Brightwater Madeley

Performance Report

95 Imperial Circuit   
MADELEY WA 6065  
Phone number: 08 9303 0300

**Commission ID:** 7272

**Provider name:** Brightwater Care Group Limited

**Site Audit date:** 28 July 2020 to 30 July 2020

**Date of Performance Report:** 7 September 2020

# 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** | **Non-compliant** |
| Requirement 1(3)(a) | Non-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) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-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) | Non-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) | Non-compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Assessment Team’s evidence for the Assessment Contact conducted on 23 to 24 July 2020
* the provider’s response to the Site Audit report received 31 August 2020
* the service’s plan for continuous improvement dated 14 August 2020.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Information and evidence from Assessment Contact conducted on 23 to 24 July 2020 and Site Audit conducted on 28 to 30 July 2020 has been considered in assessing the service’s performance in relation to the Standard 1 Consumer dignity and choice.

The finding of Non-compliance is in relation to Requirement (3)(a) which the Assessment Team recommended the service did not meet. I agree with the Assessment Team’s recommendation and have provided reasons below.

The Assessment Team recommended the service did not meet Requirement (3)(b), however my decision differs, and I find the service Compliant in relation to Requirement (3)(b) and I have provided reasons below.

Consumers and their representatives interviewed confirmed staff are kind and caring however care is not always delivered in a manner that supports and promotes the dignity and unique needs of each consumer. Consumers and their representatives confirmed consumers are offered choice and involved in decisions including who else they would like involved in their care. Consumers confirmed they are encouraged to do things for themselves and most staff know what is important to them. However, some consumers said staff don’t have time to support them.

The service supports consumers to take risks and make choices and documentation confirmed consultation and risk mitigation strategies are documented where consumers choose to take risks. Observation shows consumer information is kept confidential and the consumer’s privacy is supported.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The Assessment Team found the service did not demonstrate each consumer is treated with dignity and respect, with their identify, culture and diversity valued. Consumers and their representatives provided examples of consumers’ dignity being compromised and observations confirmed consumers dignity is not always supported. Evidence relevant to my decision included:

* One consumer’s preferences in relation to their unique identity and what is important to them including their dignity and continence preferences has not been supported or valued during the planning and provision of care. The consumer feels their dignity has been impacted as staff do not attend to them in a timely manner when required for assistance with toileting.
* One consumer’s representative stated the service does not support or value the unique identity of the consumer who lives with dementia, who has always taken pride in appearance including the way they are dressed and groomed. Observation confirmed the feedback as the consumer appeared untidy, hair not done and no makeup on during the visit.
* One consumer’s representative stated the consumer often appears dirty, unkempt, in the same clothing for days and had gone a day without their dentures in place impacting on the dignity of the consumer.
* One consumer who requires staff assistance with toileting stated they have had their dignity impacted as staff do not answer their bell in a timely manner resulting in instances of incontinence, wet clothing and a wet chair causing them embarrassment. The consumer stated they felt staff rushed them during care impacting on the quality of care.

The Assessment Team identified evidence in relation to Standard 1 Requirement (3)(b) care and services delivered are not culturally safe which I consider are more relevant to support non-compliance in this Requirement as the evidence is in relation to individual consumers not always having their unique identities, cultural and language background and diversity valued and supported. Evidence included:

* One consumer with English as a second language and living with dementia, has not had their cultural and language needs considered in relation to ongoing behaviours including signs of distress, agitation and confusion during communication and delivery of care. While assessments have considered language and tools are in place the strategies for managing behaviours have not considered the language barriers as a trigger to identify culturally specific strategies to manage. There was no evidence the strategy of culturally appropriate music has been used when agitation occurs. The consumer’s representative is not satisfied the staff always treat the consumer with respect.
* One consumer living with dementia, with specific cultural background needs and significant sensory deficits including sight and hearing loss does not have planned strategies or assessments which consider or are reflective of the cultural needs or sensory losses of the consumer. Observation show the consumer remained alone in their room throughout the visit and was observed to struggling to eat her meals and use cutlery and no staff assisted and cutlery as listed on the care plan was not provided. Unmanaged sleep patterns are impacting on the dignity of the consumer who sleeps majority of the day and is awake at night.

The approved provider’s response disagreed with the Assessment Team’s findings and provided the following additional evidence and information in relation to evidence considered in Requirement (3)(a) and Requirement (3)(b) which I consider more relevant to the service’s performance in this Requirement:

* One consumer whose dignity has been impacted by staff not attending to continence in a timely manner has a documented toileting program and call bell reports show on average consumers wait no longer than 10 minutes to have their call bell responded to. The service has acknowledged on occasion it can take staff 20 minutes to answer the call bell as they are assisting other consumers. The service has no written complaints in relation to this issue with the consumer and it is recorded the consumer is reluctant to ring the bell or ask for staff help.
* One consumer living with dementia has their preferences in relation to dressing and grooming documented in the care plan. It is acknowledged the representative has raised complaints in relation to this issue with the service and the service have responded appropriately to complaints. The consumer is resistive to care and refuses care including clothing preferences and makeup. The service followed up with the representative who are overall happy with the care.
* One consumer who appeared dirty and unkempt is very resistive to care and it takes multiple attempts for staff to complete care. The care plan is reflective of the consumer’s needs and includes strategies for staff to manage refusal of care. The service acknowledged issues with the shower head and the dentures were raised with them and resolved by implementing appropriate actions.
* The service stated the incident of incontinence for one consumer impacting their dignity was an anomaly and the service have been unable to identify why the consumer had to wait this long for staff assistance to the toilet. The service has apologised to the consumer. The service stated they are confident staff don’t rush consumers during care.
* One consumer with English as a second language, dementia and associated behaviour issues has a current care plan to guide staff in communication options. All other assessments have been completed within six months and are current. The service acknowledges an incident where the representative interpreted a staff communicating to the consumer as disrespectful. The service has determined the staff were not shouting disrespectfully at the consumer but were trying to get the consumer’s attention to prevent a fall.
* One consumer has a current care plan which outlines their requirements for assistance with meals including equipment, the change in cutlery needs only recently occurred and staff may not have been aware. The falls risk assessment has been reviewed and updated recently, however a sleep assessment has not been reviewed as is not required as the consumer sleeps well.

The approved provider has provided a plan for continuous improvement dated 14 August 2020 with planned actions to further investigate, monitor and address the issues identified by the Assessment Team including; staff training, review of consumer assessments and plans, consultation with consumers and representatives, review of policies and procedures and communication with staff.

The service has systems supported by the wider organisation to assess, identify and record each consumer’s individual characteristics, experiences, religious and cultural beliefs and backgrounds. However, the care and services delivered are not always provided in a way that is respectful of the consumers’ unique personal characteristics and care is not delivered to support and maintain the dignity of each consumer. Feedback from consumers, their representatives and observations of consumers made by the Assessment Team show consumers have not received personal care, assistance with daily living, grooming and continence care in line with the consumer’s preference and identified unique characteristics. This has impacted consumers’ dignity and demonstrates staff do not consistently provide care that is respectful or demonstrates the unique backgrounds of each consumer are valued. The approved provider’s response shows the organisation has systems including call bell monitoring and complaints processes to monitor consumers are being provided care and services that are respectful and support the dignity and diversity of each consumer. However, the systems are not effective at ensuring staff practice is always in line with the organisation’s expectations and ensuring each consumer is consistently treated with respect, and care is delivered by staff in a way that values and recognises consumers’ unique characteristics and cultures and supports consumer dignity.

Based on the summarised information above, I find the service non-compliant with this Requirement.

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

The Assessment Team found the service did not demonstrate care and services are culturally safe for three consumers as documentation and observations showed care and services not being delivered in line with or in consideration of the consumers’ unique individual identities, cultural background or preferences.

The approved provider’s response disagreed with the Assessment Team’s finding and provided additional information in relation to the three consumers assessments and needs.

Based on the information in the Assessment Team’s report and the approved provider’s response, I find the evidence and issues identified more relevant to Standard 1 Requirement (3)(a) as the service did not demonstrate at the time of the assessment the three consumers’ unique individual identities, cultural background and preferences were being actively supported or valued.

The service has processes to identify and assess consumers’ cultural needs and has documented strategies to assist in the delivery of culturally safe care including where language barriers impact consumer’s communication and delivery of care. I find the evidence provided and the deficits identified by the Assessment Team more relevant to Requirement (3)(a) and have provided details of those deficits above.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

### 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-COMPLIANT Ongoing 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.

Information and evidence from Assessment Contact conducted on 23 to 24 July 2020 and Site Audit conducted on 28 to 30 July 2020 has been considered in assessing the service’s performance in relation to the Standard 2 Ongoing assessment and planning with consumers.

The finding of Non-compliance is in relation to Requirement (3)(a) and (3)(e) which the Assessment Team recommended the service did not meet. I agree with the Assessment Team’s recommendation and have provided reasons below.

Consumers and their representatives confirmed assessments and plans of care including end of life care and incidents are discussed with them and they are consulted in what the consumers preferences are. Observation showed care plans are accessible to staff and others providing care and copies are kept in the consumer room where appropriate.

Documentation and staff interviewed confirmed consumer assessments and care plans are available and have individualised strategies to manage consumer’s care needs. However, assessments are not always completed when incidents or changes occur to identify risks or inform changes to the care plan. Care plan strategies are not consistently reviewed for effectiveness following incidents and changes.

## 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 assessments and plans completed to direct and inform the delivery of personal and clinical care are not always effective at identifying consumers’ risks or needs, not consistently completed when changes occur and are not always reflective of consumers current needs. Evidence included:

* One consumer’s skin assessment was not effective at identifying risks associated with the consumer’s skin and following a new pressure injury being identified skin assessments were not reviewed or updated in a timely manner. Wound assessments for the consumer identified deterioration, however the assessment did not lead to further review to inform how to manage the risks associated with deterioration in a timely manner and assessments and plans were not updated. Deterioration included infection and the wound becoming unstageable.
* One consumer with known risks associated with aggressive and intrusive behaviours towards others requiring medication to manage the behaviours does not have current effective strategies in the plan to inform staff on how to manage the behaviour. Assessments and plans were not updated or reviewed for effectiveness when an increase in regular medication for behaviours occurred or when a change in strategy of one to one support was ceased. Continence charting for the consumer was not completed effectively to inform the assessment and management of the consumer’s continence and toileting needs, including how to manage the resistive behaviours during toileting and continence care.
* One consumer did not have known risks associated with falls and behaviours adequately assessed on entry to the service to inform strategies to manage the risks. The consumer had a significant number of falls and behaviours in the four weeks after entering the service, no updates or more comprehensive care plan was developed in response.
* One consumer was identified through assessment by the physiotherapist as current sleep patterns impacting the risk of falls did not have sleep assessments reviewed or updated.
* One consumer with known history of alcohol abuse and prior to an incident where they sustained a fall after consuming alcohol did not have any risk assessments or assessments to identify and plan for managing the risks associated with alcohol consumption.
* One consumer did not have pain assessed appropriately following a fall with injury including fractures.

The approved provider’s response disagreed with the Assessment Team’s findings and provided the following additional evidence and information in relation to the evidence in the Assessment Team’s report:

* One consumer who developed a pressure injury had regular three-monthly skin assessments, was reviewed the wound was assessed two months after deterioration by a specialist (not five as stated in the Assessment Team’s report). Equipment and strategies were implemented to manage the wound. However, the comorbidities of the consumer resulted in the wound deteriorating.
* The consumer with behaviours had appropriate strategies in the care plan based on specialist recommendations and the strategies were effective.
* The consumer with known risk on entry to the service had an interim care plan completed on entry and plans were in place to have more comprehensive assessments and care plan completed by the end of four weeks. All incidents resulted in an incident investigation being completed on the incident report.
* The consumer reviewed by physiotherapist as needing orientation to day/night did not have changed sleep patterns and therefore did not require a reviewed or new sleep assessment.
* The service implemented a new assessment process in relation to alcohol and managing the risks associated with alcohol consumption following the incident with the consumer who fell after consuming alcohol.
* The service monitored pain in progress notes and the consumer did not require a formal or updated pain chart or assessment. Appropriate review by a physiotherapist occurred following the incident.

The approved provider has provided a plan for continuous improvement dated 14 August 2020 with planned actions to further investigate, monitor and address the issues identified by the Assessment Team including; review of the assessment and planning process to ensure updates feed into the care plan, review and updates of relevant consumer assessments and staff training.

The service has a comprehensive system of assessment tools and set procedures to guide staff when to complete assessments including on entry and at regular scheduled reviews. However, the service did not demonstrate assessments including assessments used to identify risks were completed, reviewed and updated to inform the delivery of care and update care plans to be reflective of current needs. Six consumer files viewed had deficits in the timeliness and appropriateness of assessments and how the assessments were not completed to inform strategies in the care plans where risks were identified. Assessments in relation to other relevant areas of consumer care were not considered or completed following incidents.

Based on the summarised information above, I find the service non-compliant with this Requirement.

### Requirement 2(3)(b) Compliant

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) 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 did not review care for effectiveness and update assessments and care plans in a timely manner when changes in consumers’ clinical care, needs and preferences occurred including following significant incidents and changes. Evidence included:

* One consumer did not have care plan reviewed and updated to reflect changes in needs following a fall with fractured fingers, including pain, exercises and dexterity.
* One consumer did not have care plans strategies to manage behaviours reviewed for effectiveness following ongoing incidents of behaviours, increased regular medication to manage behaviours and a key strategy of one to one supervision ceased.
* One consumer was reviewed by physiotherapist following incidents of falls, however the care plan and the effectiveness of the fall prevention strategies were not reviewed.
* One consumer with deteriorated pressure injury including an infection did not have the skin assessments or wound management strategies reviewed for effectiveness in a timely manner when deterioration was identified.

The approved provider’s response disagreed with the Assessment Team’s findings and provided the following additional evidence and information in relation to the evidence in the Assessment Team’s report:

* The consumer with fractured fingers following a fall was reviewed appropriately following return from hospital, the discharge summary from hospital did not direct the service to conduct exercises, this occurred later after a follow up review and the exercises were implemented then. Pain was not expressed so no pain assessment or review was completed was completed.
* The consumer with behaviours had appropriate and effective strategies in the care plan and each incident resulted in investigation and follow up and did not indicate change to the strategies was required.
* The physiotherapist reviewed the consumer following all falls and strategies to manage were documented.
* The consumer with wounds had assessments reviewed three monthly and wound charting was reviewed regularly by nursing staff when wound dressings were changed. A specialist reviewed the wound on three occasions.

The approved provider has provided a plan for continuous improvement dated 14 August 2020 with planned actions to further investigate, monitor and address the issues identified by the Assessment Team including; review of the assessment and planning process to ensure updates feed into the care plan, review and updates of relevant consumer assessments and implementation of recognition of deterioration in consumer training and procedures.

The service has comprehensive processes for recording incidents and changes in consumer care are documented in progress notes or discussed at handovers. However, the effectiveness of strategies documented in the care plans are not consistently reviewed or evaluated when incidents and changes occur. The service did not demonstrate evidence of new strategies being implemented following incidents or changes.

Based on the summarised information above, I find the service non-compliant with this Requirement.

# STANDARD 3 NON-COMPLIANT Personal 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 three of the seven specific requirements have been assessed as Non-compliant.

Information and evidence from Assessment Contact conducted on 23 to 24 July 2020 and Site Audit conducted on 28 to 30 July 2020 has been considered in assessing the service’s performance in relation to the Standard 3 Personal care and clinical.

The finding of Non-compliance is in relation to Requirement (3)(a), (3)(b) and (3)(d) which the Assessment Team recommended the service did not meet. I agree with the Assessment Team’s recommendation and have provided reasons below.

Consumers and their representatives interviewed are generally satisfied consumers receive safe and quality care. However, at times staff are too busy to provide personal care that is tailored to the consumers’ needs or to respond to assistance with care needs in a timely manner impacting on the well-being of consumers.

The service has guidelines, policies, procedures and assessment tools to guide staff in managing consumers’ personal care and clinical care in line with best practice and an incident and risk management system to identify and record clinical incidents and risks. However, each consumer is not consistently provided with personal care which is tailored to their needs to optimise their health and well-being. Consumers with high impact and high prevalence risks including incidents of falls and behaviours are not always managed effectively, strategies are not consistently implemented to prevent and reduce further incidents.

The service has implemented new policies and procedures to direct staff to manage complex clinical care and deterioration of consumers. While staff identify deterioration in consumers condition, the deterioration is not always recorded and monitored appropriately to inform ongoing assessment and management of the consumer.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found each consumer was not being delivered personal and clinical care which is tailored to their needs or optimising their health and well-being. Relevant evidence included:

* Two consumers were not provided with continence and toileting assistance in line with their needs resulting in incontinent episodes impacting on their well-being.
* Two consumers did not have personal care provided that is tailored to their needs or in line with their care plans impacting on their well-being.
* One consumer did not have behaviours of wandering, aggression and anxiety managed effectively in line with their needs as strategies to manage on the care plan were not consistently implemented or effective impacting on the consumers well-being.
* One consumer did not have care tailored to their individual needs after entering the service for a month resulting in negative impacts to their health and well-being including significant number of falls and behaviours.

The approved provider’s response disagreed with the Assessment Team’s findings and provided the following additional evidence and information in relation to the evidence in the Assessment Team’s report:

* Consumers identified as not receiving personal care and grooming tailored to their needs or in line with their care plans have dementia and can be resistive to care and refuse care.
* Consumers with incontinent episodes are an exception and one has received apology for the delay in provision of assistance.
* The consumer with behaviours does have strategies implemented in line with the care plans to manage the behaviours.
* The consumer had strategies implemented to manage the complex needs after entering the service, the incidents were ongoing however since returning to the service after review in hospital the consumer has settled and incidents decreased.

The Assessment Team found one consumer did not have bowel management in line with best practice as the consumer went four to five days without having their bowels open. The service response states the consumer had normal bowel patterns of four to five days with bowels not open and then two days of loose bowels.

The Assessment Team found pressure injury and wound care was not in line with best practice for one consumer. However, I find the deficit in relation to the wound management more relevant in Standard 3 Requirement (3)(b) as the risks associated with the pressure injury wound were not managed effectively. The service demonstrated it used best practice tools to assess wounds, record wounds and monitor wound progress including through photographs and charts.

I have considered evidence throughout the report including significant consumer and representative feedback in Standard 7 which identifies deficits in relation to sufficient numbers of staff to provide care and assistance to consumers, particularly in the dementia support unit. The feedback included staff were busy and rushed during the provision of personal care and were busy causing delays in response to call bells and assistance including toileting. The feedback also confirmed staff are not always able to supervise consumers with dementia and provide strategies in line with the consumer needs as staff are busy assisting other consumers. The issues identified demonstrate care is not always delivered in line with consumers needs and is impacting on the well-being of the consumers.

The approved provider has provided a plan for continuous improvement dated 14 August 2020 with planned actions to further investigate, monitor and address the issues identified by the Assessment Team including; review, update and training in relation to wound care and continence care, consultation with consumers and review of relevant care plans and review of staff duty statements and clinical oversight.

The service has best practice guidelines, procedures and assessment tools to guide staff in the delivery of clinical care and personal care. Assessments generally identify consumer’s individual personal care and clinical care needs. However, personal care and clinical care is not always delivered in line with the tailored needs of the consumer or in line with their preferences. Care is not consistently delivered in a way that optimises the health and well-being of each consumer including not receiving optimal personal care, having episodes of incontinence, increase incidents of falls and behaviours due to strategies not being implemented or effective. The service has shown a commitment to reviewing and improving the delivery of care including continence, wounds and behaviours. However, at the time of the site audit the care was not consistently being delivered to each consumer in line with their needs and to optimise their well-being.

Based on the summarised information above, I find the service non-compliant with this Requirement.

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

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

The Assessment Team found the service did not demonstrate high impact and high prevalence risks associated with consumers’ personal and clinical care are effectively managed. Consumers with risks associated with behaviours and dementia diagnosis are not managed effectively and strategies to manage the risks are not consistently implemented or effective to reduce the risks or the impacts to others. Consumers with risks of falls are not managed effectively and strategies to reduce or prevent falls are not always effective. Evidence relevant to the decision included:

* One consumer with high impact risks associated with behaviours of aggression towards others, wandering into other consumers’ rooms and agitation are not effectively. The consumer has had ongoing behaviours for over a year and was reviewed by specialists in July 2019 for aggressive behaviours impacting the safety of other consumers. Strategies implemented included one to one staff supervision and support, increased engagement and support in activities, redirection and positive language and walks in the garden. As required psychotropic medication to be administered when alternative strategies not effective at reducing behaviours. However, behaviour management strategies have not been effective at reducing or preventing incidents of behaviours or occurrences of behaviour impacting or potentially impacting others. Evidence relevant to my decision includes:
  + The consumer had 11 behaviour records in June and July 2020 including wandering into other consumers rooms, grabbing others, spitting and agitated, poured hot tea over another consumer and resisting care.
  + The consumer care plan and assessments have not been updated since September 2019 to reflect any review of the effectiveness of current strategies or trial of new strategies.
  + The strategy of joining in activities is not available in the evening when majority of behaviours are occurring.
  + Strategies of going out to coffee shop or with wife have not been able to be implemented or used for over 5 months due to current restrictions and no alternatives have been introduced.
  + The strategy of additional one to one staff supervision was ceased on 13 July 2020. However, no review or monitoring has been implemented and two behaviour records have been recorded since.
  + The consumers regular psychotropic medication has been increased to assist in the management of behaviours in June 2020 and again in July 2020. The increase in medication has not resulted in a review, evaluation or changes to behaviour management strategies in the care plan.
  + On 13 occasions in the last seven weeks the consumer has been administered ‘as required’ psychotropic medication to manage behaviours including agitation and anxiety as alternative strategies have not been effective. The use of the medication as behaviour management strategy has not been reviewed. On a number of occasions, the effect of the medication was noted as minimal.
  + The consumer has had three incidents of physical aggression towards others where the effectiveness of interventions were not monitored or followed up.
* One consumer entered the service in June 2020 with a known history and risk of falls and behaviours. The service did not complete detailed assessments or strategies in a documented care plan to guide staff on managing the risks or identify triggers. The consumer had 13 falls in in four weeks and 38 behaviours in four weeks. Strategies used by staff have not reduced or prevented the ongoing falls or behaviours. Staff interviewed stated they didn’t have time to provide the strategies to manage the behaviours including spending one to one time and assisting to spend time in the garden. The consumer was observed to be trying to get up and walk by the Assessment Team and calling out and agitated for up to ten minutes before staff attended to them.
* One consumer has a history of falls including a fall with injuries in June 2020. A physiotherapist review following a fall in July 2020 suggested to orient the consumer to day/night to reduce falls overnight. The review of sleep has not occurred, and two more falls overnight have occurred in July 2020. The consumer was observed to be sleeping each day during the site audit. Staff confirmed the consumer sleeps most of the day after returning to bed after lunch. Staff were unaware of the physiotherapy suggestion to orient the consumer to day/night to reduce night time falls. No new strategies have been implemented to reduce falls following ten falls in six months. Staff stated they are busy and don’t always have time to assist the consumer. Observation by the Assessment Team showed the consumer calling out, agitated and trying to grab people walking past on several occasions during the Site Audit, no staff attended to her during these observations. In addition to falls not resulting in review or updates in care plan other risks not managed effectively include:
  + The consumer has not had pain reviews or assessments following the falls, including following the fall with injury in June 2020.
  + Continence assessments have not been reviewed since November 2019.
  + Speech pathologist reviewed and made changes to diet needs in July 2020 including use of angled spoon and increased staff assistance. The Assessment Team observed the new directives not to be implemented by staff the following two days after the review and staff interviewed were not aware of the changes.
* One consumer who died in May 2020 had multiple falls prior to death secondary to the ongoing physical and cognitive deterioration and palliative condition. The service did not implement effective strategies to prevent or reduce the falls. There was no evidence in documentation a sensor mat or fall out matt was used to prevent or reduce falls or injuries due to falls.

The approved provider’s response disagreed with the Assessment Team’s findings and provided the following additional evidence and information in relation to the evidence in the Assessment Team’s report:

* The consumer with ongoing behaviours has appropriate strategies on the care plan to direct staff in responding to behaviours. The strategies work and non-pharmacological strategies are tried prior to medications being administered. The behaviour episodes recorded in progress notes have not resulted in behaviour incident reports as they have not escalated to impacting other consumers. Behaviour incidents recorded are reported, trended and analysed. While there have been behaviours since the one to one staff was removed the behaviours have not escalated.
* The consumer new to the service in June 2020 did have a summary plan completed on entry to the service. The service planned to complete detailed assessments and a comprehensive care plan within four weeks of entering the service. The consumer did have multiple falls and each fall incident was investigated and a falls risk assessment and plan was put in place. The behaviour episodes were reviewed by a medical officer and were secondary to the confusion and settling in to a new environment and it is acknowledged that the strategies trialled including one to one staff were not effective and after consultation the consumer was sent to hospital for review.
* The consumer with a history of falls and recent falls with physiotherapy review with suggestion to orientate to day/night to prevent night time falls has had reviews following falls. There have been four falls overnight. There has not been any review or reassessment of sleep as there is no evidence of disturbed sleep. The consumer gets up overnight to self-toilet.
* The consumer who had multiple falls during the months prior to their death was deteriorating and would not always use the bell or call for assistance resulting in falls.

Additional information was considered in coming to a decision of compliance in relation to Standard 3 Requirement (3)(b) including:

* An incident in May involving a consumer who fell after consuming alcohol and had a history of alcohol abuse, the service had not assessed the risks associated with the history of alcohol abuse or had plans in place in relation to managing the risk. The consumer died following being transferred to hospital. The service implemented new appropriate risk assessments and processes following the incident to identify and minimise risks associated with consumers care and alcohol use.
* A consumer with high risk of falls due to Parkinson’s diagnosis has had multiple ongoing falls. The service has consulted the consumer and discussed the risks associated with falls due to the consumer’s wish to be independent with mobility.
* It is noted the consumers identified in the report in this requirement are located in the memory support unit of the service. It has been identified in Standard 7 there is a deficit in the sufficient number of staff in this area to provide adequate and consistent supervision of consumers at all times.
* Information provided in Standard 3 Requirement (3)(a) in relation to a consumer with high impact risks associated with pressure injuries and wound care, the wound was not managed effectively including reviews by specialists or trialling alternative strategies and the wound deteriorated. Skin assessments and wound risk assessments were completed regularly in line with the service procedure but were not reviewed or reassessed at the time of deterioration being noted to inform and develop new strategies to manage the risks associated with the wound including infections. The approved provider demonstrated the wound was assessed, monitored and wound dressings recorded and photographs taken to monitor deterioration.

The approved provider has provided a plan for continuous improvement dated 14 August 2020 with planned actions to further investigate, monitor and address the issues identified by the Assessment Team including; review of consumer behaviour assessments and care plans, training for staff on behaviour management, review and implantation of linking assessments and care plans for immediate updates and clinical oversight of staff practice.

The service has risk management processes in place which record clinical incidents, identify risks associated with consumers’ clinical care and record strategies to manage the risks. The service does refer consumers to physiotherapist for review following falls and medical officers and behaviour specialists are involved in the development and review of strategies to manage consumers with dementia and associated behaviours impacting care and other consumers. However, the service has not effectively managed the high impact and high prevalence risks of aggressive and wandering behaviours for one consumer, risk of falls and behaviours for a new consumer after entering the service and risks associated with falls for two consumers. Documentation and staff interviews show strategies have not always been implemented by staff or that strategies documented have not been effective at preventing or reducing the occurrence of falls and behaviours. The consumer with behaviours has had ongoing behaviours and while multiple strategies are in place the strategies have not been reviewed or new strategies implemented when incidents and behaviour episodes are ongoing requiring increased psychotropic medication to manage. The new consumer had known risks of falls and behaviours and the service did not implement effective or timely actions and strategies to prevent or reduce the falls and behaviours resulting in a significant number of incidents occurring in four weeks. Consumers who are identified at risk of falls including from bed or at night have not had new strategies trialled or the current strategies reviewed for effectiveness when ongoing incidents of falls occur, putting the consumer at increased risk of injury and harm. A consumer with known risks associated with pressure injuries and wounds did not have timely review of effectiveness of strategies to manage the wound and prevent further deterioration.

Based on the summarised information above, I find the service 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) 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 effectively monitor and assess a consumer who showed signs of deterioration over a two-week period. Evidence included:

* The consumer reported to staff and progress notes confirm the consumer was showing signs of deterioration or changed condition including nausea, vomiting, decreased appetite and intake, weakness, pain, constipation and feeling unwell.
* The deterioration was noted in progress notes daily and the nursing staff reviewed and referred the consumer to the medical officer on two occasions and urinary tract infection was considered, treated and ruled out as a cause.
* However, the staff did not implement adequate monitoring to appropriately assess the consumer’s deterioration and signs and symptoms. No evidence of regular monitoring of vital signs was completed and no evidence food and fluid intake was monitored and recorded regularly to inform the medical officers or assist the clinical staff in assessing the consumers changed need.
* The consumer was sent to hospital at the request of the family after being unwell without the cause identified.

The approved provider’s response disagreed with the Assessment Team’s findings and provided the following additional evidence and information in relation to the evidence in the Assessment Team’s report:

* Staff completed one to three progress notes daily over ten days in relation to the consumer’s deterioration and changes which shows staff did identify the change and deterioration.
* Staff referred the consumer appropriately to medical officers for review of the deterioration.

The approved provider has provided a plan for continuous improvement dated 14 August 2020 with planned actions to further investigate, monitor and address the issues identified by the Assessment Team including; implementation of a new policy and procedure for recognising and managing deterioration in consumers, training for staff and monitoring and review of consumers who deteriorate.

The service has implemented a new policy and procedure in relation to managing deterioration of consumers and evidence shows staff did identify the consumer had signs and symptoms of deterioration and change. However, the service did not demonstrate they effectively responded to the deterioration as monitoring of the deterioration was not appropriately or adequately recorded to inform assessment of the consumer’s changed needs. Vital signs were not regularly completed and food and fluid intake was not regularly or formally monitored through charting.

Based on the summarised information above, I find the service non-compliant with this Requirement.

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Information and evidence from Assessment Contact conducted on 23 to 24 July 2020 and Site Audit conducted on 28 to 30 July 2020 has been considered in assessing the service’s performance in relation to the Standard 4 Services and supports for daily living.

The finding of Non-compliance is in relation to Requirement (3)(a) and (3)(b) which the Assessment Team recommended the service did not meet. I agree with the Assessment Team’s recommendation and have provided reasons below.

The service did not demonstrate it consistently or adequately provides supports and services in line with each consumer’s individual needs and preferences to meet the consumer’s emotional, psychological and spiritual well-being including at the end of life.

Consumers and their representatives confirmed they are satisfied with the quality and quantity of meals provided and equipment provided is suitable and meets their needs. Majority of consumers and their representatives confirmed the service identifies the social activities they enjoy and supports them in participating in the community.

Documentation and staff interviewed confirmed the service identifies consumers needs and preferences in relation to social supports and things of interest to consumers. Documentation and consumer interviews confirmed consumers are referred to others and information about the consumers needs is shared appropriately.

## Assessment of Standard 4 Requirements

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

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

The Assessment Team found the service did not demonstrate each consumer receives effective services and supports that meets the consumers’ needs, preferences or optimises the consumers’ well-being and quality of life. The Assessment Team provided examples of five consumers whose well-being and quality of life was negatively impacted as services and supports for daily living were not meeting their needs and preferences. Examples included:

* One consumer has a care plan indicating engagement in activities is required to assist in management of behaviours and to optimise their well-being. However, the consumer does not receive supports to engage in activities and the behaviours including wandering and signs of anxiety are ongoing each day.
* One consumer has a preference to be supported to take walks in the garden. However, the service told the consumer representative this cannot always be supported.
* One consumer had not been engaged and supported in any activities of interest to them to support their well-being in the past five weeks. While records show attendance at two group activities there was no evidence of being supported to enjoy music and singing activities which are the consumer’s preference.
* One consumer had a preference and goal to have their last rights attended to by a Priest before their death. This was not supported or completed by the service when the consumer was at end of life after months of deterioration and decline. The consumer did not have their quality of life and well-being supported at end of life due to restrictions on visitation due to COVID-19.
* One consumer stated “it’s a lonely life”, and the consumer’s representative confirmed the consumer’s cognition had deteriorated since restrictions due to COVID-19.

The approved provider’s response disagreed with the Assessment Team’s findings and provided the following additional evidence and information in relation to the evidence in the Assessment Team’s report:

* The consumer with ongoing behaviours has progress notes indicating staff provide activities including music, games, jigsaws and one to one staff time to support the consumer’s well-being and reduce behaviours and associated anxiety.
* The consumer example of no activities supported in the past five weeks has documented attendance at 18 activities.
* The consumer who did not have the last rights attended to and restrictions impacting their emotional support needs at end of life was offered assistance to attend Catholic service or have an assistant of a priest visit in their room which they declined.

The approved provider has provided a plan for continuous improvement dated 14 August 2020 with planned actions to further investigate, monitor and address the issues identified by the Assessment Team including; review and discussion with occupational therapist and therapy assistant staff in relation to the activity program and individual consumer’s activity plans and attendance records.

The service has systems in place to identify the needs, goals and preferences of consumers in relation to the services and supports they require to enhance their independence, well-being and quality of life. However, the service did not demonstrate for each consumer’s supports were being effectively delivered in line with consumer needs and preferences to enhance the quality of life. Documentation and staff interviews show the consumer with ongoing wandering behaviours and signs of anxiety are not always able to be managed through activities and engagement as there is not sufficient staff or the strategies are not effective, resulting in the consumer being unsettled and impacting others. While activity records indicate consumers are invited and attend activities, the activities provided are not always consistent with the consumers preferences and goals. The consumer who was not provided spiritual and other supports nearing end of life in line with their goals and preferences was reported by family to have negatively impacted the consumer’s well-being and quality of life. Consumer and representative feedback indicate restrictions due to COVID-19 have negatively impacted the delivery of services and supports to consumers in relation to their daily living. The service demonstrates processes are in place to deliver social supports, however the delivery of supports and services was not demonstrated to be individualised to enhance each consumer’s individual needs.

Based on the summarised information above, I find the service non-compliant with this Requirement.

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

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

The Assessment Team found the service did not demonstrate services and supports effectively promoted and supported two consumers’ emotional, spiritual and psychological well-being. Relevant evidence included:

* One consumer did not have their emotional, spiritual and psychological well-being supported at the end of life. The consumer had a known aggressive and debilitating disease impacting their vision and speech. The consumer was reviewed by a specialist in March 2020 and consultation and discussion in relation to end of life care and goals occurred with the family. The consumer continued to deteriorate including increased falls and weight loss and the consumer died at the end of May 2020. The consumer’s family were not satisfied the service provided appropriate emotional, spiritual and psychological supports in the final months of the consumer’s life to promote the consumer’s well-being. Evidence and feedback of supports not provided included:
  + Reduced visitation and family support in the final months due to the service maintaining visitor restrictions as part of COVID-19 restrictions. The visits were restricted to 30 minutes until four days prior to the consumers death. The supports provided by the service to facilitate family visits in this time did not adequately meet the needs of the consumer as they were from a distance, through a window or device and did not support or consider the consumer’s impaired vision and speech.
  + The service did not support the consumer in a Priest attending the last rights prior to death in line with the consumer’s religious and spiritual preferences.
  + The consumer’s reduced mobility, impaired speech and vision further impacted the consumer’s social isolation and ability to interact or communicate. There was no evidence of increased one to one staff support for emotional and psychological well-being or to reduce the social isolation in the weeks leading up to the consumer’s death.
  + The advanced care planning document developed in consultation with the family did not include any emotional, social, spiritual or cultural needs and preferences in relation to end of life.
  + The consumer’s family were not satisfied the service implemented palliative care following the known decline and palliative phase following the specialist visit in March 2020. The service only implemented the end of life care the day prior to the consumer’s death.
  + The consumer’s family were not satisfied the service managed the consumers palliative care and emotional needs including not being allowed to visit for longer or hold the consumers hand to provide emotional support.
  + The consumer’s family have raised a formal complaint in relation to the restricted visits impacting the consumers emotional and psychological well-being at the end of life.
* One consumer with known complications impacting their well-being including delirium, behaviour problems, hallucinations and known mood to be negative and sad has not had appropriate supports to promote the consumer’s emotional and psychological well-being. Records show the consumer was not offered supports in line with their preferences such as walks in the garden and listening to specific cultural music.

The approved provider’s response disagreed with the Assessment Team’s findings and stated one consumer was being provided appropriate supports for their emotional well-being and the concerns identified with the consumer who died were being responded to through the complaints process. The service had offered to assist the consumer to Catholic service and have an assistant to the Priest visit in their room and the consumer declined this offer. The service did discuss and consult with the family four days before the consumer died that the end of life stage had begun and invited the family to visit without restrictions in this period. The family had been invited to discuss advanced care planning at times during the consumer’s admission to the service, however the family declined until May 2020 to complete the directives.

The approved provider has provided a plan for continuous improvement dated 14 August 2020 with planned actions to further investigate, monitor and address the issues identified by the Assessment Team including; implementation of policy and procedures for identifying and managing deteriorating consumers, review and consultation with representative in relation to advanced care planning and end of life wishes.

The service failed to demonstrate it provided adequate or appropriate emotional, spiritual and psychological supports for the consumer who was known to be in a palliative phase and at the end of the consumer’s life. The service did not provide evidence it reviewed or took into consideration the consumer’s sensory and communication deficits in relation to supporting more meaningful visits with family in the final months of the consumer’s life. It is accepted the restrictions to visits were lifted in the final four days of the consumer’s life. The service while communicating with the family did not consider all alternative options in planning or consultation with the family to plan for and meet the individual consumers unique emotional needs at the end of life. The family are not satisfied the consumer’s spiritual and emotional needs were met or supported appropriately and this negatively impacted the consumer’s well-being. While the service is participating in the complaints process to resolve this issue, the approved provider has not provided detailed evidence in response to the deficits raised in the Assessment Team’s report to demonstrate it appropriately met the consumer’s emotional, spiritual and psychological needs.

Based on the summarised information above, I find the service non-compliant with this Requirement.

### 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 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers interviewed confirmed they feel at home at the service, their visitors are made to feel welcome and the living environment is clean and well maintained. Three representatives interviewed raised concerns about the safety of the environment due to consumers with dementia and related behaviours of agitation and aggression entering other consumers’ rooms without supervision or timely intervention of staff. The issues raised in relation to safety and consumers behaviours have been addressed in Standard 3 Personal care and clinical care.

Observations of the service environment show the service has appropriate and comfortable internal and external living areas accessible and utilised by consumers. The service environment is well signed to assist consumers and visitors in finding their way and accessing appropriate areas. The communal and individual consumers’ living environment was observed to be clean and well maintained.

Documentation and staff interviews confirmed the service has a planned approach to ensure regular scheduled and as required cleaning and maintenance of the service environment and equipment occurs and is effective at ensuring consumer comfort and safety.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers and representatives interviewed are aware of how to raise complaints and confirmed they are supported and feel comfortable raising complaints to staff and management. Representatives confirmed where complaints are raised management consults with them and are satisfied appropriate actions are taken to resolve the issues.

Staff and management interviewed confirmed a variety of ways in which they encourage and support consumers and their representatives in raising complaints. Staff confirmed they are able to raise complaints and provide feedback to management and have received training on the organisation’s policies and procedures in relation to complaints and open disclosure.

Documentation and management interviews confirmed where complaints are raised there is a system to ensure complaints are recorded, actioned, responded to and monitored until resolved. Documentation confirmed complaints are trended and risk rated to ensure appropriate follow up and identification of trends and implementation of improvements where required.

Where feedback and complaints are received by the service the service responds appropriately, in a timely manner and through the use of open disclosure. However, the service has not actively sort feedback from consumers or their representatives for a significant period of time through consumer surveys and meetings to involve consumers in the development and evaluation of care and services. This deficit has been addressed in Standard 8 Requirement (3)(a).

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANT Human 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.

Information and evidence from Assessment Contact conducted on 23 to 24 July 2020 and Site Audit conducted on 28 to 30 July 2020 has been considered in assessing the service’s performance in relation to the Standard 7 Human resources.

The finding of Non-compliance is in relation to Requirement (3)(a) and (3)(b) which the Assessment Team recommended the service did not meet. I agree with the Assessment Team’s recommendation and have provided reasons below.

The Assessment Team recommended the service did not meet Requirement (3)(c), however my decision differs, and I find the service Compliant in relation to Requirement (3)(c) and I have provided reasons below.

A total of 22 consumers and their representatives interviewed at the assessment contact conducted on 23 to 24 July 2020 and the site audit conducted on 28 to 30 July 2020 were not satisfied the service has adequate staff to enable the delivery and management of safe and quality care and services. Examples of how inadequate staff numbers impacted on the delivery of safe and quality care and services included; incontinent episodes, delayed response to call bells, staff rushed during provision of care and lack of staff supervision of consumers with living with dementia. The impact resulted in consumer care not being delivered by staff in a way that is respectful of each consumer’s individual identify and preferred needs.

The service has systems in place to ensure staff receive training on commencement of employment and ongoing. The service regularly reviews staff performance and competence. However, at times clinical oversight of staff practice has not been adequate in identifying deficits in staff practice in relation to completion of assessments and care plans.

## 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 sufficient numbers of staff to ensure safe and quality care is delivered to consumers. Evidence included:

* Eleven of 11 consumers and representatives interviewed at the Assessment Contact on 23 to 24 July 2020 were not satisfied there were sufficient numbers of staff and this impacted consumer care.
* An additional 11 consumers and representatives interviewed at the Site Audit on 28 to 30 July 2020 were not satisfied there were sufficient numbers of staff and this impacted consumer care.
* Examples of impacts to consumer care included:
  + One representative is fearful for the consumer’s safety due to wandering and aggressive behaviours of a consumer and there are not enough staff to supervise and prevent behaviours and indicated there have been ten recent occurrences of consumers wandering into the room.
  + Two consumers have had incontinent episodes as staff do not respond to their call bells in a timely manner.
  + Two representatives reported staff do not have enough time to provide quality care and consumers are left in the same clothes or the wrong clothes.
  + Four consumers stated they waited long periods for call bells to be answered.
  + Two comments related to staff always rushing during care including showering and assistance to bed and toilet.
* Six of six care staff interviewed stated they are rushed and found it difficult to spend quality time with consumers and confirmed consumers wait long periods for staff to answer call bells.
* Staff confirmed staff are too busy in the memory support unit to supervise and manage consumer behaviours.
* Two shifts were not replaced while the Assessment Team were undertaking the visits, a float care staff shift on 24 July 2020 and a therapy assistant shift on 28 July 2020.
* Management do not monitor call bell response times to ensure staff respond to call bells or to identify trends and analyse staff numbers. Call bell data provided showed response times of over 20 minutes and management confirmed they currently do not review call bell data as they have been busy managing COVID-19 preparedness. One call bell was not answered for over an hour and resulted in the consumer
* Observations of the Assessment Team showed at times for up to 30 minutes there were no staff available to assist in one area of the service because they were occupied with other consumers.
* Evidence identified in Standard 7 Requirement (3)(c) includes information I find more relevant to the outcomes of this Requirement as the current staffing mix and model has not ensured clinical oversight by the deputy service managers is effective at monitoring staff practice including staff being rushed and impacting on the care outcomes of consumers.

The approved provider’s response disagreed with the Assessment Team’s findings and provided the following additional evidence and information in relation to the evidence in the Assessment Team’s report:

* There are sufficient numbers of staff at the service to provide care in line with the services rostered which is planned and developed based on consumer numbers and needs. During peak care times there are one care staff for five consumers with support from nursing staff if needed.
* Call bell data indicates staff responded within two and thirty minutes to call bells and a call bell system is in place with the ability to record all calls, length and frequency.
* The call bell of over an hour impacting on a consumer was an unknown cause and an apology was provided to the consumer.
* On occasions consumers do have to wait for response to call bells as staff are busy with other consumers.
* The service has processes in place to replace vacant shifts by casual staff or agency staff.
* The one representative comment about a consumer’s behaviours impacting the other consumer and making them fearful is historically based on a previous consumer who no longer resides at the service. The service is not aware of any recent incidents of wandering the consumer’s representative might be referring to.

The approved provider has provided a plan for continuous improvement dated 14 August 2020 with planned actions to further investigate, monitor and address the issues identified by the Assessment Team including; review of staff rosters, duty statements and clinical oversight of staff and ensure staff hours are flexed up if a consumer need is identified.

The service has a planned approach to identifying numbers and skill mix of staff required to provide care and services to consumers and a rostering system and staff replacement process to fill vacant shifts in place. However, the significant number and majority of consumers and representatives interviewed were not satisfied there were sufficient numbers of staff to provide quality care to consumers. The insufficient numbers of staff were confirmed through the examples of the impacts to consumers of call bells not answered, incontinent episodes, being rushed during personal care and feeling unsafe due to lack of staff supervision. Staff interviewed confirmed being rushed and busy at times resulting in not being able to always supervise consumers with dementia. Call bell reports confirmed consumers can wait up to 30 minutes for staff to respond to their call bell and management are currently not monitoring or following up on delayed call bell response times. Monitoring systems at the service failed to identify the feedback of the consumers and representatives in relation to adequate numbers of staff to ensure management were aware and reviewing staffing. While the service has a call bell system in place it is not being utilised by management to identify trends or analyse staff response times in relation to provision of care and staff numbers. The service has made a commitment to review staff practice and duty statements, however the response did not address the significant majority feedback of consumers and their representatives that current staff numbers are not providing quality care.

Based on the summarised information above, I find the service non-compliant with this Requirement.

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

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

The Assessment Team found consumers interviewed confirmed when staff interact with them they are kind and caring. However, consumers, their representatives and staff interviews confirmed that staff are rushed and do not have sufficient time to provide care in a manner that is respectful or in line with individual consumers’ needs and identities. Examples included:

* Consumers are not always groomed or dressed in a manner that is respectful of them or their unique individual needs.
* Staff do not respond to consumer’s bells resulting in two consumers having incontinent episodes.
* Staff do not provide the appropriate assistance or equipment to a consumer resulting in them not being able to eat their meal in a dignified manner.
* One consumer was unwell for ten days and staff did not identify or provide additional care in a respectful manner to ensure the consumer’s needs were met.
* One consumer was not provided care that was reflective or respectful of their unique needs at the end of life when and the family stated his final months were lonely and the last rites were not delivered as the consumer wished in line with their cultural preference.
* One consumer experienced a staff being disrespectful and lodged a complaint. While the issue was resolved the interaction was not kind and caring.

The approved provider’s response disagreed with the Assessment Team’s findings and provided the following additional evidence and information in relation to the evidence in the Assessment Team’s report:

* The consumers used as examples in the report of not being well groomed are consumers with dementia and can be resistive to care including refusing grooming and hygiene and getting themselves dressed.
* Call bell reports show consumers are responded to within two to 30 minutes and on average wait no longer then ten minutes.
* The consumer who waited over an hour resulting in incontinence was an exception and an apology was given to the consumer.
* One consumer who was not provided equipment and assistance for meals only had the review and change of needs completed that day and as such the staff would not have been aware of the increased and changed need.
* The consumer who was unwell for ten days was reviewed by clinical staff and medical officer during that period and the family were advised the consumer was unwell on the day of transfer to hospital.
* The service acknowledges a staff member interaction with a consumer was not kind and caring and when reported management ensured an apology and follow up with the staff and the consumer to ensure it would not occur again.
* Consumers and representatives feel staff treat consumers with respect.

The approved provider has provided a plan for continuous improvement dated 14 August 2020 with planned actions to further investigate, monitor and address the issues identified by the Assessment Team including; review of staffing and clinical indicators including in the memory support unit and where needed staff to flex up based on consumer need.

Consumers and representatives interviewed, and observations of staff interactions show staff are kind and caring. However, staff interactions when providing care particularly to consumers with dementia are not always reflective of respectful, kind and caring interactions as consumers care is rushed and staff do not have sufficient time to assist consumers in their individual and unique needs as reflected in the care plans to ensure consumers are groomed and dressed in a respectful way to maintain dignity and reflect the individuals needs. Staff are rushed or do not have sufficient time to promptly answer call bells resulting in consumers having incontinent episodes, consumers waiting extending periods of up to 30 minutes for staff to attend to them is not reflective of a respectful or kind interaction. While one consumer who provided an example of a staff being disrespectful was appropriately addressed the disrespectful and unkind interaction did occur and did have an impact on the consumer. While staff strive to be kind and caring, the deficits identified in current staffing model and feedback of staff being rushed during care has created a barrier for staff to consistently provide care that is respectful, kind and caring for each consumer.

Based on the summarised information above, I find the service non-compliant with this Requirement.

### 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.*

The Assessment Team found while staff have the qualifications and knowledge to complete their roles the service did not demonstrate staff were competent at performing their roles. Examples included; clinical staff not completed assessments or identifying deterioration and changes in consumers clinical needs. Staff not meeting consumers social, cultural, spiritual and psychological needs. The service did not identify the deficits in staff practice and the deputy service managers whose role is to monitor staff did not identify deficits.

The approved provider’s response disagrees with the Assessment Team’s findings and provided additional information demonstrating staff did identify deterioration in consumers’ condition.

The Assessment Team’s evidence throughout the report identifies deficits in staff practice including in documentation of assessments and care plans and the management of consumers’ needs including in relation to behaviours and consumers with dementia. The deficits identified include while staff progress noted and identified deterioration they did not effectively or adequately monitor and assess the deterioration of a consumer. However, I find the deficits have been relevantly addressed in Standard 2 Ongoing assessment and care planning and Standard 3 Personal care and clinical care. The deficits in staff practice have also been addressed in Standard 7 Requirement (3)(a) which demonstrates staff are rushed and I find it reasonable that insufficient staff rather than staff competence may be impacting staff effectively performing their roles.

The service has demonstrated its staff are appropriately skilled and have qualifications required to complete their roles, however further clinical oversight to monitor staff practice is required and this issue has been addressed above in Requirement (3)(a) and in Standard 8 Requirement (3)(c).

Based on the summarised evidence above, I find the service Compliant with this Requirement.

### 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-COMPLIANT Organisational 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 three of the five specific requirements have been assessed as Non-compliant.

Information and evidence from Assessment Contact conducted on 23 to 24 July 2020 and Site Audit conducted on 28 to 30 July 2020 has been considered in assessing the service’s performance in relation to the Standard 8 Organisational governance.

The finding of Non-compliance is in relation to Requirements (3)(a), (3)(c) and (3)(d) which the Assessment Team recommended the service did not meet. I agree with the Assessment Team’s recommendation and have provided reasons below.

The Assessment Team recommended the service did not meet Requirement (3)(b), however my decision differs, and I find the service Compliant in relation to Requirement (3)(b) and I have provided reasons below.

The service is supported by the organisation’s comprehensive and established governance framework. The governing body demonstrates its commitment and accountability to promoting safe and quality care and services for consumers. The service has effective continuous improvement and complaints systems and systems ensure the service understands its regulatory requirements. However, the service did not demonstrate an effective information system in relation to consumer assessments and plans and did not demonstrate effective monitoring of the workforce to ensure sufficient numbers to provide quality care.

The governance systems include a framework for engaging consumers and consulting consumers on the development and evaluation of care and services. However, the service did not demonstrate it was actively engaging and supporting consumers to be involved in the evaluation and development of services at the time of the site audit or for a significant period of time prior to the site audit.

The organisation has risk management and clinical governance frameworks in place to guide staff in the delivery of safe clinical care. However, the service did not demonstrate staff practice was consistent or effective in relation to the management of risks associated with consumers’ care and monitoring systems had not identified the need for improvement in risk management practices.

The organisation has effectively implemented processes to review, monitor and minimise the use of restraints at the service and documentation shows use of psychotropic medication has been significantly reduced and the use ceased for a number of consumers.

## Assessment of Standard 8 Requirements

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

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

The Assessment Team found the service did not demonstrate consumers are engaged in the development and delivery and evaluation of care and services. The service has not recently or currently involved or engaged consumers in evaluation of care and services through regular feedback processes of consumer surveys and meetings. Evidence included:

* The service has not completed the annual consumer survey which is used to gather feedback and evaluate care and services. The last survey was completed in April 2019 which was predominantly used to evaluate staffing levels.
* The service has not held consumer and relative meetings since February 2020 due to implementing COVID-19 restrictions. However, the service has not implemented alternative processes to engage consumers and their relatives in the development and evaluation of care and services.
* The service planned to implement a consumer group as part of its continuous improvement processes. However, this plan has not been implemented or actioned.
* Consumers and representatives confirmed the induvial consumers were consulted on their needs through the care planning processes. However, they were not able to provide examples of being consulted or involved in the development or evaluation of other care and services at the service.

The approved provider’s response disagreed with the Assessment Team’s findings and provided the following additional evidence and information in relation to the evidence in the Assessment Team’s report:

* The service has planned a consumer and relative meeting for September 2020 and all consumers and their representatives have been informed of the meeting.
* The service has plans to implement a consumer group and it will be discussed at the consumer and relative meeting in September 2020.
* The service has not completed consumer surveys since April 2019. However, the service has other options for consumers and families to provide feedback including consumers and family individual annual meeting to discuss care.

The approved provider has provided a plan for continuous improvement dated 14 August 2020 with planned actions to further investigate, monitor and address the issues identified by the Assessment Team including; consultation with consumers and representatives and the development of a consumer group.

The organisation has consumer engagement processes including surveys, consumer and relative meetings, annual individual consumer and family meetings, feedback systems and continuous improvement plans including the development of consumer engagement groups. However, the service failed to implement and action the organisational processes at the time of the Site Audit and for a significant period of time prior to the site audit. The service did not demonstrate it was actively engaging consumers and their representatives in the development and evaluation of care and services at the time of the site audit. The service had ceased consumer meetings for over six months, not implemented any consumer surveys for over 12 months and had not implemented or actioned the consumer group in line with the organisational continuous improvement plans. While the service was actively engaging with individual consumers in relation to their individual needs the service did not demonstrate it supported consumers or actively engaged and consulted consumers in the development and delivery of broader services and improvements which impact the consumers daily lives. The service has made a commitment to review its processes for engaging with consumers and actively supporting consumer consultation through implementing meetings and consumer groups in the future. However, I find at the time of the site audit the service was not supporting consumers to be actively engaged or consulted in relation to the development and evaluation of care and services.

Based on the summarised information above, I find the service non-compliant with this Requirement.

### 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.*

The Assessment Team found the service demonstrated the governing body promotes a culture of inclusive and quality care and service. However, systems in place to inform the board of trends in clinical incidents impacting consumers safety have not led to improvements and did not demonstrate the board are accountable for the delivery of safe care. Two consumer’s one with ongoing behaviours impacting others over a significant period of time and one with ongoing deteriorating wounds were not managed in a timely manner despite being reported through monthly reports to the organisation’s governing body.

The approved provider’s response disagreed with the Assessment Team’s finding and provided additional information in relation to the comprehensive reporting system and governing body accountability and review of information and incidents. The service demonstrated examples of current and innovative organisational projects implemented to improve care and services.

Based on the information in the Assessment Team’s report and the approved provider’s response, I find the evidence and issues identified more relevant to Standard 8 Requirement (3)(d) as the service did not demonstrate at the time of the assessment staff practice in managing risks associated with consumers care was in line with the organisation’s expectations or processes.

The organisation’s governing body is an established body with comprehensive frameworks in place to ensure the governing body are informed and accountable for the delivery of care and services. I find the evidence provided and the deficits identified by the Assessment Team more relevant to Requirement (3)(d) and have provided details of those deficits below.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

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

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

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

The Assessment Team found the service has effective organisation wide governance systems at the service including in relation to continuous improvement, financial governance, regulatory compliance and feedback and complaints. However, the service did not demonstrate information management or workforce governance systems were effective at the service. Evidence included:

* Consumer assessment and care planning information documented and provided to staff to guide care is not consistently relevant and current information to assist staff to provide consumers with optimal care.
  + Staff interviewed provided examples of consumers needs and preferences which were not documented in the assessments and care plans. Staff interviewed, and documentation confirmed consumer needs and changes are communicated verbally and not always updated on the care plans.
* The service does not have effective monitoring systems of the workforce to ensure there are sufficient numbers of staff to provide quality care and services in a manner that is respectful, kind and caring to consumers.
  + A total of 22 consumers and or their representatives interviewed stated there were not sufficient numbers of staff to ensure quality care and services were provided to consumers.
  + Observations and interviews demonstrated insufficient staff numbers and poor interactions with consumers result in care that does not support the dignity of consumers and is not respectful of individual consumers unique identities.

The approved provider’s response disagreed with the Assessment Team’s findings and provided the following additional evidence and information in relation to the evidence in the Assessment Team’s report:

* Information in relation to consumers needs and changes are effectively communicated to staff through the verbal and written handover process and consumers care plans are reflective of assessed needs.
* The service has sufficient staff to meet the needs of consumers as guided by a base roster and management have the ability to increase staff hours based on changing needs of consumers including end of life care and behaviours of concern.

The approved provider has provided a plan for continuous improvement dated 14 August 2020 with planned actions to further investigate, monitor and address the issues identified by the Assessment Team including; review of current rosters to ensure sufficient staff and clinical oversight, review of staff duty statements and review of consumer care plan and assessment documentation and information to ensure current.

The organisation has governance systems in place to guide the service in relation to workforce governance and information systems. However, the systems were not effective at the service, including; in ensuring documented consumer information in relation to their current needs was current and reflective to inform the delivery of care and monitoring feedback and outcomes of consumers to ensure adequate oversight of staff delivering care and to ensure current staff rosters were meeting the consumer needs. The services monitoring systems did not identify the deficits in the governance systems of information management and workforce governance resulting in ongoing impacts to the consumers as outlined in Standard 3 and Standard 7 of this Report. While the service has made a commitment to review its systems and has the support of the wider organisational governance framework to implement any required improvements at the time of the site audit the service did not demonstrate effective information or workforce governance systems.

Based on the summarised information above, I find the service non-compliant with this Requirement.

### 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 organisation has a risk management framework in place which is effective at identifying and responding to abuse and neglect of consumers. However, the service did not demonstrate effective risk management systems in relation to the management of high impact and high prevalence risks associated with the care of consumers. Staff practice in relation to risks associated with behaviours and falls was not effective or in line with risk management processes. Evidence included:

* Documentation including progress notes, behaviour charts, incident reports showed one consumer with ongoing behaviours impacting others including threats of physical aggression and entering other consumers’ rooms did not have their behaviours consistently identified as incidents through the incident reporting system to ensure monitoring and identification of frequency and triggers and effectiveness of strategies.
* Staff practice is not consistent with falls risk management processes including staff not consistently implementing fall reduction strategies and assessments not identifying falls risk strategies for consumers at risk.

The approved provider’s response disagreed with the Assessment Team’s findings and provided the following additional evidence and information in relation to the evidence in the Assessment Team’s report:

* The consumer with ongoing behaviours had assessments and care plans in place identifying and guiding staff in how to manage the behaviours. Behaviours of concern have been documented when they occur in both incidents and progress notes and the service has the ability to draw out behaviours from progress notes to review trends. The service installed half doors to other consumers’ rooms in response to the wandering behaviours to allow the other consumers to feel safe.
* Consumers with falls are followed up appropriately following incidents and one consumer used as an example had only been at the service less than a month and has since had falls prevention strategies implemented following a transfer to hospital and noted decline in condition secondary to dementia.
* The organisation’s risk management systems effectiveness was demonstrated through its response to an incident involving a consumer falling following consumption of alcohol. The service promptly reviewed, updated and implemented new policies and procedures including risk assessments and consultation to manage risks associated with consumers wishing to consume alcohol. The changes implemented in response to the identified risk have been effective.

The approved provider has provided a plan for continuous improvement dated 14 August 2020 with planned actions to further investigate, monitor and address the issues identified by the Assessment Team including; review of incident reporting processes and data, a review and analysis of behaviour records to identify any trends and review of behaviour assessment and care plan documentation process to capture updates and staff training in relation to management of consumer behaviours.

The organisation has a comprehensive and established risk management framework and system in place at the service supported by the wider organisation. However, at the time of the site audit the service did not demonstrate the system was consistently implemented by staff to effectively manage the risks associated with one consumer’s ongoing behaviours impacting others. The deficit in the effectiveness of the management of the risks associated with the consumer’s behaviours was not identified through the organisations risk management monitoring system of incident reporting, review and analysis of trends. The service has falls management processes in place to identify and manage consumers at risk of falls including review by specialists, comprehensive assessment and implementation of equipment and strategies to reduce falls. However, at the time of the site audit the service did not demonstrate staff practice was consistently in line with the organisation’s falls risk management system as staff did not consistently implement strategies to reduce consumer falls and assessments were not appropriately completed to ensure strategies were implemented for a new consumer. The service has shown a commitment to review and address any identified deficits in the risk management practices through an improvement plan.

Based on the summarised information above, I find the service non-compliant with this Requirement.

### 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.

Standard 1 Requirement (3)(a)

* Ensure consumer dignity is maintained through delivery of appropriate care and ensure the individual identity and cultural needs of consumers are consistently supported during care and services.

Standard 2 Requirement (3)(a)

* Ensure assessments including risk assessments are completed in a timely manner including for new consumers and used to inform the delivery of care and develop strategies for managing risks.

Standard 2 Requirement (3)(e)

* Ensure strategies documented in the care plan are reviewed for effectiveness following incidents and changes in consumers’ condition, and updates or additional strategies are implemented following reviews.

Standard 3 Requirement (3)(a)

* Ensure each consumer is delivered care that is tailored to their needs, in line with their care plans including personal care and continence care and that staff have sufficient time to provide the appropriate care to support the consumer’s health and well-being.

Standard 3 Requirement (3)(b)

* Ensure strategies implemented to manage high impact and high prevalence risks including falls and behaviours are reviewed and evaluated for effectiveness and alternative and additional strategies are implemented to manage the risks and reduce or prevent further incidents or risk of harm.

Standard 3 Requirement (3)(d)

* Ensure when staff identify a consumer’s condition changes or deteriorates appropriate and timely monitoring and records are implemented to assist in the assessment and management of the deterioration.

Standard 4 Requirement (3)(a)

* Ensure individual consumer’s needs and preferences are identified and supports are in place to ensure the delivery of services in line with the needs and preferences of consumers to enhance the consumers’ well-being and quality of life including when barriers or restrictions impact the delivery of services and supports.

Standard 4 Requirement (3)(b)

* Ensure consumers are provided appropriate and adequate emotional, spiritual and psychological supports to support their well-being and quality of life, including at the end of life.
* Ensure considerations in planning emotional, spiritual and psychological supports for consumers include the consumers’ physical conditions and impairments and any restrictions which might negatively impact the delivery of emotional and spiritual supports.

Standard 7 Requirement (3)(a)

* Ensure feedback from consumers and their representatives in relation to staffing numbers, call bell response times and the impacts to consumer care are actively gathered, monitored and considered in the development and review of staffing numbers and rosters.
* Ensure call bell response times and data are actively monitored and reviewed to identify trends in staff practice and busy periods to ensure sufficient staff and time to provide quality care to consumers in a timely manner.

Standard 7 Requirement (3)(b)

* Ensure staffing numbers are adequate so care staff interactions during delivery of care are not rushed and result in respectful and caring outcomes for consumers.

Standard 8 Requirement (3)(a)

* Ensure consumer engagement strategies including consumer meetings, surveys and consumer groups are implemented and supported to ensure consumers are engaged and involved in the development and evaluation of all care and services.

Standard 8 Requirement (3)(c)

* Ensure all consumer information in relation to assessments and care plans are current and reflective of consumer needs and updates and changes are documented on care plans to inform the delivery of care.
* Ensure the workforce is monitored including through feedback from consumers and their representatives to ensure adequate numbers of staff are available to provide safe and quality care which supports consumer dignity.

Standard 8 Requirement (3)(d)

* Ensure staff practice is in line with risk management systems of incident reporting, risk identification and implementation of timely and appropriate risk management strategies.