BlueCross Cresthaven

Performance Report

1A The Avenue
MALVERN EAST VIC 3145
Phone number: 0424 893 414

**Commission ID:** 3372

**Provider name:** Blue Cross Community Care Services Group Pty Ltd

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

**Date of Performance Report:** 15 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) | 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) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | 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** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** |  **Non-compliant** |
| Requirement 6(3)(a) |  Non-compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | 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) |  Non-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
* Infection Control Monitoring Checklist
* the provider’s response to the Site Audit report received on 25 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 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 Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Sampled 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. For example:

* Consumers and representatives expressed satisfaction they are treated with dignity and respect, and that their privacy is respected. Consumer feedback included that staff always treat them well, that staff are respectful, and that they feel very comfortable at the service.
* Consumer and representative feedback demonstrates that consumers feel supported to exercise choice and independence around making care decisions, making connections, and maintaining relationships.

Staff were able to provide examples of how consumers are supported to make decisions, and maintain social interaction. Staff interviewed explained how they support consumers to exercise choice and how information is provided to consumers.

Care plans detail consumer needs and preferences, and are incorporated into the activities available at the service. The service documents dignity of risk considerations as part of the ‘about me’ assessment form.

The service has various policies and procedures in place outlining diversity and inclusion, ensuring consumers feel culturally safe, respected, valued and understood.

Throughout the audit, the Assessment Team observed staff interaction with consumers to be respectful and kind.

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.

Sampled consumers and representatives confirmed that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives interviewed confirmed they are satisfied they are consulted about their care and can provide input into the planning of services, including the involvement of other organisations and individuals in their care, and end of life planning.
* Representatives provided examples of when they were contacted by the service when changes were made due to a review or change in consumer care needs. However, representatives sampled said they had not been offered a copy of the care plan.

The service did not demonstrate that assessments are updated as consumer health needs change. Care plans do not consistently include relevant information to guide staff regarding current consumer needs. Risks to consumer health and well-being are not always identified and documented.

The Assessment Team reviewed a sample of care plans which demonstrate regular reviews in consultation with the consumer and/or their representative occur.

Registered nurses are rostered on at all times and are responsible for developing all assessments and care plans and completing care plan reviews.

Consumer care needs are identified through a suite of care planning assessments. Care strategies for consumers are transcribed onto the service's handover document, which provides staff with a quick reference guide on each consumer's key care needs.

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.*

The Assessment Team reviewed assessment and care planning documentation. The documentation did not demonstrate there is consideration of risks to the delivery of safe and effective care and services in relation to the use of bed poles and psychotropic medications. Consumers with bed poles in use do not have information in their assessments and care plans to guide staff on monitoring their safety when in bed.

Management cannot demonstrate how the service has considered risks, assessed, consulted, reviewed or minimised the use of chemical restraints. The service has not recognised consumers who currently have chemical restraint in place and have not considered, assessed, or planned for this risk. There is no assessment or authorisation in place for consumers with current chemical restraint, although the service's procedure requires this. Refer to Standard 3 Requirement (3)(a) for further information.

Management’s response to the Assessment Team report acknowledged deficits in the service’s processes, and described actions taken by the service since the audit; this included a plan for continuous improvement addressing shortcomings. Actions taken include:

* All consumers subject to chemical restraint will be reviewed by an expert.
* All consumers prescribed psychotropics medication will be reviewed and any changes in care planning clearly communicated.
* ‘Toolbox’ sessions with care staff on the use of bed poles commenced in March.
* Sighting charts have been commenced for consumers with bed poles.

While I note the responsiveness of management in taking action, a number of these actions have been newly implemented at the time the response was submitted. Taking the above into consideration, and the fact the service was Non-compliant at the time of the audit, I find the service Non-compliant in this requirement.

### 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 Assessment Team also examined relevant documents.

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 consumer care needs. Chemical restraint is not recognised or managed in accordance with best practice or the organisation’s policy.

The service did not adequately demonstrate they effectively minimise infection-related risks or maintain and implement required prevention strategies. The Assessment Team noted examples of poor staff practice in relation to minimising infection risk and a lack of screening of consumers for COVID-19 symptoms.

While some feedback was mixed, overall, sampled consumers and their representatives expressed satisfaction with the care provided, and feel the service is meeting their needs. Consumers and representatives said consumers have access to visiting medical officers, allied health staff and other specialists. Consumers and representatives said they are confident consumers would be cared for according to documented end of life wishes.

Of the consumers sampled, a review of their care plans and associated documents demonstrated consultation from other healthcare professionals, and provides guidance to staff in relation to mobility, falls and specialised nursing care needs.

Consumer care documentation reflected the identification of, and response to changes in health status. Care documents, including progress notes, handover sheets, charting and referrals, reflect that where appropriate, information regarding consumer health status, preferences and needs are communicated to those involved in care provision and decision making.

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

### Assessment of Standard 3 Requirements

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

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

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

The service was not able to demonstrate every consumer receives personal and clinical care in line with best practice and tailored to their individual needs.

The Assessment Team noted that not all consumers are receiving appropriate and safe personal or clinical care. Sampled consumers progress notes, charting, assessments and care plans were reviewed. Chemical restraint is not recognised or managed in accordance with best practice or organisational policy. The service does not minimise the use of chemical restraint, identify when it is occurring, or ensure consultation and informed consent has been obtained.

For the consumers sampled, the service was not able to demonstrate a discussion and informed authorisation or consent for the use of psychotropic medication has occurred. When this was reported to the clinical management, they advised that as there was no chemical restraint in the service, this was not required.

The psychotropic monitoring tool used by the service and provided to the Assessment Team is incomplete. Information missing includes diagnosis, medical officer or geriatrician review, behaviour relevant to the medication, and alternative strategies used.

According to the psychotropic monitoring tool, which clinical management said is used to inform review, not all consumers have been reviewed within three months by a medical officer as per the service’s policy.

File review demonstrated the use of 'as needed' (PRN) psychotropic medication is not best practice. For example, staff have administered psychotropic medication when a consumer is sad or pain is identified and have not consistently implemented or tried non-pharmacological strategies prior to administration.

The service did not demonstrate an understanding of chemical restraint. Refer to Standard 8 requirement 3(e) for further information.

The service is not effectively managing consumer skin integrity, and is not providing safe and effective wound care. The service did not demonstrate pressure injuries are managed consistently, or that pressure area care and equipment is provided when needed.

Management’s response to the Assessment Team report acknowledged deficits in personal and clinical care practices, and described actions taken by the service since the audit, including consumer reviews by senior clinicians, training for registered nurses, ‘toolbox’ training sessions, and weekly wound audits.

While I note the responsiveness of management in taking action, a number of these actions have been newly implemented at the time the response was submitted. Taking the above into consideration, and the fact the service was Non-compliant at the time of the audit, I find the service Non-compliant in this requirement.

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

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

Management does not effectively identify or monitor all high impact and high prevalence risks for individual consumers, such as those using bed poles or those administered psychotropic medications. Staff and management interviews demonstrated a lack of awareness of which consumers have bed poles in use and how consumers who use bed poles are monitored for their safety while in bed.

The Assessment Team observed poor practice in medication management including the use of expired medication, and leaving medication unsecured in communal areas. One occasion, keys to the ‘drugs of addiction’ safe were observed sitting in the lock of the safe unattended and unsupervised.

For the consumers sampled, care planning documentation provides information to guide staff on a range of specialised nursing care needs, including diabetes and catheter care and consumers requiring oxygen. It demonstrates appropriate care is being provided for these care needs.

The service has clinical care policies and procedures to support staff in caring for consumers; however, staff do not always follow these policies. For example, in relation to chemical restraint.

Management’s response to the Assessment Team report acknowledged these deficits in consumer care, and described actions taken by the service since the audit, including staff training, and the introduction of checklist to support staff administering medications.

While I note the responsiveness of management in taking action, a number of these actions have been newly implemented at the time the response was submitted. Taking the above into consideration, and the fact the service was Non-compliant at the time of the audit, I find the service Non-compliant in 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) Non-compliant

*Minimisation of infection related risks through implementing:*

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

The service did not adequately demonstrate they effectively minimise infection-related risks or maintain and implement required prevention strategies.

Management stated consumers are required to be screened daily for COVID-19 symptoms, with results documented on the ‘COVID-19’ form on the electronic care planning system. However, all consumer files reviewed for COVID-19 screening demonstrated this is not consistently occurring.

The Assessment Team observed deficits in the service’s infection control practices, including staff wearing face masks below their nose, staff wearing masks under their chin while on a break in staffrooms, and new masks were not available in staffrooms. The Assessment Team also observed staff did not observe density limits in lifts, high touch areas did not have sanitiser wipes available or signs to prompt sanitising before or after use, and sanitising wipes were not available for cleaning shared care equipment. Cleaning staff said there is no additional high touch point cleaning currently completed in the service.

The service has a specific COVID-19 Outbreak Management Plan (OMP), which was observed by the Assessment Team. The plan outlines the roles and responsibilities of staff should there be an outbreak at the service. However, a lot of the information required in an outbreak is only available electronically or provided by the organisational response team, and this is not always identified in the OMP.

Management’s response to the Assessment Team report acknowledged deficits in infection control, and described actions taken by the service since the audit, including providing reminders to staff regarding screening consumers for symptoms and wearing masks correctly, and increasing the availability of masks, hand sanitiser and sanitising wipes.

While I note the responsiveness of management in taking remedial action, a number of these actions have been newly implemented. Taking the above into consideration, and the fact the service was Non-compliant at the time of the audit, I find the service Non-compliant with this requirement.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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 Assessment Team also examined relevant documents.

Sampled consumers considered that they 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. For example:

* Consumers and representatives interviewed indicated the consumers are supported in daily living with things that interest them and encourage them to maintain their independence as much as possible.
* Consumers are supported by staff to maintain relationships and connections with those who are important to them and to do things of interest.
* Consumers and representatives said they can choose from a variety of suitable meals and snacks; the food is good quality, and meets consumer needs and dietary requirements.

Staff know consumers well, and care plans reflect current goals and preferences to optimise consumer independence, quality of life, health and well-being.

Care documents reviewed, including progress notes, and handover documents, provided adequate information to guide staff in supporting effective and safe consumer care. Care documents also reflect the involvement of external organisations in providing care and support to consumers.

The Assessment Team observed that the service has safe, well-maintained and clean equipment.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as 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) 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.*

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and 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.

All sampled consumers and representatives indicated that they feel consumers belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers and representatives interviewed were satisfied with the service environment indicating the service is welcoming and supports their independence and sense of well-being.
* Consumers confirmed living areas are cleaned regularly, and maintenance of equipment and furnishings occurs promptly.

The service was observed to be welcoming. There are a variety of large and small communal spaces, including a café, internal ‘winter garden’ conservatory and a private dining area available to all consumers. Consumers were observed utilising these areas. The service layout enabled consumers to move around freely, with suitable furniture, fittings and areas for use as preferred. The service environment, including furniture and equipment, was observed to be clean and well-maintained. Preventative and reactive maintenance programs ensure a structured approach to managing the living environment.

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 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 Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Some sampled consumers did not consider that they are encouraged and supported to give feedback and make complaints, and some consumers said appropriate action was delayed. For example:

* Some consumers interviewed stated they did not feel encouraged and supported when they raise complaints to management.
* While some consumers expressed dissatisfaction with the responsiveness of management to complaints, they acknowledged this had improved recently following the escalation of the complaint outside the service.

The service has a documented processes to encourage and support consumers and others to raise feedback and complaints, and staff demonstrated a working understanding of the process. Information is communicated to consumers about advocacy services and external methods for raising complaints. Staff generally were able to explain how they would assist consumers to access advocacy services, external complaints bodies and translation services.

Documentation indicates some concerns, including catering services, are managed in a timely manner, and staff said management is responsive to matters raised. Management acknowledges they are not generally capturing verbal complaints. Feedback forms were not observed to be available in all consumer areas.

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

## Assessment of Standard 6 Requirements

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

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

The Assessment Team made a recommendation of non-compliance in relation to this requirement, presenting evidence that consumers did not feel encouraged and supported when they raise complaints, and that feedback forms are not available in all areas. Four consumers stated that action is not taken on complaints.

Staff interviewed were familiar with the process to support consumers and their families to raise feedback and complaints, and the consumer handbook provides information on how to raise a complaint.

Management’s response to the Assessment Team report acknowledged that the service can make improvements to support consumers to provide feedback. Management described actions taken by the service since the audit, which include:

* Providing feedback to staff that consumers do net feel encouraged and supported to provide feedback.
* Consulting with consumers about how improvements can be made.
* Providing additional feedback forms.
* Requesting staff capture verbal complaints more effectively.
* Using meetings and committees to discuss and document concerns.

While I note the responsiveness of management in taking remedial action, a number of these actions are newly implemented. Taking the above into consideration, and the fact the service was Non-compliant with this requirement at the time of the audit, I find the service Non-complaint with this requirement.

### 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 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 sampled consumers considered that they receive quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers are generally satisfied with the adequacy of staff and responses to requests for assistance. Consumers interviewed said staff are kind, caring and respectful and observations of staff interactions were consistent with this feedback. While consumers sampled are satisfied staff in general have the skills to meet their care needs, some consumers highlighted skills deficits in newer and casual staff.

Staff are generally satisfied there are sufficient staff to complete the work and unplanned leave is replaced, however once the short shifts have left, they struggle to complete their workload. Management discussed how the workload is managed when the short shifts have left and indicated care staffing was under review. Management said an increase in consumers in the last few months and significant sick leave in January, resulted in an increase in the number of new and casual staff working at the service.

Rosters indicate unplanned leave is mostly replaced. Call bell monitoring occurs and indicate staff mostly assist consumers in a timely manner.

Staff are satisfied they have access to, and can request, education and training. Management and staff described how staff performance is monitored and reviewed and supported this with examples.

The organisation has a comprehensive induction program that includes a suite of mandatory training and policies and procedures. Records show staff are required to demonstrate they complete induction requirements.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### 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).

Sampled consumers considered that the organisation is well run, however some consumers felt frustrated in their ability to partner in improving aspects of the delivery of care and services. Management are in the process of addressing these issues and have set up a ‘Resident Committee’ to support this process.

Consumers living in services across the organisation are invited to participate in consumer focussed projects, one being the Diversity Steering Committee.

Management described how the organisation’s governing body promotes a culture of safe, inclusive and quality care. This is achieved through organisational governance structures, policies and procedures, induction programs, and information communicated to consumers and staff.

There are effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance and regulatory compliance.

While the organisation has a risk management framework which is supported by policies, management were not able to demonstrate effective management of high impact and high prevalence risks in relation to skin care, wound management, medication management, use of bed poles and highly transmissible infection-risk. Documentation and interviews demonstrate staff are aware of their responsibilities in relation to recognising and responding to abuse and neglect of consumers. Interviews and documentation show consumers are supported to live the best life they can.

While the service has a clinical governance framework and demonstrates effective antimicrobial stewardship and application of open disclosure, processes for monitoring and applying minimisation of chemical restraint are not effective. A number of consumers living with dementia are prescribed medication considered as restraint, and management were not able to demonstrate that they considered and documented for these consumers why they did not consider administration of the medications as restraint.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) 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) 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.*

While the organisation has a risk management framework which is supported by policies, management were not able to demonstrate effective management of high impact and high prevalence risks in relation to skin care, wound management, staff practice in medication administration, use of bed poles and highly transmissible infections. Documentation and interviews demonstrate staff are aware of their responsibilities in relation to recognising and responding to abuse and neglect of consumers. Interviews and documentation show consumers are supported 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 optimises their health and well-being in relation to skin care and wound management. The Assessment Team identified deficits in care. Refer to Requirement 3(3)a for further information.

The Assessment Team noted consumers with bed poles are not monitored for safety when they are in use by a consumer. The organisational policy does not inform staff how to monitor consumer safety when using bed poles. Management said they will arrange for a review of the policy at an organisational level.

The Assessment Team observed poor staff practice in relation to medication management, which included leaving medications unsecured in communal areas.

Management did not demonstrate effective management of infection-related risks or maintain and implement the required prevention strategies. Refer to Requirement 3(3)g for further information.

Management’s response to the Assessment Team report acknowledged that the service can improve managing high impact and high prevalence risks including management of psychotropic medication. The service has undertaken to review issues at a thematic level and implement an improvement plan.

### 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.*

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.

Management and senior staff did not demonstrate an understanding of chemical restraint at entry or during the audit. Management said the service has no chemical restraint. However, the Assessment Team noted consumers including consumers with a diagnosis of dementia, are currently prescribed and administered regular and PRN psychotropic medication that would be considered chemical restraint. Management could not demonstrate how the service has considered and documented it is not chemical restraint for these consumers.

Management were not able to demonstrate effective processes to monitor and minimise restraint. Refer to Requirement 3(3)a for further information. Management stated a review of all consumers receiving psychotropic medication will be completed.

Management and clinical staff demonstrated an understanding of antimicrobial stewardship and provided examples of how the service’s practice seeks to reduce the use of antibiotics.

Staff confirmed they had been educated about open disclosure and provided examples of its relevance to their work.

Management’s response to the Assessment Team report acknowledged that the service can make improvements to minimising the use of restraint. The service has undertaken to review issues at a thematic level and implement an improvement plan.

# 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.*

Ensure there are consistent documented processes in place to inform assessment and care planning, especially inrelation to bed pole and psychotropic medication use.

### 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 consent is documented for the use of psychotropic medications.
* Ensure intervention strategies are documented and trialled prior to the administration of PRN psychotropic medication.
* Ensure consumers who are taking psychotropic medications are reviewed every three months.
* Educate staff on the use of chemical restraint.
* Ensure effective management of skin integrity issues including pressure area and wound care.

### Requirement 3(3)(b)

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

Ensure effective management of high impact and high prevalence risks including bed pole use, psychotropic medications, and medication management.

### Requirement 3(3)(g)

*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.*

Implement consistent standard and transmission based precautions to prevent and control infection including consistently implementing enhanced precautions required to prevent and mitigate the risk of an outbreak of COVID-19.

### Requirement 6(3)(a)

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

Ensure processes are in place to encourage and support consumers and representatives to provide feedback and make complaints. Ensure feedback and complaints are addressed and resolved.

### 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.*

Ensure effective monitoring processes are in place to effectively manage high risk consumer care needs.

### 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.*

Develop and implement a policy and process for identifying and minimising the use of chemical restraint.