Brentwood Nursing Home

Performance Report

299 LaTrobe Terrace
GEELONG VIC 3220
Phone number: 03 5221 5733

**Commission ID:** 4026

**Provider name:** Opeka Lodge Pty Ltd

**Site Audit date:** 2 March 2021 to 4 March 2021

**Date of Performance Report:** 14 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) | 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 | 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) | Compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report 01 April 2021

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall, consumers 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. Consumers express satisfaction in being treated with dignity and respect. Consumer feedback demonstrates consumers feel supported to exercise choice and independence around making care decisions, making social connections and maintaining relationships. Staff were able to provide examples of how consumers are supported with decision making and maintaining social interaction.

The service has a ‘Choice and Decision Making’ policy that references supporting consumers to drive decision making.

Feedback from consumers, representatives and staff, documentation reviews and observations made by the Assessment Team, demonstrate how the service respects consumers’ privacy including consumers’ personal information and private space.

Information provided to each consumer is current, accurate and timely. The service demonstrated that information is communicated in a clear and easy to understand manner which enables the consumer to make decisions. Staff were able to demonstrate how different information is conveyed to consumers and how information is communicated to consumers who have diverse cultures and linguistic abilities and/or cognitive disabilities.

Staff members indicated respect and an understanding of consumers personal circumstances and life journey. Staff members were able to demonstrate that they were familiar with the consumers backgrounds and preferences.

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.

Most sampled consumers consider they feel like partners in the ongoing assessment and planning of their care and services. However, the service did not adequately assess and plan care, for several consumers, placing them at increased risk of adverse health events.

The service does not always demonstrate, through assessment and planning, the assessment of risk(s) to consumers’ health and well-being and strategies to deliver safe and effective care.

Consumers’ needs, goals and preferences are mostly considered in the care planning process. Staff demonstrate an understanding of consumers’ needs and goals, which is consistent with care planning documentation.

Assessment and care planning documents reflect input from consumers and/or their representatives, as well as specialists involved in the care of the consumer. These include geriatricians, general practitioners, allied health team, external experts and the leisure and lifestyle team. Consumers and representatives are very satisfied with the process of consultation about consumer’s care and services.

Clinical staff provide consumers and/or their representatives with an opportunity to discuss outcomes of assessment and planning, with reviews or changes to care needs. Care staff have ready access to consumer’s care plans to facilitate care delivery.

Assessment and care planning documentation is mostly reviewed in a timely fashion. Feedback from management, consumers and/or representatives, confirms care and services are reviewed when circumstances change, for most consumers.

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 service does not always demonstrate they undertake assessment of risk(s) to the consumers health and well-being, and strategies to deliver safe and effective care, in their assessment and planning processes. This was evident when reviewing effective behaviour management, fluid balance management and diabetes management.

Although the service’s assessment and care planning processes include assessments for consumers including falls, skin, behaviour and nutrition, not all information is consistently documented.

Multiple documentation inconsistencies are evident throughout the electronic documentation system and the handover sheet, for some consumers. Inconsistencies include care information for consumers with fluid restrictions and diabetes management.

There was no evidence of behaviour charting following incidents to identify any changes to behaviour, triggers or interventions to minimise the risk to consumers. Nor was there any referral made to behaviour specialists to further assess and provide strategies to better manage consumer behaviours.

In their response the approved provider has stated they have a new software system, Autumn Care, which provides domains for assessment planning and risk assessment. Staff are still becoming familiar with this system and the approved provider will ensure that further education is provided to all staff in this system.

Behaviour charting will be commenced in Autumn Care for three days following incidents, in order to identify triggers and plan intervention strategies for consumers. Referrals to specialist services are made in consultation with the GP, family and registered nurse in charge.

They acknowledged the documentation inconsistencies and stated they were actioned on identification after the audit.

Based on all of the information available I find the service is non-compliant with this requirement but have taken steps to rectify the deficits. Further staff education with the new software program will help eliminate recording inconsistencies.

### 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

Most consumers consider they receive personal care and clinical care that is safe and right for them, however this is not always evidenced effectively by the service.

Consumer files sampled, demonstrate consumers do not always receive safe and effective personal and clinical care, that is tailored to their individual needs, is best practice and optimises their health and well-being. Chemical and physical restraint is not formally identified for any consumer, however the Assessment Team noted consumers appear to be subject to both physical and chemical restraint, at the service.

Clinical processes were observed for sampled consumers, in most clinical areas. Examples of clinical care demonstrate, where there is individualised risk relevant to that consumer, it is managed effectively by the service. However, the Assessment Team identified falls management, incident management, diabetes management and fluid balance requirements are not always being effectively managed by the service, placing consumers at increased risk.

The service demonstrates an understanding of end of life needs of consumers and shows how this can be applied to individual consumers.

Consumers and representatives feel staff are able to identify deterioration in consumers and staff were able to provide feedback on how to identify and monitor deterioration.

The service has processes to document and communicate information about consumer’s condition, needs and preferences including verbal and written handover. Clinical staff, allied health professionals and care staff confirm they are provided with and have access to the information they need.

The service is affiliated with several specialist services. Documentation for consumers sampled, reflects timely and appropriate referrals for most consumers. Specialist recommendations are reflected in consumers progress notes and care documentation, where referrals have occurred. Consumers and representatives confirm they have access to their medical practitioner and/or other health professionals when needed. Clinical staff are able to describe how they refer consumers to appropriate specialist services.

The service has infection control and antimicrobial stewardship policies. Information has been circulated to clinical staff in relation to antibiotic resistance, ideal use of antibiotics and importance of the right antibiotic to treat a confirmed condition.

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

### Assessment of Standard 3 Requirements

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

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

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

Consumer files sampled, demonstrate consumers do not always receive safe and effective personal and clinical care, that is tailored to their individual needs, is best practice and optimises their health and well-being.

Chemical and physical restraint is not formally identified for any consumer; however, the Assessment Team noted some consumers are subject to both physical and chemical restraint at the service.

Management and clinical staff do not demonstrate an understanding of identification of chemical restraint, informed consent, accurately reporting triggers or non-pharmacological strategies for managing challenging behaviours; which inform the decision to commence or modify dosages of psychotropic medication. Management stated, the service has completed extensive staff training on behaviour management and behavioural and psychological symptoms of dementia.

Management provided a Psychotropic Medication Register which indicates all consumers receiving antipsychotic or antianxiety medications have medication reviews for these medications, every 12 months.

The register contains details of consumers receiving benzodiazepine and antipsychotic medication, however the register does not include the full range of psychotropic medications for consumers such as antiemetics, antidepressants, opioids or medications to treat movement disorders or epilepsy.

Although staff interviewed were not able to identify consumer’s who were being chemically restrained, they were however able to identify effective, non-pharmacological strategies to utilise to managing behaviours of concern, consistent with their agreed services plan.

Restraint authorisation was not obtained in a number of cases and some staff were not aware of what medications constituted chemical restraint or that a dignity suit was a form of physical restraint.

The service assesses and records details of consumers at high risk of pressure injury as well as consumers with current pressure injuries. Wounds are categorised as skin tears, pressure injuries, surgical, ulcers or skin lesions. Management stated that “most people receive some sort of pressure area care” at the service.

The Assessment Team did not view any evidence that position changes were being completed by care staff. Clinical staff confirmed that the service did not record position changes for any consumers but are documented on care plans and communicated to the care team. Pressure relieving devices are available such as specialised nursing chairs and pressure relieving cushions and air mattresses.

The Assessment Team did not view regular pain charting at the service to monitor consumers pain following adjustments to pain medication, falls or behaviour changes. Clinical staff stated that they generally do not initiate formal pain charting but do write entries about pain in the progress notes which are reviewed monthly.

The service has written policy and procedures to guide staff practice ensuring that care and services delivered is best practice such as policies on restraint minimisation, skin management, wound management and pain management.

The approved provider’s response confirmed that although written consent was not always obtained, discussions and verbal approvals were obtained from representatives. They will ensure that all consent is documented in the new software system and staff will be educated in documenting strategies used prior to the delivery of PRN medications.

Evidence of position changes will also be able to be documented in the new system for all consumers. Checklists will be put in place for all consumers returning from hospital in order to determine follow up of care needs.

Based on the information I find the service is non-compliant with this requirement but has acknowledged improvements required and has put plans in place for education and better documented processes in order to provide consumers with better care practices.

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

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

Falls management, incident management, diabetes management and fluid balance requirements were not always being effectively managed by the service, placing consumers at increased risk.

The Assessment Team reviewed files of consumers that had experienced recent falls or incidents of aggression and found correct procedure was not always followed by the service. This placed the consumers at high risk of unidentified injuries or further complications following unwitnessed falls. Staff were not able to explain how behaviour charts could be used to guide effective behaviour management strategies for consumers.

Neurological observations were not conducted as per the organisation’s policy and processes consistently.Management and clinical staff stated that it was at the discretion of the registered nurse to initiate a medical review following a fall or an incident. Clinical staff stated that the neurological observations would provide the basis for medical review and acknowledged that if neurological observations were inconsistently completed or not completed at all they would have no basis for accurate clinical assessment. This could impact their clinical judgement of consumers requiring referral for medical review.

No clinical staff could identify that they should record neurological observations around conscious state or alertness for a consumer even if they refuse to participate in some of the processes listed for that assessment.

Following feedback from the Assessment Team, clinical staff and management acknowledged that not all incidents had been managed effectively as per the service’s falls management procedure. They were unable to explain why neurological observations were not always recorded following unwitnessed falls at the service.

Following feedback from the Assessment Team, management-initiated education sessions for both registered and enrolled nurses regarding correct protocol of neurological observations following falls or incidents.

Fluid balance charting is not conducted and staff are not always aware of a consumer being on fluid restriction. Catering staff were not aware of consumers on a fluid restriction and there was no documentation in the kitchen regarding this care need. Catering staff stated that when consumers were on a fluid restriction, they did not have water jugs in their rooms and received half cups of fluids at meal times. However, this procedure was not observed to be followed in all cases and accurate records of what fluids were consumed were not documented.

Management of consumers with diabetes mellitus was inconsistent. Blood glucose monitoring was not done as directed in the diabetes management plans of some consumers.

The response by the approved provider acknowledged that improvements were required in a number of areas and have put measures in place to ensure correct documenting of procedures is recorded in Autumn Care. They will also follow up with education and consultation with GPs as required.

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall, sampled consumers consider they receive the services and supports for daily living, that are important for their health and well-being and enabling them to do the things they want to do.

Consumers they are supported in daily living as per their preferences and to optimise independence. Care planning documents showed each consumer’s individual needs, goals and preferences for daily living. Staff showed that they know consumers well and described ways they provided care that supported consumer independence, quality of life and overall wellbeing. Staff were observed providing consumers with safe and effective services and supports for daily living.

Consumers’ emotional, spiritual and psychological wellbeing was promoted. Care planning documents included information on emotional, spiritual or psychological needs and preferences.

Care planning documentation evidence staff complete care planning assessments and care plan reviews are documented regularly. Progress notes are accessible to visiting healthcare professionals and correspondence from non-visiting services are in the correspondence section of the consumers’ care file. The service engages the support of individuals, other organisations and providers of other care and services to meet the needs of consumers as appropriate.

Meals and snacks provided are of suitable quality and quantity. Staff prepare meals and snacks onsite from a rotating seasonal menu and consumers may help themselves to additional snacks. A food safety program is in place, dietary needs and preferences are catered for and nutritional supplements are provided as required. Dining experiences are relaxed and social with meals served in the dining area or in other areas according to consumer preference.

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.

Overall, sampled consumers and representatives consider they feel they belong in the service and feel safe and comfortable in the service environment.

The service environment is open and enables consumers to freely move. Consumers are encouraged to personalise their rooms and the shared areas include TV loungers, activity rooms, dining rooms, billiard room, library and common sitting areas. Shared furnishings and fittings are safe and maintained in good condition.

Equipment that is used for moving and handling consumers is safe, available, regularly cleaned and sanitised. The call system bell system operates, and maintenance processes are established.

The maintenance log evidences regular maintenance of the equipment and furnishings. There is a running maintenance report that is completed by the maintenance officer on weekly basis. The preventative maintenance log book contains items such as air conditioning vent clean, bathroom drain pressure cleans, bin bay clean, electrical equipment tagging, inspection of kitchen and laundry trolleys and cleaning light covers.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall, consumers consider they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives said management and staff are always encouraging them to share their opinion about services, provide feedback and make complaints, if required. They all confirm any issues raised are addressed promptly.

Consumers and representatives also confirm changes are made at the service as a result of their feedback such as changes to the menus.

Management demonstrated how they respond to and act on feedback promptly. Complaint and feedback records demonstrate how positive outcomes are achieved and how feedback is reviewed and analysed to identify trends leading to improvements in care and service.

Open disclosure is included in both the complaints and incident management policies. Management demonstrated how they have applied an open disclosure approach for many years. All complaints over the last 12 months have been actioned and the complainant satisfied with the outcome. Open disclosure was evident throughout the processes.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall consumers consider they receive quality care and services when they need them from people who are knowledgeable, capable and caring.

Consumers and representatives say they feel confident staff are skilled and know what they are doing to meet their clinical care needs.

Consumers and representatives interviewed express satisfaction with staffing levels and response times. Consumers confirm prompt response to calls bells and assistance when needed.

Management explained how the workforce plan and roster is based on consumers’ health and wellbeing needs and is reviewed regularly. Management confirmed they have a stable and consistent workforce and explained how they closely monitor call bell response times, investigate delays and are clear on their expectations for timely responses. Staff say they work well as a team and management are approachable, if additional staff are required.

Management demonstrated how nursing and care staff complete clinical competencies annually relevant to their position of responsibility. Several of these include practical components overseen by the person in charge or professional (e.g. medication, manual handling). Additional education and competencies are introduced when required to manage consumers with special care needs.

Performance management is now included in the employment policies and procedures. The policy covers informal staff performance counselling, formal disciplinary procedures, performance improvement plan (for poor performance), warnings and termination. To compliment this, formal annual performance appraisals were recently re-introduced.

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).

Overall consumers consider the organisation is well run and they can partner in improving the delivery of care and services. Consumers and their representatives find the management team are very approachable and responsive to their needs.

Management demonstrate how they engage consumers and representatives in various ways including through an annual survey and regular ‘resident meetings’, where matters such as the living environment, clinical care services, lifestyle activities, cleaning and laundry are discussed as standard agenda items. They recently discussed the refurbishment and improvements to the courtyard/garden, seeking consumer input into design and layout.

The organisation’s governing body has systems to promote a culture of safe, inclusive and quality care and service. The governance framework including committee structure and monthly reports demonstrate how information is reported to key decision makers within the organisation. This includes information and data on clinical care, continuous improvement, financial governance, workforce governance, regulatory compliance and complaints. High-impact or high-prevalence risks, and potential abuse and neglect are also identified, managed and reported. The clinical governance framework includes antimicrobial stewardship and open disclosure.

Management said they use a range of methods to identify continuous improvement opportunities including consumer feedback, evidence-based practice and monitoring/auditing processes. This was confirmed by the improvement plan which demonstrated a methodical approach is applied to ongoing monitoring, review and service improvement.

The service was unable to demonstrate an effective system for minimising the use of restraint. Management said there is no physical or chemical restraint at the service.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

### Requirement 8(3)(d) Compliant

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

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

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

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

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

The service demonstrated a clinical government framework in relation to antimicrobial stewardship and open disclosure.

The organisation provided a documented clinical governance framework based on the National Model Clinical Governance Framework 2017. There are policies and regular reporting on antimicrobial stewardship. They have open disclosure processes within their incident and complaint management policies which have been followed consistently.

Antimicrobial stewardship has been discussed with medical practitioners and nursing staff. There is a regular report tabled and discussed at the medication advisory committee about infections, trends an antibiotic usage. Information and education have also been provided to all staff and consumers. Posters were on display around the facility.

However, management were unable to demonstrate an effective system for minimising the use of restraint. Management said there is no physical or chemical restraint at the service, but had not identified that a dignity suit was a form of physical restraint.

When asked whether they have a self-assessment or monitoring tool for the use of psychotropic medication, the service provided a list of consumers who are prescribed antipsychotic medication, and evidence of three-month medical practitioner reviews. However, this list does not include other types of psychotropic medication such as antidepressants and opioids, which can also be used as chemical restraint.

The report does not cover all aspects to monitor the use of psychotropic medication including the following:

* Date informed consent was obtained.
* Evidence of monitoring consumers’ condition, potential side effects.

Management said they regularly review all consumers prescribed psychotropic medication as part of their routine clinical/medical review. However, there were no documented strategies or policies to minimise the usage of restraints.

In their response the service stated it has in place a psychotropic register for consumers who are on antipsychotic medication and antianxiety medications. Psychotropic medication monitoring assessment plans were in place for consumers on psychotropics that are in the antipsychotic class. Residential medication management reviews (RMMRS) are conducted annually for all consumers.

In addition to the monitoring assessment, the organisation will implement the antipsychotic/psychotropic medication monitoring chart for all consumers who are in this category, in their software program, Autumn Care. These will be reviewed with the care plan evaluations and charting initiated when any consumer is commenced on one of medications. Further education to clinical staff will also be provided.

Based on the information I find the service is non-compliant with this requirement but acknowledge it has outlined measures to improve their compliance.

# 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 in the area of behaviour management and diabetes management.

### 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 (including verbal) is documented for the use of psychotropic medications and physical restraints.
* Ensure intervention strategies are documented and trialled prior to the administration of PRN psychotropic medication.
* Education of staff around the use of chemical and physical restraints.
* Ensure care information is documented on consumers requiring pressure care, wound care and pain charting is consistently performed following adjustments to pain medication, falls or behaviour changes.

### Requirement 3(3)(b)

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

* Ensure behaviour assessments and care plans are reviewed following behavioural incidents.
* Ensure neurological monitoring is routinely conducted following falls or incidents.
* Ensure consistent monitoring and processes are followed for consumers on fluid restrictions and those with diabetes mellitus.

### 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 restraints.