Carino Care at Rockdale

Performance Report

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**Commission ID**: 2525

**Provider name:** Carino Care Pty Ltd

**Site Audit date:** 9 June 2021 to 15 June 2021

**Date of Performance Report:** 11 August 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-Compliant** |
| Requirement 2(3)(a) | Non-Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-Compliant |
| **Standard 3 Personal care and clinical care** | **Non-Compliant** |
| Requirement 3(3)(a) | Non-Compliant |
| Requirement 3(3)(b) | Non-Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-Compliant** |
| Requirement 4(3)(a) | Non-Compliant |
| Requirement 4(3)(b) | 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** | **Non-Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-Compliant** |
| Requirement 7(3)(a) | Non-Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-Compliant |
| Requirement 8(3)(d) | Non-Compliant |
| Requirement 8(3)(e) | Non-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 28 July 2021

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Consumers confirmed they are treated with dignity and respect.
* Consumers sampled said they are encouraged to do things for themselves in order to remain as independent as possible.
* Consumers sampled said staff are respectful of their privacy and have never noted any issues.

Staff were observed to be caring and friendly towards consumers. Staff could provide examples of how they facilitate relationships and how they maintain privacy of the consumers.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-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

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

Most sampled consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* All consumers interviewed said they, or their representative, are actively involved with their care planning.
* All consumers undergo assessment and planning on entry to the service. This is done in consultation with them and/or their representative and encompasses all their needs, goals and preferences. A copy of this documentation is provided to consumers and representatives. Care and service plans reviewed showed individual discussions of advanced care planning and end of life planning have occurred appropriately.
* Care files reviewed confirmed consumers personal and care information is captured on entry and documented in agreed care and services plans that focus on optimising health and well-being in accordance with the consumer’s needs goals and preferences.
* Consumers and representatives interviewed confirmed they are informed about the outcomes of assessment and planning and that this occurs through either telephone calls, face to face or family conferences. If they wish they can receive a copy of the care and services plan and the medication chart for review when changes are made.

However, for some consumers when circumstances change, or incidents occur specifically around the management of the consumer’s skin integrity and behaviour management, care plans are not always reviewed, evaluated and updated.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team identified that the service was unable to consistently demonstrate that the risk to a consumer’s health and wellbeing informs the delivery of safe and effective care.

The Assessment Team interviewed a sample of consumers who generally said they felt safe most or all the time. On review of their care documentation, the Assessment Team noted they have care plans that cover most of their care needs, however, they did not always address specific risks to the consumer’s health and well-being. For example, the team identified that a consumer’s care documentation did not reflect their present risks as the consumer’s needs have changed or increased, and their pressure injury risks were also not identified and managed to prevent them acquiring a stage two pressure injury. Furthermore, the team noted that the service did not consistently consider risks related to psychotropics and chemical restraints in assessment and planning, as the service did not originally identify any consumers that were chemically restrained, although the Assessment Team identified a few consumers that should be considered as receiving chemical restraints.

The Assessment Team interviewed staff who were able to describe how they conducted assessment and planning for consumers. However, the team identified that they did not always follow the internal policies and procedures in place relevant to consumer assessment and planning, and the team identified that this has affected consumers such as the late identification of a consumers’ pressure injuries.

The service has responded in acknowledgement of the concerns and have made further improvements to their approach to assessment and planning, such as completing a re-assessment of care plans for identified consumers, re-training staff to ensure all staff follow their policies, reviewing all residents with psychotropics and chemical restraints, and other actions.

Based on the evidence available at the time of assessment, I find this requirement Non-Compliant.

### 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 was able to demonstrate that some care and services are reviewed regularly for effectiveness, although this was not evident for changing needs or incidents related to behaviour management and skin integrity.

The Assessment Team interviewed staff who could describe how and when care plans are reviewed and how regularly they are reviewed. The team noted that they are guided by a suite of clinical care and policies.

Whilst the Assessment Team reviewed a sample of care plans that did evidence assessment and planning was responsive to changes and incidents, the team also identified a few consumers that did not have an evident regular review of their care and services when their needs changed. One consumer has a history of pain, frequently exhibits behaviour concerns, and were involved in a few incidents; however, the service could not demonstrate that they had reviewed the consumer’s behaviour management plan or pain assessments to determine whether the current care provided to them is effective. Another consumer also started exhibiting behaviour concerns, however, the service did not review their care and initiate any behaviour assessments or behaviour management plan to manage the consumer’s changing needs. Furthermore, the team notes a few consumers who have had changing needs with skin integrity but it did not result in a review of their care; for example, one consumer had a skin breakdown and it was identified to be due to the period of time they spent on a chair, however, this did not trigger a subsequent review of the related care provided to the consumer.

The provider has since responded that training on behaviour Management has been provided to staff ensure the needs of residents with challenging behaviours are managed effectively and created internal processes to ensure behavioural concerns are flagged to clinical staff for review. The provider has also conducted further training for wound management. For the consumer with skin breakdown, the provider has since reviewed the care provided to the consumer including timeframes for repositioning and the length of time the consumer spends in the chair.

Based on the evidence (summarised above), the Assessment Team finds that this requirement is not met.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

* One consumer representative said that her husband had “very complex” health issues and the staff are “doing very well with a very complex resident”.
* Another consumer representative stated that she believed the staff were caring for her husband who is living with dementia the best they can”

However, the service was not always able to demonstrate that it ensures that each consumer gets care which is best practice, tailored to their needs and optimises their health and well-being. The Assessment Team identified concerns related to the management of skin integrity, restraints, pain management, pressure injuries and behaviour management.

Staff interviewed understood the importance of infection control, could describe infection control processes in their work and infection control processes were observed to be in practice.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team interviewed a sample of consumers who described themselves getting the care they need. Staff interviewed also were able to describe the education they have recently received and how they know the care they provide is safe and effective.

The Assessment Team reviewed care documentation and identified some care plans had reflected individualised care for consumers and were safe and effective. However, the team identified some concerns in relation to management of skin integrity, pain management, and chemical restraints which did not adhere to best practice and were not tailored to a consumer to optimise their health and wellbeing.

In regard to skin integrity management, the Assessment Team identified that the service was unable to demonstrate that skin integrity issues were managed according to best practice or tailored to a consumer’s needs. The team identified that some photos to manage wounds were unclear, and the service did not have a policy and procedure that outlined best practice in wound management and how wounds should be photographed and reviewed. The team also identified that staff did not follow internal policies and procedures to report any abnormalities in changes in skin integrity to the registered nurse. The team provided examples of consumers where the service were unable to identify wounds until it had developed at a later stage and significantly impacted the consumer.

In regard to pain management, the Assessment Team identified one consumer that has a history of pain but the consumer has not had any ongoing pain assessment or charting in place to ensure their care remained tailored to the consumer’s needs. I note that the team did identify appropriate pain management for other consumers.

In regard to chemical restraints, the Assessment Team identified that the service did not identify having any consumers chemically restrained and therefore did not regularly review them according to best practice. They were only be able to identify their consumers under chemically restraint after re-assessment of their consumers during the Site Audit.

The provider has since responded that they acknowledge and have taken actions to address the concerns. They have reviewed provided further training for their staff in regard to skin integrity and have taken actions to regularly monitor and reduce chemical restraints for consumers.

Based on the evidence at the time of assessment, I find this requirement Non-compliant.

### 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 identified that the service appropriately managed some high impact or prevalent risks at the service such as fall risks, nutrition and hydration, and complex care. However, there were high impact and high prevalence risks that the service was unable to adequately demonstrate their understanding or management to minimise risks, including behaviour management, medication management, and use of restraints.

The Assessment Team identified that the service did not always manage the risks around behaviour management. The team provided an example where the challenging behaviours of a consumer were sporadically charted, a few examples of behavioural incidents not followed by review of a consumer’s assessment or behavioural plans, and some incidents related to challenging behaviour were not reported where required. The team also identified a consumer with a history of pain and described as having frequently challenging behaviour by staff, but the consumer did not have ongoing pain assessments or charting to determine whether some challenging behaviour could have been related to pain.

The Assessment Team identified the service did not have effective management of risks related to medication. For example, the service did not sufficiently monitor, assess and regularly review their use of psychotropics. Clear oversight of this risk was not able to be demonstrated as consumers were identified to be administered psychotropics without a clear intention or diagnosis documented for its use, and two consumers were prescribed a psychotropic despite the consumers never having been administered the medication, were described to be not needed by clinical staff, and they were unaware why the consumer was prescribed the medication. As a result, the service was also inaccurate in identifying the number of consumers chemically restrained in the service, although they were able to identify a correct number after re-assessing their consumers during the Site Audit. The team also identified a separate medication incident that occurred with a consumer being administered a vaccination without consent, and steps were not yet taken to manage and mitigate risk of this reoccurrence until the Site Audit.

In regard to restraints, the Assessment Team identified the service could not demonstrate consistent understanding or management of these risks. While some physical restraints had the appropriate consent and the service could demonstrate the consideration of alternatives, the team identified several physical and environmental restraints that were not identified and did not have the appropriate consents and/or assessments in place. The service also could not demonstrate their understanding of chemical restraints and did not have relevant consumers identified or reviewed at the beginning of the Site Audit.

The provider has since reviewed all residents who are on psychotropics or chemical restraints with their General Practitioner and any outstanding documentation and consents will be sought. They have also commenced a process to assess the consumer on the day of admission for any psychotropic medication, and other initiatives to monitor and minimise the use of psychotropics in partnership with the consumer and/or representative. The service has also provided further training to staff on restraints and have taken further actions to reduce the use of restraints at the service and will undertake the relevant risk assessments and authorisation required. For example, they have since provided access codes to staff to freely access inside and outside areas.

Based on the evidence at the time of assessment, I find this requirement Non-Compliant.

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

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

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

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

The Assessment Team identified that the service was not always able to demonstrate that deterioration is recognised and responded to in a timely manner, specifically in regard to skin integrity management.

The Assessment Team interviewed staff who stated they report any changes, incidents or accidents to the Registered Nurse. The Registered Nurse was able to describe how they monitor acute changes and make referrals when necessary.

The Assessment Team reviewed care documentation and could identify some instances of identifying and responding to deterioration, however, this was not consistent for all consumers. The team identified two of consumers where staff did not recognise or respond to their deterioration in skin integrity despite a consumer’s increasing needs and known risks of pressure injuries, and it was not until the pressure injuries developed further and impacted the consumer that they were identified with late interventions and strategies to mitigate risk occurring.

The provider has since responded that they have reviewed the care of all consumers with wounds, provided further training to staff in deterioration, skin care and wound management, and in related topics such as continence training.

Based on the evidence at the time of Assessment, I find this requirement Non-compliant.

### 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 interviewed consumer representatives who described their consumers needs and preferences as effectively communicated between staff. Staff interviewed by the team were also able to describe the frequency and methods of how information is communicated on a regular basis between staff.

The Assessment Team also noted that documentation identified that information is shared with others sharing the care for consumers, with visiting health professionals assisted by staff to access the service’s electronical clinical records system, and consultation reports they provide are reviewed by staff with recommendations incorporated into care and communicated internally between staff. The team also observed that health professionals were supported by staff to engage with consumers, and the team also observed a handover process that contained information that was relevant to consumers including any recent events or changes.

The Assessment Team reviewed care documentation and identified that the service generally was able to demonstrate that all relevant information about a consumer’s condition is communicated within a service. The team did note there were exceptions in relation to internal communication of deteriorating in skin integrity.

Based on the above information, I consider the service can improve on their internal communication regarding deterioration in consumers, and I note I have addressed similar concerns in Standard 3, Requirement 3(3)(a) and 3(3)(d). On the other hand, I acknowledge the Assessment Team identified the service was able to demonstrate they mostly share information about a consumer’s condition internally and with other people responsible for care, and there were no additional concerns identified from consumer representatives or staff.

On balance, I find this requirement Compliant.

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

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

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

*Minimisation of infection related risks through implementing:*

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Many sampled consumers said they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do, however, the feedback was mixed in regard to the service activities available on offer to optimise a consumer’s wellbeing.

For example:

* All consumers and consumer representatives said they were able to keep in touch with people important to them. Consumers use a mix of phones, tablets and in-person visits to see those who are important to them.
* There was mixed feedback regarding the participation of consumers in activities. Some consumers said they are supported to do the things they like to do. Others mentioned that they do not participate in the service activities, and some consumers said they wanted to go outside but haven’t been given the opportunity.
* There was mixed feedback regarding food. Overall, most consumers said they enjoyed the food, however two consumers said they would like to eat more food from their culture. This point has been raised with management and they said they will investigate introducing something on the menu.

Care documentation reviewed by the Assessment Team supported that some consumers did not participate in service activities and had little alternatives offered to them, their care plans did not reflect their preferences, nor was the information in the care plan utilised to provide consumers with appropriate activities. The team also noted that consumers on the ground floor did not often participate in activities that were held upstairs, as they required staff to escort them with access.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment Team identified that the service does not provide some effective supports for daily living such as appropriate activities in the service that would optimise all consumer’s well-being and quality of life.

The Assessment Team interviewed a sample of consumers who offered mixed feedback regarding their participation in activities. Some consumers expressed their interest in some activities the services offers, while some mentioned they don’t participate in the activities. A few mentioned they would want to go outside but haven’t been provided the opportunity.

The Assessment Team interviewed staff who described activities changing every Monday and were able to describe some activities for consumers. They describe monitoring consumer involvement in activities through the participation records within their care plans and accommodating consumer preferences for alternate activities outside the activities schedule. However, the team notes that the service did not have a permanent Lifestyle Coordinator and another staff is currently acting in a dual role of a care manager and Lifestyle coordinator until a replacement can be found.

The Assessment Team reviewed care documentation and identified that the participant records were generic and did not reflect a consumer’s active participation in the service activities, either due to a consumer’s non-participation in activities or records were not accurately made. The team also notes that there is limited alternatives offered to engage consumers who have chosen to not participate in the current activities. Furthermore, the recording of activity interests on care plans were inconsistent for their consumers with some having significantly more information regarding interests than others. Despite the recording of activity interests for some consumers, the team noted that some consumers did not have recent opportunity to participate in these activities.

The Assessment Team observed that some consumers were participating in activities with staff assisting those consumers who were struggling. However, the team observed three consumers not engaging in activities, with one often walking along the corridors of the service. The team also observed consumers who reside in the lower level did not often engage in activities upstairs, and they required staff to escort them upstairs to coded lifts and doors.

The service has since responded in acknowledgement of the concerns. They wished to note that their lifestyle coordinator had recently resigned which has left the identified gaps, however, their recruitment progress is underway. In the interim, they will have the Lifestyle Group Manager provide partial support during the week. They have since reviewed their activities program, reviewed the lifestyle care plans for consumers, provided some activities specific to consumer interests such as gardening, dedicated programs for residents on the ground floor, and will initiate a monthly focus group for consumer input on activities.

Based on the evidence available at the time of assessment, I find this requirement Non-Compliant.

### 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

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

Overall sampled consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment.

For example:

* All consumers said they feel safe.
* Consumers said they feel at home and visitors are made to feel welcome, particularly by staff.
* Consumers said their rooms are always clean and the cleaning staff do a good job for an old building.

The Assessment Team observed that the service environment was clean, welcoming and odour-free. Hand washing stations were scattered throughout the service and were stocked with paper towel, hand soap, sanitiser and gloves. They also observed that there were coded doors and lifts, although staff were readily able to support consumers with access and the service has since provided access codes to consumers at the service.

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

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) 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 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers and representatives feel comfortable to make complaints and do not fear any backlash on the consumer or representative.
* Consumers who have made complaints are satisfied with the action taken by the service to resolve their complaints.

Staff could demonstrate they knew what open disclosure is and how it was applicable in their respective roles and are supported by an open disclosure policy and complaints policy.

The facility manager could describe different ways consumers and representatives could make complaints, including making complaints anonymously.

Although the service has demonstrated an understanding of open disclosure, it could not demonstrate that the process was used properly in terms of investigating incidents on a timely and sensitive manner as per their organisation’s policy, explaining to the consumer and their representatives about incidents and that they are properly consulted about measures to be taken to prevent recurrence of these incidents.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The Assessment Team identified instances of the services successfully completing an open disclosure process. The team interviewed a sample of consumers who were satisfied that their concerns were addressed by the service. Their responses indicated that the service was applying an open disclosure process. Staff interviewed were also aware of open disclosure and were able to describe their role in the process.

Whilst some open disclosure processes were completed appropriately, the team identified other incidents where the service had not engaged in the open disclosure process or had not consistently completed the process, including undergoing a investigation to identify what went wrong and updating the consumer and/or representative on future preventative action.

The Assessment Team reviewed care documentation and identified two consumers who had a late identification of wounds but there was no investigation into the injuries or explanation to their representatives, and staff interviewed confirmed an open disclosure process had not been used. The team also identified one incident where open disclosure was not completed thoroughly, as the investigation and action plan to prevent reoccurrence of an incident was not complete until a month after the incident. These findings are contrary to the service’s open disclosure policy that outlines the process of open disclosure, including timely investigation of incidents to update consumers and their representatives on what has happened and action taken to prevent future reoccurrences.

The provider has since responded by acknowledging the concerns and providing further training to staff regarding open disclosure. They will also ensure incidents will be investigated in a timely manner to facilitate open disclosure. They wish to note that an open disclosure process had been completed in a timely manner one of the mentioned consumers, although they acknowledge the final sign off on the investigation occurred a month afterwards and a more comprehensive investigation into the incident could have occurred.

I acknowledge the provider has demonstrated instances of successfully completing open disclosure processes, although it is not yet consistently applied at the time of assessment.

I find this requirement Non-compliant.

### 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

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

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Consumers and representatives provided positive feedback about how staff are kind and caring
* Consumers and representatives expressed their confidence in staff’s ability and are confident that staff know how to do their jobs well.

Staff could describe the performance appraisal and training they received, in addition to their mandatory training modules. They said that the additional training addresses different consumers and their needs. For example, there was training on tracheostomy care as there are two consumers in the service who have had a tracheostomy.

However, staff have raised concerns regarding adequate staffing on ground floor. They noted a number of them were on double shifts and this was confirmed on the staff roster. Furthermore, review of incident data on ground floor showed that there were a number of incidents when there is only one staff allocated on ground floor. The service could also not demonstrate that recreational activity officers were competent and equipped to do their jobs. As a result, deficiencies can be seen in documentation of consumers’ lifestyle activities.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team identified concerns with the workforce in the service that have increased the risks related to consumers, staff, and the delivery of safe and quality care and services.

The Assessment Team interviewed a sample of consumers who were mostly positive regarding staffing levels, although one consumer described there was not enough staff and another consumer explained that staff ‘rush’ a lot.

Whilst majority of consumers feedback was positive regarding staffing levels, staff interviewed had mixed responses. Some staff said that there are enough staff and most vacant shifts get replaced. Other staff have raised concerns such as having to complete double shifts to fill vacancies. A number of staff also raised concerns about inadequate staff numbers on the ground floor, which they describe as difficult and exacerbated by some consumers on the ground floor with challenging behaviours, and the structure of the rostered break and shift times which leave some staff left to manage the ground floor alone for a period of time during their shifts.

The Assessment Team reviewed the data and documentation at the service. They identified there were no vacant shifts in the last fortnight, although they confirmed that a number of double shifts occurred in the last fortnight. The Assessment Team also identified that a number of call bell responses were occurring beyond the internal benchmark in the last fortnight. Furthermore, they noted a number of incidents at the service occurred while only one staff was allocated to managing the ground floor due to break or shift times.

The provider has since provided evidence that they have previously provided training for staff in behaviour management to assist them with managing these consumers and have hired some staff earlier in the year. They have since hired more staff after the Site Audit to improve the management of shifts. They have also provided evidence of consulting with staff after the Site Audit to revise their break times and ensure at least two staff are available to manage each floor of the service.

Further time will be required to determine whether these improvements will be effective in addressing the concerns raised by the staff at the service.

Based on the evidence at the time of assessment, I find this requirement Non-Compliant.

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

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

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

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

The Assessment Team identified that the workforce in the service is mostly competent to effectively perform their roles, except for the service’s Recreational Activity Officers (RAO).

The Assessment Team interviewed a sample of consumers who said they are confident that staff know how to do the job well. Staff interviewed could also describe the processes in place to check staff have their qualifications, prerequisite checks, and are competent in their role.

The Assessment Team reviewed a sample of staff files and noted that all have staff have the necessary qualifications and knowledge for their roles, except for the RAOs. The Assessment Team noted that the RAO role was often shared as a dual role and sampled RAO’s do not have qualifications for their role. Management staff interviewed confirmed that RAOs did not have specific qualifications, did not receive specific RAO training from the organisation, nor did they have a specific induction for RAOs; however, they noted that RAOS follow care plans made by the Lifestyle Coordinator in the organisation. The Assessment Team noted that the Lifestyle Coordinator was also sharing a dual role and a permanent staff member in this role had yet to be recruited. The team notes this lack of knowledge in performing the RAO role has impacted the lifestyle services of consumers as demonstrated by the gaps in delivery, organisation, and documentation of lifestyle services as identified in Standard 4, Requirement (3)(3)(a).

The provider has since responded with a planned professional development workshop for their recreational activity’s officers. They also wished to note that their lifestyle coordinator had recently resigned which has left the identified gaps, however, their recruitment progress is underway. In the interim, they will have the Lifestyle Group Manager provide partial support during the week.

Based on the evidence at the time of assessment, I find this requirement Non-Compliant.

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

On the other hand, the Assessment Team identified that the organisation does not have effective governance systems for regulatory compliance where there are incidents that have not been reported to the Serious Incident Report Scheme. The team also identified deficiencies in the organisation’s risk management systems and practices, and clinical governance framework.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team interviewed management staff who described they receive consumers input through consumer and relative surveys, resident meetings and case conferences with the consumer and their representative. The staff were able to provide an example of streamlining their food providers, and consumers were engaged in the delivery and evaluation of this initiative based on their feedback to the change. One consumer representative interviewed also described the organisation as well run.

The Assessment Team reviewed documentation including evidence of a resident focus group and resident feedback surveys that were recently held.

The Assessment identified improvements that could have been made to improve the methods of consumer engagement in the development, delivery and evaluation of care. The provider have responded noting that they have involved consumers but acknowledge that their involvement could be improved and more formally recorded, and the service have since planned further actions to improve consumer engage in the development, delivery and evaluation of care and services.

Based on the above information, I am of the view that the provider has improvements that can be made to ensure consumers are involved in the development of care and services and they have acknowledged and planned further improvements. However, I have considered that the provider can evidence previous attempts and methods at supporting consumers to be engaged in the delivery and evaluation of care, and there is an absence of consumer feedback whom describe contrarily.

On balance, I find this requirement Compliant.

### 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 identified the service can mostly demonstrate effective governance systems in information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. Any gaps in these have been previously mentioned in Standard 6 and 7.

However, the service not demonstrate that their systems for regulatory compliance were effective.

The team interviewed management staff who could describe how they tracked changes to compliance in Aged Care through different methods. They also explained changes they have made to their service based on the latest requirements. However, the Assessment Team noted that the organisation had conflicting active policies which contained current and superseded regulatory compliance obligations at the same time. The Assessment Team also noted that service management team and staff were unable to consistently demonstrate an understanding of what constitutes the making of an incident report to the Serious Incidence Response Scheme (SIRS). For example, the Assessment Team identified there were some allegations of assault that had not been reported to SIRS as required.

The provider has since responded acknowledging the concerns and have initiated steps to realign current policies, mark superseded policies to ensure staff follow the latest legislative requirements, and ensure these are stored appropriately. The provider has also since reported the SIRS incidents, and added additional oversight of SIRS incidents by their Quality management team.

Based on the evidence at the time of this assessment, I find this requirement Non-Compliant.

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

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

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

The Assessment Team identified the service has a documented risk management framework, including policies describing how:

* high impact or high prevalence risks associated with the care of consumers is managed
* the abuse and neglect of consumers is identified and responded to
* consumers are supported to live the best life they can
* incidents are managed and prevented.

Staff interviewed stated they had been educated about the policies and were able to provide examples of their relevance to their work. However, the Assessment Team identified they did not always follow the framework.

The Assessment Team identified there was inconsistent recording, reporting, investigating or escalating of incidents which would otherwise enable effective management and prevention of high impact or high prevalence risks. The team provided various examples of incidents that have not been appropriately managed, including an incident related to an alleged assault of a consumer, and another related to a medication incident, that did not receive an appropriate investigation from the service. The team also identified some incidents that were not included reported or captured in the service’s monthly data, which would otherwise allow management to accurately monitor and manage high impact or high prevalence risks.

The provider has responded stating that they have now initiated daily checking of incidents to ensure they are monitored and cross check monthly reports to ensure they are accurate. They have also initiated training in incident management to ensure incidents are appropriately managed, reported, and prevented.

Based on the evidence at the time of assessment, I find this requirement Non-Compliant.

### Requirement 8(3)(e) Non-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.*

The Assessment Team identified the service has a documented clinical governance framework, including policies related to antimicrobial stewardship, minimising the use of restraint, and open disclosure.

Staff interviewed were able to describe their education around these policies and their relevant to the work. For example, one of the staffs interviewed was able to demonstrate their understanding of antimicrobial stewardship and provided information about their responsibilities to support implementation of antimicrobial stewardship at the service.

Whilst a documented clinical governance framework was in place, the Assessment Team identified that there were gaps in clinical governance. For example, the team noted that the service does not engage in effective oversight of their restraints, and documentation, authorisation, and monitoring of consumers and their use of restraint was inconsistently observed. There were also occasions where open disclosure should have been implemented although it did not occur. Furthermore, the team noted that the services’ leadership engaged in weekly meetings to discuss clinical risks at the service, however, the minutes of these meetings did not evidence trend analysis of incidents or oversight to support the improvement of clinical care and outcomes. Also, management staff interviewed were unable to provide examples of how the implementation of policies related to clinical governance have led to change in the way care and services were planned for the service.

The provider has since responded with actions to ensure restraints and open disclosures will be adequately managed in the future, such as further staff training, a review of policies and procedures, and review of current care. The provider has also reviewed and developed a high-risk resident register for the service, allowing leadership to pinpoint key risk areas. Furthermore, training has been provided to the leadership team to develop their capacity in identifying, trending, and managing high risks at the service.

Based on the information at the time of assessment, I find this requirement Non-Compliant.

# Areas for improvement

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

### Requirement 2(3)(a)

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

* Ensure assessment and planning considers the risks to consumers health and wellbeing, particularly consumers using psychotropics and consumers at risk of pressure injuries
* Ensure assessment and planning align between current practice and internal policies and procedures

### Requirement 2(3)(e)

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

* Ensure care and services are regularly reviewed for effectiveness and when circumstances changes, particularly care related to psychotropics, wound and pressure injuries, and behaviour management.

### Requirement 3(3)(a)

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

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*
* Ensure pressure injuries and wound management are managed according to best practice
* Ensure chemical restraints are identified and regularly reviewed

### Requirement 3(3)(b)

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

* Ensure physical restraints and environmental restraints are identified and minimised where possible, with appropriate consents and or assessments in place
* Ensure consumer use of psychotropics is monitored, assessed, and reviewed

### Requirement 3(3)(d)

*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.*

* Ensure that the service has a system in place to recognise and respond to deterioration in a timely manner, particularly in regard to identifying and responding to skin integrity deterioration

### Requirement 4(3)(a)

*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.*

* Ensure consumers on ground floor have access to activities in the service that meets their goals and preferences
* Ensure participant records have individualised information about consumer preferred activities, and that this information is used to provide opportunities to consumers to optimise their well being and quality of life
* Ensure consumers records of participation in lifestyle activities are appropriately completed

### Requirement 6(3)(c)

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

* Ensure open disclosure processes are consistently used when required, and investigations are completed in a timely manner to update consumer and/or representatives

### Requirement 7(3)(a)

*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.*

* Ensure staffing levels are sufficient to deliver and manage safe and quality care and services, including sufficient staffing on the ground floor and an adequate number of staff to enable call bells to be answered within the internal benchmark for the service

### Requirement 7(3)(c)

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

* Ensure recreational activities officers receive training, induction, or other support to ensure they can effectively perform their roles

### Requirement 8(3)(c)

*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.*
* Ensure policies and procedures adhere to the latest legislative requirements
* Ensure staff have understanding of SIRS and there are systems in place to ensure they report according to the requirements

### Requirement 8(3)(d)

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*
* Ensure incidents are appropriately managed, including recording, reporting, investigating or escalating of incidents, particularly those related to identification and response to abuse and neglect of consumers or SIRS.

### Requirement 8(3)(e)

*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.*
* Ensure the leadership team has systems in place to oversee clinical risks at the service and uses the data to improve clinical care at the service, including the oversight on the use and minimisation of restraints