Brightwater South Lake

Performance Report

62 Bloodwood Circle
SOUTH LAKE WA 6164
Phone number: 08 9417 6200

**Commission ID:** 7194

**Provider name:** Brightwater Care Group Limited

**Site Audit date:** 21 July 2021 to 23 July 2021

**Date of Performance Report:** 23 September 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-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) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 18 August 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

**Consumer outcome:**

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall, sampled consumers consider that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers/representatives sampled said staff are respectful towards them, and their individual identity, culture and diversity are recognised and valued. They are encouraged and supported to maintain their independence and are confident that staff know what is important to them. In addition, consumers described the ways that their social connections are supported, both inside and outside of the service, and said they are satisfied that care and services are undertaken in a way that affords them dignity and respects their personal privacy.

Consumers said the service supports them to exercise choice, including taking risks to enable them to live the life they choose, and that information provided to them is current, accurate and timely, and enables them to make informed choices about their care and service delivery.

Staff were able to describe how they ensure that consumers’ preferences are respected, and how their culture, values and background influences the delivery of their care and services. Care documentation provides guidance to staff regarding who and what is important to the consumers and their individual preferences in relation to care and services.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services and information was communicated to them and they had access to that information.

Consumers/representatives confirmed care planning identified and addresses consumers’ current needs, goals and preferences, including advance care planning.

However, the service was unable to demonstrate effective assessment and planning process that considers risk to the consumer’s health and well-being and that when incidents occur or when circumstances change care plans are reviewed for effectiveness.

Consumers’ files sampled showed five consumers did not have effective assessment and planning to deliver safe and quality care in relation to challenging behaviour, falls, physical restraints, and malnutrition.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found that the service uses validated risk assessment and planning tools to identify risks to consumers’ safety, health and well-being. However, they were unable to show they use assessment and planning processes effectively to inform safe and effective care and service delivery for consumers who have physical restraints, and consumers with challenging behaviours. The Assessment Team found clinical staff do not always review behaviour management strategies after incidents of aggression, or where strategies were ineffective. In addition, care planning and documentation does not always reference accurate information about risks to consumers’ health.

A review of behaviour charting and assessment documentation by the Assessment Team shows clinical staff do not always review the strategies to manage aggressive behaviours, when incidents occur, or a strategy is documented as ineffective. There are not behaviour management strategies utilised consistently, and the service did not evaluate the behaviour management strategies on the care and services plan for the sampled consumers. There was also evidence that the service did not monitor the consumer’s behaviours following an incident.

The Approved Provider did not provide any further information to refute the Assessment Team findings and instead acknowledged there were improvements required. In response, the Approved Provider submitted a continuous improvement plan to address the issues found on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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.

### 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 has not ensured that 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. Staff do not consistently evaluate the effectiveness of strategies implemented or review care plans following a change in a consumer’s condition or needs.

The Assessment Team identified the service failed to evaluate the falls prevention strategies for two consumers who were identified as being at high risk of falls. For a consumer who has a history of malnutrition, the service failed to implement the nutritional strategies suggested by the dietitian on their care plan, and for a consumer with known behaviours of aggression the service failed to review the behaviour strategies, impacting negatively on the physiological well-being of the consumer who was a victim of the aggression. In addition, the Assessment Team noted that strategies had not been evaluated after any of the incidents of aggression, nor were they effective in minimising the behaviours of aggression.

The Approved Provider did not provide any further information to refute the Assessment Team findings and instead acknowledged there were improvements required. In response, the Approved Provider submitted a continuous improvement plan to address the issues found on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Team also examined relevant documents.

Overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Whilst consumers stated they had access to services to support their care and information was communicated with them in a timely manner, the service was unable to demonstrate that it provides safe and effective personal and clinical care for each consumer. This was particularly in relation to the management of challenging behaviours, wounds and the management of risks associated with falls. Care plans did not always reflect care and services have been delivered in line with best practice in relation to the use of physical restrictive practices.

In addition, the service was unable to demonstrate high impact and high prevalence risk associated with consumer care is effectively managed in relation to falls risk, challenging behaviours and malnutrition.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found the service was unable to demonstrate that each consumer gets safe and effective personal care, clinical care or both personal and clinical care that is best practice, tailored to their needs and optimises health and well-being, specifically in relation to wounds, physical restraints, and medication management. Whilst the service has processes to guide management of these aspects of clinical care, these have not been effectively implemented for three sampled consumers. Additionally, documentation of staff practices has not supported effective management of consumers’ clinical needs. In contrast, most consumers/representatives interviewed were satisfied with the care provided at the service.

The Assessment Team, through sampling consumer documents, found that the service was not following procedure and had not been trained to administer medication safely. In addition, the service failed to evaluate the effect of the psychotropic medications. Management did acknowledge that they had a gap in relation to medication administration by medication competent care staff.

The Assessment Team found evidence through care documents that the service failed to ensure one of the sampled consumers received best practice care in relation to the management of her physical restrictive practices. The Assessment Team noted the consumer did not have an authorisation form for a restrictive practice being used. In addition, the service failed to follow the organisation’s policies and procedures in relation to physical restrictive practices.

Lastly, the Assessment Team found that staff failed to update the wound management plan for a consumer sampled. There was repetitious use of the same wound product over several months indicating that although staff identified deterioration of the wound they failed to evaluate the wound in relation to the wound product.

The Approved Provider did not provide any further information to refute the Assessment Team findings and instead acknowledged there were improvements required. In response, the Approved Provider submitted a continuous improvement plan to address the issues found on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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.

### 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 was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer because consumers who have high impact behaviours, risk of falls and consumers who are at risk of malnutrition are not provided with the appropriate care to manage their high prevalence risks.

The organisation has processes to manage risks related to the personal and clinical care of each consumer. However, these have been ineffective because the service has failed to evaluate strategies to address behaviours following the incidents of aggression and to implement effective strategies to protect the safety of the consumers. In addition, staff have failed to review and evaluate the falls prevention strategies after consumers have fallen and for a consumer who is at risk of malnutrition, staff failed to implement the strategies suggested by the allied health team.

Most consumers/representatives interviewed are satisfied with the management of consumers’ high impact or high prevalence risks associated with care of each consumer. However, one representative interviewed was not satisfied with the management of a consumer’s falls because they feel staff did not provide care to manage her falls risk.

The Approved Provider did not provide any further information to refute the Assessment Team findings and instead acknowledged there were improvements required. In response, the Approved Provider submitted a continuous improvement plan to address the issues found on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that effective management of high impact or high prevalence risks associated with the care of each consumer.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. The service has processes in place to identify and record the needs, goals and preferences of consumers. A monthly activity program is developed in consultation with consumers. Consumers who do not or are unable to participate in the group activity program are identified as requiring individualised attention.

Consumers interviewed confirmed they are supported by the service to do the things they like to do, including attending group activities, playing musical instruments and listening to music. Most consumers were also satisfied with the meals provided.

Staff were able to demonstrate that they were aware of individual consumer’s needs in relation to emotional, spiritual and psychological well-being. The service demonstrates that processes are in place to identify when consumers are low in mood and are able to demonstrate that they act appropriately to support the consumer’s well-being.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

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

### Requirement 4(3)(b) Compliant

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

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The Team also examined relevant documents.

Whilst most sampled consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment, the service was unable to demonstrate that the service environment is safe, clean, well maintained for consumers. Two representatives interviewed reported dissatisfaction with the standard of cleaning, they reported the floors were dirty and the surfaces were dusty and dirty. In addition, the service was observed to be dirty, the furniture was stained and fabric falling off the furniture, bathroom floors had debris and mould, and the carpets were stained.

Consumers interviewed said they feel safe and comfortable at the service. They said staff are friendly and kind. They also confirmed they have access to all areas, and they can move freely between the different houses.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

The Assessment Team found that whilst the organisation could demonstrate that it enables consumers to move freely both indoors and outdoors, it could not demonstrate the environment was safe, clean, well maintained and comfortable for consumers. The service could not demonstrate that it provides a safe environment for the consumers who wish to smoke. Observation showed the service was not clean, lounge chairs in communal areas were soiled and the fabric was worn in some chairs, and pressure relieving equipment was observed to be soiled. Representatives interviewed advised they were not happy with standard of cleaning.

Across the service, the Assessment Team observed the floors were dirty, the carpets were stained, the surfaces of the consumers’ furniture were dusty and dirty, the showers were observed to have debris in the drain, there was mould in the grout, the baskets of dirty clothes were overflowing. There was also a build-up of dust and occasionally there were tissues under consumers’ beds.

The Assessment Team noted that in the clinical meeting minutes that management had requested an inventory of all the equipment, to monitor the equipment and implement a cleaning schedule. However, this has not been completed hence no one was cleaning the equipment.

Consumers that smoke do so on in their own patio as the service does not have an allocated smoking area. The consumers have been assessed and do not to require a fire apron, and they have an ash tray for the waste, however, there is no fire safety equipment close to each patio where the consumers smoke.

Furthermore, the service had informed that they had complaints in relation to cleaning, whilst the complaint process was followed, the Assessment Team noted the service continued to have the same issues.

The Approved Provider did not provide any further information to refute the Assessment Team findings and instead acknowledged there were improvements required. In response, the Approved Provider submitted a continuous improvement plan to address the issues found on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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

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

Overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives said they feel supported to provide feedback both positive and negative to staff directly or to the service. Staff are able to describe how they support consumers to provide feedback, including complaints.

Most consumers and their representatives advise they are satisfied with how their feedback is managed by the service and that management and staff apologise when things go wrong. The service demonstrates that it responds to feedback it receives from consumers and representatives, a review of the cleaning schedule has been added to the service’s opportunities for improvement plan following issues raised.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers provided feedback that indicated they are satisfied with the mix and level of staff at the service. Staff stated they were supported with the level of staff to complete tasks effectively. In addition, the Assessment Team observed interactions between staff and consumers to be appropriate and respectful.

The service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers are satisfied staff have the competencies, skills and knowledge to effectively perform their roles. Staff are provided with opportunities to increase their skills and knowledge when gaps or incidents are identified.

The service demonstrated there is regular assessment, monitoring and review of the performance of each member of the workforce. Where required, staff participate in performance management processes in which they are consulted and supported to develop plans to rectify where they may not have met organisational expectations.

However, the organisation does not have processes in place to equip and support multiskilled care workers to administer and evaluate the effectiveness of some medications. The organisation had not effectively reviewed the training, learning and development needs of multiskilled care workers who are required to administer medications when nursing supervision is unavailable.

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

## Assessment of Standard 7 Requirements

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

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

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

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

### Requirement 7(3)(c) Compliant

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

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

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

The Assessment Team found that the organisation does not have processes in place to equip and support multiskilled care workers to administer and evaluate the effectiveness of medications, this includes effectively reviewing the training, learning and development needs of multiskilled care workers. This resulted in one consumer receiving regular medications that impacted their well-being by decreasing their level of alertness and increasing the consumer’s risk of falls.

From one consumer sampled by the Assessment Team, psychotropic medication was administered without the completion of a pain assessment or the trial of non-pharmacological interventions before administering medication, staff also failed to evaluate the effectiveness of the medication. In addition, the Assessment Team noted staff failed to assess pain levels, document the location of the pain for which the medication was administered and to evaluate the pain after medication was provided.

Care staff interviewed were not aware of the need to assess and document the effectiveness of some medications as the organisation has not implemented and embedded training to equip and support staff to do this. In addition, the Assessment Team observed training documents did not contain information to support care staff to understand the requirement to document the effectiveness of some medications post administration. Organisational management stated improvement actions have commenced to improve training medication administration, to enable care staff to meet this requirement of their role but are not yet embedded across the organisation.

The Approved Provider did not provide any further information to refute the Assessment Team findings and instead acknowledged there were improvements required. In response, the Approved Provider submitted a continuous improvement plan to address the issues found on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Most sampled consumers and representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services. The service has systems and processes in place to support information management, continuous improvement, workforce governance, financial governance, regulatory compliance and feedback and complaints. Staff have access to policy and procedures to guide their work. Information from complaints is reviewed and used to inform the delivery of care and services.

The service demonstrates that the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for its delivery. There are reporting structures and committees in place which monitor and report to the Board of Directors on the quality and safety of care delivered.

However, the service’s risk management system and practices are not effective in relation to managing high impact or high prevalence risks associated with the care of consumers. This has resulted in three consumers receiving suboptimal care. The service did not act in accordance with the organisation’s Clinical Incident Management Procedure as a client clinical incident report was not completed in the electronic care record. This impacted on the organisation’s ability to have oversight of all incidents in order to effectively identify and monitor trends, drive continuous improvement and to prevent similar incidents from occurring at the service.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

The Assessment Team found that the organisation has a risk management framework and the service has a risk register, however, the service’s risk management system and practices are not effective in the management of high impact or high prevalence risks associated with consumer care, and consumers do not always receive safe and effective clinical care in relation to the management of high impact behaviours, falls and the risk of malnutrition.

The service management failed to effectively monitor and evaluate the care being delivered to consumers identified as having high impact or high prevalence risks. The service’s risk management system was not effective in alerting management to the fact that clinical staff have not implemented appropriate behaviour management strategies for consumers who have had incidents of physical aggression, that staff have failed to review and evaluate falls prevention strategies after consumers have fallen and for a consumer who is at risk of malnutrition, that staff failed to implement the strategies suggested by the allied health team. The lack of a sound governance system in relation to risk management places consumers at increased risk.

The service did not act in accordance with the organisation’s Clinical Incident Management Procedure as a client clinical incident report was not completed in the electronic care record following an allegation. Although the incident was reported an internal investigation was conducted, the absence of an incident report in the electronic care record resulted in the organisation’s incident management system being unaware of the incident. This impacted on the organisation’s ability to have oversight of all incidents in order to effectively identify and monitor trends, drive continuous improvement and to prevent similar incidents from occurring at the service.

The Approved Provider did not provide any further information to refute the Assessment Team findings and instead acknowledged there were improvements required. In response, the Approved Provider submitted a continuous improvement plan to address the issues found on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that effective risk management systems and practices, including but not limited to the following:

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

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

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

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

# Areas for improvement

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

### Requirement 2(3)(a)

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

* Continue to implement continuous improvement plan as supplied to the Commission.
* Ensure that the service develops an effective and consistent method to ensure that assessment and planning is utilised effectively to the benefit of the care of consumers. This needs to be applied consistently.

### Requirement 2(3)(e)

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

* Continue to implement continuous improvement plan as supplied to the Commission.
* Review processes for consumer care and services to ensure that they are actively being reviewed when circumstances change or where incidents impact consumer needs, goals and preferences.
* Ensure when reviewed that this translates into improvement of care and services for the consumer and that this is well documented.

### Requirement 3(3)(a)

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

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.
* Continue to implement continuous improvement plan as supplied to the Commission.
* Ensure restrictive practices are reviewed so they are reduced as much as possible. Where they are still required ensure that there has been other strategies tried, evaluated and recorded. There should also be the right consents in place.
* Look to improve wound care practices and medication administration to ensure they are best practice and consistent.

### Requirement 3(3)(b)

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

* Continue to implement continuous improvement plan as supplied to the Commission.
* Review and reform behaviour management strategies and seek external assistance if required to ensure the safety of consumers.
* Review and reform nutrition and falls management strategies and seek external assistance if required.
* Ensure that practices and policies are consistently and effectively applied to ensure that high prevalence high impact risks are mitigated and reduced.

### Requirement 5(3)(b)

The service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.
* Continue to implement continuous improvement plan as supplied to the Commission.
* Cleaning of the service must be reviewed and improved.
* Equipment must be assessed and replaced if worn.
* Look at fire safety equipment for those consumers that smoke.

### Requirement 7(3)(d)

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

* Continue to implement continuous improvement plan as supplied to the Commission.
* As a matter for immediate attention ensure staff are trained and monitored in the administration of medications.

### Requirement 8(3)(d)

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

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can
4. managing and preventing incidents, including the use of an incident management system.
* Continue to implement continuous improvement plan as supplied to the Commission.
* Focus for improvement should pay particular attention to high impact or high prevalence risks and incident management.