Canberra Aged Care Facility

Performance Report

48 Archibald Street   
LYNEHAM ACT 2602  
Phone number: 02 6247 3988

**Commission ID:** 2984

**Provider name:** Bunyundah Nominees Pty Ltd

**Site Audit date:** 23 November 2021 to 26 November 2021

**Date of Performance Report:** 14 January 2022

# Performance report prepared by

Dee Kemsley, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | 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** | **Non-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) | Non-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) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 24 December 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Site audit report indetified that consumers considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers said they felt respected by staff and advised in various ways how staff made consumers feel comfortable, supported and valued as individuals. Consumers and representatives advised staff respected consumers’ culture, values and beliefs; one representative commented that as there was a variety of different backgrounds amongst staff, there was a greater understanding of the importance of culture and culturally safe practises. Consumers described how they were supported to to take risks, exercise choice, maintain relationships and their independence; they advised staff accommodated their needs and preference. Consumers were provided with information; this included daily activities and meal selections and consumers said their personal privacy was respected.

Care planning documents reflected the diversity of consumers at the service, and included their life experiences and backgrounds. Care documentation identified consumers’ cultural backgrounds and needs, and reflected consumers’ individual choices and preferences. Care planning documents describe areas in which consumers were supported to take risks to live the life they chose and detailed consumers' personal privacy preferences in relation to care and services provided.

Staff advised they were familiar with consumers’ backgrounds and how consumer preferences influenced the day-to-day delivery of their care. Lifestyle staff described how the service held different culturally themed days and staff organised an ‘around-the-world’ event to celebrate the different countries that consumers originated from. Staff used cue cards, hand gestures and body language to speak with consumers who had difficulties communicating verbally. Staff supported consumers to make informed choices, encouraged independence and maintain relationships. During COVID-19 visitor restrictions, staff assisted consumers to maintain contact with family and friends by using mobile electronic devices for messaging and video calls. Staff were aware of consumers who wanted to take risks and how they were supported. Staff described the different ways information was provided to consumers, including newsletters, notice boards, consumer meetings and verbal communication.

The organisation had a range of policies to guide staff practice in relation to treating consumers with respect and dignity, recognising and supporting cultural diversity, delivering culturally safe and inclusive care, supporting consumers to communicate their decisions and make informed decisions, supporting consumers to live the best life they could, and ensuring consumer’s personal privacy. A general risk form was required to be completed in conjunction with the consumer, their representative and a medical practitioner if the service identified an activity that could create a degree of risk for the consumer. Strategies to minimise foreseeable injuries or misadventures were established accordingly.

Staff were observed interacting with consumers in a polite, friendly and respectful manner. Staff delivered care that was respectful of consumers' privacy. Consumers were observed spending time together and engaged in conversations in communal areas. The service displayed consumer relevant information about activities, menus and complaint processes around the service. Language cue cards were available for staff to use to communicate clearly with consumers who could not speak English. A monthly newsletter was distributed to consumers and representatives which contained up-to-date information about COVID-19 and visitor restrictions, upcoming activities and special events.

Based on the evidence summarised above, I find the service to be Compliant with Standard 1; Consumer Dignity and choice.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 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 Compliant as five of the five specific requirements have been assessed as Compliant.

The Site Audit report identified the Assessment Team had recommended Requirement 2(3)(d) was not met. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the provider’s response and have come to a different view. I find the service Compliant with Requirements 2(3)(d) and I have provided reasons for my findings in the specific Requirement below.

The Site Audit report reflected most consumers considered that they felt like partners in the ongoing assessment and planning of their care and services. Consumers said they were satisfied assessment and planning processes, including advance care planning and end of life planning, addressd the needs, goals and preferences of consumers. Consumers and representatives said the service reviewed and changed consumers’ care when an incident occured or when there was a change in their circumstances, needs or preferences.

Care documentation demonstrated a comprehensive suite of assessments were used to inform the care planning for consumers. Each consumer received initial assessment on entry by a registered nurse that included completion of assessment forms, observations and discussions with the consumer and/or representative. Care plans detailed the consumers’ needs, goals and preferences, including end of life planning, and contained information relative to the risks to each consumers' health and well-being. Care documentation detailed ongoing partnership with the consumer or others that the consumer wished to be involved in care planning and review. Care and services were reviewed at regular intervals or sooner in the event of an incident that changed the needs of the consumer.

Management and staff described risks to consumer health and wellbeing and how they were captured in assessment and planning processes to inform the safe and effective delivery of care; staff understood consumer choice and dignity of risk considerations. Staff had an understanding of what was important to consumers in the delivery of their personal, clinical and end of life care; staff advised they could access the palliative aged care specialist team when support was needed. Management and staff described how and when care plans are reviewed and reported they were in regular communication with consumers or their representatives following such reviews. Management acknowledged some (annual) re-assessments for consumers were behind, but staff were tracking overdue assessments on a monthly basis and following up; monthly tracking was observed being monitored by the clinical manager of overdue assessments.

The service had policies and procedures that documented consumers’ assessment, reassessment and care planning requirements, including advanced care planning; staff had an understanding of this policy and procedure and the impacts on their respective roles. Staff documented communications with medical officers about consumer changed needs, and outcomes were observed being actioned.

The Site Audit report identified that while most consumers and representatives advised in various ways they were involved in the planning of consumers care, one consumer representative was dissatisfied with the communication of the outcomes of assessments and planning and two consumers and/or representatives had not seen a care plan. Documentation reflected the service was not consistently communicating outcomes of assessment and planning with consumers and/or their representatives. I have considered this in more detail under Requirement 2(3)(d).

Based on the evidence summarised above, I find the service to be Compliant with Standard 2; Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*

### 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.*

The Assessment Team recommended this Requirement was not met. The Site Audit report identified some consumers were dissatisfied with the communication of the outcomes of assessments and planning and that they had not seen a care plan. This was evidenced by:

* One named consumer representative was dissatisfied with the timliness, follow-up and/or communication provided by staff at the service, in relation to recent (November 2021) medical consultations required and treatment delivered to the consumer. Care planning documents and progress notes demonstrated while the consumer had been visited and assessd by the medical officer in a timely way, the outcomes had not been communicated to the representative. The Approved Provider in its written response to the Site Audit findings refuted this and provided documented progress notes for the consumer, which evidenced regular and recorded consultation and communication with the representative had occurred in relation to the consumer’s changed care needs, multiple medical reviews had occurred, and treatment provided as requested (for the period of time in question). The Approved Provider pointed out the Site Audit report brought forward contradictory information in relation to care documentation reflected for the consumer or feedback provided by this consumer representative, in other Requirements within this Standard. The report reflected the representative was involved in care planning and satisfied with the consultative approach in Requiremt 2(3)(a); and the consumer’s care plan documented the representative requested a medical consultation, consent was obtained and an appointment was arranged in a timely way in Requirement 2(3)(c).

* Two named consumers and/or their representatives had said they did not recall seeing, or would not know how to access, the consumer’s care plans. For one consumer, while they could not recall seeing a care plan they had stated they were involved in the planning of their care. In relation to the other consumer representative, in its written response the Approved Provider refuted this finding and reported the representative had spent considerable time with the Clinical Manager editing the consumer’s care plan. The Approved Provider pointed out the Site Audit report brought forward contradictory information in relation to care documentation reflected for the consumer, or feedback provided by the representative, in other Requirements within this Standard. The report had reflected that care documentation demonstrated the consumer’s assessments were all up to date for the consumer’s annual review at the time of the Site Audit in Requirement 2(3)(e); and the representative had expressed their satisfacrtion with end of life planning, the consumer’s end of life documentation reflected the expressed wishes of the consumer, and the representative’s involvement.

The Site Audit report identified consumer care plans were updated as needed, every three months or monthly when Resident of the Day; staff were always liaising with representatives. However, consumers or representatives did not know care plans are reviewed every three months. While family case conferences were used to go over care plans, these were not scheduled or documented and the pandemic had made these difficult to complete. Although the consumer (or representative) was contacted as part of the Resident of Day program, the service’s Resident of the Day schedule had not been completed by staff since the pandemic and the duty list (talking points of the Resident of the Day conversation) did not include care planning or assessments.

The Approved Provider in its response did not agree with this finding and reported the care planning and review process is explained in the consumer entry pack and discussed on entry to service to ensure consumers and representatives are informed. While the service is not currently up to date with 12 monthly meetings, the care team are constantly in contact with consumers and representatives when things change, and updates are always given around assessments when changes are made. Consumers’ care plans are created off the back of assessments, and every change to a care plan is communicated effectively at the time of the change. The provider reported management strongly supports the Resident of the Day process, which addresses other clinical care monitoring (the three Monthly care plan review

covers assessment and planning). The service has now included a contact call to be made to the consumer representative, to initiate discussion of any concerns the representative may have.

Based on the Site Audit report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. The report indicated one named consumer representative had been dissatisfied with timliness, follow-up and/or communication provided regarding recent medical consultations required and treatment delivered to the consumer and that care documentation had demonstrated outcomes had not been communicated to the representative. I have placed weight on information submitted in the Approved Provider’s response which included documented notes for the consumer that evidenced regular and recorded consultation and communication with the representative had occurred. I have also placed weight on further clarification received from the provider relating to the areas highlighted in the Site Audit report regarding outcomes of assessment and planning being communicated, and care and service plans being readily available.

I have considered information submitted by the provider relating to the service’s established care plan review processes, the care teams contact with consumers and representatives when things change and I acknowledge the service has now included a contact call to the consumer representative, to initiate discussion of any concerns the representative may have during the monthly Resident of the Day process. I further acknowledge that feedback reflected in the Site Audit report for this Standard consistently demonstrated that consumers and representatives were involved and satisfied with the assessment and planning processes, that consumers were satisfied with the service's review and change of care when incidents or changes occurred in the consumers’ care needs, and that overall consumer and representatives were satisfied with the communication provided by staff at the service.

For the reasons detailed above, I find the service to be Compliant with Requirement 2(3)(d).

### Requirement 2(3)(e) Compliant

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

# STANDARD 3 NON-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 have been assessed as Non-compliant.

The Site Audit report identified the Assessment Team recommended Requirements 3(3)(a) and 3(3)(e) were not met. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the provider’s response and I have come to a different view. I find the service Non-compliant with Requirement 3(3)(a); however, I find the service Compliant with Requirement 3(3)(e). I have provided reasons for my findings in the specific Requirements below.

Most consumers considered that they received personal care and clinical care that was safe and right for them. Consumers who experienced high impact or high prevalence risks were satisfied how care and services around these risks was delivered. Consumers and representatives were happy with the responsiveness of staff to the consumers’ needs, and with communication provided when there was a deterioration or change in the consumers’ condition. Consumers and representatives said the consumer had access to medical officers and other relevant health professionals when they were needed and they noted their satisfaction with staff adhering to infection control processes.

Care documentation reflected risks associated with the care of consumers was identified and management strategies implemented. Consumers’ care plans incorporated consumers’ end of life information and preferences, and demonstrated referrals were made to other service providers. Care documentation and consumers’ progress notes reflected the identification of and response to, deterioration or changes in the consumer’s condition or health status.

Staff described clinical policies and procedures which guided their practice, and staff were knowledgable about specific high impact or high prevalence risks for consumers and strategies for managing the risks. Staff could explain what was important to consumers nearing end of life, and provided recent examples of when a deterioration or change in a consumer’s condition was recognised and responded to. Staff described other services available that provided support for consumers, this included allied health professionals and other medical specialists. Care staff reported they notified registered nurses of any concerns they had or if they noticed any signs of deterioration in consumers’ health or wellbeing. All staff advised they had completed infection prevention control training.

The service collected and analysed data on high impact and high prevalence clinical risks and incidents for consumers, used this information to benchmark the data and to make changes to the provision of care for consumers; the clinical manager was observed extracting a summary of progress notes for daily review and follow-up of incidents such as falls. The service had a range of clinical policies and procedures to guide staff practice, which included advance care planning, deterioration identification and management, and consumer referrals.

The Site Audit report identified that while most consumers advised they got the care they needed, some representatives reported that consumers experienced personal or clinical care that did not meet the needs of the consumer, so they had to intervene. While most consumers’ clinical records demonstrated effective clinical care, the report identified one consumer who did not receive clinical care that was tailored to their needs. All consumers at the service were under environmental restraint due to coded locks on doors to exit and enter the service. However, the service was not able to demonstrate that each consumer or their delegated representaive had provided consent in relation to the environmental restraint. I have considered this in more detail under Requirement 3(3)(a).

Care documentation did not consistently provide adequate information to support effective and safe sharing of the consumer’s condition, preferences and care needs. While management and staff were able to describe how information about the consumer's care was documented and communicated within the service and with others where responsibility of care was shared, inconsistency with practice was observed. I have considered this in more detail under Requirements 3(3)(e).

Based on the evidence summarised above, I find the service to be Non-compliant with Requirement (3)(a) and Compliant with Requirement (3)(e) in Standard 3; Personal care and clinical care.

### 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 recommended this Requirement was not met. The Site Audit report identified that while most consumers’ clinical records reflected effective clinical care was provided, one consumer did not receive clinical care that was tailored to their needs or optimised their health and wellbeing. This was evidenced by:

* For one named consumer, (Consumer A), care documentation reflected a medical issue had been escalating over a two week period in November 2021, without resolution. The Approved Provider in its written response to the Site Audit findings refuted this and provided documented progress notes for the consumer, which evidenced the consumer was seen by the medical officer on a number of occasions, medicated treatment was commenced following which a medical procedure was completed; regular consultation and communication with the representative had occurred in relation to the consumer’s changed care needs. The provider said treatment was provided to the consumer in accordance with established best practice.

The Site Audit report identified that while the majority of consumers advised in various way they got the care they needed, a number of representatives reported the consumers experienced clinical care that did not meet the needs or preferences of the consumer, so they had to intervene. This was evidenced by:

* One named consumer representative said care had not been good (since the consumer entered the service six years ago) and the representative had spent six hours per day attending to the consumer’s care needs. When the representative had gone away, they paid for an external carer to provide the consumer with care. However, as they were more comfortable with the service and care provided, the representative had recently decreased the external care provided to two hours per day. In its written response the Approved Provider did not agree with this finding and advised the representative has previously stated that they were the only person who could look after the consumer. The representative had gone away for approximately two months earlier in the year, and during the height of the Canberra lockdown they were unable to visit the consumer temporarily. As the representative asked to privately engage one of the service’s own care team members while they were away, this was agreed to and facilitated by the provider.
* A named consumer representative said following a geriatrician review, new medication was prescribed to help facilitate the consumer with the provision of cares. The representative reported as the consumer had previously experienced side effects from antipsychotic medication, they were concerned the nurses and the geriatrician were using medication to settle the consumer, without trialling other strategies. The Approved Provider in its response did not agree with this feedback and reported that within three days of the consumer’s entry to the service, the consumer had been reviewed by an external demential specialist. The consumer was assessed, additional staffing provided for a settling in period, changes of environment provided including quiet spaces, and tracking of triggers occurred; while all these strategies were implemented, they did not adequately address the consumer’s exhibited aggressive behaviour and the consumer was referred to their geriatrician for further review.
* One named consumer representative (Consumer A) was dissatisfied with the timliness, follow-up and/or communication provided by staff at the service, in relation to recent medical consultations required and treatment delivered to the consumer. The representative had stated while the medical officer was notified a consultation was required, the medical officer had not consulted with the consumer for two weeks following the request. In its written response the Approved Provider refuted this and provided documented progress notes for the consumer, which evidenced regular and recorded consultation and communication with the representative had occurred in relation to the consumer’s changed care needs, multiple medical reviews had occurred, and treatments provided as requested (for the period of time in question).

The Site Audit report identified personal and/or clinical care was not consistently best practice, such as the accurate indication of antipsychotic medication being used to manage a consumer’s behaviour, and was not consistently tailored to the consumers needs. While the service was using chemical, mechanical and environmental restraint for consumers, documentation for consumers where restraint was used identified consent forms were not consistently being signed and/or reviewed every three months as management had said was the policy. This was evidendenced by:

* The service maintained a psychotropic medication register (which included chemical restraint) that was reviewed by the medical officer every three months. For a named consumer living with dementia, prescribed regular and ‘as required’ (PRN) psychotropic medication, the consumer’s consent for chemical restraint was signed by the medical officer but had not been signed by the Public Trustee; nor had the medical officer reviewed the consumers chemical restraint within the last nine months. For another consumer living with severe cognitive impairment secondary to Alzheimer's dementia, episodes of aggression/agitation and other diagnoses, while representative consent for the prescribed (and reviewed) psychotropic medication was evidenced, the indication/diagnosis by the medical officer was not documented. When raised with management, they produced communication requesting the medical officer to correctly reflect the diagnosis (for the prescribed psychotropic psychotropic medication). The Approved Provider in its written response stated the Public Trustee refuses to sign for any kind of restraint or medical treatment. The provider did not explain why the the medical officer had not reviewed the consumer’s chemical restraint within the last nine months. The provider reported that while the service requests medical officers to complete the register correctly, staff cannot legally update the indications themselves; the service fulfilled their duties to rectify this by communicating with the medical officere requesting the information. The provider said during Resident Medication Management Reviews (RMMR), the service reviews all consumer’s medication indications and update the registeres accordingly in liaison with medical officers.
* A physical and environmental restraint register was also maintained and reviewed by the medical officer. All consumers at the service were under environmental restraint due to coded locks on doors to exit and enter the service and to move between wings. The codes were not provided to the consumers; consumers were required to ask to leave/enter the service. Management confirmed all consumers are under environmental restraint; management said it was what families wanted to keep the consumers safe, consumers were all high care and many had congitive impairment. The environmental restraint prevented consumers leaving the service and potentially being involved in an incident. The Assessment Team observed consent forms for environmental restraint were not all signed by the consumer and/or their representative; management had reported that due to COVID-19 the service had been unable to get all consent forms signed. In its response the Approved Provider said on entry, consumers and representatives are told the service is a secure facility and the reasons why are excepted and expected. The Provider reported all but two consent forms for chemical restraint were signed and for environmental restraint, over 70% were completed which evidenced the service was on the way to compliance. The provider reported at the time of the audit no consumers were safe to leave independently. In the past there had been consumers who could come and go independantly; this was risk assessed and worked well. At the submission of its response, the provider noted the service was 98% compliant as they had been able to meet with families post covid restrictions.

I acknowledge the provider’s response, the information provided, and the actions that continue to be taken or completed by the service in response to the Site Audit report findings. While one consumer was identified in the Site Audit report as not having received effective clinical care (Consumer A), I acknowledge the provider submitted documented evidence that showed the consumer was reviewed by the medical officer and treatment was provided inline with the consumer’s needs. Regular communication with the representative had occurred in relation to the consumer’s changed care needs. I note that according to the documented progress notes provided, the consumers medicated treatment was delayed in being prescribed by the medical officer for a few days. However, I also note nursing staff recorded reminding the medical officer of this requirement on several occasions.

I have considered that while the Site Audit report identified three consumer representatives reported consumers experienced clinical care that did not meet the needs of the consumer, the provider was able to evidence additional information or supply further context to demonstrate care has been provided to consumers as required. I have also considered other information relating to these consumers which was contained in the Site audit report under this and other Quality Standards, including Standard 2. In relation to the consumer representative who said care had not been good since the consumer entered the service six years ago, I note the report did not reflect the currency of the representative’s concern or the impact the concern had on the care being provided by the service to the consumer. However, the report did note the representive was (now) more comfortable with the service and care provided. Elsewhere in the report I note clinical staff had said on a couple of occasions the representative liked to provide the consumer’s care, and that the representative had expressed their satisfaction with the way the service approached and provided end of life care to the consumer.

In relation to the consumer representative who was concerned the nurses and the geriatrician were using medication to settle the consumer’s behaviours without trialling other strategies, I have considered the provider’s response that was supported by other information brought forward in the Site Audit report. This demonstrated the consumer had been reviewed by an external dementia specialist in a timely way. Although alternative strategies were implemented and trialled to manage the consumers behaviours, they had not adequately addressed the consumer’s behaviour; the consumer was referred to the geriatrician for further review. In relation to the consumer representative (of Consumer A) who was dissatisfied with the timliness, follow-up and/or communication provided by staff at the service, I have already considered this as reflected above and under Requirement 2(3)(d). I consider that reasonable care and services have been provided by the service in the above instances, based on the information brought forward by the Site Audit report and the information provided in response by the provider.

The Site Audit report identified care was not consistently best practice or tailored to the consumers’ needs, in relation to two consumers. For one consumer living with dementia, while consent for chemical restraint had been signed by the medical officer, it had not been signed by the Public Trustee. For another consumer living with Alzheimer's dementia, the indication/diagnosis for chemical restraint was not documented by the medical officer. I acknowledge the provider’s response reflecting the Public Trustee refused to sign for any restraint/medical treatment, and that staff had requested the medical officer to provide the correct indication information for the consumer’s prescribed psychotropic medication. I consider that reasonable follow up was actioned by the service in the above instances, based on the information brought forward by the Site Audit report and the information provided in response by the provider.

However, based on the Site Audit report and the provider’s response, I find that at the time of the Site Audit, restrictive practices used by the service were not being managed in line with the service’s policy. While the service was using chemical, mechanical and environmental restraint for consumers, environmental (which was used for all consumers) and chemical restraint was not consistently being provided with documented consent by the consumer or representative, and/or reviewed every three months by the medical officer. In its response the provider said all but two consent forms for chemical restraint were signed and for environments restraint, over 70% consent forms were completed. However, while management had reported that due to COVID-19 the service had been unable to get all consent forms signed, I find it reasonable to expect the service would have adopted alternative strategies to ensure consent for these restrictive practices was discussed, obtained and documented as required, before these restrictive practices were used. While the provider said that previously the consumers ability to come and go from service independantly was risk assessed, documented evidence to support that this approach is still being undertaken by the service was not provided in the providers response.

I also have considered the service was not adhering to updated and specific legislative responsibilities relating to the use of any restrictive practice in residential aged care, which came into effect on 1 July 2021 under the *Aged Care Act 1997* and the *Quality of Care Principles 2014*. The Principles outline certain requirements; this includes informed consent to use the restrictive practice is provided by the consumer or substitute decision maker, and an approved health practitioner must have assessed (and documented) that there is a risk of harm to either the consumer or another person, and that the use of a restrictive practice is necessary. I have considered this further under Standard 8 Requirement (3)(c).

For the reasons detailed above, I find the service to be Non-Compliant with Requirement 3(3)(a).

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

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

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

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

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

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

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

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

The Assessment Team recommended this Requirement was not met. The Site Audit report identified care documentation did not consistently provide adequate information to support effective and safe sharing of the consumer’s condition, preferences and care needs. This was evidenced by:

* While a consumer (Consumer B) with a urinary catheter required daily cleaning around the catheter area, wound management and progress notes did not document when and if this was being done. The Approved Provider in its written response to the Site Audit report findings stated as the catheter site is not a wound, catheter care is documented and managed under the consumer’s catheter plan, which was accessible on the day of the audit.
* Two consumers with new wounds had photos of their wounds uploaded onto the service’s electronic management system, together with measurements of the wound, the consumer’s name and date. For one consumer, one photo taken did not include the paper measurement of the wound, the consumer name and date; this had occurred within a one day inteval to the prior photo being taken and correctly measured/documented. For another consumer (Consumer C) a wound photo was uploaded with no measuring tape, consumer name or date; inconsistent uploading of photographs with paper measures, consumer details and dates was observed for this consumer, and wound description fields in the clinical information system have not been completed. The consumer’s wound had not healed within the month of it occuring. In its response the provider stated consumers’ wounds would be checked every three to five days due to the high grade of wound care products the service uses. The registered nurses use their clinical skills and judgement to assess and manage wound care, and are vigilant in ensuring measurements are taken. The provider stated the consumer’s (Consumer C) wound was steadily healing.

The Site Audit report identified while management and staff were able to describe how information about the consumer's condition, needs and preferences was documented and communicated within the service and with others where responsibility of care is shared, inconsistency with practice was observed. This was evidenced by:

* Clinical staff said catheter maintenance was documented under wound management. However, staff were not able to explain why one consumer’s (Consumer B) catheter management was not documented under the service’s wound management system. The provider in its response stated as the catheter site is not a wound, it is documented and managed under the consumer’s catheter plan. The provider pointed out no issues were identified in the Site Audit report with the consumer’s catheter as it was well managed.
* The service’s wound management policy detailed wound characteristics should include existence of exudate and detail the consistency, amount, odour and type (serous, haemoserous, sanguineous, seropurulent, purulent), which is not currently evidenced in consumers’ care planning documents. In its response the provider said on a needs and relevance basis, all of the relevant information in relation to consumers’ wounds is documented by staff; the service has no uncontrolled wounds and most wounds have a generally short healing time on average. The provider stated that no poor outcomes for consumers has been noted in the Site Audit report.

The Site Audit report brought forward information under this Requirement in relation to one named consumer (Consumer A), whoes care documentation reflected a medical issue had been escalating over a two week period in November 2021, without resolution. As this issue was not documented, staff did not have a shared understanding of the consumer’s changing condition. I have considered this information further under Requirements 2(3)(d) and 3(3)(a).

Based on the Site Audit report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. I have considered that while the Site Audit report identified a consumer with a urinary catheter did not have wound management plan demonstrating when and if required cleaning was being done, the provider explained that as the catheter site is not a wound, cleaning is documented and managed under the consumer’s catheter plan. I have further placed weight on other information relating to this consumer, which is contained in the Site Audit report under this Standard. In Requirement 3(3)(b) the report identified that management and clinical staff were able to describe consumers who had urinary catheters, that the catheter sites were cleaned almost daily, the catheter bag changed weekly and the catheter was changed regularly; this included the above consumer.

While the Site Audit report identified two consumers with new wounds who both had wound photos uploaded that did not always reflect the measurement of the wound, I have placed weight on the information that for one of the consumers this occurred only once; a wound photo taken the day before for the consumer had all the required information recorded. For the second consumer, I have noted that while it was identified the wound had not healed within a month of it occuring, the report did not provide contextual information in relation to the consumer’s initial wound size, its location, the cause of the wound, the frequecy of required dressing and whether staff were attending to the consumers wound care as clinically directed. I have considered that for this consumer, inconsistent uploading of the consumer’s wound photos was observed and description fields of the consumer’s wound were not completed. It is reasonable to expect that the service’s clinical review processes would ensure consistent documentation of the consumers’ wound characteristics had occurred, which is inline with best practice and to assist with monitoring of wound healing rates. owever, I have also placed weight on the information that this inconsistent documentation was observed for one consumer, and that no poor outcomes for consumers in relation to wound care has been identified in the Site Audit report.

I have further given consideration to consumer feedback reflected for this Requirement in the report; two consumers expressed their satisfaction that staff know the consumers, as well as their needs and preferences.

For the reasons detailed above, I find the service to be Compliant with Requirement 3(3)(e).

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Site Audit report identified that consumers considered they got the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Consumers said staff had an awareness of their individual needs and preferences and they were supported to do things they wanted to. Consumers were supported when they are feeling low and with their spiritual needs and preferences; the service organised a church group to run a monthly Catholic Mass for consumers of this faith. Consumers provided positive feedback about the food and were satisfied with the quality, quantity and variety of meals.

Consumers’ care plans included information about the services and supports consumers needed to help them do the things they wanted to do. Care documentation identified the background and history of a consumer’s life as well as their hobbies, interests, likes and dislikes. Information and strategies to support the emotional, spiritual and psychological wellbeing of consumers was also documented. Consumer participation in activities was recorded in consumers’ care plans and demonstrated how staff interact and support consumers to meet their individual needs. Care documentation reflected the involvement of others in the provision of lifestyle support.

Staff explained what was important to the consumers and what they liked to do. Lifestyle staff demonstrated how activities were tailored to the needs and interests of consumers. Staff monitored activity attendance records and feedback received at consumer meetings, to make revisions to the activities schedule. Staff described what they do when a consumer is feeling low and how they supported consumers’ spiritual beliefs; psychologists and welfare specialists were engaged to support a consumer when they were particularly distressed. Consumers were supported to participate in the community and keep in contact with the people important to them; staff advised they regularly engage in conversations with consumers who do not participate in activities. Changes in consumers’ conditions, needs and preferences were communicated to staff through handover meetings, staff meetings and by reviewing care documentation. Kitchen staff said they were keept informed of consumers’ dietary preferences.

Consumers were observed participating in a variety of activities including games, daily news discussions, morning teas, and accessing the service’s external gardens and courtyards. Staff were observed assisting consumers with their meals in a polite and respectful way and offering consumers choices; the dining rooms were observed to be quiet and calm during mealtimes. Volunteer management documentation demonstrated the service sourced additional volunteers to provide music therapy, pet therapy, cooking, arts and craft, walks with consumers and other meaningful activities specific to individual consumers’ preferences. The service’s annual maintenance schedule evidenced the service regularly monitored equipment to ensure it was safe, suitable, clean and well maintained.

Based on the evidence summarised above, I find the service to be Compliant with Standard 4; Services and supports for daily living.

## 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 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.

The Site Audit report identified that consumers considered they felt they belonged in the service and felt safe and comfortable in the service environment. Consumers and representatives advised in various ways they were satisfied that the service environment was clean and well maintained. Consumers said they can go outside into the garden areas freely or with the assistance of staff where required, and move between the wings for particular events and activities. The service’s furniture, fittings and equipment was safe and suitable for the consumers’ use, kept clean and well maintained. Consumers reported call bells were responded to in a timely way and were positioned so the call bells were kept within reach.

The service environment was observed to be welcoming and optimised the consumers sense of belonging. Consumers rooms were personalised with artwork, photographs and furniture. All wings of the service were self-contained, and consumers were observed moving freely both in indoors and outdoors areas, within their respective wings. A central garden area and courtyard was accessible for all consumers in each wing with sitting and shaded areas available; all wings had communal dining and leisure areas. Signage throughout the service had names and navigation aids for distinct wings, and room numbers with consumer names to provide further direction. Furniture, fittings and equipment was observed to be safe, clean and well maintained; consumers were observed using a range of mobility equipment including wheelchairs and walking aids.

The Site Audit report identified that while the service environment was generally observed to be safe, clean and well-maintained, an isolated area in the kitchen had damaged floors, accumulated dust on a air curtain above an exit fire door and cobwebs on a ceiling vent. This finding was consistent with a state Food Safety audit conducted in August 2021 (the audit was assessed as compliant). Management had advised the areas of concern were being rectified in a complete renovation of the kitchen which was planned to take place in the near future. In its written response to the Site Audit report findings the Approved Provider reported most of the issues had already been addressed; the air curtain and ceiling vent has been cleaned, the damage to the floor is covered by safety mats to avoid trip hazards, and the service is planning to renovate the kitchen.

Management said they encouraged staff to have discussions with consumers about their ongoing satisfaction with the service environment, and also received feedback from consumers via monthly consumer committee meetings. Management described features of the service environment that were designed to support the functioning of consumers; this included signage, sensory/touch boards for consumers living with dementia and an emphasis on decluttering the service environment. Staff said equipment was readily available to assist them in delivering personal care, and could explain the process for documenting and reporting maintenance issues. Staff were aware how consumers’ shared mobility and manual handling equipment was cleaned and maintained.

The service’s maintenance logs demonstrated that maintenance and safety issues were dealt with promptly and in a timely way. The service’s preventative maintenance schedule showed routine maintenance of equipment, furniture and fittings was undertaken regularly, and for furniture and fittings in each wing every four months.

Based on the evidence summarised above, I find the service to be Compliant with Standard 5; Organisation’s service environment.

## 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 Site Audit report identified consumers considered that they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken. Consumers and representatives advised they would have no reservations in raising any concerns should this be required and were confident that their concerns would be acted upon. Where consumers or representatives had raised issues or provided feedback, management had responded promptly and to their satisfaction. Consumers who had difficulty communicating had access to representatives and advocates to help them provide feedback. Most consumers or representatives commented that they hadn’t had a recent concern about the care provided, which needed to be raised as a complaint with the service.

The service had feedback and complaints forms available with locked drop boxes at each main entrance to the service, including in areas accessible to consumers. Posters regarding complaints, including external complaints mechanisms, advocates and language services were observed displayed at the main entrance to the service. The consumer hand book, which consumers and representatives received on entry to the service, included information on complaints mechanisms. The service maintained a complaint register for documenting complaints; this included supporting information detailing the issue raised, subsequent communications between the service and the complainant and details of the complaint resolution.

Staff reported that if a consumer raised an issue or concern, they would report this to the registered nurse or to management directly; staff said management was quick when addressing any issues or concerns raised by consumers or representatives. Management advised that while the service seldom received complaints, consumers provided feedback regarding the menu choices from time to time. Management provided examples of where consumer feedback had been used to make changes to the food service. Management and staff demonstrated an understanding of the open disclosure process, the importance of admitting where mistakes had been made and being transparent about the actions taken to resolve the issue and prevent recurrence.

The service had a complaints and feedback policy, which was linked to the service’s open disclosure policy with regard to how the service manages complaints. While the service had a low number of complaints, complaints and feedback gathered through other sources, such as the service’s various committees, which could be used to improve care and services, were documented in the service’s continuous improvement plan.

Based on the evidence summarised above, I find the service to be Compliant with Standard 6; Feedback and complaints.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Site Audit report identified the Assessment Team recommended Requirement 7(3)(e) was not met. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the provider’s response and I find the service Non-compliant with Requirement 7(3)(e). I have provided reasons for my findings in the specific Requirements below.

Consumers considered that they got quality care and services when they needed them and from people who were knowledgeable, capable and caring. Consumers said there were enough staff at the service and staff generally answered call bells promptly and consumers did not need to wait for long when they required assistance. Consumers reported staff were kind, caring and gentle when delivering care; staff were respectful of their identity, and understood their background and cultural preferences. Consumers and representatives were satisfied staff were sufficiently skilled to meet the consumers’ care needs. Consumers and representatives advised staff knew what they were doing and they did not think there were any areas where staff required more training.

Staff stated staffing levels at the service were adequate and it was uncommon for there not to be enough staff on the floor. Staff advised when other staff members required unplanned leave, management endevoured to fill shift vacancies through offering shifts to permanent staff members not otherwise rostered, or contracting agency staff. Management described process for determining staff competency and capability as based on management’s observation of staff as they undertook their duties, as well as through feedback from senior staff. Management and staff said training was delivered predominantly via an online platform with modules, including mandatory training, assigned to staff to complete; the service had recently transitioned to a new online learning platform. New staff received induction training and were paired with more experienced staff for their first three shifts. Clinical staff advised they would refer any requests for additional training to management.

The service’s staff rosters and daily shift allocation records demonstrated shift vacancies were filled by permanent or agency staff, and minimal shifts remained unfilled. The service was in the process of implementing new position descriptions, which detailed the core competencies and capabilities for each role; these had been completed for key staff positions/levels within the service. The service used a range of sources to identify staff training needs, including incident reports, the outcomes of audits, feedback and issues raised in the service’s various committee meetings, the service’s continuous improvement log and suggestions from staff. The service tracked staff completion of mandatory and non-mandatory training modules, and a report of training completions was provided to management on a monthly basis.

However, the service was not able to demonstrate how the service regularly assessed, monitored and reviewed the performance of each member of the workforce. I have considered this in more detail under Requirement 7(3)(e).

Based on the evidence summarised above, I find the service to be Non-compliant with Requirement (3)(e) in Standard 7; Human resources.

## 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) Non-compliant

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

The Assessment Team recommended this Requirement was not met. The Site Audit report identified the service was not able to demonstrate how the service regularly assessed, monitored and reviewed the performance of each member of the workforce. This was evidenced by:

* Management stated the service’s approach to monitoring staff performance was based on management and senior staff observations, with follow-up of staff individually when required. Management recognised the need to have a performance assessment, monitoring and review process in place to meet its obligations under the Quality Standards and had developed a range of tools to support this. This included position descriptions/duty statements for key staff roles and staff performance appraisal templates. These tools were in an advanced stage of development but had not yet been provided to staff or implemented. Some staff were aware that an annual performance appraisal process was be implemented at the service in the future.
* There were approximately 90 staff members at the service including a management team of three three key staff. As the service’s staff performance framework was under development but had not been finalised or implemented, no staff performance appraisals were available for the Assessment Team to review and the service was not able to demonstrate how the performance of each member of its workforce was regularly assessed, monitored and reviewed as opposed to addressing issues identified on an exceptional basis.

The Approved Provider in its written response to the Site Audit report did not agree with the Assessment Team’s findings and stated they believe the service has met all the requirements of the Quality Standards. The service’s approach to staff appraisal has been by observation and education, and management is able to demonstrate observational evidence. However, the service will be moving to a paper based performance appraisal plan and system from 2022.

I acknowledge the provider’s response, the information provided, and the actions being developed and taken by the service in relation to the Site Audit report findings. However, based on the Site Audit report and the provider’s response, I find at the time of the Site Audit, the service was not able to adequately demonstrate that for each member of the workforce regular assessment and monitoring of their performance occurred; staff performance reviews had not occurred nor had they been scheduled. While the provider stated in its response the service’s approach to staff appraisal has been by observation and education, and management is able to demonstrate observational evidence, no such evidence was provided for consideration as part of the provider’s response.

For the reasons detailed above, I find the service to be Non-Compliant with Requirement 7(3)(e).

# STANDARD 8 Non-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Site Audit report identified the Assessment Team recommended Requirement 8(3)(c) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and I find the service Non-compliant with Requirement 8(3)(c). I have provided reasons for my findings in the specific Requirements below.

Consumers considered that the organisation was well run and that they could partner with the service in improving the delivery of care and services. Consumers and representatives provided examples of how they were involved in the development, delivery and evaluation of care and services; consumers said they were comfortable discussing any suggestions with management and that management was receptive to their ideas. Consumers were involved in the service’s consumer committee and were able to provide feedback on key areas of the service. Representatives were involved in the service’s relative committee and continuous improvement committee.

Management corresponded regularly with staff, consumers and representatives via email. This included providing representatives with updates, changes at the service and on visitor restrictions due to COVID-19; management invited feedback and questions. The service also periodically requested feedback from representatives through surveys as part of the service’s continuous improvement process.

The service was able to demonstrate that the governing body (Board) is generally accountable for the delivery of care and services, and promoted a culture of safe, inclusive and quality driven culture. The Board included the Facility Manager, who is onsite full time, and one other board member who is onsite three days a week to assist with managing the service. The Board satisfies itself that the Quality Standards were being met within the service through monthly audit benchmarking reports that focus on the Standards. Audit outcomes feed through to the service’s continuous improvement log and the service’s management committee agendas were structured around the Standards

The service provided a documented risk management framework, which included policies relating to the guidance or management of high impact or high prevalence risks associated with the care of consumers, the abuse and neglect of consumers, consumers being supported to live the best life they can and incident management. Staff had been educated about topics relevant to the policies and were able to provide examples of the policies relevance to their work.

The service recorded all incidents in its incident management system and incidents were reviewed on a daily basis. Management advised that as incident data had indicated an increase in consumer falls, together with a physiotherapist the service had provided training for staff specific to falls. The service further introduced a midday shift to provide extra staffing assistance when consumers were moving about the service. Staff interviewed understood their roles and responsibilities in relation to actions taken in responding to and recording/reporting incidents.

The service had clinical governance systems to monitor the quality and safety of clinical care, and that promoted antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. Staff had been educated about topics relevant to the policies and one staff member provided an example of the relevance of these policies to their work. The service was able to demonstrate that there were effective organisation wide governance systems in place which guided information management, continuous improvement, financial governance, the workforce and feedback and complaints.

However, the service was not able to adequately demonstrate regulatory and legislative compliance. While relevant posters regarding the reaccreditation site audit were displayed at the service during Site Audit, management was unable to provide evidence that all consumers and representatives had been appropriately notified of the upcoming reaccreditation audit as required under paragraph 34 of the *Aged Care Quality and Safety Commission Rules 2018*. I have considered this in more detail under Requirement (3)(c).

While the service kept detailed records of the use of restraint within the service, not all consumer’s consent was completed/documented as is required in line with updated and specific legislative responsibilities relating to the use of any restrictive practice in residential aged care, which came into effect on 1 July 2021 under the *Aged Care Act 1997* and the *Quality of Care Principles 2014*. I have considered this in more detail under Requirement (3)(c).

Based on the evidence summarised above, I find the service to be Non-compliant with Requirement (3)(e) in Standard 8; Organisational governance.

## 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 recommended this Requirement was not met. The Site Audit report identified that while the service was able to demonstrate that there were effective organisation wide governance systems in place which guided information management, continuous improvement, financial governance, the workforce and feedback and complaints; the service was not able to adequately demonstrate regulatory and legislative compliance. This was evidenced by:

* Posters advising of the Site Audit of the service were observed to be displayed at the main entrance to the service, during the time that the Assessment Team was onsite. At the entry meeting, management was requested to notify all consumers and representatives the Site Audit had commenced and that the Assessment Team was on site: however, management declined stating they did not believe it was a mandatory requirement under relevant legislation. Management further advised all consumers and representatives had not been notified individually of the upcoming audit, when the service submitted its application for reaccreditation.

The Approved Provider in its written response to the Site Audit report findings refuted this and stated the service had fulfilled all its requirements as per the legislation, and all reasonable steps had been taken to notify consumers and representatives. The service had displayed posters stating that the accreditation (of the serevice) was to occur and in what time frame. As a result, over a six month period management notified all relevant parties to the accreditation via the display of these posters. Accreditation is also a standing agenda item in all of the services meetings. Posters of the Site Audit as it occurred, were put up around the service and anyone visiting the service was notified by reception that the assessors were onsite. The provider further clarified the Assessment Team had asked management to send an email to all families to notify them the Site Audit had commenced; an email was not sent as the provider requested evidence where that requirement was mandatory.

* The service used restrictive practices and maintained registers in respect of psychotropic medication (including chemical restraint), and environmental and physical restraint. All consumers at the service were under environmental restraint due to coded locks on doors to exit and enter the service. While the service was using chemical, mechanical and environmental restraint for consumers, documentation for consumers provided with restraint (and in particular environmental restraint) identified consent forms were not consistently being signed and/or reviewed every three months, as management had said was the policy.

I acknowledge the provider’s response and the information provided in relation to the Site Audit report findings. However, based on the Site Audit report and the provider’s response, I find at the time of the Site Audit, the service was not able to adequately demonstrate compliance with their regulatory and legislative responsibilities.

In relation to informing consumers of a Site Audit, the *Aged Care Quality and Safety Commission Rules 2018 (ACQSC Rules)*, paragraph 34, provides infotmation regarding the Approved Providers responsibilities in respect of how and when consumers and representatives are to be informed of a Site Audit. Under section (2) of paragraph 34,the *ACQSC Rules* (paraphrased) direct that the reasonable steps taken by the approved provider of the residential service when informing of a Site Audit, must include, but are not limited to (a) giving written information to each care recipient of the service and the nominated representatives of such a care recipient; and (b) displaying copies of the poster given to the approved provider in one or more prominent locations at the premises of the service. Under section (3) of paragraph 34, the approved provider is informed they must comply (with the above) as soon as practicable after (a) the approved provider receives the notice given (of the Site Audit) or (b) the approved provider makes the application for the re‑accreditation of the service.

I note that while the provider demonstrated it has complied with the requirement to display copies of the posters provided, the provider has not demonstrated it has complied with the requirement to provide each care recipient of the service (individually), and the nominated representative of such a care recipient, with written information of the Site Audit.

I further note that under section (1) of paragraph 37, the *ACQSC Rules* state (paraphrased) the Approved Provider must take reasonable steps to inform care recipients that the site audit has commenced as soon as practicable after the assessment team for a site audit of a residential service starts to conduct the audit. I consider it is reasonable to expect that not all consumer representatives would have visited the service during the three days of the Site Audit; due to work commitments, living away from the area or interstate, or for other reasons. As a result, there probably will have been representatives who would not have visited the service, seen the posters displayed, or been advised by the receptionist that the Site Audit had commenced.

In relation to restrictive practices, I acknowledge the service is working towards obtaining consent for all consumers where restraint is used. However, I find that the at the time of the Site Audit, the service was not adhering to updated and specific legislative responsibilities relating to the use of any restrictive practice in residential aged care, which came into effect on 1 July 2021 under the *Aged Care Act 1997* and *the Quality of Care Principles 2014.* The Principles outline certain requirements; this includes informed consent to use the restrictive practice is provided by the consumer or substitute decision maker, and prior to the use of restricted practices, an approved health practitioner must have assessed (and documented) that there is a risk of harm to either the consumer or another person, and that the use of a restrictive practice is necessary. While the provider said that previously the consumers ability to come and go from service independantly was risk assessed, documented evidence to support that this approach is still being undertaken by the service was not provided in the providers response.

For the reasons detailed above, I find the service to be Non-Compliant with Requirement 8(3)(c).

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

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

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

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

# Areas for improvement

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

* Each consumer is to get safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being.
* Regular assessment, monitoring and review of the performance of each member of the workforce is to be undertaken.
* The service is to ensure effective organisation wide governance systems relating to regulatory compliance.