Calvary Flora McDonald Retirement Community

Performance Report

206 Sir Donald Bradman Drive   
COWANDILLA SA 5033  
Phone number: 08 8159 7010

**Commission ID:** 6816

**Provider name:** Calvary Retirement Communities Limited

**Site Audit date:** 3 February 2020 to 5 February 2020

# 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) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 2 March 2020.

# 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

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

The Assessment Team found Requirement (3)(c) in this Standard not met. Based on the Assessment Team’s report and the approved provider’s response my decision differs from the Assessment Team’s findings and I have found the service compliant with Requirement (3)(c). I have provided reasons for my decision below.

The Assessment Team found interviews with sampled consumers described staff as respectful, kind and caring and felt their culture was understood and respected. Consumers also indicated they are able to engage in activities of their choosing. Consumers described how they are or have been involved in discussions or meetings and are encouraged to ask questions. Consumers did not indicate any concerns in relation to their privacy.

The Assessment Team observed staff and consumers engaging in a kind and respectful manner. They also observed staff to maintain the privacy and dignity of consumers while interacting in public areas.

Staff interviewed were able to describe how they provide care for consumers from different cultural backgrounds and how they communicate with non-English speaking consumers. Sampled staff were also able to describe cultural safety in the context of the service and how they support individual consumers to take risks to enable them to live the best life they can. Staff described strategies they use to communicate with consumers who do not speak English and how they maintain consumers’ privacy.

The Assessment Team reviewed a sample of consumer files which demonstrated the service had identified consumers’ goals, preferences and things important to them. The Assessment Team also found the service is reviewing consumers’ spiritual, lifestyle and cultural needs every three months or when required. The service has risk assessment processes to support consumers to engage in activities associated with individual risk.

## 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 make connections with others and maintain relationships of choice, including intimate relationships.

The Assessment Team found the service was unable to demonstrate each consumer is supported to exercise choice and independence when making decisions. The Assessment Team provided the following findings and evidence relevant to my decision:

* Three consumers who speak a language other than English, said they find it hard to communicate with care staff who predominately speak English and are always busy.
  + Two of these three consumers said they cannot share positive or negative information with staff due to the language barrier.
  + A consumer interviewed said they do not understand many people at the service and do not attend many activities. The consumer said they have been unable to communicate their dietary preferences.
  + Staff described a strategy of supporting consumers who do not speak English as using staff who speak the consumers’ language. However, five consumers and/or representatives said there are no staff who speak a language required for some consumers.
* Two consumers and three representatives said staff don’t take time to communicate.
* A representative said they had not been informed about a recent infection and said staff were confused as to which family member is to be involved in different aspects of care.
  + The service had not documented the consumer’s decision about when family, friends, carers or others should be involved in their care.
* A representative said at the most recent care review, they requested a specific type of diet for their family member, however, they visit most nights and said their family is not receiving food in accordance with their request.
  + The consumer’s dietary preference form does not reflect the diet request by the representative.
* The service is not using external interpreters in accordance with the service’s best practice guidelines and procedure. The service did not understand that using the pastoral care officer as a conflict of interest for a lifestyle review for a consumer.
* Staff described strategies used to communicate with consumers who find it hard to communicate. They provided various strategies used to communicate, however these are not assessed strategies.
* The Assessment Team reviewed a care plan that demonstrated the service is not capturing essential information communicated by consumers which is important to the care they receive.
* The organisation could not demonstrate their monitoring and review of communication needs of consumers due to four consumers’ communication assessments not being regularly reviewed.

The approved provider submitted a response to the Assessment Team’s report and disagrees with the Assessment Team’s findings. The approved provider submitted the following information and evidence:

* The service currently employs three staff who speak the languages for the two consumers who stated it is hard to communicate with care staff who predominately speak English.
* In relation to one consumer who indicated they do not attend many activities; the consumer has made this their own choice to not attend all activities and chooses what they want to participate in. This consumer is also asked by staff each day which meal they would like and the menu choice forms for this consumer indicates them mostly choosing their preference, however, had chosen other meals too. A hospitality staff member is aware of the consumer’s allergy and while actioned, had not documented it. The consumer’s dietary preference and communication care has been updated.
* In relation to one representative who had not been informed about a recent infection, the service states the consumer indicated contacts for family on entry were identified, but no preference of family members was indicated.
* In relation to a consumer’s representative who stated the consumer is not receiving a requested diet, the service states the consumer’s diet consistency requirements does not allow for this diet. However, protein sources for this type of diet preference is provided to the consumer.
* In relation to using external interpreters for evaluations of care, the service asserts that this demonstrates partnering in assessment and planning with consumers rather than a conflict of interest.
* Consumer care plans contain several communication strategies used by staff.

Based on the Assessment Team’s report and the approved provider’s response I find the service Compliant with this Requirement. I find the service supports each consumer to exercise choice and independence, including those consumers who do not speak English. While the number of staff who can speak the specific language of three consumers identified in the Assessment Team’s report is limited, I have relied upon the Assessment Team’s interviews with staff who described strategies used to communicate with these consumers, albeit these strategies are not documented in care plans. I have also relied upon the consumer and/or representative feedback which indicates they have communicated their wishes in relation to food preferences and medication, however, the actioning of these wishes has not been clearly outlined in assessment and care planning processes. Additionally, I find that while the service’s best practice policy is to use interpreters as they provide higher clinical value than ad hoc interpreters, I find using the pastoral care officer to support a consumer in a lifestyle and wellbeing review to be appropriate in the circumstances.

I find the Assessment Team’s evidence is predominately related to Standard 2 Ongoing assessment and care planning with consumers, specifically Requirement (3)(e), which I have found the service to be Non-compliant. The Assessment Team’s evidence demonstrates communication care plans and strategies used by staff are not regularly reviewed or consistent with communication interventions described by staff. I find the consumer feedback in this Requirement predominately relates to concerns in relation to daily communication and conversations with staff, rather than their ability to effectively communicate their decisions. Therefore, I have considered this evidence in Standard 2 Ongoing assessment and care planning with consumers and find improvements in these areas will positively impact communication with consumers who do not speak English.

For the reasons detailed above, I find Calvary Retirement Communities Limited, in relation to Calvary Flora McDonald Retirement, Compliant with Standard 1 Requirement (3)(c).

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team found Requirements (3)(a) and (3)(e) in this Standard not met. Based on the Assessment Team’s report and the approved provider’s response I find the service is Non-compliant with these Requirements. I have provided reasons for my decision below.

The Assessment Team found most sampled consumers confirmed they fell like partners in the ongoing assessment and planning of their care and services. Specific consumer feedback includes:

* Two consumer representatives said they are included in care discussions and feel informed of changes as they occur.
* Four consumers feel confident they would be able to view their care plan on request. One consumer said they had viewed their care plan during a care review.
* Three consumers confirmed staff make an effort to get to know them and their preferences and consider this information when delivering care.

The Assessment Team interviewed staff who were able to describe things important to sampled consumers in relation to personal and clinical care. They also described how they involve nominated representatives in assessment and planning activities. Care staff interviewed said they refer to the summary care plan which informs them about how to provide care to consumers.

The Assessment Team viewed the service’s end of life planning procedure for staff and consumers. For the majority of consumers sampled, care planning documents reflect involvement of relevant individuals in assessment and planning appropriate to the situation. The care plans also includes personalised and relevant information to each consumer, and care plans are readily accessible on request. The Assessment Team observed care planning documents to be readily available to staff delivering care.

The Assessment Team found assessment and planning processes did not always consider risks to the consumers’ health and wellbeing to inform the delivery of safe and effective care and services. The Assessment Team also found care and services are not always reviewed regularly for effectiveness or when circumstances change. See Requirements (3)(a) and (3)e) for further detail.

## 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 was unable to demonstrate that effective assessment and planning processes in relation to identifying risks associated with one consumer’s wandering behaviour. Subsequently, the service has not identified the impact this behaviour has on the consumer’s wellbeing or implemented strategies to prevent or minimise the impact to other consumers living in the area. The Assessment Team provided the following findings and evidence relevant to my decision, specifically in relation to the consumer who is wandering:

* The consumer’s representative told the Assessment Team they fear the consumer may be harmed when they wander into other consumers’ rooms because they have heard consumers yelling “get out”.
* Nursing and care staff interviewed said the consumer walks around the unit the majority of the time, enters other consumers’ rooms and bathrooms.
* The consumer’s behaviour care plan does not include the consumer’s wandering behaviour or intrusion into other consumers’ personal areas. The care plan also does not include strategies to manage the consumer’s wandering.
* The consumer has been involved in three separate incidents where other consumers have physically assaulted the consumer, with two incidents occurring as a result of the consumer wandering into other consumers’ rooms.

The approved provider disagrees with the Assessment Team’s findings and finds the Assessment Team did not consider or reference relevant information in their report. The approved provider’s response has provided information and evidence to refute the Assessment Team’s findings, specifically in relation to the consumer with wandering behaviours:

* The consumer’s care plan demonstrates that staff and management were aware of the consumer’s potential to wander.
* The consumer has been reviewed by their medical officer in relation to behavioural management and ongoing emotional distress since admission in July 2019.
* Lifestyle staff provide regular one-to-one support for the consumer and engages the consumer in a variety of activities.

Based on the Assessment Team’s report and the approved provider’s response I find the service Non-compliant with this Requirement.

The Assessment Team found the consumer’s behaviour care plan does not include the consumer’s wandering behaviour or intrusion into other consumers’ personal areas. The approved provider states that the consumer’s care plan includes the consumer’s wandering behaviours, however, the care plan was not provided with the approved provider’s response.

The approved provider’s response included two behavioural assessments, one completed in November 2019 and the second completed on the last day of the site audit. While the November 2019 behavioural assessment states the consumer will enter areas where their presence is unwelcomed or inappropriate, and a list of strategies to manage all identified behaviours is documented, this assessment was not comprehensive nor specific in relation risks to the consumer in relation to their wandering behaviour. Additionally, this assessment was not reviewed to consider the risk to the consumer after the three incidents where the consumer was physically assaulted by other consumers while the consumer was wandering into other consumers’ personal spaces in late December 2019 to mid-January 2020. The second behavioural assessment completed on the last day of the site audit specifically indicates the risks associated with the consumer’s wandering behaviours. The information in this assessment also provides a comprehensive summary in relation to the wandering behaviours and directly links specific strategies with the wandering behaviours.

The approved provider also asserts the consumer’s medical officer has conducted reviews in relation to behavioural management and ongoing emotional distress since admission in July 2019. However, the approved provider did not provide evidence of these reviews.

The approved provider also had a meeting with consumer’s representative following the site audit and management have stated that representative has clarified their statement to the Assessment Team to conclude they are concerned with the consumer’s wandering behaviour in relation to injuring themselves rather than other consumers impacting on the consumer.

In coming to my decision I have relied upon the Assessment Team’s interviews with staff that confirmed the consumer enters other consumers’ rooms and bathrooms and their finding that the consumer’s behaviour care plan does not include this behaviour. I have considered that the service did not review or update the consumer’s care plan following incidents where the consumer was harmed due to their wandering into other consumers’ personal spaces. I find it reasonable that the service should have identified the risks to the consumer in relation to their wandering behaviour during assessments (to inform staff of the risk) prior to the site audit and the service should have reviewed the consumer’s behavioural assessment and care plan following the incidents where the consumer was harmed.

I acknowledge that since the site audit, the consumer has been reviewed by their newly appointed medical officer and a geriatrician, who have made changes to the consumer’s medication regime and also recommended a referral to Dementia Support Australia. A new behavioural assessment has also been completed. However, at the time of the site audit, the service’s assessment and planning processes were not effective in identifying the consumer’s risk associated with their wandering behaviours to ensure strategies were implemented to support the consumer’s wellbeing and safety.

For the reasons detailed above, I find Calvary Retirement Community Limited, in respect of Calvary Flora McDonald Retirement Community, is Non-compliant in relation to Standard 2 Requirement (3)(a).

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

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

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

The organisation demonstrates that assessment and planning:

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

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

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

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

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

The Assessment Team found the service was unable to demonstrate the care for two consumers was not reviewed for effectiveness when the consumers’ condition changed and/or incidents occurred which have impacted the needs of the consumers. For one consumer this is specifically in relation to bowel management and medication management, and the other consumer is specifically in relation to continence management. The Assessment Team provided the following findings and evidence relevant to my decision, specifically in relation to two consumers:

* In relation to bowel management:
  + The Assessment Team identified three occasions where a consumer had not used their bowels for five days or more which resulted in either medical review or invasive bowel management interventions. However, management did not review the consumer’s bowel management plan.
  + The Assessment Team noted that the consumer does not have a diagnosis of constipation, nor was constipation a documented issue in the bowel management care plan.
* In relation to medication management:
  + In just over a one-month period, progress notes show the consumer refused medications on eleven occasions. Medications refused include those used to manage the consumer’s pain, blood pressure, bowels and sleep.
    - Documentation, including medication incident forms record ‘leave, return and retry’ as the strategy used to persuade the consumer to take medication when they were refusing, however, on eleven occasions this was recorded as not successful and medications were not administered.
  + Management were unable to demonstrate that further strategies have been trialled in response to the consumer’s ongoing refusal of medications.
* In relation to continence management:
  + The consumer’s care needs changed following their return from hospital, as evidenced by clinical and care staff interviews which confirmed the consumer had been incontinent of urine since returning from hospital.
  + Three staff said the consumer’s continence needs had not been assessed and the consumer’s care plan did not identify continence as an issue.

The approved provider disagrees with the Assessment Team’s findings and finds the Assessment Team did not consider or reference relevant information in their report. The approved provider’s response has provided information and evidence to refute the Assessment Team’s findings:

* In relation to bowel management:
  + Progress notes show staff were monitoring bowel function and responding in accordance with the organisation’s procedure and guidelines. Effectiveness of each intervention was monitored, and appropriate action taken.
  + Since the site audit the service has added the diagnosis of constipation to the consumer’s care plan, reviewed the bowel management plan, the medical officer has changed the bowel management regime and reviewed continence management to evaluate the effectiveness of the change in medication.
* In relation to medication management:
  + The consumer’s medical officer was notified about the consumer’s refusal of medication on multiple occasions.
  + Staff interventions were in place to encourage the consumer during medication administration and issues in relation to medication administration have been identified in medication administration assessments.
  + Progress notes indicate actions arising from medication refusal such as contacting the medical officer and arranging a review from Dementia Support Australia.
* In relation to continence management:
  + The consumer’s continence had not significantly changed on returned from hospital.
  + Prior to the above-mentioned hospital admission, the consumer’s care plan had identified a diagnosis of urinary incontinence and a difficulty recognising the need to go to the toilet.
    - The care plan contained interventions such as allocation of continence and staff assistance with toileting needs.

Based on the Assessment Team’s report and the approved provider’s response I find the service Non-compliant with this Requirement.

In relation to the bowel management, I find that staff were monitoring the consumer’s bowel function and taking action to respond to the consumer’s constipation. However, at the time of the site audit, the service had not reviewed the consumer’s bowel management care plan in response to three episodes of constipation in an approximate three-week period to ensure the consumer’s bowel management plan was supporting the consumer’s needs, goals and preferences, and to minimise medical intervention and invasive bowel management interventions. I acknowledge the service, since the last day of the site audit, has acted to review the bowel management plan in consultation with the medical officer to prevent and manage the consumer’s constipation.

In relation to medication management, I find that, at the time of the site audit, the service had not reviewed the consumer’s medication administration strategies in response to eleven episodes of refusal of medications. While I acknowledge that the consumer’s medication assessment prior to the episodes of refusal of medications, had identified refusal as an issue, there were no specific strategies identified in response to the consumer’s ongoing episodes of refusal of medications. Evidence was provided in the approved provider’s response that the medical officer was notified on one occasion about the consumer’s refusal of medications, however, this does not indicate that new assessments or strategies were initiated to resolve the issue. I acknowledge on the last day of the site audit the consumer’s medical officer was faxed in relation to the consumer’s resistiveness to medication, which resulted in referral to a geriatrician and Dementia Support Australia.

I acknowledge that in relation to continence management for a consumer, the service had identified through a continence assessment the consumer’s continence needs and associated strategies prior to the consumer’s hospital admission. While the Assessment Team interviews with clinical and care staff indicated a change in the consumer’s continence needs following hospital admission, I find that this feedback is consistent with the continence needs identified in the continence assessment conducted prior to hospital admission and strategies supported staff to meet the needs, goals and preferences of the consumer.

I find that the service did not review care for effectiveness for a consumer in relation to bowel management and medication management in response to changes in their condition or when care interventions were found ineffective. While I acknowledge that the service had identified these issues and were responding on an ad hoc basis, the consumer’s relevant assessment and care plans were not reviewed to ensure it was up-to-date, and did contain information and strategies to support the consumer’s current needs, goals and preferences.

I have also considered evidence presented by the Assessment Team in Standard 1 Requirement (3)(c) which indicates consumers’ communication care plans are not regularly reviewed in accordance with the service’ procedure and the service was unable demonstrate effective review of listed interventions or documentation of interventions for communication strategies currently used for staff. I find that due to the service’s large consumer population from backgrounds other than English, review and effective planning of communication strategies is critically important for this service to ensure consumers’ ongoing feelings of safety and wellbeing. I have also considered that while three consumers’ preferences in relation to medication and meals have been communicated to staff, these preferences have not been effectively reassessed or appropriately planned for, including having a care plan reflective of specific requirements and interventions.

For the reasons detailed above, I find Calvary Retirement Community Limited, in respect of Calvary Flora McDonald Retirement Community, is Non-compliant in relation to Standard 2 Requirement (3)(e).

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team found Requirements (3)(a) and (3)(b) in this Standard as not met. Based on the Assessment Team’s report and the approved provider’s response my findings differ from the Assessment Team. I find the service Compliant in relation to Requirement (3)(a) and Non-compliant in relation to Requirement (3)(b) in this Standard. I have provided reasons for my decision below.

The Assessment Team found the majority of consumers interviewed confirmed they get the care they need. Specific consumer feedback includes:

* Four consumers interviewed stated they are confident staff have enough knowledge of their needs and preferences to deliver care.
* Consumers and representatives interviewed confirmed they have access to a doctor or other health professional when they need it.

The Assessment Team interviewed staff who were able to describe end of life care strategies and described how information is shared when changes occur. Staff said progress notes and handover information indicates the need for referrals.

The Assessment Team found for the sampled consumers, care documents, such as progress notes, handover documents and charts provided adequate information to support information sharing in relation to consumer’s care. However, the Assessment Team noted that information in relation to consumers’ needs were not always documented. The Assessment Team found the service has access to best practice guidelines and a suit of risk assessment tools.

The Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of consumers. See Requirement (3)(b) for further detail.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.

Based on the Assessment Team’s report and the approved provider’s response I find the service meets this Requirement. This Requirement sets out the expectation the service provides safe and effective personal and clinical care which is based on best practice, is tailored to individual needs based on assessment of a consumer’s needs, goals and preferences, and which optimises consumers’ health and wellbeing. Evidence in the Assessment Team’s report indicates care is not tailored to consumers’ needs. However, I find the evidence presented by the Assessment Team is more relevantly considered in relation to Requirement (3)(b) in this Standard. The evidence indicates the service has not effectively reviewed how clinical care has been delivered to appropriately respond to consumers’ changing needs and has resulted in the ineffective management of risks associated with the care of each consumer. Therefore, I have considered this evidence in the context of Requirement (3)(b) in this Standard, refer to this Requirement for reasons for my finding of Non-compliance.

For the reasons detailed above, I find Calvary Retirement Community Limited, in respect of Calvary Flora McDonald Retirement Community, is Compliant in relation to Standard 3 Requirement (3)(a).

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

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

The Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of consumers, specifically related to the use of physical and chemical restraint, falls management and skin/wound care. The Assessment Team provided the following findings and evidence relevant to my decision:

* In relation to chemical restraint:
  + Three consumers’ chemical restraint and authorisation forms did not contain information which demonstrated compliance with relevant legislation, including no summary of risk, no evidence of alternative strategies to the use of chemical restraint, no monitoring strategies or evidence this information was provided to the consumer and/or representative.
  + The Assessment Team found consumers are administered chemical restraint without evidence of prior discussion with consumers and/or representatives in relation to alternatives trialled, possible associated risks, or frequency of monitoring prior to being asked to consent to the use of chemical restraint.
* In relation to physical restraint for one consumer:
  + The service has not demonstrated effective monitoring of physical restraint for one consumer to ensure the consumer’s safety while the restraint is being used.
  + The restraint assessment did not identify if there was a need to monitor the consumer while physical restraint equipment was used.
  + Staff interviewed said they did not check the consumer while the physical restraint was applied as they did not think it necessary as the consumer uses this equipment at their request.
  + The organisation’s policy directs prior to the use of restraint the service is to undertake a comprehensive assessment in consultation with the consumer and/or representative, obtain informed consent prior to the use of restraint and ensure the consumer is monitored for safety while the restraint is in use.
* In relation to skin/wound care:
  + A progress note shows a consumer’s insertion site for an external feeding tube had mild discharge and the medical officer commenced antibiotics. However, the consumer’s care plan does not have directives to guide staff in the management of this insertion site.
  + Documentation does not support the service ensured a consumer was referred to a podiatrist for a specific procedure in accordance with medical officer directives. Progress notes by clinical and podiatry staff indicate staff dressed and monitored the wound. Management were not able to provide an explanation as to why the podiatry procedure had not been completed in accordance with medical officer directives.
* In relation to falls management:
  + A consumer who had a history of six recent falls was reviewed by the physiotherapist following discharge from hospital and assessed the consumer as requiring two staff assistance with repositioning in bed, to sit from a lying position, and to mobilise with a walker. It also directed staff to monitor the consumer every half hour.
  + Staff interviewed said they do not assist the consumer with moving from a lying to sitting position or with walking. Staff said the consumer walks independently without assistance and they do not complete the half hourly monitoring.
  + Progress note entries for an approximate 19-day period show daily documentation of the consumer getting out of bed and walking without physical assistance from staff.
    - On the last day of this period the consumer was reported to have an unwitnessed fall.
  + Staff interviewed said they are unable to follow the physiotherapy directives due to the consumer’s behaviours. Management said the most effective strategy was one-to-one attention, but this could only be achieved as staff time permits.
* In relation to evidence presented in Requirement (3)(a) of this Standard, that is more relevantly considered in this Requirement:
* In relation to a consumer who returned from hospital four days prior to the site audit, the Assessment Team found their pain, behaviour, continence and sleep needs were not being met. Based on staff, consumer and representative interviews, the Assessment Team found unmanaged pain for this consumer was impacting all these aspects of care.
  + Documentation viewed recorded daily behaviours following the consumer’s return from hospital which staff attributed to expressions of the consumer’s pain. However, pain management interventions have not been effective in managing pain or behaviours.
    - The behaviour care plan was evaluated by a registered nurse two days after the consumer returned from hospital. The registered nurse found the behaviour care plan to be effective and noted pain as a trigger for behaviours.
  + Four staff said the consumer had been repeatedly and loudly calling out since returning from hospital.
    - Two nursing staff said they understand this calling out to be pain related. Nursing and care staff interviewed said the consumer’s behaviours are constant and other consumers and visitors are upset by the behaviour.
  + Two consumers and/or representatives indicated the consumer is calling out in pain and it is distressing and disruptive.
  + The service has not developed additional pain management strategies to manage the consumer’s pain and a three-day pain chart shows a registered nurse has evaluated pain interventions as ineffective.
  + Management said they are aware of pain being a trigger for behaviours and are waiting to see if pain medication changes from hospital are effective in managing the consumer’s pain.
    - On the first day of the site audit, a progress note entry states indicates management arranged a one-to-one support which appeared to have a settling effect.
  + In relation to continence management, three staff said the consumer has been incontinent since returning from hospital and the consumer’s continence needs had not been reassessed since the consumer returned from hospital.
    - One staff member said the consumer is ‘incontinent largely’ and put a continence aid from cupboard on the consumer during the day.
  + In relation to sleep management, staff interviewed said pain and restless behaviour which have not been managed has been impacting on the consumer’s sleep. They reported the consumer has not had an uninterrupted night’s sleep since returning from hospital.
* In a relation to a consumer who does not have their wandering behaviours effectively managed:
  + The consumer’s representative said the consumer constantly walks throughout the unit and frequently goes into other consumers’ rooms and touches their belongings, which makes other consumers angry with them.
  + Staff interviewed said they did not monitor the consumer’s location as consumers who are upset that the consumer is in their room will ring the bell.
  + The consumer has been involved in three separate incidents where other consumers have physically assaulted the consumer, with two incidents occurring as a result of the consumer wandering into other consumers’ rooms.
* In relation to a consumer who does not have their behaviours in relation to vocalisation managed.
  + The consumer consistently moans loudly and wakes other consumers at night and disturbs other consumers during the day.
    - A representative interviewed is concerned the moaning sound is disturbing and unsettling.
    - Six clinical and care staff said they have tried several strategies which have not been successful.
    - In an approximate five-week period, there were 14 entries in behaviour charts indicating the consumer was moaning loudly enough to disturb other consumers during the day and night.
    - There have been no changes to the consumer’s pain or behavioural care plan considering the ongoing entries in relation to the moaning disturbing other consumers and strategies have not been effective in reducing the moaning or the impact the vocalisation has on other consumers.

The approved provider disagrees with the Assessment Team’s findings and finds the Assessment Team did not consider or reference relevant information in their report. The approved provider’s response has provided information and evidence to refute the Assessment Team’s findings:

* In relation to chemical restraint:
  + The consumers being administered chemical restraint medications are overseen and regularly reviewed by relevant medical officers. Care plans also describe alternative strategies to use prior to use of medication.
* In relation to physical restraint:
  + The consumer has requested the use of equipment to support their independence and feeling of safety. However, the approved provider asserts this consumer has not had their free movement restricted, therefore, it is not physical restraint.
  + While the service acknowledges one piece of equipment is a form of restraint, the intent is not to restrict the consumer’s movement but to support their safety and independence.
  + A risk assessment has been completed for the consumer to safely use this equipment and the consumer’s care plan outlines the management of the use of this equipment.
  + Physical restraint does not refer to equipment initiated and requested by the individual for their safety
* In relation to falls management:
  + While the approved provider submitted several documents and information related to this consumer, it did not specifically address staff not providing mobility assistance as directed by the physiotherapist.
* In relation to skin/wound care:
  + In relation to the consumer who was reviewed and being monitored by the medical officer and podiatrist, a decision to not proceed with the podiatry procedure was consistent and appropriate with the conservative management approach to the consumer’s care.
  + In relation to a consumer with an external feeding tube insertion site, the consumer had instructions about the care of the external feeding tube in a booklet in the consumer’s room to support staff in providing this care.
* In relation to a consumer who returned from hospital four days prior to the site audit:
  + In relation to continence management, a continence assessment was conducted prior to the consumer’s hospital admission and shows the consumer was already on a continence management plan, including allocation of continence aids.
  + In relation to pain management, the consumer’s pain was under review and new pain management medication was being trialled to treat the consumer’s pain. The consumer was being monitored for response to the new medication which can take between one to three weeks for efficacy to be observed. The consumer’s care plan was also updated to include care with oral hygiene, shaving and avoiding hot and cold foods, which can exacerbate pain. Additionally, medical officers were engaged and reviews arranged.
  + In relation to behavioural management the consumer’s care plan had identified behavioural concerns in relation to acute pain issues. Interventions were documented as staff to spend one-to-one time as consumer is very scared of staying alone at present, to take the consumer downstairs near reception to feel presence of other people and to offer a heat pack.
  + In relation to sleep management, the consumer was exhausted following hospital admission and has a history of insomnia. Staff documented strategies to support the consumer to sleep following hospital admission.
* In a relation to a consumer who does not have their wandering behaviours effectively managed:
  + The consumer has had multiple reviews by their medical officer in relation to behavioural management and ongoing emotional distress since entry.
  + The consumer has been provided regular activities by the lifestyle staff.
  + The consumer’s care plan indicates the consumer’s wandering behaviour is understood and strategies are documented. Additionally, half-hourly checks have been implemented post the incidents with other consumers.
* In relation to a consumer who does not have their behaviours in relation to vocalisation managed.
  + Staff have acknowledged the consumer’s discomfort and their behaviour assessment was updated for staff to provide pressure area care to ensure comfort.
  + The service was aware the consumer was experiencing pain and there were multiple assessments and a care plan developed to support the management of the consumer’s pain.
  + Staff referred the consumer to the medical officer following pain charting and medications were changed.

Based on the Assessment Team’s report and the approved provider’s response I find the service Non-compliant with this Requirement. I find the service has not effectively reviewed the provision of personal and clinical care to appropriately respond to consumers’ changing needs. The service has not developed effective strategies to manage the risks associated with the care of each consumer and to minimise and/or prevent the impact or harm to consumers.

In relation to chemical restraint, the service acknowledges the authorisation and consent form had not been completed in accordance with the organisation’s policy. However, the approved provider asserts the Assessment Team were provided with the service’s psychotropic medication use spreadsheet which demonstrates strategies used prior to the use of ‘as required’ psychotropic medications and discussions with representatives. Based on the evidence presented, I find psychotropic medication is being used under the direction and supervision of relevant medical personnel. However, documentation to support the monitoring, consultation and alternatives trialled requires improvement to ensure it is completed in accordance with legislative requirements.

In relation to physical restraint, the approved provider asserts physical restraint does not refer to equipment initiated and requested by the individual for their safety, including when a bed rail is requested to assist leverage or a seatbelt in a wheelchair. Additionally, the organisation’s restraint minimisation policy supports this assertion and defines physical restraint as requiring an intention to restrict a consumer’s free movement. Therefore, in relation to the consumer identified in the Assessment Team’s report, as the service has identified the equipment as safety devices and has been requested by the consumer, monitoring as per the organisation’s physical restraint procedure is not required.

However, I find based on the definition in the *Quality of Care Principles 2014* in relation to restraint, I find the equipment used for the consumer is considered a physical restraint because the equipment does restrict the consumer’s free movement. The definition does not include intention as a consideration in determining what constitutes physical restraint. Additionally, the approved provider has acknowledged the Commission’s communication and education resources demonstrates one piece of equipment used for this consumer is deemed physical restraint, regardless of intention for use. I acknowledge for the consumer identified in the Assessment Team’s report, the physical restraint used enables the consumer to move freely in and around the service and supports their feeling of safety. However, the equipment used for the consumer does restrict their free movement and is required to be assessed and monitored in accordance with the *Quality of Care Principles 2014.* While the service had conducted a risk assessment for the use of this equipment, gained consent and developed a management plan, monitoring of the consumer has not been implemented in accordance with the organisation’s restraint procedure. In coming to my finding, while the approved provider submitted a visual check task for staff when one physical restraint is applied and stated the other is monitored with regular repositioning, I have relied upon the Assessment Team’s interviews with staff that indicate staff were not monitoring the consumer when the physical restraint is applied.

In relation to the consumer who was reviewed and being monitored by the medical officer and podiatrist, I find that the approved provider has demonstrated sufficient reasons, as per consultations with representatives and health professionals, as to why the podiatry procedure was not completed.

In relation to a consumer with an external feeding tube, I find the consumer’s care plan should have had instruction to guide staff in the care of this tube, specifically in relation to the care of the consumer’s skin. However, I find this evidence is more specifically relevant to Standard 2 Requirement (3)(a) which I have found to be Non-compliant.

In relation to falls management, I find staff were not providing mobility and transfer interventions in accordance with the physiotherapy directives to support minimisation of the consumer’s risk of falls.

In relation to a consumer who returned from hospital four days prior to the site audit, while the approved provider states pain medication commenced to manage the consumer’s pain requires one to three weeks for efficacy to be observed, the service was unable to demonstrate effective monitoring or review of the consumer’s pain during a four-day period following hospital discharge. I have considered the Assessment Team’s evidence from interviews with staff and consumers/representatives that show between the hospital discharge and the site audit, the consumer had been repeatedly calling out, with two staff and two consumers/representatives indicating it is triggered by pain. Staff reported the consumer’s behaviours as “constant”. The registered nurse reviewed a three-day pain chart on the third-day following the consumer’s return from hospital and found pain interventions ineffective. However, no medical review or change to pain management strategies were initiated. Based on this evidence I find it reasonable the service should have had a medical officer review the consumer to review pain management strategies, and consider alternative non-pharmacological strategies, prior to the site audit and considering the level and ongoing presence of pain during this period. The ineffective management of the consumer’s pain is impacting on other high risk areas of care for the consumer, such as behavioural, continence and sleep management. While I acknowledge the consumer has a care plan to address these aspects of care, evidence presented in the Assessment Team’s report shows these areas of care have not been effectively reviewed in the interim period following hospital discharge or in response to signs the consumer had ongoing pain.

In a relation to a consumer who does not have their wandering behaviours effectively managed I have relied upon the Assessment Team’s interviews with staff that confirmed the consumer enters other consumers’ rooms and bathrooms and their finding the consumer’s behaviour care plan does not include this behaviour. I have considered the service did not review or update the consumer’s care plan following incidents where the consumer was harmed due to their wandering into other consumers’ personal spaces. I find it reasonable the service should have identified the risks to the consumer in relation to their wandering behaviour during assessments (to inform staff of the risk) prior to the site audit and the service should have reviewed the consumer’s behavioural assessment and care plan following the incidents where the consumer was harmed to support staff in managing this risk. Refer to Standard 2 Requirement (3)(a) more detailed reasoning in relation to this consumer.

In relation to a consumer who does not have their behaviours in relation to vocalisation managed, I acknowledge the consumer was reviewed by the medical officer for calling out and pain, with associated medication changes. However, evidence presented by the approved provider does not demonstrate the effectiveness of this medication change was reviewed. I have relied upon the feedback from staff and a representative in relation to their reports the consumer moans loudly and several strategies have not been effective. I find the service has not effectively managed this consumer’s vocal behaviours and it is impacting on the consumer and other consumers living in the service.

I find the service has not developed effective strategies or implemented strategies to manage the risks associated with the care of each consumer and to minimise and/or prevent impact or harm to consumers, specifically in relation to pain management, behavioural management, falls management, and the use of physical restraint.

For the reasons detailed above, I find Calvary Retirement Community Limited, in respect of Calvary Flora McDonald Retirement Community, is Non-compliant in relation to Standard 3 Requirement (3)(b).

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

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

### Requirement 3(3)(d) 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 support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team found that overall consumers confirmed they get the services and supports for daily living that are important to their health and wellbeing and that enable consumers to do things they want to do. Specific feedback includes:

* All consumers interviewed confirmed they are supported by the service to do the things they like to do through both group and individual activities.
* All consumers interviewed confirmed they are supported by the service to keep in touch with people who are important to them, including family, friends and spiritual contacts.
* The majority of consumers interviewed indicated they like the food, that food is of good quality and adequate options are available to choose meals they like.

Care staff interviewed were able to speak about individual interests of consumers which was reflective of information in care plans. Care staff described the reporting process if they were to identify a consumer who was feeling low and interventions they use to emotionally support consumers. They also explained how they are updated about consumers’ changing conditions, needs and preferences in relation to supports for daily living.

Kitchen staff interviewed were able to explain processes used to understand consumer satisfaction in relation to meals and stated consumer input is welcomed in relation to the development of the menu. Kitchen staff were aware of consumers’ individual dietary requirements.

The Assessment Team sampled consumer care plans and found this included information about what is important each consumer, how consumers participate in the community and maintain relationships of choice. The care plans also included information about consumers’ emotional, spiritual and psychological wellbeing and reflected involvement of the wider community in the provision of services and supports. The care planning documentation for sampled consumers reflected their particular dietary needs and preferences.

Throughout the site audit, the Assessment Team observed consumers visiting with family in the communal areas of the service and staff supporting consumers and family to participate in activities. The Assessment Team also observed equipment used to support lifestyle services to be safe, suitable, clean and well-maintained.

## 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 COMPLIANT Organisation’s services 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.

The Assessment Team found that overall sampled consumers indicated they felt a sense of belonging in the service and feel safe and comfortable living in the service’s living environment. Specific consumer feedback includes:

* All consumers interviewed said they feel safe at the service and feel ‘at home’. Consumers said there a various private areas available to meet with family and friends.
* All consumers interviewed indicated they find the equipment used to support their care is safe.

The Assessment Team observed the service to be welcoming with an abundance of natural light and various shared areas for consumers to interact with others, including a chapel and small private lounge areas. The service is fitted with navigational aids to assist consumers and visitors to provide easy direction. The service provides consumers the ability to move freely between indoors and outdoors.

The Assessment Team also observed the service environment to be safe, clean and well-maintained, they specifically observed consumers’ rooms to be clean and tidy, garden areas to be well-kept and furnishings to be well maintained without stains or marks.

The maintenance team were able to demonstrate the service’s maintenance program, which includes processes to identify maintenance needs and requests. There are processes to ensure actions are prioritised based on risk and need. The Assessment Team viewed planned maintenance schedules which demonstrated equipment and furnishing are regularly checked, .

Care staff interviewed said equipment they use to support consumers is regularly checked by maintenance staff and that shared equipment is regularly cleaned by cleaning staff.

## 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.

The Assessment Team found most sampled consumers consider they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken to address feedback and complaints. Specific consumer feedback includes:

* Consumers felt they could make complaints and felt safe to do so and said staff encourage them to provide feedback.
  + Eight consumers sampled said they are offered a variety of methods for raising complaints either verbally or in writing. They also confirmed they are aware of how to raise a complaint.
* Consumers said they were happy with the outcome and management of complaints they had raised with the service.
* Consumer feedback from across the residential houses described an improvement over the past three months, particularly in relation to food and consistency of care staff attending to consumers.
* Consumers and representatives described how the service has made improvements in relation to the complaints they had raised. They specifically identified improvements in relation to laundry services, and staff culture, behaviour and attitude.

Staff interviewed described how they assist consumers in making a complaint or comment and all had an understanding that complaints and feedback are to be managed calmly, fairly, promptly and confidentially.

Several staff interviewed described how improvements had been made in response to complaints they had made. Staff were aware of interpreter services to support non-English speaking consumers and also said staff who have the skills also assisted consumers who require interpretation support. Staff were aware of the significance and meaning of open disclosure

The Assessment Team reviewed the comments and complaints register for the four months preceding the site audit and found that all comments and complaints were acknowledged and actioned in a timely manner. The service has guidance for staff in relation to open disclosure. The Assessment Team identified consumer engagement meeting minutes demonstrate attendance by advocacy groups for the purpose of providing information to consumers. Management were able to describe quality improvement activities which has resulted from consumer feedback.

## 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 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found that overall sampled consumers/representatives indicted they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Specific consumer feedback includes:

* All consumers and/or consumers interviewed said there were enough staff at the service to meet consumers’ personal care and hygiene needs in a timely manner.
* All consumers interviewed confirmed staff engaged by the service are kind and caring and mostly deliver services in a way which demonstrates respect.
* Consumers and/or their representatives said they feel safe at the service and are confident staff are knowledgeable and provide care in their best manner.
* Overall consumers were satisfied with the knowledge, skills and attitude of staff providing care at the service.
* Consumers interviewed from various cultural backgrounds said they aware the service are endeavouring to recruit staff who speak their language and that staff try to learn words from their language to improve communication.

The Assessment Team interviewed a sample of staff who indicated they mostly have enough time to complete their work and that unplanned leave is covered by replacement staff. Staff interviewed in one area of the service indicted the workload was busy during the provision of morning activities of daily living with consumers and assisting consumers with meals. Management said they monitor staffing levels and ratios and find the current staffing arrangements sufficient. However, based on the Assessment Team’s feedback, management will assess the situation and particularly monitor staffing levels in that one area. Care staff interviewed said they completed training in relation to the Quality Standards and are required to complete mandatory training relevant to their role. Staff confirmed they participate in performance reviews every two years.

Management informed the Assessment Team they are continuing to recruit for additional staff who speak the languages of consumers who did not speak or speak limited English living in the service.

The Assessment Team reviewed the staffing roster and allocation sheets for the preceding fortnight which showed that all scheduled shifts had been filled. Staff training records and reporting indicate all staff actively working at the service have completed mandatory training modules for the most recent financial year. The service identifies staff training needs through a variety of measures to input into an annual training matrix and schedule. The service’s formal staff performance review process is currently being reviewed and not all reviews are up-to-date due to recent changes in management. However, staff performance is also monitored through several other means, such as incident reporting, feedback processes, competencies and observation of staff practice.

The Assessment Team observed staff assisting consumers with care and dignity and did not appear stressed or rushed.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team found overall sampled consumers indicated the organisation is well run and they can partner in improving the delivery of care and services. One consumer interviewed has been elected to the recently formed Resident and Representative Committee and are excited at the prospect of being actively engaged in the development and delivery of services.

The Assessment Team found the organisation has governance systems which are overseen by the Board and various Board Committees. The organisation has governance frameworks which include policies and procedures to guide staff in all aspects of care and service delivery. Management report a range of key performance indicators to the Board which supports the Board to be accountable for the delivery of care and services.

The Assessment Team found consumers are encouraged to provide feedback to support evaluation of the delivery of care and services and have recently implemented initiatives to engage consumers in the development and delivery of services. The service has a continuous improvement plan which is incorporated into the organisation’s quality framework. The service was able to provide examples of continuous improvement activities. The Assessment Team found the service has a compulsory reporting log to record suspicions or allegations of consumer assault and the service are reporting is accordance with relevant legislative requirements and responsibilities.

The organisation provided a documented risk management framework and staff interviewed said they had been provided education about this framework and were able to provide specific examples relevant to their work. The organisation also has a clinical governance framework that is understood by staff. While the organisation has policies and procedures to minimise the use of restraint, the service are not always assessing and monitoring the use of physical and chemical restraint in accordance with relevant legislative requirements, see Standard 3 Requirement (3)(b) for further detail.

Staff interviewed said they have access to information regarding consumers’ needs, policies and procedures to guide practice, training, feedback mechanisms and availability of support services to support them in their roles.

## Assessment of Standard 8 Requirements

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

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

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

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

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

Effective organisation wide governance systems relating to the following:

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

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

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

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

### Requirement 8(3)(e) 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 2 Requirements (3)(a) and (e):
  + Ensure assessment processes identify potential risks to consumers, including consideration of new interventions used in the provision of clinical care and previous incidents.
  + Ensure care plans reflect strategies to manage identified risks to consumers.
  + Ensure care plans are reviewed in accordance with the service’s review procedure to ensure all strategies relevant to the provision of care and services for individual consumers are current and effective.
  + Ensure relevant strategies in care plans are reviewed for effectiveness following consumer incidents.
* Standard 3 Requirement (3)(b)
  + Ensure assessment and monitoring of physical and chemical restraint is completed in accordance with relevant legislative requirements.
  + Ensure management and staff understanding of equipment and practices which constitute physical restraint.
  + Ensure staff assess, evaluate and review changes to consumers’ clinical health condition, including following return from hospital.
  + Ensure interim strategies and measures are implemented to manage consumers’ risks while longer-term strategies are being monitored for effectiveness.
  + Ensure strategies and care plans are reviewed following consumer incidents, including behavioural incidents.
  + Ensure staff are implementing strategies from the care plan to support the minimisation of impact or harm to consumers.