Bonney Lodge

Performance Report

24 Hawdon Street
BARMERA SA 5345
Phone number: 08 8588 0400

**Commission ID:** 6149

**Provider name:** Riverland Mallee Coorong Local Health Network Incorporated

**Site Audit date:** 21 September 2020 to 25 September 2020

**Date of Performance Report:** 27 January 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) | 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) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | 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** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

The following information has been considered 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 30 October 2020.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team recommended Requirement (3)(d) in this Standard as not met. The Assessment Team found the service did not demonstrate an understanding of supporting each consumer to take risks. Based the Assessment Team’s report and the Approved Provider’s response, I have come to a different view in relation to the Assessment Team’s recommendation and find Requirement (3)(d) in this Standard Compliant. I have provided reasons for my finding in the respective Requirement below.

The Assessment Team found that all consumers interviewed consider 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. Examples provided by consumers and representatives include:

* Two consumers and one representative indicated staff always treat consumers with respect. The consumers said staff are kind, caring and that staff know consumers well.
* All consumers and representatives interviewed were able to describe how the service provides information to help them make decisions in relation to consumers’ lives, including consumer and representative involvement in care planning processes.
* All consumers and representatives interviewed indicated consumers are satisfied privacy is maintained and their personal information is kept confidential.

Staff interviewed spoke about consumers in a respectful manner and were familiar with consumers’ background, culture, needs and preferences. Staff indicated they have access to relevant information to support consumer care, including information about specific strategies for individual consumers. Staff were able to discuss strategies used to support consumers to maintain relationships, including ensuring privacy is provided when consumers have visitors.

The Assessment Team observed staff interacting with consumers in a respectful, polite and friendly manner, including warmly greeting consumers and representatives in public areas of the service. They also observed consumers sitting with their families in small lounge areas of the service.

The Assessment Team sampled consumers’ care planning documents which reflect consumers’ preferences, wishes, cultural needs and things which are important to consumers. The organisation’s policies support staff to maintain confidentially of documents which contain consumers’ personal information.

## 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.*

The Assessment Team found the service did not demonstrate an understanding of supporting each consumer to take risks, specifically in relation to smoking cigarettes and self-administering medications. The Assessment Team provided the following findings and evidence in relation to their recommendation of not met in this Requirement:

* Four consumers’ ‘dignity of choice/risk’ forms did not include information that the service had discussed with consumers the identified risks associated with their choice to smoke cigarettes or self-administer medications.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to review all consumer risk forms to ensure they contain explicit information about the risks discussed with each consumer associated with their activity of choice.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with this Requirement.

In coming to my finding I have considered information in the Assessment Team’s report which indicates the service has individual procedures to support each consumer to take risks to enable them to live the best life they can. The Assessment Team found each ‘dignity of choice/risk’ form for the three consumers who smoke contain procedures for frequency of smoking, protective clothing to be worn, supervision, and providing consumers with both cigarettes and lighters. In relation to one consumer who self-administers one medication, the service has procedures for the consumer to follow and to ensure staff are informed when the consumer has self-administered the medication.

While discussions with consumers about risks associated with these activities are not explicitly written in the ‘dignity of choice/risk’ form, I have relied upon the Assessment Team’s evidence that the service has implemented strategies and procedures to support consumers to smoke and self-administer medications. I have also considered the omission of this information on the ‘dignity of choice/risk’ form in relation to Standard 2 Requirement (3)(a), that is, assessment and planning processes.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Bonney Lodge, to be Compliant with Standard 1 Requirement (3)(d).r

### 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

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

The Assessment Team recommended Requirements (3)(a) and (3)(e) in this Standard as not met. The Assessment Team found the service was unable to demonstrate assessment and planning processes consider risks to consumers’ health and well-being or that care, and associated strategies are reviewed following incidents impacting on the health and well-being of a consumer. Based on the Assessment Team’s report and the Approved Provider’s response, I find that these two Requirements are Non-compliant. I have provided reasons for my findings in the respective Requirements below.

The Assessment Team found most consumers interviewed consider they are partners in the ongoing assessment and planning of their care and services. Examples from consumers and/or representatives include:

* Consumers and/or representatives indicated they have discussed advance care planning and end-of-life choices with clinical staff.
* One consumer said they had discussed their care plan with staff and their representative.
* A representative said they are consulted about all aspects of their consumer’s care and are contacted regularly by staff.
* A representative said they have sighted and are satisfied with their consumer’s care plan.

Staff interviewed were able to discuss most consumers’ individual needs and preferences. Staff also provided examples about how they discuss any changes to care needs with clinical staff and how this information is considered during review processes and discussed with consumers and/or representatives.

The Assessment Team reviewed care plans for sampled consumers and found most contained information about consumers’ life history, current care needs and information about what is important to consumers. Care plans also contained advance care plans with specific guidance for staff in relation to wishes in the event of a deterioration in health. Care planning documents also demonstrated a range of health professionals and others are involved in care planning. Care plans are accessible by staff and information is also provided during handover to ensure staff are aware of consumers’ care needs.

## 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 found the service does not consistently ensure assessment and planning includes consideration of risks to consumers’ health and well-being. The Assessment Team provided the following information and evidence relevant to my finding:

* The service did not consider one consumer’s mental health needs and history during assessment and care planning processes. The service had access to and were aware of the consumer’s mental health needs as outlined in admission documentation, progress notes and confirmed by the consumer’s representative.
* The service did not demonstrate consideration of the efficacy of falls prevention strategies following several falls, including falls where the consumer sustained injury.
* The service did not consider or assess a consumer’s risk of malnutrition on entry to the service following a significant weight loss and illness.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to have regular meetings with consumers to identify changes in preferences, needs and goals.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service’s assessment and planning processes did not effectively consider risks associated with consumers’ health and well-being, specifically one consumer’s mental health, one consumer’s nutritional status and one consumer’s risk of falls.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Bonney Lodge, to be Non-compliant with Standard 2 Requirement (3)(a).

### 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) 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 the service was able to demonstrate care and services are regularly reviewed for effectiveness and when circumstances change. However, the service was unable to demonstrate care and services were effectively reviewed for one consumer following several incidents. The Assessment Team provided the following information and evidence relevant to my finding:

* The service did not review the care plan and assessments for one consumer who had several falls, including sustaining injury for a significant number of the falls.
	+ While falls risk assessments were completed following each fall, evaluation of current falls prevention strategies was not completed, and implementation of additional falls prevention strategies were not implemented.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to have timely consultation with consumers and/or representatives following all incidents, including implementing a duty statement for the relevant clinical staff member to include assisting and ensuring prompt and timely response to identified changes in the provision of consumer care, needs and preferences.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service did not effectively review one consumer’s care and strategies following several incidents of falls, including incidents where the consumer sustained injuries because of the fall.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Bonney Lodge, to be Non-compliant with Standard 2 Requirement (3)(e).

# 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

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

The Assessment Team recommended Requirements (3)(a), (3)(b), (3)(d) and (3)(e) in this Standard as not met. The Assessment Team found the service did not demonstrate each consumer is provided with care in accordance with their needs or best practice, or that high impact or high impact risks associated with care were appropriately managed. Additionally, clinical staff did not always respond to changes in consumers’ clinical condition or document relevant information to support the provision of care. Based on the Assessment Team’s report and the Approved Provider’s response, I find that these four Requirements are Non-compliant. I have provided reasons for my finding in the respective Requirements below.

The Assessment Team found some consumers interviewed consider they receive personal care and clinical which is safe and right for them. For example:

* Consumers and representatives interviewed are satisfied each consumer’s comfort, dignity and palliative care needs are maintained.
* Most consumers indicated they have access to their medical officer when required.

Staff interviewed were able to describe how they maintain consumers’ comfort during the terminal phase of life, including consultation with medical officers. Staff also provided examples of various health professionals are used within the service and how health professionals review and plan care for consumers. Staff provided examples of how they support consumers with infections, including the appropriate use of antibiotics.

The Assessment Team observed appropriate handwashing facilities throughout the service and staff utilising these facilities.

The service has documented policies and procedures to support ‘end of life’ and referrals to health professionals outside the service when required. The Assessment Team sampled consumers’ files and found evidence of input from medical officers and related health professionals. Policies and procedures also guide infection control and practices to reduce the risk of resistance to antibiotics. Clinical indicator data demonstrate the service record and analyse infections to identify any potential spread of infection.

### 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.*

This Requirement was found to be Non-compliant following an Assessment Contact on 4 to 6 February 2020. The Assessment Team found the following actions were implemented to address the deficiencies identified at the Assessment Contact. These actions include:

* Morning shift commencement times were reviewed and change to support consumers who prefer early showers in the morning.
* Various education sessions in relation to personal and clinical care was provided to staff, including diabetes management, recognising and responding to deterioration, and oxygen therapy management.
* Relevant care plans were updated.
* Clinical staff are now reading progress notes daily to identify clinical or care issues requiring action.

While the service had implemented actions to address the deficiencies identified at the Assessment Contact, the Assessment Team found the service was unable to demonstrate each consumer gets safe and effective clinical care which is best practice, tailored to their needs and optimises their health and well-being. The Assessment Team provided the following information and evidence relevant to my finding:

* The service did not consider or assess a consumer’s (Consumer A) risk of malnutrition on entry to the service following a significant weight loss and illness. While nutritional supplements and monitoring strategies in relation to the consumer’s weight and nutritional intake were directed, including weekly weighs and food charts, these have not been completed effectively, including the omission of one supplement for at least 15 days.
* The service had not assessed a consumer’s (Consumer B) ability to self-administer pain-relieving medications which were stored in their top drawer.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to have daily huddles and education nights with staff to discuss best practice associated with a range of clinical and care topics, with a focus on post falls management. Additionally, clinical audits will be conducted and discussed with staff. In relation to the two consumers’ identified above, the Approved Provider asserts:

* Consumer A had a dietitian review and malnutritional risk assessment in hospital prior to transferring to the service, with the dietitian noting weekly weighs and food charting were to be ceased due to weight increase.
* Consumer B had pain medication stored in their room which was brought into the service by a relative. Staff were unaware the consumer had this medication in their room.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team and the additional information in relation to Consumers A and B. However, I find at the time of the Site Audit, the service did not ensure each consumer get safe and effective clinical care. I acknowledge that the service acted in the best interests of Consumer B when they were alerted to Consumer B’s possession of pain medication and subsequent actions of sending representatives a message about the process for bringing medication into the service. However, in coming to my finding I find that the service did not effectively manage Consumer A’s care in accordance with their assessed needs. I have relied upon evidence indicating Consumer A did not receive their nutritional supplement for a significant period. Additionally, the Approved Provider asserts monitoring processes of weekly weighs and food charts were no longer required, however, I find the service’s failure to conduct an adequate assessment of nutritional status considering the consumer’s recent significant weight loss, demonstrates staff did not provide care in accordance with best practice.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Bonney Lodge, to be Non-compliant with Standard 3 Requirement (3)(a).

### 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 effectively manage high impact or high prevalence risks associated with the care of each consumer, mostly relating to the care of a consumer who was experiencing ongoing falls. The Assessment Team provided the following information and evidence relevant to my finding:

* A consumer had 10 falls in an approximate 10-week period, with five falls resulting in injury. However, the service did not effectively implement, or review falls prevention strategies to minimise the risk of falls and injury. Additionally, staff did not complete neurological observations in accordance with the service’s processes to effectively monitor for adverse clinical outcomes following several falls.
* Three consumers’ visual charting (one consumer was commenced on this charting due to a fall) had some documented inconsistencies.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to have daily huddles and education nights with staff to discuss best practice associated with a range of clinical and care topics, with a focus on post falls management. Additionally, clinical audits will be conducted and discussed with staff, and visual observation processes are under review.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service did not effectively manage one consumer’s risk of falls effectively or adequately conduct clinical observations following incidents of falls to monitor for adverse outcomes.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Bonney Lodge, to be Non-compliant with Standard 3 Requirement (3)(b).

### 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) Non-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.*

The Assessment Team found the service did not demonstrate clinical staff consistently identify change or deterioration to consumers’ physical function or capacity nor respond in a timely manner. The Assessment Team provided the following information and evidence relevant to my finding:

* A consumer was not transferred to hospital in a timely manner when showing clinical signs of change and/or deterioration following an incident which resulted in a significant injury.
* A consumer was not provided with additional monitoring and assistance as directed by the medical officer after two ‘near miss’ incidents.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to have daily huddles and education nights with staff to discuss best practice associated a range of clinical and care topics, with a focus on post falls management.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service did not respond in timely manner to changes in physical function or condition for two consumers who were presenting with clinical signs of change.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Bonney Lodge, to be Non-compliant with Standard 3 Requirement (3)(d).

### Requirement 3(3)(e) Non-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.*

The Assessment Team found the service did not consistently ensure information about consumers’ conditions, needs and preferences were documented or communicated within the organisation, and with others where responsibility of care is shared. The Assessment Team provided the following information and evidence relevant to my finding:

* A consumer who sustained a significant injury following an incident did not have their change in condition nor injury documented to ensure staff had enough information to provide safe and effective care. Additionally, this consumer’s family was not notified of the incident which resulted in hospital admission, in a timely manner.
* A consumer who was transferred to hospital following an incident did not have their care file updated to include information relevant to the provision of their care from their stay in hospital.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to have daily huddles and education nights with staff to discuss best practice associated with a range of clinical and care topics, with a focus on post falls management.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service did not update relevant documentation to support effective assessment, planning and provision of care for two consumers following incidents which required hospital transfer. I have also considered that staff did not notify the consumer’s family of an incident which resulted in significant injury when the consumer was showing signs of clinical deterioration prior to within a reasonable timeframe following the consumer’s admission to hospital.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Bonney Lodge, to be Non-compliant with Standard 3 Requirement (3)(e).

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

Based on the Assessment Team’s report and the Approved Provider’s response I find the Riverland Mallee Coorong Local Health Network Incorporated, in relation to Bonney Lodge, to be Compliant with all Requirements in this Standard.Riverland

The Assessment Team found most consumers interviewed consider they receive the services and supports for daily living which are important for each consumer’s wellbeing and enable consumers to engage in things they want to do. Examples provided by consumers include:

* Consumers provided examples of services and supports used to support maintenance of their independence.
* Consumers indicated they enjoy the activities provided, even though they are not always activities aligned with their preferences.
* Consumers indicated staff are supportive of them and provide care in accordance with their preferences and goals.
* Two consumers provided examples about how the service supports them to engage in communities outside of the service.
* Consumers are satisfied with the equipment used to manage their safety and comfort.

Staff interviewed provided examples of services used to support consumers preferences and enable independence for specific activities. Staff explained how the group lifestyle activity program is tailored to consumers’ preferences and functional ability. They also indicated members of the community support activities and how the service works in partnership with external organisations to provide supports for daily living. Catering staff stated consumers’ dietary information is provided to them to support the provision of meals and foods for special occasions. Staff indicated they have access to equipment to provide care.

The Assessment Team observed lifestyle staff spending one-to-one time speaking with consumers and assisting them with activities. They also observed the kitchen to be clean and tidy with staff practice in accordance with food safety protocols. Equipment used in the service appeared to be clean and well-maintained.

Consumers’ care plans reviewed demonstrates consumers’ needs, preferences and goals identifies services and supports consumers need to help to engage in things they wish to do. Care plans also include information about emotional, spiritual and psychological well-being, including interventions of one-to-one sessions for consumers with staff, volunteers, spiritual representatives and mental health specialists. Care plans include information in relation to consumers’ engagement in activities within and outside the home, including strategies to maintain relationships and external supports used to support consumers’ daily life. Food preferences and dietary needs are included in plans of care. The service has a lifestyle calendar offering consumers a variety of internal and external community-based activities.

## 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

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

Based on the Assessment Team’s report and the Approved Provider’s response I find the Riverland Mallee Coorong Local Health Network Incorporated, in relation to Bonney Lodge, to be Compliant with all Requirements in this Standard. Riverland

The Assessment Team found all consumers interviewed indicated they feel they belong in the service and feel safe and comfortable in the service’s environment. Examples provided by consumers include:

* All consumers indicated the service is clean and well-maintained and they enjoy the communal areas and outdoor spaces.
* All consumers feel safe and said the service is always clean with furnishings which meets their needs.
* All consumers are satisfied furnishings, furniture, fittings and equipment are safe, clean, well-maintained and suitable for their use.
* One consumer provided an example of a piece of equipment provided to support and improve their comfort.

The Assessment Team observed the service has indoor and outdoor spaces suitable for consumers and visitors, with the environment appearing clean and allowing consumers to move freely indoors and outdoors. The service has navigational signs throughout to assist with orientation and direction.

Management informed the Assessment Team there are renovation plans for the service and an environmental audit completed by dementia specialists in the memory support unit has recently been completed, with recommendations currently being considered. The service has staff who support internal and external maintenance programs and these staff provided an example during the audit in relation to how they respond to emergency maintenance issues, including considering consumers’ safety. These staff also described the process for monitoring and maintaining equipment.

The Assessment Team reviewed maintenance reports in relation to reported maintenance issues and routine maintenance records.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team recommended Requirements (3)(c) and (3)(d) in this Standard as not met. The Assessment Team found the service did not demonstrate it consistently uses an open disclosure process when things go wrong. The Assessment Team also found the service has not consistently identified areas of continuous improvement from feedback and complaints to improve care and services. Based on the Assessment Team’s report and the Approved Provider’s response, I have come to a different view in relation to the Assessment Team’s recommendations and find Requirements (3)(c) and (3)(d) in this Standard Compliant. I have provided reasons for my finding in the respective Requirements below.

The Assessment Team found most consumers and/or representatives interviewed are encouraged and supported to provide feedback and make complaints. Examples provided include:

* Consumers were able to describe avenues of making complaints and said they are comfortable speaking with management if there are any problems.
* One representative said if they have any issues they raise them with staff and it is immediately resolved.
* Consumers and representatives are aware of advocacy services.

Staff interviewed described processes they use if consumers/representatives provide feedback and were able to describe advocacy and language services available. Staff indicated they have had training in relation to complaints and open disclosure, and staff interviewed were able to describe actions taken in response to recent complaints.

The Assessment Team observed information leaflets in the service outlining advocacy and language services and feedback letter boxes throughout the service.

The service has a complaint management system support by policies and procedures. The continuous improvement plan demonstrates feedback is used to improve the quality of care and services.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The Assessment Team found the service did not demonstrate it consistently uses an open disclosure process when things go wrong. The Assessment Team provided the following findings and evidence in relation to their recommendation of not met in this Requirement:

* Documentation shows a consumer’s daughter was not informed of a significant incident which occurred overnight until the following morning. Staff did not document the conversation with the daughter in its entirety, there is no mention of what was disclosed during the conversation nor what the apology was for.
* One representative is not satisfied appropriate action is taken by the service in response to complaints.
* While management and staff interviewed understood open disclosure processes, their descriptions and actions did not include the use of an apology when things went wrong.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes the following actions:

* Staff have been reminded and visual prompts developed to remind staff about open disclosure processes and open disclosure training for staff has been planned.
* Evaluation of complaints will be completed to allow for the full quality cycle to be completed, ensuring consumers’ satisfaction with the response to the identified issue and that no further issues have arisen.
* Resident surveys will commence and be coordinated by the Health Advisory Council presiding member.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with this Requirement.

In coming to my finding, I have considered information in the Assessment Team’s report about the incident of not using open disclosure with a consumer’s daughter following an incident. While staff did not inform family about the significant incident until after the consumer’s transfer to hospital, documentation supports that the consumer’s daughter was provided with an apology and details of the incident when the daughter spoke with staff. In coming to my decision, I find that staff did use open disclosure by speaking with the consumer’s daughter on the phone and detailing the incident, including the offering of an apology. I acknowledge the Assessment Team’s finding that the staff did not inform the consumer’s family of the incident in a timely manner and did not comprehensively document the apology and discussion with the consumer’s daughter, however, I have considered this information in relation to Standard 3 Requirement (3)(e).

I have taken into consideration one consumer representative is not satisfied appropriate action is taken in response to complaints. However, information in the Assessment Team’s report indicates the service does respond to complaints from this representative and staff interviewed were aware of strategies implemented following complaints. I have also considered that staff interviewed could describe actions taken in response to other recent complaints.

The service has acted to better improve their processes in relation to this Requirement, including planning staff training in relation to open disclosure. I find that at the time of the Site Audit, appropriate actions to complaints were undertaken and the one example in the Assessment Team’s report of open disclosure indicated this occurred, notwithstanding an improvement in documentation is required.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Bonney Lodge, to be Compliant with Standard 6 Requirement (3)(c).

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

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

The Assessment Team found the service has not consistently identified areas of continuous improvement from feedback and complaints to improve care and services. The Assessment Team provided the following findings and evidence in relation to their recommendation of not met in this Requirement:

* The Assessment Team provided an example of a complaint used to improve care and services for consumers, however, identified the service had not identified it as a continuous improvement opportunity.
* The Aged Care Experience Survey records complaints, however, this information is not collated with other complaints for trending and analysis.
* The service’s complaints log has identified a consumer complaint as resolved, however, the Assessment Team indicated the consumer does not consider the issue resolved.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes the following actions:

* The Approved Provider asserts there have been many instances of improvements to care and services because of informal and formal feedback, and examples of continuous improvement activities initiated by this feedback was presented to the Assessment Team.
* The service has developed a spreadsheet to ensure greater clarity and visibility of the improvements resulting from feedback.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with this Requirement.

In coming to my finding, I have considered information in the Assessment Team’s report that includes several examples of improvements to care and services initiated from feedback and complaints. I have also considered that the continuous improvement plan documents evidence of feedback and how this is used to improve the quality of care and services. While I acknowledge there are opportunities to improve documentation in relation to continuous improvement activities and use of feedback in data analysis, I am persuaded that on the evidence in the Assessment Team’s report and the Approved Provider’s response, the service has effectively used feedback and complaints to improve care and services for consumers.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Bonney Lodge, to be Compliant with Standard 6 Requirement (3)(d).

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team recommended Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in this Standard as not met. The Assessment Team found the service was unable to demonstrate enough numbers of staff to deliver safe and quality care and services or that staff are competent and have the skills perform their roles. The Assessment Team also found the service did not demonstrate staff are provided with effective and ongoing training or that they monitor staff performance. Based on the Assessment Team’s report and the Approved Provider’s response, I find that Requirements (3)(a) and (3)(c) are Non-compliant. However, I have come to a different view in relation to the Assessment Team’s recommendation in relation to (3)(d) and (3)(e) and find these Requirements Compliant. I have provided reasons for my finding in the respective Requirements below.

The Assessment Team observed staff interacting with consumers respectfully, including greeting consumers by name and with a smile when they first approach.

Four consumers/representatives interviewed are satisfied staff are kind, caring and respectful of their culture.

Management provided examples of communications to staff which promote supportive and respectful language in the service.

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found the service did not demonstrate the workforce is planned to ensure the delivery and management of safe and quality care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* Consumers/representatives interviewed said staff are not always available to provide consumers with assistance with their care:
	+ Two consumers/representatives interviewed said there are not always enough staff to provide adequate care to consumers.
	+ One consumer interviewed said they have “soiled themselves” when staff have not attended to their call bell in a timely manner.
	+ Two consumers/representatives interviewed said they sometimes must wait for staff to answer consumers’ call bells.
	+ One representative said they at times when they telephone the service it can take three or four attempts for staff to answer the phone which can be frustrating.
* Feedback from several staff indicate they do not have enough time to monitor consumers or provide assistance in a timely manner.
* While the service has a process to monitor and review call bells over 10 minutes, management were unable to provide evidence of follow-up for 33 calls bells over 10 minutes in a four-day period.
* Call bell data indicates a consumer who has sustained several falls and requires a sensor mat to alert staff to the need for assistance, did not have their sensor alert always responded to in a timely manner considering the consumer’s high risk of falls.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to further provide ongoing support to staff. The Approved Provider asserts that the service is above the minimum staffing requirements as outlined in the Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2020 and staffing mix and methodology is assessed daily and more often if required. Additional resources were deployed in June 2019 following issues identified by the Commission, however, these were only for a fixed term and the service are in the process of returning to normal staffing levels, following a period of significant overstaffing.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service does not meet this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team and the additional resources which were initially deployed to assist the service to return to compliance and view that the service is over-staffed according to outlined union standards. However, in coming to my finding I have relied on upon the feedback from consumers, representatives and staff which indicates staff are not always available to assist consumers in a timely manner, including responding to call bells for consumers at known risk of incidents if not provided timely assistance. I have also considered that call bell monitoring processes have not been effective.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Bonney Lodge, to be Non-compliant with Standard 7 Requirement (3)(a).

### 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.*

The Assessment Team found the service did not demonstrate the workforce is competent and has the knowledge and skills to effectively perform their roles. The Assessment Team provided the following information and evidence relevant to my finding:

* Staff have not always provided consumers with care in accordance with consumers’ needs, best practice or organisational processes.
* Staff have not identified and responded to consumers’ changes in health condition in a timely manner. Additionally, staff practice has not always been adhered to as outlined in Standard 3 Requirement (3)(a).
* Staff have not met their legislative requirements in relation to compulsory reporting of allegations or suspicions of consumer assault.
	+ Training records in relation to compulsory reporting and elder abuse indicate not all staff have completed this training.
* The service’s monitoring processes had not identified the deficiencies in relation to staff skills and knowledge as demonstrated by deficits identified in Standard 2 and Standard 3 during the Site Audit.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to further provide ongoing support to staff, including comprehensive training for staff. The Approved Provider asserts there are informal mechanisms to actively assess, monitor and review performance of the workforce via the implementation of thee Associate Nursing Unit Managers, one for each area, who work on the floor constantly monitoring clinical performance.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service does not meet this Requirement.

I acknowledge the service’s actions and improvements to increase monitoring of clinical and care staff. However, in coming to my finding I considered that while staff have been provided extra support and supervision by additional clinical managers, staff have not demonstrated they are able to effectively identify and manage risks associated with consumers’ care or respond appropriately or in a timely manner to changes in consumers’ clinical health status. Knowledge and skills in relation to these aspects is critical to ensuring each consumer always receives safe and appropriate care.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Bonney Lodge, to be Non-compliant with Standard 7 Requirement (3)(c).

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

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

The Assessment Team found the service did not demonstrate it provides staff with effective ongoing training, education and/or support to ensure they carry out their roles and responsibilities to deliver safe and quality care and services to consumers. The Assessment Team provided the following findings and evidence in relation to their recommendation of not met in this Requirement:

* The Assessment Team found training has not been effective and not all staff have completed training in relation to compulsory reporting of allegations or suspicions of consumer assault as evidenced by staff failing to meet their legislative requirements in this respect.
* While training in relation to several clinical areas has been provided to staff, this training has not been effective as evidenced by deficiencies identified in Standard 2 and Standard 3.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to further provide ongoing support to staff, including comprehensive training for staff. The training includes a range of clinical topics aligned to the newly developed performance monitoring framework.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with this Requirement.

In coming to my finding, I have considered information in the Assessment Team’s report that indicates a range of training has been provided to staff. The training provided indicates it is provided to support appropriate delivery of care. While deficits in relation to staff practice have been identified by the Assessment Team, I find that these deficiencies have been considered in relation to Standard 7 Requirement (3)(c), that is staff have not effectively performed their roles and have not been monitored in their roles, rather than not having been provided appropriate training.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Bonney Lodge, to be Compliant with Standard 7 Requirement (3)(d).

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

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

The Assessment Team found the service did not demonstrate assessment, monitoring or review of performance of members of the workforce is consistently and effectively undertaken. The Assessment Team provided the following findings and evidence in relation to their recommendation of not met in this Requirement:

* Management was unable to provide evidence of staff performance management undertaken in relation to some deficits identified by the Assessment Team.
* Management were not aware of the deficits identified by the Assessment Team in relation to staff not managing a consumer’s malnutrition risk and weight loss, undertaking visual checks for a consumer who continued to have incidents of falls or extended call bell times for consumers who are at high risk of falls.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to provide further ongoing support to staff, including comprehensive training for staff. The Approved Provider asserts performance review and assessment, monitoring and review of the performance of each staff member is undertaken. Performance reviews are undertaken in accordance with organisational policy and is monitored by the organisation monthly.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with this Requirement.

In coming to my finding, I have considered information in the Assessment Team’s evidence in this Requirement has already been considered in other Requirements in this Standard and in Standard 2 and Standard 3. The Assessment Team found regular formal appraisals are completed as part of a staff performance framework. I consider that this indicates that staff members have an appropriate person regularly evaluate how they are performing their role, and identify, plan for and support any required training and development. I am satisfied if the service improves their monitoring of staff competency in relation Requirement (3)(c) in this Standard and outcomes in Standard 2 and 3, the service’s current process in relation to this Requirement are sufficient to review the performance of staff.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Bonney Lodge, to be Compliant with Standard 7 Requirement (3)(e).

# 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

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

The Assessment Team recommended Requirements (3)(c) and (3)(d) in this Standard as not met. The Assessment Team found the service does not have effective organisation-wide governance systems relating to information management, continuous improvement, workforce governance, and feedback and complaints. The Assessment Team also found that while the organisation has a documented risk management framework, the service did not demonstrate the aspects of high impact of high prevalence risks were effectively managed. Based on the Assessment Team’s report and the Approved Provider’s response, I find that Requirements (3)(c) and (3)(d) are Non-compliant. I have provided reasons for my finding in the respective Requirements below.

The Assessment Team found most sampled consumers consider the organisation is well run and they can partner in improving the delivery of care and services. Consumers and representatives are actively engaged in the development, delivery and evaluation of care and services through the organisation’s governance structure.

The Board and governance structure monitor the delivery of services to ensure the service is well run and delivers safe, high quality care in accordance with the organisation’s purpose, aims and goals.

The organisation has a clinical governance framework, which includes policies relating to antimicrobial stewardship, minimisation of the use of restraint and open disclosure. Staff interviewed were able to describe how these policies and framework were relevant to their work. Management were also able to provide examples of changes to the delivery of care as result of these policies.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

This Requirement was found to be Non-compliant following an Assessment Contact on 4 to 6 February 2020. The Assessment Team found the following actions were implemented to address the deficiencies identified at the Assessment Contact. These actions include:

* Education for staff in relation to compulsory reporting and requisite actions.
* A template/register for the reportable and non-reportable incidents of assaults was implemented.
* All consumers’ progress notes are read daily each week-day to identify any suspicions of assaults.
* Management complete a daily review of consumer numbers and allocated shifts, including reviewing call bell response times.

While the service had implemented actions to address the deficiencies identified at the Assessment Contact, the Assessment Team found the service was unable to demonstrate actions have been effective in relation to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints. The Assessment Team provided the following information and evidence relevant to my finding:

* In relation to information management, staff do not use best practice in relation to clinical documentation and clinical information is not always accurate, current or sufficient to support the provision of safe and appropriate care and services.
* In relation to continuous improvement, two improvement activities relating to deficiencies identified at previous audits by Commission have not been effective.
* In relation to regulatory compliance, the service did not report incidents of allegations or suspicions of consumer assault in accordance with relevant legislation.
* In relation to workforce governance, the service did not demonstrate staffing levels, skills or knowledge or adequate to meets consumers’ needs and preferences as indicated by evidence in Standard 7.
* In relation to feedback and complaints, the service did not demonstrate that feedback and complaint processes actively improve results for consumers as evidenced in Standard 6.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to address the issues identified by the Assessment Team. The Approved Provider indicated the Governing Board of the service has been focused on aged care, and they receive monthly quality and safety reports. The Governing Board has also been informed about all Commission activities and outcomes and they have also conducted site visits at all aged care sites within the organisation.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the organisation’s governance systems were not effective in relation to information management, workforce governance and regulatory compliance. In coming to my finding I have relied upon evidence in other Non-compliant Requirements in this report which demonstrates deficiencies have not been identified by the organisation’s monitoring processes. This includes the service not having accurate and current care plans, a workforce that is sufficient and skilled to meet consumers’ needs or meeting legislative responsibilities. I have also considered that the deficiencies identified are similar and/or the same to some deficiencies previously identified at an Assessment Contact in February 2020.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Bonney Lodge, to be Non-compliant with Standard 8 Requirement (3)(c).

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

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

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

The Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer or that the service always identifies and responds to abuse of consumers in accordance with relevant legislative requirements. The Assessment Team provided the following information and evidence relevant to my finding:

* A consumer who sustained several falls did not have their risk of falls effectively managed.
* Allegations or suspicions of consumer assault are not consistently reported or managed in accordance with relevant legislative requirements, including if the discretion not to report incidents is used.
	+ Four incidents were not identified by or reported to management to action in accordance with legislative requirements.
	+ One incident was not reported with legislative timeframes.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes actions to address the issues identified by the Assessment Team.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the risk management framework has not been effective in identifying ongoing falls and managing fall preventions within the service. The ongoing and frequency of falls for one consumer persuades me to consider that clinical staff practice deficiencies are systemic in nature in relation to identifying and responding to risk. Additionally, staff are not meeting their legislative responsibilities in relation to compulsory reporting of allegations or suspicions of incidents of consumer assault to ensure appropriate actions and responses are taken to respond to abuse of neglect of consumers.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Bonney Lodge, to be Non-compliant with Standard 8 Requirement (3)(d).

### 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.

* + The service has implemented an action plan to address the deficiencies identified by the Assessment Team and have included improvements which directly address the issues identified by the Assessment Team in the relevant Requirements.
	+ The service should seek to ensure:
* Assessment and care planning processes considers risks to consumers’ health and well-being.
* Reassessment and evaluation of care strategies are reviewed following incidents or changes in health conditions.
* Staff provide care and monitoring of health in accordance with health professional directives, current health condition and best practice.
* Staff provide care which minimises risk associated with high prevalence and high impact risks associated with the care of each consumer, including effective monitoring processes.
* Staff recognise and respond in a timely manner to changes in health conditions, including monitoring and responding to changes following incidents.
* Care plans are updated following significant incidents or return from hospital. Also informing representatives of incidents in a timely manner, in accordance with consumers’ wishes and preferences.
* Staff numbers are adequate to respond to call bells in a timely manner to meet consumers’ need and preferences.
* Call bell monitoring processes are effective to identify opportunities for improvement or requirements to change staffing levels.
* Staff practices are monitored to identify staff knowledge and competency are at the required standard of practice.
* Care plans are updated to include relevant information to support best practice clinical monitoring.
* Staff report allegations or suspicions of consumer assault in accordance with legislative requirements.
* Staff practices identify, and appropriate actions are implemented to address consumers’ high impact and high prevalence risks associated with their care and use this information to improve care and services within the service.