apron and if the apron is not worn on rare occasions, a fire safety blanket is placed close by to prevent incidents. The risk assessment in the response documents shows that the risks have been assessed in this instance and discussed with the consumer.

Consumer care files indicated assessment and care planning identifies consumers with high-prevalence and high-impact care needs which include falls, risk and prevention strategies.

Based on the information provided and the response form the approved provider, I find the service compliant with this requirement.

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

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

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

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

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

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

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

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

### Requirement 3(3)(g) 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

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

The service demonstrated that overall, consumers receive safe services and supports for daily living which meet their needs, goals and preferences and optimise their well-being and quality of life. Care and lifestyle staff understand who the consumers are and demonstrated an awareness of their preferences and interests.

Consumer and representatives said they are satisfied with how staff support their wellbeing needs and preferences. Consumers and representatives said staff generally know when they are feeling low and know how to make them feel better. Care planning documents reflect consumers’ emotional, spiritual and psychological support needs and detail consumers’ individual beliefs and spiritual needs including attendance at church services or receiving communion.

Consumers and representatives are satisfied with how staff communicate consumers’ changing needs. Staff described how they identify and document consumer’s changing needs and preferences. The service demonstrated consumers’ care planning documents reflect the involvement of others in provision of lifestyle supports. Where referrals occur, the service demonstrated they are timely and appropriate.

The service demonstrated where equipment is provided, it is safe, suitable, clean and well maintained. The service has a comprehensive preventative and corrective maintenance schedule available to all staff.

The service demonstrated it supports consumers to maintain social relationships, however most consumers and representatives said they are dissatisfied with the variety of activities offered by the service and the service does not assist them to do things of interest to them.

Most consumers said they do not consider the quality of food offered by the service is suitable. Some consumers indicated food lacks flavour and is sometimes undercooked. Staff said they observe consumer plates return to the kitchen either full or half full.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

Consumers would like to see a greater range of activities offered by the service. Some consumers are not provided the activities as outlined in their care plans and although staff are aware of these preferences they are not ensuring they occur. Some wings have no activities planned at all in the mornings.

The service’s response is that the lifestyle program was under review at the time of the visit. Since the visit they have put measures in place to survey the consumers and their representatives to ascertain the wishes and expectations of the consumers. Discussions have been held with staff to ensure that they meet the expectation of the consumers in participating in activities they enjoy, which according to the service has resulted in the consumers being more engaged in the activities.

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

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

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

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

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

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

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

### Management said they are working through several concerns raised by consumers regarding the food and meal service. The issues include consumers finding the food flavourless and at times undercooked. Food and the menu are discussed once a month at the ‘residents meeting’. The service has recently introduced pizza as a ‘chef special’ after feedback from a consumer.

Although the service has implemented strategies to improve the meals provided to consumers, the service has not demonstrated the meals provided are consistently of a suitable quality.

The service’s response documents outline they are aware of the issues in regard to food and are rectifying the issues. This includes working with the catering company and organising weekly food focus groups.

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers and representatives considered they feel safe and comfortable in the service environment. The service environment is welcoming with multiple shared indoor and outdoor areas in which consumers can interact. The service environment is safe, clean and well maintained. The outdoor areas were observed to be well maintained and available to consumers to access freely.

The service demonstrated its environment is welcoming and easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function. Staff were observed to welcome visitors and consumers were enjoying the service environment.

A contractor cleaning staff member confirmed they have completed infection control training and that every room is cleaned every day. Regular maintenance is of the service environment is undertaken. Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers and representatives are confident to provide feedback and make complaints. Consumers and representatives who have made a complaint, feel changes have been made at the service in response to their feedback. Staff demonstrated an awareness of the complaints system and how to support consumers to provide feedback.

The service demonstrated consumers and other stakeholders are encouraged and supported to use internal and external feedback mechanisms. The service has internal and external complaint information displayed and accessible for consumers and interested stakeholders. Feedback and complaint lodgement boxes allow for confidential complaints. The information is also available in languages other than English. On entry to the service the consumers are provided information on internal and external complaints mechanisms and advocacy services.

The service has an open disclosure policy to guide staff and management. Management understands the principles of open disclosure. Complaints are reported on monthly as part of the service’s quality and monitoring system. Trends are analysed and are mainly related to meals.

Management said they provide feedback to all complainants but acknowledged this is not consistently documented in the system. Management said they will add this to their register in the future.

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

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

While consumers and representatives said staff are kind, caring and know what they are doing, a majority of consumers and representatives said there are not enough staff to provide personal care and services for consumers.

Consumers and representatives said consumers experience call bell delays, cold meals, staff unable to assist consumers to access gardens at the service or relocate them to a preferred communal lounge area or provide emotional support and chats.

Consumers were observed by the Assessment team to be seated in the lounge disengaged for extended periods, up to four hours. The Assessment team did not observe consumers participating in activities on some occasions and lifestyle and care staff were also not observed to be engaging with those consumers.

Management demonstrated the delivery of mandatory education and how they plan, and schedule training based on staff feedback. There is a process for conducting staff performance appraisals and providing opportunity for feedback.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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.*

Management did not demonstrate an effective, planned workforce for the delivery of quality care and services. Not all consumers receive adequate personal and clinical care and lifestyle activities. Consumers and representatives expressed concerns with call bell delays, staff shortages, lack of lifestyle activities and impact on meals. A review of the rosters by the Assessment team demonstrated unplanned leave is not replaced. Observations by the Assessment Team demonstrated staff shortages are delaying consumers’ mealtimes and resulting in a lack of morning lifestyle activities in the Waverley, Kilby and Schutt wings.

Consumers made comments stating that lack of staff meant they were not provided the quality care they needed. Lifestyle activities are not done in the morning mainly due to lack of staffing and staff not being replaced when unplanned leave occurs. The Assessment Team observed little engagement between consumers and lifestyle staff.

The Assessment Team found that from 25 January to 3 February 2021, 44 shifts were not replaced for nursing and personal care staff. The Lifestyle coordinator was also on leave, replaced by a lifestyle assistant who was not replaced. Management at the time stated that some perceived vacant shifts just did not have the staff members name written in. Staff are relocated to where higher care needs are present. There were also changes to staffing in the roles of Clinical Services Manage (former RN at the service), Residential Services Manager and RN.

Consumers in some instances stated they were also forced to wait up to 30 minutes for call bells to be answered. Some consumers were also observed waiting for assistance with their meals which was explained by staff as being due to staff shortages.

The service’s response was that the service’s capacity had reduced from 142 beds to 117 beds due to the closure of 25 beds in the Waverley wing. This caused a subsequent realignment of the roster. On the day of the audit there were 121 consumers residing at the service with the same roster as a full service. The roster changes being introduced include having dedicated teams to each wing which will enable better relationships with consumers and staff cohesion. Lifestyle hours will also be changed to better suit consumer engagement.

A new call bell system was also introduced on 4 February to allow for better data reporting. The current average response time is now 2 mins and 40 mins. However, call bell reports provided showed response times of over 21 mins in a number of cases in January in the Waverley wing.

Based on all of the information provided I find the service is non-compliant with this requirement but acknowledge improvements have been made.

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

Management and staff interviews confirmed consultation and input into care occurs between consumers and their representatives in relation to care planning. This was evidenced in consumer files demonstrating ‘resident of the day’ and care evaluations occur. Consumers and representatives said they play a role in the development of assessment and care planning.

The organisation is managed by a Board who receives and oversees monthly commentary reports which include incident data, audits, feedback and complaints, financial expenditure and budgets, improvements and risk analysis reports. The organisation has a quality management, clinical governance framework and a risk management policy to guide quality outcomes for consumers in line with best practice.

Management and key staff demonstrated how the organisation provides governance systems for information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management provided documented evidence and examples where applicable.

The organisation does not demonstrate effective risk management systems to monitor high-impact or high-prevalence risks such as the early identification and treatment of consumer pressure injuries. However, the organisation demonstrated systems and practices to identify and respond to abuse and neglect of consumers including supporting consumers to live the best life they can.

Management and clinical staff could not demonstrate how they effectively monitor consumers’ prescribed psychotropic medications that are considered a chemical restraint. The service does not understand and apply their policy and procedure to support the minimisation of chemical restraint. However, the service was able to provide and discuss their clinical governance framework which includes policies and procedures in relation to antimicrobial stewardship and open disclosure.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

### Requirement 8(3)(d) 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 demonstrate each consumer receives safe and effective personal and clinical care that is best practice, tailored to their needs and optimising their health and wellbeing in relation to skin care and wound management. The Assessment Team identified a large majority of pressure injuries are acquired in the service and staff do not provide effective preventative strategies to manage consumers’ skin integrity.

The Board identified through monthly clinical commentary data reports, that there was an uptrend in pressure injuries in September 2020. Measures were to be put in place in regard to staff education. Although the Assessment Team identified that training in relation to the identification and management of pressure injuries was not undertaken the response by the service was able to evidence in their response that it was undertaken with a rate of 94 % participation. As a result of training and new practices, pressure injuries are on a downward trajectory.

A RN was appointed to oversee wounds, pressure injuries and skin integrity in December 2020.

The Assessment Team identified a bed pole used by a consumer. Management and key clinical staff were not aware of the bed pole in use. There is minimal information in relation to the safe monitoring and use of the bed pole. This is an area that requires further improvement by the service.

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

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

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

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

The service was able to provide and discuss their clinical governance framework which includes policies and procedures in relation to antimicrobial stewardship and open disclosure. Staff had been educated about the policies and were able to provide examples of their relevance to their work. However, the Assessment Team reviewed the service’s policies and procedures for monitoring psychotropic medications and identified deficits with staff practices.

The service does not identify the use of chemical restraint, minimise its use, or ensure consultation and informed consent have been obtained prior to use. There was also no assessment or proper procedure followed for the use of a bed pole.

The service was not able to demonstrate a discussion, authorisation or consent for use of psychotropic medication has occurred. When this was reported to the clinical management, they advised the service does not compete a consent form, as medication is prescribed by the medical practitioner and the medical practitioner consults with consumers and/or representatives. However, there is no documentation demonstrating this has occurred.

In their response the service acknowledges that the service needs to ensure more work is to be done in relation to chemical and physical restraints. They have put measures in place to ensure informed consent is obtained when psychotropic medications are prescribed for use as a form of restraint. Reviews will be undertaken consistently and education packages developed, to assist clinical staff in the management of psychotropics and chemical restraints.

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

# Areas for improvement

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

### Requirement 2(3)(a)

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

### Assessment and care planning to ensure consideration of all risks is carried out and correct procedures followed in relation to chemical and physical restraints.

### Ensure informed consent is obtained prior to the introduction of psychotropic medication used as chemical restraint.

### Requirement 3(3)(a)

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

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

### Ensure effective identification and management of pressure injuries

* Ensure behaviour intervention strategies are individualised and trialled prior to the administering of PRN medications

### Requirement 4(3)(c)

*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.*
* Ensure activities are targeted to meet the goals and preferences of the consumers
* Ensure the service engages with all consumers to ascertain the interests of the consumer
* Ensure consumers are able to engage in activities in each wing and throughout the day.

### Requirement 4(3)(f)

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

### Ensure meal quality and temperature are to the satisfaction of the consumer.

* Engage with the consumers to understand their requirements and preferences.

### Requirement 7(3)(a)

*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.*

### Ensure that adequate staff are included on the roster with the skills required to perform their role.

* Ensure all permanent shifts on the roster are filled.

### Requirement 8(3)(e)

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

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*
* Ensure effective monitoring and reporting of the use of restraints is implemented.
* Conduct staff education on strategies to minimise the use of restraint as a first option.
* Ensure policies and procedures are in place to ensure informed consent is received and medical reviews conducted regularly.