Bexley Care Centre

Performance Report

82-84 Connemarra Street
BEXLEY NSW 2207
Phone number: 02 9587 7610

**Commission ID:** 2541

**Provider name:** Fresh Fields Management (NSW) No 2 Pty Ltd

**Site Audit date:** 22 June 2021 to 24 June 2021

**Date of Performance Report:** 29 July 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-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) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | 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** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-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 22 July 2021.

# A picture containing text, invertebrate, centipede, hydrozoan  Description automatically generatedSTANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the 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.

Most consumers and representatives interviewed by the Assessment Team considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. However, some representatives did not consider consumer privacy is being respected as consumers living with cognitive impairment often wander into other consumer’s rooms.

Staff interviewed by the Assessment Team could generally describe how consumers are supported to make informed choices about their care and services. This includes involving family members and the guardianship board when appropriate and conducting case conferences routinely and as needs change. Care documents reviewed by the Assessment Team identified consumer’s background and cultural needs and preferences that influence their care.

Consumer and representative feedback, staff interviews, and observations by the Assessment Team demonstrated consumer’s personal privacy is not well respected due to most consumers living with cognitive impairment frequently wandering into other consumers rooms. The Assessment Team found the service is aware that consumer privacy is not respected because of this occurring.

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

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

#### Consumer and representative feedback, staff interviews, and observations made by the Assessment Team demonstrated that consumer’s personal privacy was not well respected due to consumers living with cognitive impairment frequently wandering into other consumers rooms. The service also self-identified that consumer privacy is not respected due to this occurring. However, the Assessment Team found the service does ensure consumer personal information is kept confidential.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to improve consumer privacy. This includes staff education and training, and interventions to prevent consumers wandering.

At the time of the Site Audit, the service did not demonstrate that each consumer’s privacy was respected.

I find this requirement is Non-compliant.

# A picture containing text, invertebrate, centipede, hydrozoan  Description automatically generatedSTANDARD 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.

Some consumers and representatives interviewed by the Assessment Team considered that that they feel like partners in the ongoing assessment and planning of the consumer’s care and services. Some representatives interviewed said staff had discussed with them the consumer’s end of life care planning including advance care directives. Some representatives recalled discussing the consumer’s care plans, however, others said they had no recollection of receiving a copy of the care plan.

The Assessment Team found that assessment and planning included other organisations, individuals and providers of care and services that are involved in the care of the consumer.

For the consumers sampled, care plans reviewed by the Assessment Team did not demonstrate evidence of review for effectiveness when incidents occurred or when the needs of consumers changed. Documentation for consumers sampled indicated assessment and planning of consumer’s behaviour, including consideration of risks to the consumer’s health and well-being, did not inform the delivery of safe and effective care and services. The Assessment Team found a lack of comprehensive investigation of incidents, meaning that strategies to minimise the risk of reoccurrence are not identified and actioned.

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

## Assessment of Standard 2 Requirements

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

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

For the consumers sampled, care documents reviewed by the Assessment Team did not provide evidence of comprehensive assessment and care planning that considers risk to the consumer’s health and well-being and directs care that is safe and effective. For three consumers, care documents did not support individualised assessment and planning to minimise risks associated with behaviours of concern. For two consumers, care documents did not support assessment and planning to inform the safe use of psychotropic medication and chemical restraint.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to improve consumer care assessment and planning. This includes staff education, review of all consumer care assessments and documentation, the development of a clinical risk register, commencement of clinical risk meetings, and psychotropic medication audits and reviews. The approved provider identified that a senior registered nurse has been engaged to review consumer care plans for effectiveness.

At the time of the Site Audit, the service did not demonstrate that assessment and planning consistently considered risks to the consumer’s health and well-being to inform safe and effective care and services.

I find this requirement is Non-compliant.

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

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

Documentation reviewed by the Assessment Team, consumer and representative feedback and staff interviews demonstrated that assessment and planning generally addressed the consumer’s needs and preferences. However, the Assessment Team found that individual goals were not consistently identified for consumers sampled. The consumer goals within the care planning documentation were generic in nature and do not demonstrate the goals are driven by the consumer. The Assessment Team found that advance care planning and end of life planning is in place for consumers if they wish.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to improve the assessment and planning of the consumer’s needs, goals and preferences. This includes a review of the care planning consultation and case conference processes, review of all consumer care assessments and documentation, review of the ‘resident of the day’ process to include discussion of consumer goals and preferences, and staff education.

At the time of the Site Audit, the service did not demonstrate that assessment and planning consistently identified and addressed consumer’s current needs, goals and preferences.

I find this requirement is Non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

The Assessment team found that while consumer care plans are reviewed regularly, care plans are not consistently reviewed when a consumer’s circumstances change or when incidents impact on the needs, goals or preferences of the consumer. The Assessment Team found that strategies to minimise behavioural incidents are not reviewed for effectiveness following incidents of consumer agitation and aggression. Documentation reviewed by the Assessment Team indicated a lack of comprehensive investigation of incidents, meaning that strategies to minimise the risk of reoccurrence are not identified and actioned. Management review of behavioural incidents did not indicate analysis of the root cause and identification of further strategies required to meet the needs of the consumer and/or improve consumer outcomes.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to facilitate as required reviews of consumer care and services, and effective incident investigation and management. This includes staff education including for management, a new ’24-hour report’ procedure, and revision of consumer incident forms.

At the time of the Site Audit, the service did not demonstrate that consumer care and services were reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

I find this requirement is Non-compliant.

# A picture containing text, invertebrate, centipede, hydrozoan  Description automatically generatedSTANDARD 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.

Some consumers and representatives interviewed by the Assessment Team did not consider that consumers receive personal care and clinical care that is safe and right for them. Two representatives said that when they visit their relative, they do not look clean and are unshaven at times. Another representative said they noticed the consumer to have body odour when they visit and questions how often they are showered. A representative raised concern regarding the safety of care as there seems to be significant physical fights between consumers.

Consumers and representatives advised consumers have access to services such as medical, physiotherapy, dieticians, behaviour, and mental health specialists as required. Care documentation reviewed by the Assessment Team generally demonstrated evidence of communication between organisations and other health professionals where care is shared.

However, behaviour management care plans for consumers sampled did not reflect management strategies individualised to the specific needs of the consumer. The Assessment Team found the service is not identifying the high prevalence risks or high impact risks to consumers in relation to behaviour incidents, the times of incidents and impact on consumers. The personal safety and clinical risk care plan do not identify consumers with high prevalent and/or high impact risks associated with their care. The Assessment Team found a lack of evidence to support that a thorough investigation had been conducted in relation to the root cause of consumer behaviour and further strategies developed to proactively minimise the risk of reoccurrence.

Some care staff did not demonstrate an understanding of the principles of standard precautions as well as the importance of hand hygiene. However, overall, the service demonstrated the minimisation of infection related risks for consumers.

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

Several representatives interviewed by the Assessment Team raised concerns regarding consumer’s personal care, behaviour management and overall clinical care. A review of care documents and observations made by the Assessment Team did not demonstrate that clinical care provided to the consumers sampled is best practice and optimises consumer’s health and wellbeing. For one consumer who experiences aggressive behaviours, care documents reviewed did not support that care and behaviour management interventions were tailored to the consumer’s needs. This has had a negative effect on the consumer’s health and well-being, as well as the health and well-being of other consumers residing in the service.

In their response, the approved provider identified continuous improvement actions undertaken since the Site Audit to ensure consumer’s personal and clinical care is tailored to their needs and optimises their health and well-being. This includes staff education, weekly behaviour management meetings, staff guidance developed to improve documentation of behaviours, and medication competencies for staff completed.

At the time of the Site Audit, the service did not demonstrate that sampled consumers consistently received personal and clinical care that was best practice and tailored to their needs to optimise their health and well-being.

I find this requirement is Non-compliant.

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

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

The Assessment Team found the service did not demonstrate the high impact or high prevalence risks associated with consumer behaviours of aggression and agitation are effectively managed. While significant behavioural incidents are reported, the Assessment Team found a lack of evidence to support that thorough investigations are conducted in relation to the root cause of the consumer behaviour and further strategies developed to minimise the risk of reoccurrence. For one consumer, behaviour-related risks were not identified in care planning documentation or communicated within the service, and strategies to manage this risk were not in place.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to improve the management of high impact and high prevalence risks associated with the care of consumers. This includes the development of a clinical risk register, commencement of clinical risk meetings, staff training needs analysis in relation to dementia support, and staff education.

Regarding the consumer identified in the Assessment Team’s report who had behaviour-related risks that were not communicated or managed effectively, the approved provider’s response identifies that risk assessments have been completed, and this has been communicated to staff.

At the time of the Site Audit, the service did not demonstrate the high impact or high prevalence risks associated with the care of sampled consumers were effectively managed.

I find 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.*

### 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.*

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### 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.

Most consumers and representatives interviewed considered that consumers get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Most consumers and representatives said consumers are supported to keep in touch with people who are important to them. However, two representatives expressed dissatisfaction with the services for consumers in relation to activities and the dining experience.

Consumers interviewed said they liked the meals provided at the service, and the meals were of sufficient quantity with sufficient variety and choice.

The Assessment Team interviewed staff who confirmed how they respect individual consumers and their needs, preferences, and choices regarding services and supports for daily living. Staff described how they enable consumers to live the life they choose and optimise their independence. They provided examples of how they encouraged consumers to maintain relationships of their choosing and to do the activities that they like to do when they want to.

However, the Assessment Team found the service does not support consumers who wander, display behaviours of concern, and are unable to initiate activities to optimise their wellbeing and quality of life.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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.*

Most consumers and representatives interviewed by the Assessment Team gave positive feedback regarding how staff support consumer’s independence, well-being and quality of life. However, one representative expressed dissatisfaction with the activities offered at the service to engage the consumer and another representative said the services for daily living do not meet the consumer’s preferences or optimise their quality of life. Lifestyle documentation reviewed by the Assessment Team did not consistently identify supports for daily living to optimise the quality of life for consumers living with dementia. Consumers who do not attend or were unable to participate in group activities due to their behaviours did not have meaningful activities and engagement occurring. Consumers were observed by the Assessment Team wandering into other consumer’s space.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to improve the quality of services and supports for daily living for consumers. This includes staff education, new activity projects that reflect consumer’s preferences, and review and implementation of additional resources such as wayfinding aids, orientation board and activity equipment to support quality of life for consumers and reduce agitation and wandering behaviours.

At the time of the Site Audit, the Assessment Team found the service did not identify and provide each consumer with services and supports that are tailored to their individual needs, goals and preferences for the best possible level of independence, health and well-being and for quality of life in their daily living.

I find this requirement is Non-compliant.

### 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) 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.*

### 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.*

# A picture containing text, invertebrate, centipede, hydrozoan  Description automatically generatedSTANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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 interviewed by the Assessment Team spoke positively about the service environment being clean and well maintained. However, representatives said consumers are unable to move freely within the service environment, especially consumers who are accommodated on level one at the service. Consumers on level one have no access to the outdoor garden areas unless they have a staff member to assist them. One representative said their father likes to be outside, but said he only gets the opportunity to go outside when family visit and assist him.

The Assessment Team observed communal spaces for socialisation throughout the service including a covered rotunda outside and outdoor seating. However not all dining rooms and living rooms were being fully utilised and as a result there are two main communal areas that are being used by consumers and they were observed to be overcrowded. The Assessment Team observed poor wayfinding throughout the service which negatively impacts on consumers living with a cognitive impairment wandering the halls and entering other consumer’s rooms.

The service was observed to be generally clean and maintained, and the service has processes in place to ensure furniture, fittings and equipment are safe, clean and regularly serviced, which includes cleaning and maintenance schedules.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Non-compliant

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

Observations by the Assessment Team and interviews with consumer representatives demonstrated that the service environment was not easy to understand and did not optimise consumer’s independence, interaction and function. The Assessment Team observed poor wayfinding throughout the service which negatively impacted on consumers living with a cognitive impairment wandering the halls and entering other consumer’s rooms. The Assessment Team observed consumers that appeared confused and requiring directional assistance, with limited or no staff assistance provided at times. Hallways and consumer’s doors were all white with only a small number located above their door to identify which consumer’s room it was. There was no signage visible for the dining or lounge area or shared bathrooms.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to improve the service environment. This includes the completion of an audit of the indoor and outdoor areas of the service environment with findings and an action plan developed to enhance the environment for consumers living with dementia.

At the time of the Site Audit, the service environment was not easy to understand and did not optimise consumer’s independence, interaction and function.

I find this requirement is Non-compliant.

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

Most of the time, the service environment was observed by the Assessment Team to be clean and well maintained. The service has cleaning and maintenance schedules in place to ensure furniture, fittings and equipment are safe, clean and well maintained. However due to the design of the buildings, consumers require staff assistance to access the outdoor area which is only accessible on the ground level of the service. The Assessment Team did not observe staff assisting any consumers to move from level one to the ground level or outside. The service did not demonstrate they have reviewed the safety of the outdoor area after one consumer absconded from the service via the outdoor area. Gaps in the management of some consumer’s behaviours impacts on the service environment being safe and comfortable for all consumers in the service. Some consumers had requested the use of half-doors in an attempt to stop wandering consumers coming into their rooms.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to improve the service environment. This includes a risk assessment conducted of the outdoor area and action plan developed to ensure this area is safe and well maintained. The service has reviewed the strategies to manage consumer’s behaviours and as a result, in consultation with consumers, they have been moved to more suitable rooms and half-doors have been removed as they are no longer required.

At the time of the Site Audit, the service did not demonstrate the service environment was safe and comfortable for all consumers, and consumers were able to move freely indoors and outdoors.

I find this requirement is Non-compliant.

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

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

# A picture containing text, invertebrate, centipede, hydrozoan  Description automatically generatedSTANDARD 6 NON-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 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.

Most consumers and representatives interviewed by the Assessment Team said they felt supported to provide feedback and make complaints and felt comfortable doing so. Consumer and representatives were aware of advocates and other methods for resolving complaints.

Staff interviewed by the Assessment Team were able to describe how they assisted consumers to make complaints. The service has written material, feedback boxes and other mechanisms at the service to support consumers to make complaints.

However, the Assessment Team found the service did not demonstrate that appropriate action is always taken in response to complaints or that a process of open disclosure has been demonstrated in relation to complaints from two consumer representatives.

The Assessment Team found the service did not sufficiently demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. The plan for continuous improvement does not draw on trends and suggestions from feedback and complaints data to identify and prioritise objectives and actions for improved care and services for consumers. Not all complaints raised have been recorded in the feedback register or appear to have been reviewed under the service’s feedback guidelines and processes.

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

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

The Assessment Team found the service did not demonstrate that appropriate action is always taken in response to complaints or that a process of open disclosure was demonstrated in relation to complaints from two consumer representatives. The lack of response from the service did not provide confidence to the complainants that the issues have been responded to, and there are ongoing concerns from one representative that safety of consumers may be compromised. Most staff interviewed by the Assessment Team did not have a good understanding of open disclosure or how to apply it in response to complaints or incidents. The service’s feedback register reviewed by the Assessment Team was incomplete and missing information such as complainant details, outcomes, and evaluations.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to improve action taken in response to complaints, including the use of open disclosure. This includes staff education, and review of the complaints policy to ensure all feedback is followed up including involving the person who raised the feedback.

The approved provider’s response identifies that the service has contacted the representatives identified in the Assessment Team’s report to resolve the complaints to their satisfaction and identify opportunities for improvement.

At the time of the Site Audit, the service did not demonstrate that appropriate action and an open disclosure process is consistently used in response to complaints.

I find this requirement is Non-compliant.

### Requirement 6(3)(d) Non-compliant

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

The Assessment Team found the service did not sufficiently demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. Consumer representatives interviewed by the Assessment Team could not provide any examples of improvements made at the service as a result of their feedback. Representatives said they have complained of staffing levels and consumers wandering into consumer’s rooms and these issues have not improved. The Assessment Team found there was not a consistent and integrated approach to analyse and trend feedback and complaints data and identify and implement continuous improvement actions. The plan for continuous improvement reviewed by the Assessment Team did not draw on trends and suggestions from feedback and complaints data to identify actions for improved care and services for consumers.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to improve review and utilisation of feedback and complaints to improve care and services. This includes staff education, review of the service’s continuous improvement program, and weekly reviews of feedback received and the continuous improvement plan.

At the time of the Site Audit, the service did not demonstrate that feedback and complaints were reviewed and used to improve the quality of care and services.

I find this requirement is Non-compliant.

# A picture containing text, invertebrate, centipede, hydrozoan  Description automatically generatedSTANDARD 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.

Overall, consumers and representatives interviewed by the Assessment Team felt that staff are kind and caring. However, consumers and representatives interviewed felt that there was not enough staff as they were often rushed and too busy. Consumers and representatives felt this was impacting on consumer care when staff are unable to meet care needs and preferences. Most consumers and representatives interviewed did not feel confident that staff have the knowledge to effectively perform their roles.

The Assessment Team found issues with the number of staff and competency of the workforce to effectively manager consumers with behaviours of concern which is affecting other consumer’s well-being. Interviews with staff identified some gaps in staff knowledge required to effectively perform their role, including regarding emergency procedures, antimicrobial stewardship, and managing behaviours of concern.

The service demonstrated a system in place to ensure that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken, including performance appraisals and performance management.

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

Most consumers and representatives interviewed by the Assessment Team were not satisfied with the staffing sufficiency and staff response times to care needs. One representative interviewed said the consumer is told there is not enough staff to shower them everyday in line with their preference, and a shortage of staff has contributed to the dining room being an unpleasant place to eat so the consumer eats in their room and is becoming isolated. Two representatives interviewed spoke of long wait times to locate staff for assistance and to provide care for consumers. Many consumers with behaviours of concern associated with living with dementia were observed by the Assessment Team wandering and intruding into other consumer’s rooms as there were not enough staff to supervise and redirect. Staff interviewed by the Assessment Team identified that they cannot always meet the needs of consumers due to insufficient staffing levels.

In their response, the approved provider identified that since the Site Audit, the service has reviewed the roster and staff hours, and staff duty lists to facilitate improved care and services.

At the time of the Site Audit, the workforce deployed did not enable the delivery and management of safe and quality care and services.

I find this requirement is Non-compliant.

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

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

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

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

While some consumer representatives interviewed by the Assessment Team felt confident that staff are skilled enough to meet consumer’s care needs, others felt the challenging behaviours associated with living with dementia exhibited by some consumers were beyond the capabilities of some staff. Staff interviewed by the Assessment Team had limited knowledge of emergency procedures, antimicrobial stewardship, open disclosure, and how to manage consumers living with dementia and with behaviours of concern. Observations by the Assessment Team identified that not all staff had the required knowledge and competency to effectively perform their roles.

In their response, the approved provider identified that since the Site Audit the service has commenced an extensive staff education program and a review of the competency program which has resulted in competency assessments being implemented.

At the time of the Site Audit, the service did not demonstrate that all staff were competent and had the knowledge to effectively perform their roles.

I find this requirement is Non-compliant.

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

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

The Assessment Team found that while the service has a planned training schedule, sessions are not well attended by staff and it was not demonstrated that training has been effective in ensuring the workforce is competent to effectively perform their roles particularly in relation to managing behaviours of concern. Two consumer representatives interviewed by the Assessment Team said staff need further training in behaviour management. Some staff interviewed were unsure whether they had received training in behaviour management and dementia, and training records reviewed by the Assessment Team demonstrated that recent training on these topics were not well attended.

In their response, the approved provider identified that since the Site Audit the service has commenced an extensive staff education program that encompasses all eight Quality Standards.

At the time of the Site Audit, the service did not demonstrate that the workforce was trained and supported to deliver the outcomes required by the Quality Standards.

I find this requirement is Non-compliant.

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

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

# A picture containing text, invertebrate, centipede, hydrozoan  Description automatically generatedSTANDARD 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).

Most consumers and representatives interviewed by the Assessment Team said they did not consider they have a say in how the service was run. The service did not provide examples of how consumers are actively engaged in the development, delivery and evaluation of care and services.

Information provided by the service demonstrated the governing body promotes and is accountable for a culture of safe, inclusive and quality care and services. The service demonstrated the implementation of a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and the process of open disclosure.

However, effective organisation wide governance systems were not demonstrated in relation to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints. Effective organisational risk management systems and practices were not demonstrated in relation to managing high impact or high prevalence risks associated with the care of consumers. This included comprehensive assessment and care planning to minimise risks associated with behaviours, and risks associated with psychotropic medication use.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team found that the organisation was unable to demonstrate that it is actively engaging consumers or their representatives in the development and delivery of care and services. Management could not provide examples of how consumers are actively engaged in the development, delivery and evaluation of care and services. Most consumers and representatives interviewed by the Assessment Team did not feel they had a say in how the service was run. Documentation reviewed by the Assessment Team found that when feedback is given, this is not well utilised to improve care and services.

The approved provider’s response identifies how the service plans to improve the review and utilisation of feedback and complaints to improve care and services. However, it does not specifically address how the service is going to engage consumers in the development, delivery and evaluation of care and services.

At the time of the Site Audit, the service did not demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

I find this requirement is Non-compliant.

### 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 Assessment Team found the service did not demonstrate effective organisation wide governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance, or feedback and complaints. However, the organisation’s financial governance systems are working effectively. The Assessment Team identified gaps in the service’s electronic care planning system, internal staff communication channels, continuous improvement plan, staff rostering and training, communication of the Serious Incident Response Scheme (SIRS) and incident management system to consumers and representatives, and management of feedback and complaints.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit in relation to information management, workforce governance, regulatory compliance, and feedback and complaints. The approved provider’s response identifies that information on the SIRS has been distributed to consumers and representatives, and information on the service’s incident management system is planned to be communicated in August 2021.

At the time of the Site Audit, the service did not demonstrate effective organisation wide governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance, or feedback and complaints.

I find 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found the service did not demonstrate effective systems are in place for managing high impact or high prevalence risks associated with the care of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. The Assessment Team found the service is not effectively managing the risks associated with the challenging behaviours of some consumers. Despite an ongoing trend in consumer aggression to other consumers, staff training in dementia and behaviour management has been minimal and effective interventions were not implemented to manage associated risks. The Assessment Team found consumers who were at risk of absconding had not received adequate risk assessment and management to prevent further incidents of absconding.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to improve risk management systems and practices. This includes staff education, improvements to the management of consumers with challenging behaviours, and the engagement of a clinical nurse consultant.

At the time of the Site Audit, the service did not demonstrate effective systems were in place for managing high impact or high prevalence risks associated with the care of consumers, supporting consumers to live the best life they can, and managing and preventing incidents.

I find this requirement is Non-compliant.

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

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

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

# Areas for improvement

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

### Requirement 1(3)(f)

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

#### The approved provider must demonstrate:

* Each consumer’s privacy is respected.
* Effective and safe interventions are implemented to prevent consumers wandering into other consumer’s rooms and disrupting their privacy.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* Assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.
* For consumers with challenging behaviours, individualised assessment and planning occurs to minimise risks and inform safe and effective care.
* Assessment and planning informs the safe use of psychotropic medication and chemical restraint for consumers.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 2(3)(b)

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

The approved provider must demonstrate:

* Assessment and planning consistently addresses the needs, goals and preferences of consumers.
* Consumer goals in relation to care and services are identified and addressed in consultation with the consumer and/or representative.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 2(3)(e)

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

The approved provider must demonstrate:

* Care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals or preferences of the consumer.
* Strategies to manage consumer behaviours of concern are reviewed for effectiveness following incidents.
* Incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Interventions to manage consumers behaviours of concern are tailored to the consumer’s needs and optimises the health and well-being of consumers.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(b)

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

The approved provider must demonstrate:

* The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed. This includes in relation to risks associated with consumer behaviours of aggression and agitation and other behaviours of concern.
* Consumers are comprehensively assessed to identify risks associated with their care and inform safe and effective management of identified risks.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 4(3)(a)

*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 approved provider must demonstrate:

* Services and supports for daily living meet each consumer’s needs, goals and preferences, and optimise their independence, health, well-being and quality of life.
* Consumer services and supports for daily living to optimise their quality of life are identified and documented.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 5(3)(a)

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

The approved provider must demonstrate:

* The service environment is easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function.
* Dementia enabling environment principles are implemented to reduce the confusion and wandering of consumers living with dementia.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 5(3)(b)

*The service environment:*

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

The approved provider must demonstrate:

* The service environment is safe, clean, well maintained, comfortable, and enables consumers to move freely indoors and outdoors.
* The service reviews incidents to assess and ensure the safety of the service environment.
* Effective and safe interventions are implemented to manage consumer behaviours of concern to ensure the service environment is safe and comfortable.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 6(3)(c)

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

The approved provider must demonstrate:

* Appropriate action and an open disclosure process is consistently used in response to complaints or incidents.
* Staff have a comprehensive understanding of open disclosure including how to apply it in response to complaints and incidents.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 6(3)(d)

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

The approved provider must demonstrate:

* Feedback and complaints are effectively reviewed and analysed to improve the quality of care and services.
* Consumer and representative feedback informs continuous improvement actions for the service.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* The workforce deployed enables the delivery and management of safe and quality care and services. This includes personal and clinical care, and to enable effective behaviour management as required.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 7(3)(c)

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

The approved provider must demonstrate:

* Staff are competent and have the knowledge required to effectively perform their roles. This includes but is not limited to emergency procedures, antimicrobial stewardship and how to support consumers living with dementia and with behaviours of concern.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 7(3)(d)

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

The approved provider must demonstrate:

* Staff training is effective in ensuring staff are supported to deliver the outcomes required by the Quality Standards.
* The service has implemented all continuous improvement actions identified in their response.

**Requirement 8(3)(a)**

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

The approved provider must demonstrate:

* Consumers are actively engaged and supported in the development, delivery and evaluation of care and services.
* Consumer and representative feedback influence the development, delivery and evaluation of care and services, across the service and organisation.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 8(3)(c)

*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 approved provider must demonstrate:

* The organisation wide governance systems implemented at the service are effective. This includes in relation to information, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 8(3)(d)

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

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

The approved provider must demonstrate:

* Risk management systems are consistently effective in identifying and managing high impact or high prevalence risks associated with the care of consumers, supporting consumers to live the best life they can, and managing and preventing incidents including the use of an incident management system.
* The service has implemented all continuous improvement actions identified in their response.