Opal Bunbury

Performance Report

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**Commission ID:** 7886

**Provider name:** DPG Services Pty Ltd

**Site Audit date:** 26 September 2020 to 1 October 2020

**Date of Performance Report:** 7 December 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) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-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) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-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) | Compliant |
| Requirement 4(3)(c) | Non-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) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-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) | 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 provider’s response to the Site Audit report received 6 November 2020.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers interviewed confirmed staff respect their personal privacy, support their choices and respect consumers’ preferences in relation to care and services. Consumers confirmed they are supported to do things for themselves and are supported to take risks to ensure they can continue living the life they choose. Consumers and their representatives confirmed they receive information they require in relation to the service.

The service has processes to identify, record and inform those providing care and services of consumers’ cultural and individual needs and preferences. Consumers’ information is stored and maintained in a confidential manner. Consumer records show the service identifies and communicates consumers’ choices, including others the consumer wishes to have involved in decision making about care and services.

However, consumers’ dignity is not consistently supported or maintained, as consumers’ dignity is impacted by ineffective management of clinical care resulting in consumers being left in an undignified manner in front of others.

## 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’s dignity was supported or maintained when clinical needs were not managed effectively. Examples included:

* One consumer had ongoing agitation, trying to get up, lashing out, moaning, grimacing and crying as described in progress notes, staff interviews and charts for a period of months. The underlying cause was not managed to prevent or reduce the consumer’s signs of agitation and discomfort impacting on the consumer’s dignity and well-being.
* One consumer did not have their visual impairment managed or taken into consideration by staff when providing care. Including on one occasion not having the required vision impaired equipment in his room on return from hospital resulting in the consumer becoming angry. The consumer stated staff say hello but don’t have any real conversation with him.
* One consumer had episodes of taking off their clothes and voiding in inappropriate and public places due to a urinary tract infection and secondary confusion. There is no evidence staff supported the consumer effectively to maintain their dignity during the episodes.
* One consumer was observed to be moaning in pain on each day of the Site Audit, the consumer described the pain as ‘just too much’, no evidence any actions were taken to maintain the dignity of the consumer by managing the pain.

The approved provider’s response disputes the Assessment Team’s findings the service does not treat the consumers with dignity and respect. The service acknowledges the consumers’ clinical care needs were not managed effectively however states the service and the staff strived to treat consumers with respect and support consumers’ dignity.

The organisation has values to promote consumers are treated with respect and their dignity is maintained. However, during the Site Audit consumers were observed, documentation and staff interviews confirmed consumers’ dignity was not always maintained. The service’s failure to manage consumers’ clinical care needs including pain and infections resulted in consumers’ dignity being impacted and having episodes and occasions where they were moaning and agitated in front of others, which was not in line with the individual consumer’s normal and dignified state. Evidence shows staff accepted the consumers’ exhibiting undignified behaviours as ‘normal behaviour’ for the consumer and did not take effective steps to address the consumers’ issues and maintain the consumers’ dignity.

For the reasons summarised above, I find the service Non-compliant with this Requirement.

### 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

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

The service has assessment and care planning processes including the use of electronic assessment and planning tools. However, consumers’ assessments are not consistently or accurately completed including assessment of risks associated with clinical care. Care plans do not consistently inform staff on strategies to manage consumers’ known risks including in relation to falls, pain and wound care. Care plans are not always reflective of the consumers’ current needs and preferences and assessments completed are not effectively used to develop and identify strategies to manage consumers’ care.

Care plans were not always reflective of the consultation and involvement of consumers, their representatives or others involved in planning the consumers’ care. Consumers’ care is reviewed regularly through a case conference process in consultation with the consumer or their representative. However, the effectiveness of consumers’ care is not reviewed when incidents, changes or deterioration occurs, and reviews do not result in the implementation of new strategies to improve the outcomes for consumers or direct staff on how to manage consumers.

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found the service did not demonstrate assessment and planning informs the delivery of safe and effective care. The service does not accurately assess consumers’ needs including risks associated with incontinence, falls, malnutrition, pain, pressure injuries and vision loss. The service does not consistently or correctly use validated assessment tools. Evidence and examples relevant to my decision include:

* One consumer with high risk of skin breakdown and six current wounds including a pressure injury has not had the wound assessments accurately completed including measurement of the wounds to monitor and assess deterioration. The consumer has a vision impairment which has not been identified on assessments and care plans to inform safe and effective care.
* One consumer did not have pressure injury risk assessments completed accurately to identify contributing risk factors in relation to pressure injuries or to inform strategies to manage and prevent pressure injuries. Wound assessments were not accurately completed including not identifying the stage of the wound. The consumer did not have appropriate pain assessments completed when signs and symptoms of pain were present.
* Two consumers who were identified as high falls risks did not have appropriate strategies implemented on their care plans to inform the management of the falls risk.
* One consumer with constipation did not have bowel charts and assessments effectively completed or used to inform and manage the consumer’s bowel care.
* Two consumers did not have pain assessments and effectively implemented or completed to identify, monitor and manage consumers’ reports, signs or symptoms of pain.
* Assessment of vital signs and observations of a deteriorating consumer were not effectively completed or used to identify and inform the management of the consumer’s deteriorating condition.

The approved provider’s response acknowledges the deficits identified in the Assessment Team’s report in relation to assessment and planning not being completed appropriately or effectively to develop care plans or inform the management of consumers’ care. The service has completed a comprehensive review of each consumer and has implemented a plan for continuous improvement to action the identified deficits for each individual consumer. The service has commenced improvements to address the underlying systemic deficits by implementing staff education and training across all clinical assessment and management areas and increased clinical monitoring and communication systems.

The service has processes and assessment tools to assess and plan for consumers’ care including assessment of risks associated with care. However, at the time of the Site Audit assessments were not appropriately, accurately or consistently completed to inform the safe and effective delivery of care to consumers. Wound assessment tools were not accurately used or completed to monitor and identify deterioration or change in consumers with wounds. Pain assessments were not implemented or appropriately used to identify and monitor consumers with signs and symptoms of pain. Falls risk assessments did not lead to documented strategies for falls risk management. Vision impairment was not identified and assessed to inform care for one consumer and observations and assessment of a deteriorating consumer did not inform appropriate actions to manage the consumer’s needs. The deficits identified by the Assessment Team are systemic and show a significant failure across multiple consumers and areas of clinical assessment which have resulted in consumers not having strategies in place to inform staff on how to deliver safe and effective care.

For the reasons summarised above, I find the service Non-compliant with this Requirement.

### Requirement 2(3)(b) Non-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.*

The Assessment Team found the service did not demonstrate each consumer had their current needs, goals and preferences identified and documented in assessment and plans. Evidence included:

* Eight consumers’ assessments and plans viewed did not accurately reflect or identify the current needs of the consumers including in relation to pain, wounds, bowel management and vision impairment.
* One consumer’s care plan did not address the consumer’s end of life planning.
* Monitoring processes are not effective to ensure assessments and plans are current and reflective of consumers’ care.

The approved provider’s response acknowledges the deficits identified in the Assessment Team’s report in relation to assessments and care plans not being reflective of consumers’ current needs, goals and preferences. The service has implemented a comprehensive review of consumers’ assessments and care plans and have implemented system improvements including staff training and increased monitoring and communication of consumers’ clinical and care needs.

The service has an assessment and care planning system to identify consumers’ needs goals and preferences including in relation to end of life care. However, at the time of the Site Audit the processes were not effective and significant deficits were identified in the accuracy of consumers’ assessments and care plans in reflecting the current needs of consumers.

Based on the summarised evidence above, I find the service Non-compliant in this Requirement.

### Requirement 2(3)(c) Non-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.*

The Assessment Team found the service did not demonstrate consumers were consulted and involved in assessment and planning in relation to their care and services and the service did not demonstrate effective communication with other individuals involved in consumers’ care. Evidence included:

* Two consumers who report pain to staff have not been supported to make decisions about the management of their pain. Documentation confirmed consumers have not been consulted or their decisions in relation to pain management reflected in the care plans.
* One consumer was involved in the assessment in relation to their abilities and preferences for care. However, the care plan to inform the care was not reflective of the consultation and preferences in relation to care delivery.
* Three consumers were not consulted and involved in making decisions about the planning and delivery of lifestyle supports.
* Evidence in Standard 3 shows the service does not consistently communicate with medical officers to appropriately involve them in assessment and planning of consumers’ needs.

The approved provider’s response acknowledges the deficits identified in the Assessment Team’s report and has implemented improved consultation and communication processes in relation to completing assessments and planning care with consumers and their representatives. Improved and increased monitoring and communication processes have been implemented to identify and monitor changes in consumers’ needs and to ensure consultation with consumers and others involved in their care occurs in a timely manner.

The service has processes to involve consumers and others in the assessment and planning of consumers’ care. However, at the time of the Site Audit consultation was not consistently occurring and when consumers communicated their choices and preferences in relation to care and services the consultation was not reflected in the care plan. Others including medical officers are not always involved in assessment and planning in a timely manner when changes occur.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

### Requirement 2(3)(d) Non-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.*

The Assessment Team found the service communicates with the consumer or their representatives the outcomes of assessment and planning annually at a case conference. However, the service did not demonstrate the outcomes of all assessments and plans are effectively communicated to the consumer or documented in the care plan to ensure outcomes are communicated to others providing care. Evidence included:

* One consumer with visual impairment did not have the outcomes of their assessment and plan effectively communicated with them. The consumer’s care plan did not have accurate and sufficient information in the documented care plan to communicate their care needs.
* One consumer’s representative did not have the outcomes of changed assessment and planning effectively communicated to them following the consumer returning from hospital including in relation to pain and diet. The service did not document the changes required in the care plan and did not provide the care plan to the representative following discussion of changed needs.

The approved provider’s response acknowledges the deficits in relation to assessment and planning not always being accurate or updated with information communicated to staff by consumers or their representatives. However, the response shows evidence the service had conducted two case conferences to discuss care provided with one of the consumers and their representative. The service has completed a comprehensive review of the consumers’ assessments and plans including consultation with consumers and their representatives.

The service has an imbedded process of conducting case conferences to discuss care with consumers and their representatives. However, the service did not demonstrate the outcomes of discussions and consultation with consumers is then accurately documented in a care plan to effectively communicate current care needs to the consumer or to others where care and services are provided.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

### 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 effectively review consumers’ care when deterioration in wounds or weight occur or when changes in bowel patterns occur. Relevant evidence included:

* One consumer did not have their wound care and pressure area care strategies reviewed for effectiveness despite progressive deterioration of a pressure injury over seven months. Pain interventions and strategies were not reviewed for effectiveness despite ongoing signs and symptoms of pain.
* One consumer was assessed as being at risk of weight loss and malnutrition and strategies were identified. However, there was no review of the care plan for effectiveness and new strategies were not implemented following review. The consumer did not have bowel management strategies reviewed for effectiveness following a significant period of constipation where bowel management was not managed effectively.

The approved provider’s response acknowledges the deficits identified in the Assessment Team’s report in relation to changes in consumers’ care not leading to review of effectiveness of assessments and care plans. The service has completed comprehensive reviews of the consumers identified and implemented actions to address the systemic deficits in assessment and planning of clinical care including provision of staff training, increased monitoring and communication of consumers at risk or deteriorating.

The service has a system to review consumers’ care for effectiveness and has assessment tools to guide review of care. However, the service did not demonstrate at the Site Audit consumers’ care was reviewed for effectiveness when changes in consumers’ clinical care needs occurred. Development and deterioration of a pressure injury did not result in a review of the effectiveness of wound care or pressure area care strategies for seven months. Consumers exhibiting signs of pain, weight loss or changed bowel patterns do not have relevant care strategies and plans reviewed for effectiveness to ensure the change is identified, monitored and new strategies implemented to manage the change.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Not all consumers and their representatives interviewed were satisfied the service provided personal care and clinical care which is safe and right for the consumer. Consumers’ clinical files confirmed consumers did not receive safe and effective clinical care which was in line with best practice including administration of medication or monitoring and management of infections and bowel patterns. Consumers with high impact and high prevalence risks in relation to falls, wounds, pressure injuries medication management and pain were not managed effectively, negatively impacting on the health and well-being of consumers including deterioration of wounds and unmanaged pain.

Consumers with changed or deterioration in their physical or cognitive function, did not have the deterioration recognised and responded to in a timely manner and referrals and reviews by medical officers or specialists were not completed to ensure assessment and management of the changed needs. Not all consumers nearing the end of life were not recognised in a timely manner to ensure care strategies were implemented to support the consumers’ comfort and dignity.

### 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 does not deliver safe and effective clinical care to consumers in line with best practice or in line with the consumers’ needs and preferences. Evidence included:

* Three consumers with current wounds did not have wounds assessed, measured and monitored in line with the service’s policies and procedures or in line with best practice to ensure deterioration in wounds is identified and managed.
* Three consumers displaying or reporting signs and symptoms of pain did not have pain assessed appropriately or accurately in line with the service’s policies and procedures or in line with best practice to ensure consumers’ pain was identified and managed.
* One consumer did not have their bowel charts monitored effectively to ensure bowel management was in line with best practice resulting in the consumer not having their bowels open for eleven days.
* One consumer did not have weight loss managed in line with best practice and strategies to manage the weight loss were not implemented in line with their needs to prevent further weight loss.
* One consumer was not being administered a schedule eight medication for pain management in line with best practice administration. The medication was being crushed and administered via an enteral feeding tube and not whole and orally in line with administrative directives for the medication.

The approved provider’s response acknowledges the deficits identified in the Assessment Team’s report and have completed a comprehensive review for all consumers identified and implemented actions to address the systemic deficits including staff training and review and update of clinical assessments and procedures.

The service has access to best practice policies, procedures, guidelines and assessment tools. However, the service did not demonstrate consumers were being delivered clinical care in line with best practice or in line with the organisation’s policies and procedures. Consumers were not being delivered safe and effective clinical care including identifying, assessing and managing wounds, pain and weight loss or providing medication and bowel management in line with consumers’ needs. The deficits were identified across multiple consumers and across a significant period of time indicating the deficits in delivering safe and effective clinical care are systemic and examples used identified impacts on the consumers’ health and well-being.

Based on the summarised evidence 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 effective management of high impact and high prevalence risks associated with the care of each consumer in relation to risks of wounds, pressure injuries, pain, falls and medication administration. Ineffective management of consumers’ clinical risks impacted the consumers’ health and well-being including development and deterioration of wounds, consumers’ pain not managed or resolved and consumers not being administered medications correctly or safely. Evidence and examples included:

* One consumer entered the service in January 2020, following a prolonged hospital admission, with multiple known high risks associated with their diagnosis and clinical care. Risks included; existing pressure injury and risk of developing pressure injuries, risks associated with contractures, risks associated with pain management and agitation, risks associated with medications administration and risks associated with enteral feeding and nutrition. The service did not demonstrate they managed the consumer’s risks effectively resulting in the consumer developing further pressure injuries, wounds and skin conditions, exhibiting signs and symptoms of pain and discomfort which were not managed, not having medications administered safety or correctly, not having a review of nutrition and diet despite recommendation and ongoing issues with loose bowels. The consumer exhibited signs and symptoms of agitation and discomfort impacting their hygiene, pressure area care and comfort over a period of nine months. The consumer was transferred to hospital in September 2020 for treatment of infected and gangrenous wounds and ulcers and severe agitation and discomfort. The consumer died during the hospital admission after receiving palliative care.
* One consumer did not have the risks associated with existing wounds and associated pain managed effectively. The consumer reported experiencing ongoing pain in their foot associated with the wound. Documentation shows the wounds are not monitored effectively to identify deterioration and the wounds have deteriorated including becoming infected requiring antibiotics. Documentation shows pain associated with the wounds is not assessed accurately to ensure pain management strategies to manage the pain are developed and implemented.
* One consumer reported experiencing terrible pain. Documentation and pain assessments show the consumer has a high risk of pain due to existing areas of pain and history and diagnosis associated with chronic pain. The Consumer’s pain charts have not been appropriately or accurately completed to identify current and ongoing pain or to identify strategies to relieve the pain. While ‘as required’ medication for pain is administered on some occasions when the consumer reports pain, the medication is not always reviewed for effectiveness and behaviours recorded are not considered signs and symptoms of pain.
* Two consumers entered the service for respite care and were assessed on entry as a high falls risk and required sensor mats as a strategy to prevent falls. The sensor mats were not implemented, and both consumers had falls in the first three days of entering the service. The consumers were transferred to hospital for investigation following falls and did not return to the service.

The approved provider’s response acknowledged the deficits identified in the Assessment Team’s report in relation to wound management, pain assessment, falls management and provision of appropriate strategies and management of medications, bowels and nutrition. The service has demonstrated a commitment to improving and actioning all deficits identified including the underlying systemic deficits in staff practice. The service has undertaken a comprehensive review of consumers’ current clinical care needs, implemented staff training and education on clinical assessment and management including wounds and pain, implemented increased monitoring and communication processes in relation to identifying and monitoring consumers with high prevalence risks associated with clinical care. The service has sourced equipment to support improved falls risk management.

The service at the time of the Site Audit was not effectively managing consumers with high impact and high prevalence risks associated with consumers’ care. The service had processes to identify risks, however strategies to manage the risks were not identified, implemented or monitored for effectiveness to ensure the risks associated with consumers’ care were managed effectively. The deficits identified were systemic and occurred over a significant period of months and impacted multiple consumers. Examples provided show consumers’ health and well-being was negatively impacted as a result of clinical risks not being managed including consumers experiencing pain, deterioration of wounds and sustaining falls requiring hospitalisation. The service’s monitoring processes including clinical review, incident reporting and monthly reports to management and the organisation were not effective at identifying the deficits in the systems or staff practice and were not effective at preventing or reducing the ongoing impacts to consumers’ health and well-being.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

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

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

The Assessment Team found the service did not demonstrate two consumers nearing end of life had their needs recognised and responded to in a timely manner to ensure the consumers’ comfort and dignity were supported. Evidence included:

* One consumer had signs and symptoms indicating they were nearing the end of life. However, the service did not recognise the symptoms including deterioration in wounds, increased signs of discomfort including agitation. The service did not implement strategies to address the comfort and dignity of the consumer and the consumer was not commenced on end of life and palliative care until being transferred to hospital where the consumer died.
* One consumer had a general and ongoing decline in health and condition for three months including significant weight loss, mobility decline and altered bowel patterns including signs of blood in stools. The service did not recognise the signs and respond with appropriate actions until the consumer was admitted to hospital for investigation and returned to the service as requiring end of life care. However, the service did not implement an appropriate palliative care plan based on the consumer’s needs, goals and preferences. The documented palliative care plan did not provide details on how to support the consumer’s personal care needs including hygiene and skin care, did not provide details on nutrition required or the emotional and spiritual supports the consumer needed at the end of life. Medications to maintain dignity and comfort at end of life were prescribed and commenced on the day the consumer died.

The approved provider’s response acknowledged the deficits identified in the Assessment Team’s report and have implemented actions and improvements to address the deficits including staff training and review of procedures for identifying, monitoring and managing consumers who deteriorate and are nearing end of life.

The service did not recognise two consumers’ signs and symptoms of nearing the end of life for significant periods of months. As a result, the service did not implement appropriate actions to address the consumers’ comfort and dignity or to identify the needs and preferences of the consumer at the end of life.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

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

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

The Assessment Team found the service did not demonstrate deterioration or change in four consumers’ physical or cognitive condition was recognised or responded to in a timely manner. Evidence included:

* One consumer’s deterioration in pressure injuries/wounds was not identified and responded to in a timely manner. Wound monitoring and assessment records were not completed accurately or appropriately to measure ongoing wound deterioration and actions were not taken to address the deterioration until the consumer was transferred to hospital when the wounds were gangrenous and infected.
* One consumer did not have a deterioration and change in their behaviour, voiding and clinical condition recognised in a timely manner. The consumer was showing signs and symptoms of a urinary infection including increased frequency and urge to void, increased confusion, sweating and cold and clammy skin, increased thirst and complaints of feeling hot including disrobing to cool down. The service did not respond to the signs and symptoms in a timely manner and 20 days following the first documented symptom the consumer was transferred to hospital where they were diagnosed with a urinary tract infection requiring intravenous antibiotic treatment.
* One consumer entered the service in April 2020 and was independently mobile and incontinent of urine. The consumer started showing signs of deterioration in physical condition in June 2020 including weight loss, decreased oral intake, decreased mobility and altered bowel patterns including incontinence. However, the service did not recognise or respond to the signs of deterioration or change in a timely manner. The consumer was not reviewed by a specialist dietitian in relation to the weight loss or have investigations in relation to the altered bowel patterns until September 2020. The consumer died in September 2020 after the hospital investigation showed the consumer required palliative care.
* One consumer had a rapid deterioration which was noted and resulted in the consumer being transferred to hospital, where the consumer died. However, the service did not identify signs and symptoms of deterioration and change in the week preceding the transfer to hospital. The service did not identify the consumer’s increased requests and anxiety in relation to oxygen therapy and did not complete vital signs and observations in line with the service’s deterioration policy and procedure both in the week prior to transfer to hospital and in the two days when the service did note a deterioration.

The approved provider’s response acknowledged the deficits identified in the Assessment Team’s report and has implemented improvements and actions to address the deficits. The service has provided staff training in recognising and responding to clinical deterioration, has increased referrals and reviews through a nurse practitioner and increased clinical monitoring and communication of consumers with identified changes and deterioration.

The service has a clinical deterioration procedure and policy. However, at the time of the Site Audit the service was not effectively implementing the procedure and staff were not recognising consumers who were exhibiting signs and symptoms of deterioration and change including weight loss, wound deterioration, changed bowel patterns, changed behavioural patterns and changes in mobility. The service did not respond or implement further actions to investigate, assess or review consumers who had deteriorated or changed physical condition in a timely manner resulting in consumers not receiving appropriate care or treatment to manage the changed condition.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

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

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

The Assessment Team found the service did not demonstrate information about the consumers’ condition, needs and preferences is documented and communicated effectively with medical officers involved in and with shared responsibility for the care of consumers. Evidence included:

* The medical officer for one consumer was not informed the long acting medication they prescribed for pain management was being crushed and administered through an enteral feeding tube. The medical officer was not informed clearly of the consumer’s signs and symptoms of pain and confirmed the consumer’s representative informed them of the pain and not the clinical staff at the service. The medical officer was not informed clearly of the condition of the consumer’s wounds.

The service acknowledged the deficits identified in the Assessment Team’s report and has implemented actions including training for clinical staff and communication with medical officers. The service now has improved processes for medical officers to review consumers who are unwell, deteriorating or at risk on a weekly basis in consultation with clinical staff.

The service did not have effective communication processes in place at the time of the Site Audit to ensure information on consumers’ current condition was provided in a clear and timely manner to ensure medical officers who share responsibility for the care of consumers were provided all information to enable them to perform their role.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

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

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

The Assessment Team found the service did not refer consumers to specialists in a timely and appropriate manner when required. Evidence included:

* One consumer was not referred to a dietitian in line with recommendations from hospital and was not referred to a speech pathologist until the consumer’s representative raised concerns. A wound specialist reviewed the consumer, however the service failed to implement recommendations. The service did not refer the consumer for follow up specialist review of the wounds in a timely manner and until after the wounds had significant deterioration.
* One consumer was not referred to a dietitian in a timely manner following weight loss.

The approved provider acknowledged the deficits identified in the Assessment Team’s report and have implemented appropriate actions and improvements to address the deficits including increased clinical monitoring and communication in relation to consumers who have a deterioration or change to ensure actions are taken in a timely manner including referrals.

The service at the time of the Site Audit did not refer two consumers to specialists in a timely or appropriate manner to ensure the consumers’ changed needs were assessed and managed.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

### 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-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Majority of consumers and their representatives interviewed confirmed consumers receive services and supports to do the things they want to do including maintaining friendships and relationships. However, some consumers were not satisfied they received supports and services to maintain their independence or to engage in activities of interest to them.

Lifestyle program, activities and attendance records did not demonstrate all consumers are supported to participate in activities in line with consumers’ assessed needs and preferences. Consumers who have high level needs are not provided the emotional and social supports to enhance their well-being, one on one supports are not delivered in a manner to meet all consumers’ needs.

Consumers confirmed they receive a variety of meals which are of good quality and taste to suit consumers’ individual needs. Where equipment is provided it is safe and suitable for the consumer and meeting the consumers’ needs.

## 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 each consumer does not get safe and effective care that optimises their independence, health and quality of life. Assessments are completed to identify the consumers’ abilities and preferences. However, the information is not used to develop a plan of care in relation to delivering services and supports for daily living. Two consumers were not satisfied they receive supports to optimise their well-being and quality of life. Evidence included:

* One consumer with a vision impairment did not utilise the information gathered through assessments to plan appropriate supports to optimise the consumer’s independence and quality of life in relation to the vision impairment. The consumer has not been provided supports and services in line with their needs and preferences on their lifestyle assessment and plan. The consumer confirmed they had not received supports including emotional support or supports in relation to their vision impairment to optimise their quality of life.
* One consumer was not satisfied they are provided services and supports to participate in activities of their preference and reported having nothing to do at the service.

The approved provider’s response acknowledged the deficits identified in the Assessment Team’s report and has implemented a review and improvements of the lifestyle program and supports.

The service did not demonstrate at the time of the Site Audit each consumer was provided services and supports to promote their independence, in line with their preferences and needs or to optimise each consumer’s quality of life.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

### 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) Non-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.*

The Assessment Team found each consumer was not assisted to do the things they enjoy or supported to participate in life with the community. The consumers have assessments completed to identify preferences of activities of interest to them including socialising and personal relationships that are important. However, observations, consumer feedback and review of participation records and lifestyle activities shows consumers are not provided the services and supports in line with their needs and interests. Evidence included:

* One consumer does not receive the supports to engage in social activities and supports within the service. The consumer spends majority of their time in their room and the one on one emotional and social support visits indicated on their participation records are not delivered in a way to meet the consumer’s needs.
* One consumer is not satisfied they are provided with the supports to do the things of interest to them. The consumer indicated they enjoy music however are provided assistance to listen to music and are not supported following activities to be transferred to an area they prefer to spend time in.
* One consumer’s assessments have not been updated with assistance and supports required to participate in activities, socialise and do the things of interest to them since their physical ability has declined. The consumer spends majority of days in bed and is unable to participate in the activities indicated on their preference list.
* One consumer with younger onset dementia has not had activities planned based on their interests and current abilities. The consumer was not observed during the three-day audit to participate in any activities and was observed to wander about the service.
* The service has approximately 31 male consumers. However, there are no current activities to support male interests or male social connections and relationships. The ‘Men’s Shed’ is not currently being used for any activities.
* Staff confirmed the COVID-19 restrictions have impacted group activities and visiting entertainment.
* A suggestion for improvement to the current exercise class provided by a consumer in September 2020 has not been implemented.

The approved provider’s response acknowledged the deficits identified in the Assessment Team’s report and have undertaken a review of the lifestyle program and activities to ensure it caters to each consumer’s identified needs and preferences. The service is reviewing and implementing improvements to the delivery of one on one social supports for consumers.

The service did not demonstrate at the Site Audit each consumer was being provided services and supports to assist consumers in participating in social activities and activities of interest to them to enhance their relationships within the service. Consumers were observed not to participate in activities and spend majority of time in bed and consumers confirmed they are not always satisfied with the activities or supports provided. The service has assessment tools to identify consumers’ needs. However, the information is not utilised appropriately to develop supports to cater for consumers’ specific physical and cognitive functioning and abilities.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

### 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 three of the three specific requirements have been assessed as Compliant.

Consumers interviewed confirmed they feel safe and at home in the service and the environment is welcoming and friendly and they are able to personalise their space. Consumers confirmed the environment is clean and well maintained and the consumers have access to internal and external living areas including a garden with chickens and a vegetable patch. Recent renovations at the service have enhanced the environment including an outdoor decking area utilised by both consumers and their visitors.

Documentation shows the service has a planned approach to cleaning and maintenance and has both scheduled and reactive maintenance and cleaning programs. Observations of the environment and equipment and furnishings show it is clean, well maintained and safe. Staff interviewed confirmed processes for reporting maintenance issues and safety concerns and the service responds and resolves issues in a timely manner.

## 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 their representatives interviewed confirmed they felt safe and comfortable raising complaints. Consumers confirmed where they have raised complaints or provided feedback the service has implemented actions and made improvements including recent improvements to the food.

The service encourages consumers to provide feedback and make complaints and ensures all feedback is actioned and monitored. A feedback register is maintained and records all feedback including complaints made verbally, through feedback forms or through emails or meetings.

Staff and management interviewed confirmed and provided examples of how consumers’ complaints are acknowledged, actioned and resolved in consultation with the consumer including the involvement of advocacy services. Observation shows the service displays information on how to make internal and external complaints and how to access other complaints and advocacy services.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

### 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

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

Consumers and their representatives confirmed the service provides sufficient number and mix of skilled staff to provide care and services, and consumers requests for assistance are responded to in a timely manner. Consumers said staff can get busy, particularly in the mornings, however the consumers’ care needs are always provided.

Outcomes in Standard 2 and Standard 3 of these Standards show staff do not always have the skills, knowledge or competency to perform their roles in the assessment and delivery of safe and effective clinical care. The service has systems to recruit and train staff including ensuring staff have the right qualifications for the role. However, the training is not always effective and monitoring of staff practice is not effective at identifying staff competency deficits or where additional training is required.

Documentation shows staff qualifications and performance is monitored and records of mandatory and additional training attended by staff are maintained. Rosters and allocation sheets show staff numbers are planned based on consumer needs and vacant shifts due to planned and unplanned leave are filled.

## 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) Non-compliant

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

The Assessment Team found the service has a process to ensure staff have the qualifications required for their roles, however processes to monitor and identify staff competency in performing their roles are not effective. Clinical staff are not competent in assessing and managing consumers’ clinical care needs including wounds, pain, medication administration, falls risks, deterioration and changes in physical functioning. Clinical staff were not competently completing assessment tools and implementing clinical care in line with directives, policies or procedures as their roles require. Evidence relevant to the decision included:

* Three consumers did not have wounds managed competently by clinical and care staff. Examples included: appropriate pressure area care strategies to prevent breakdown not identified or implemented, wound assessments not completed accurately or appropriately to identify deterioration or monitor size and change over time and the need for wounds to be referred or reviewed by a medical officer or specialist not identified and completed.
* Three consumers did not have pain competently identified, assessed or managed by clinical staff. Staff were not completing pain assessments and charting accurately for consumers showing signs and symptoms of pain, medication for pain was not administered safely or correctly and pain management strategies were not implemented competently by clinical staff.
* Two consumers did not have their clinical deterioration recognised or responded to by clinical staff and clinical staff did not competently complete vital observations and clinical monitoring or respond appropriately when observations indicated a deterioration or changed physical condition.
* Two consumers did not have falls managed competently by clinical staff when a high falls risk had been identified. Staff were not competent in implementing strategies to prevent falls.

The approved provider’s response acknowledged the deficits identified in the Assessment Team’s report and have implemented relevant training, education and competencies for staff to address the knowledge and skill deficits identified. The training provided to clinical staff included comprehensive training on assessment and management of wounds, pain and deterioration under the supervision of a clinical nurse educator who has then assessed staff as competent.

At the time of the Site Audit the clinical outcomes and deficits in clinical care for consumers showed a significant deficit in clinical staff competently completing assessments and delivering clinical care. The service was unable to demonstrate it had monitored or identified the deficits in staff competency and had no systems in place to ensure staff were competently performing their roles.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

### 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 the service has a system to recruit and train staff to deliver the outcomes required by these Standards. However, the training provided to staff is not effective and the service has not monitored the effectiveness of the training program to identify additional training and supports required for staff to perform their roles in line with these Standards. Evidence included:

* Training records show staff have been provided training in relation to pain assessment and pain management in April 2020. However, outcomes in these Standards particularly Standard 2 and Standard 3, show staff are not delivering pain assessment and management in line with the training or expectations of the service.
* Training records show staff received training on wound care and a wound care audit was conducted in February 2020. However, outcomes in Standard 2 and Standard 3, show staff are not delivering wound assessment and care in line with the training or expectations of the service.

The approved provider’s response acknowledged the deficits in staff skills and knowledge and the delivery of care in line with the Standards. The service has implemented a comprehensive training plan including all areas of clinical assessment and delivery. The service has also implemented increased monitoring of staff practice, to identify further training requirements.

The service did not demonstrate at the time of the Site Audit training provided to clinical staff was effective at ensuring staff were supported to deliver the outcomes required by these Standards. While the service has processes to recruit, train and provide staff with procedures to support staff in delivering care in line with these Standards, the service had not monitored the effectiveness of training provided through monitoring or identifying the outcomes of clinical care. The deficits in staff skills and knowledge in particularly in relation to pain and wound management showed significant skills gaps over a significant period of time resulting in negative impacts to consumers. However, the service failed to identify the deficits in staff practice and failed to provide additional training to support staff in performing their roles and providing care to consumers.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

### 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

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

The service is supported by a wider organisation which has a governing body which is accountable for the delivery of care. The service completes reports to the organisation and is supported and monitored through provision of policies, procedures, guidelines, management systems and meetings. While deficits were identified in the delivery of care during the Site Audit, the organisation has acknowledged the deficits and made a commitment and taken appropriate actions to address the deficits and support the service in implementing required improvements.

The service engages consumers and their representatives in the development and evaluation of care and services and actively responds to feedback, suggestions and consumer input by implementing improvements and actions to enhance the service environment and delivery of services for consumers.

While the organisation has governance systems which are comprehensive and reviewed at an organisational level, the service has not implemented the management systems consistently or effectively. Information in relation to consumers’ clinical needs is not always accurate, current or communicated effectively to inform care. The workforce is not effectively governed to ensure staff perform their roles competently or ensure training provided is effective at meeting these Standards.

The service did not demonstrate effective risk management systems as staff practice was not in line with the organisation’s procedures in assessing and managing risks associated with consumers’ clinical care or responding to elder abuse including not reporting an allegation of assault in line with legislative requirements.

The service does have an effective clinical governance framework to support the minimisation of restraint, antimicrobial stewardship and the use of open disclosure when things go wrong.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The Assessment Team found the service has organisational wide governance systems which are effective in relation to information management, continuous improvement, financial governance and feedback and complaints. However, the service did not demonstrate the effective organisational governance systems in relation to management of consumers’ clinical information, workforce governance and regulatory compliance. Evidence included:

* The organisation’s systems were not effective at ensuring the workforce is governed effectively to ensure it is accountable for the delivery of care. Training in relation to clinical care delivery is not monitored for effectiveness. Deficits in staff skills, knowledge and competence at delivering clinical care in line with these Standards was not identified to ensure staff are accountable for the delivery of safe and effective care.
* The service failed to report an alleged assault against a consumer in line with the legislated requirements.
* The service does not effectively manage consumers’ clinical information as significant deficits were identified in the accuracy and completion of consumers’ clinical information in assessments, progress notes and care plans.

The service acknowledged the deficits identified in the Assessment Team’s report and has since reported the alleged assault and implemented additional training and monitoring of staff practice, to ensure staff are accountable for the delivery of care. The management of consumers’ clinical information has been reviewed and addressed in Standard 2 and Standard 3.

The service did not demonstrate at the time of the Site Audit the organisational governance systems of workforce governance and regulatory compliance were effectively implemented. The service did not demonstrate consumers’ clinical information systems were consistently effective at recording accurate information.

Based on the summarised evidence 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 service has a risk management system supported by the wider organisation. However, the staff practice at the service showed the risk management processes of assessing and managing clinical risks associated with the care of consumers were not effectively implemented or followed. Evidence included:

* Staff do not consistently follow policies and procedures in the assessment and management of consumers’ high impact risks of wound care and pressure injury care.
* Staff practice was not in line with the service’s deteriorating consumer policy to ensure risks associated with a deteriorating consumer were identified and managed effectively.
* Staff do not consistently follow policies and procedures in the assessment and management of consumers’ high impact risks associated with pain.
* The service did not respond to an allegation of sexual assault in line with the service’s risk management policies and procedures in relation to managing abuse of consumers.

The approved provider’s response acknowledged the deficits identified in the Assessment Team’s report and has implemented appropriate actions to address the deficits. Improvements and actions implemented include: enhancement of the clinical risk register, increased monitoring and auditing of clinical processes and risks, regional quality consultant to complete weekly review of deteriorating consumers, consultation with an external provider in relation to care model and provision of training where deficits in staff practice were identified.

The service at the time of the Site Audit did not demonstrate it effectively implemented the organisation’s risk management systems as staff practice was not in line with the organisation’s policies, procedures or expectations in identifying, assessing and managing risks associated with consumers’ care and abuse of consumers.

Based on the summarised evidence 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 staff recognise when consumers’ dignity is impacted and implement supports and actions to maintain consumers’ dignity including managing the underlying deficits in clinical care.
* Standard 2 Requirement (3)(a): Ensure risk assessments are effectively used to identify and implement strategies to inform the management of the risks.
* Standard 2 Requirement (3)(b): Ensure consumers’ needs and preferences are recorded and used to develop care plans which are accurate and reflect the current needs of consumers.
* Standard 2 Requirement (3)(c): Ensure care plans are based on outcomes of consultation with consumers and their representatives and includes the assessment and directives of others involved in care including medical officers.
* Standard 2 Requirement (3)(d): Ensure the outcomes of consultation with consumers and their representatives are communicated to staff delivering care and are accurately recorded in care plans.
* Standard 2 Requirement (3)(e): Ensure consumers’ assessments and care plans are reviewed for effectiveness when changes or deterioration in consumers’ needs occur and new strategies are implemented as a result of the review.
* Standard 3 Requirement (3)(a): Ensure consumers’ clinical care needs are delivered in line with best practice including the assessment and management of wounds and pain.
* Standard 3 Requirement (3)(b): Ensure risks associated with consumers’ clinical care are identified and appropriate strategies are implemented in a timely manner to prevent and reduce impacts of the risks.
* Standard 3 Requirement (3)(c): Ensure consumers nearing the end of life are recognised in a timely manner and strategies are implemented to support the consumers’ comfort and dignity.
* Standard 3 Requirement (3)(d): Ensure deterioration or change in consumers’ physical or cognitive function is recognised, assessed and monitored in line with procedures and leads to timely action to manage the deterioration.
* Standard 3 Requirement (3)(e): Ensure information in relation to consumers’ condition is accurately communicated to medical officers where responsibility for care is shared.
* Standard 3 Requirement (3)(f): Ensure the need for referrals to specialists is identified and occurs in a timely manner when a change in consumers’ clinical need occurs or when recommended due to ongoing issues.
* Standard 4 Requirement (3)(a): Ensure each consumer receives supports which are effective at meeting their needs and preferences including optimising their independence and quality of life.
* Standard 4 Requirement (3)(c): Ensure consumers receive services and supports which are in line with their assessed needs including emotional and social supports and engagement in activities of interest to the individual consumer.
* Standard 7 Requirement (3)(c): Ensure clinical staff practice is monitored and clinical staff have the skills to competently perform their roles in assessing and delivering clinical care.
* Standard 7 Requirement (3)(d): Ensure training provided to clinical and care staff is monitored and reviewed for effectiveness to ensure staff have the knowledge to deliver outcomes in line with these Standards.
* Standard 8 Requirement (3)(c): Ensure management systems in relation to clinical information, workforce governance and reporting of assaults in line with legislative requirements are effectively monitored and deficits are actioned.
* Standard 8 Requirement (3)(d): Ensure staff practice is in line with risk management procedures and policies in relation to clinical risks associated with consumer care and risks associated with responding to elder abuse.