Carinya House

Performance Report

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**Commission ID:** 0764

**Provider name:** Christian Brethren Community Services

**Site Audit date:** 19 October 2020 to 21 October 2020

**Date of Performance Report:** 24 December 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **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) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **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) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-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; and
* the provider’s response to the Site Audit report received 25 November 2020.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Overall sampled consumers and representatives considered that they are treated with dignity and respect, consumers can maintain their identity, and make informed choices about their care and services and live the life they choose. Consumers and representatives said staff were kind, went out of their way with assistance, have a friendly nature and make them feel at home. One consumer who recently entered the service said staff can be a little assertive when it comes to showering routines, though it was not causing an impact on their wellbeing and they are comfortable to approach staff about personal care and privacy concerns.

Consumers and representatives interviewed confirmed that they are encouraged to do things for themselves and that staff know what is important to them. They receive information from management and staff when they need to make decisions about their care and services.

During the COVID-19 restrictions enforced by the organisation in response to NSW health instructions, consumers and representative all said management have kept them up to date regularly with the changing information.

Consumers and representatives interviewed confirmed that mostly their personal privacy is respected. The consumers with individual personal needs and requirements, were able to discuss how management and staff work together to maintain a level of privacy that is expected by the consumer, for example those consumers who are living as a couple or require volunteer and National Disability Insurance Scheme (NDIS) support services.

Feedback from staff interviews confirms that most of staff are familiar with consumers’ individual needs and preferences and how this impacts the way care and services are delivered. Some staff acknowledged that there are consumers who require more of a one to one nursing care and the staffing levels sometimes impacts their ability to always provide the care and services the consumer needs.

The Quality Standard is assessed as compliant as all 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.*

The Assessment Team found that the service demonstrates that consumer are treated with respect, and that their identities, cultures, and diversity is valued. Overall consumers and representative interviewed by the Assessment Team said they feel respected and valued as individuals, that staff at the service make them feel valued by communicating with respect. Consumers also spoke about being included in daily activities that give them meaning.

Some representatives expressed dissatisfaction about the appears of consumers and the Assessment Team considered that consumers’ dignity is not always maintained during the delivery of care. Staff interviewed spoke about consumers in a way that corresponds with respect and a consistent understanding of consumers’ personal circumstances and life journeys. Consumers who choose to participate in the activities provided at the services are supported by staff. The staff said they make an effort to meet the individuals’ needs as best they can, this includes those consumers with cognitive impairment, physical or mental limitations. There are lifestyle staff scheduled in each area of the service.

### The lifestyle staff said in Waratah A and B were able to demonstrate an understanding of consumers’ life stories and provided activities that corresponded appropriately. Staff interviewed said, they implement a respectful approach and use appropriate language when providing care and services to each consumer. Staff said they support each other and acknowledge the diverse skill set available and utilise accordingly.

### Documentation reviewed contains information that reflects what is important to the consumer and their identity, culture and diversity is captured and valued, the different religions and cultural specific needs are captured, as is information relating to those consumers born outside Australia and who speak a language other than English. The lifestyle staff create a “Story of Me” document that is displayed in consumers’ rooms to helps staff to understand what is important to the consumer giving a brief account of their history, likes, and interests.

### Management practice an open-door policy with all consumers and representatives and all level of staffing, verbal feedback and discussion is always encouraged and acted upon immediately. Consumers and representatives said they are comfortable to discuss issues with management.

### Observations and review of care records and behaviour related incidents by the Assessment Team indicated that not all consumers’ dignity is maintained all the time. The approved provider submitted additional information in response to the Assessment Team’s findings for the specific consumers identified. The information shows that the service has been consulting consumer representatives, engaging with external support services, and reflects that staff are generally maintaining the dignity of the consumers identified by the Assessment Team.

### The additional information provided along with the overall feedback given by consumers and their representatives indicates the service understands the scope of this requirement and is committed to its delivery.

I find this requirement compliant.

### 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

Most sampled consumers consider that they feel like partners in the ongoing assessment and planning of their care and services. For example, they said staff ask them about their needs and preferences. Consumers said staff are responsive if you ask them questions and reported they were comfortable to ask for their care plan if they wanted to. All representatives sampled said that they are kept informed of any changes in the way that care or services are delivered or when incidents occur.

The review of care plans and assessments identified that while consumers have care plans that outline their care needs, they do not always identify or address risks specific to that consumer’s health and well-being. Consumers involved in the assessment and care planning process can express their needs, goals and preferences.

Staff showed an understanding of individual consumers’ needs and preferences and provided examples of the actions they take to ensure that care and services provided are reflective of this.

The Quality Standard is assessed as non-compliant as one 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.*

Care planning documents do not always show evidence of comprehensive assessment. The review of assessments and care plans identified that consumers generally have care plans that cover most care needs but they do not always address specific risks to the consumer’s health and well-being. For two consumers sample the Assessment Team found the service has not addressed needs and risks in relation to behavioural management and chemical restraint. For example, care planning documents did not provide consistent evidence of comprehensive assessments or care planning that considers the risk to the consumer’s health and well-being.

A consumer who recently entered the service was administered a chemical restraint the day of their admission. A chemical restraint assessment was completed on admission outlining the need for the administration of the psychotropic medication to manage dementia, and states that the service had tried alternative strategies including increased monitoring, recreational activities, active listening and decreased sensory stimulation. The consumer was reviewed by a medical officer the following day and a full physical assessment was completed. The medical officer changed the prescription for the psychotropic medication to be withheld if the consumer was drowsy. Although a behavioural care plan has also been developed, the Assessment Team found it did not mention a recurring behaviour.

The Assessment Team found a consumer’s intrusive wandering behaviours had a negative impact on another consumer. Measures implemented to address these intrusions included locking the consumer’s bedroom door from the outside while they are in their room, to prevent the wandering consumer being able to enter access the room. When the Assessment Team raised this with management a risk assessment had not been completed. Although management later provided a risk assessment it did not consider other specific risks or reflect comprehensive assessment associated with this intervention. It did show that the consumer’s representative was satisfied with the measure until another strategy is found. No other risk assessment were provided to the Assessment Team for other consumers whose bedroom doors were observed to be locked.

Care planning documents for another consumer with aggressive behaviours did not fully reflect recommendations from behavioural assessments, and in relation to personal hygiene some information was contradictory.

Most consumers interviewed reported that they have had little input into the care planning process and did not receive a copy of their care plan. Consumers said staff are responsive when you ask them for something and said they could ask if they wanted a copy.

Staff could describe the assessment and planning process and how they use this to inform how they deliver safe and effective care for the sampled consumers. Care staff reported that they talk with consumers, as well as observing them for any changes in their condition or behaviour, document this and report to the registered nurse to help inform delivery of safe and effective care.

Registered nurses said that they update care plans six-monthly at a minimum, and as additional information becomes available or incidents occur. They said they seek feedback from consumers if there are no cognitive issues, otherwise they will speak with the nominated representative, as well as reviewing the file and speaking with care staff and other health professionals involved in the consumers care.

The falls prevention and management procedure says that all consumers are deemed to be at risk of falls and that all consumers receive a falls risk screen upon entry to the service using an evidence-based assessment, which was observed to have been completed for the consumers sampled. The documentation matrix outlines what assessments and documents need to be completed and by whom. The falls risk assessment is required to be completed within 14 days of entry to the service by the physiotherapist.

In response to the Assessment Team’s findings the approved provider submitted additional information about the service’s assessment and planning processes. They also clarified some specific gaps identified by the Assessment Team for consumers sampled during the visit. While the information shows some actions had occurred or have since been completed, it does not adequately demonstrate that the service is consistently considering all risks to the health and well-being of consumers, to , informs the delivery of safe and effective care and services.

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.*

For the consumers sampled, staff were able to demonstrate an understanding of what is important to consumers in terms of how their care is delivered. Consumers reported that staff are generally familiar with their care needs and preferences and deliver care accordingly. Consumers did say that staff are very busy and sometimes things don’t always go to schedule. Assessment and care planning documents do not reflect the goals, needs and preferences as determined by the consumer or their representative, in relation to personal and clinical care, as well as advance care and end of life planning.

There is little evidence in assessment and care planning documents to indicate collaboration with consumers in the identification of goals and preferences. Of the four care planning documents sampled, none included information in regard to advance care or end of life planning and wishes, goals were not identified and the preferences listed were better suited to care interventions than preferences. Some consumers told the Assessment Team about their personal goals but these were not reflected in their care plans.

Consumers who are prescribed psychotropic medication and are subject to chemical restraint do not have this documented on their care plans. Refer to requirement 3(3)(a) for further information in relation to chemical restraint.

Consumers sampled report that most staff are generally familiar with what is important to them in terms of their preferences and how their care is delivered. They did say that the staff are very busy and this can sometimes have an impact on the way care is delivered, in that they may have to wait longer than usual or attend to a task themselves if they can. Some consumers reported that the staff have not had a discussion with them in regard to advance care and end of life planning.

Care staff were able to articulate what is important to the consumers sampled in relation to the delivery of personal and clinical care in terms of needs and preferences. Staff were familiar with communication challenges and reported that they are patient and allow consumers extra time to respond.

Clinical staff were able to describe the way in which they approach conversations with consumers about end of life and advance care planning. A registered nurse interviewed reported that consumers enter the service for the last chapter in their life, not to die, and said that they will take the time to build a rapport with the consumer before discussing end of life and advance care planning. A registered nurse reported that a change in condition usually prompts the discussion around end of life and advance care planning. They said they had received training in having these discussions but as it is a sensitive topic, they normally ask for help from the residential manager when the need for this conversation arises and they will contact the family or sometimes the medical officer will.

The organisation has guidance on advance care planning and end of life planning available for staff. The service provided copies of the blank advance care directive form that they use for consumers, and the statement from person responsible in the event that the consumer does not have the capacity to complete the advance care directive themselves. The service also provided signed advance care directives that had been completed by the consumer or their representative and signed by a medical officer.

In response to the gaps identified by the Assessment Team the approved provider submitted evidence of advance care plans completed prior to the visit. The approved provider also submitted evidence supporting a collaborative approach to care planning, including discussions with consumers and their representatives about consumer choice, goals and preferences. Feedback provided by the Assessment Team to the service during the visit about some consumers expressing goals not reflected in their care planning documents was addressed during the visit.

Overall the approved provider’s response, feedback from consumers and representatives, and interviews with staff indicates that assessment and planning does address consumers’ needs, goals and preferences. Although the Assessment Team identified some gaps during the visit, the additional information provided by the approved provider indicates that the service has an understanding of this requirement and that staff awareness of consumer preferences demonstrates the practical application of it.

I find this requirement compliant.

### 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.*

For the consumers sampled all had a care plan available on the service’s electronic system. Although most consumers said they did not have a copy of their care plan, they said staff talk to them about changes and provide relevant information in relation to their care. Representatives provided positive feedback in relation to the communication of assessments and care planning for consumers, although they advised they also do not have a copy of care or service plans. Despite this consumers and representatives interviewed in relation this said they would be provided with a copy if requested.

The Assessment Team found that care and services plans for consumers are created, updated and stored electronically and are accessible by all staff. Most care plans are in a format that consumers can understand, although some of the care plans sampled contained medical terminology and abbreviations which consumers or their representatives may not be able to understand. All of the care plan documents sampled contains information relating to behaviour, communication and sensory, continence and toileting, leisure, lifestyle and wellbeing, mobility, transfers and dexterity, nutrition and hydration, oral and dental, personal hygiene and risk. Some consumers care plans contained additional sections as required relating to medication, compression garments, oxygen therapy and podiatry.

For the consumers and representatives sampled, they were unaware of what the consumer care plan contained as they did not have a copy of it. Most consumers reported that staff do discuss information about their care with them. For example, they said:

* Sometimes the staff will ask us for our opinion on something or what we want and they give us updates on what’s happening, if there are any changes.
* Staff are very good if you ask them questions, they will answer you. I’m sure they would give me the care plan if I asked for it.

Representatives reported always being updated of any changes in care or incidents that occur by phone and are usually also followed up with an email as well.

Staff reported that there is not always involvement of the consumer in the care planning process. For example, if a consumer resides in the memory support units within the service, they will involve the representative rather than the consumer. If the consumer does not have a cognitive impairment, the staff will ask them for their choice or opinion on an issue.

While the Assessment Team identified a consumer who had fallen multiple times without review since July 2020, the approved provider submitted evidence of reviews between then and the visit. This has informed the review and update of the consumer’s falls risk assessment. In relation to consumers or representatives being able to access care plans, the approved provider also supplied evidence showing that consumers (or representatives) can request a copy at any time. Additionally, the response indicates that staff will ensure consumers and representatives understand the information in their care plans by explaining any terms that they may be unfamiliar with.

I find this requirement compliant.

### 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.*

The Assessment Team considered that although care plans show regular reviews are conducted by registered nurses, the sampled care plans did not always demonstrate a review when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. The regular reviews of care plans did not identify whether interventions have been effective in meeting consumers’ needs. In particular the Assessment Team found three consumers whose care plans had not been updated to reflect changes in circumstances or following incidents that had an impact on them.

Representatives interviewed reported that they are satisfied with communication they receive from the service in relation to changes in care or condition, or as incidents occur. Staff could describe how and when care plans are reviewed and how regularly or when they are reviewed. They said that care plans are routinely reviewed every six months at a minimum and following any adverse events, changes in the way care is delivered, or recommendations received from other health professionals for example when the speech pathologist has reviewed and changed diet. The organisation provided additional information relevant to this requirement. The consumer handbook documented that review and reassessment occur “whenever you or our staff feel it is necessary or required and at least once every 12 months”.

The physiotherapist said they are onsite from Monday-Friday, and reassessments generally occur within 24 hours of incidents during weekdays and any incidents on the weekend are reviewed on the following Monday. The Assessment Team identified two instances where a consumer fall of a Friday was not reviewed by the physiotherapist until the following Monday.

The Assessment Team observed inconsistent information in the review or classification of adverse events and reportable assaults. Reportable incidents resulting in injuries to consumers were given the same or lower classification as incidents without injury.

Additional information submitted by the approved provider shows that the service had reviewed and updated the specific sub care plans for the three consumers identified by the Assessment Team prior to the visit. The approved provider also supplied evidence of a risk assessment that was completed in response to a consumer assault which was not available to the Assessment Team.

As for risk ratings the approved provider explained the variance in this as reflective of whether the incident involves one or more consumers, the cognition of the consumers, their role in the incident (in terms of showing signs of aggression), and any adverse outcomes. While this information was not articulated to the Assessment Team, it does show that the service considers various factors in assessing the risk posed to consumers and others due to consumer behaviours or aggression.

In relation to physiotherapy reviews, the approved provider clarified that while a review had not occurred on some occasions until the Monday following a fall that consumers are reviewed by a registered nurse at the time. Their medical officer and representatives are also notified and action is taken as required. The approved provider’s response to the gaps identified by the Assessment Team indicates the service’s application of this requirement.

I find this requirement compliant.

# 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

Most sampled consumers and representatives considered that they receive personal care and clinical care that is safe and right for them. Consumers and representatives reported that they receive the care that they need, that staff are familiar with them and discuss needs and preferences.

Consumers and representatives said that they are able to see a doctor or allied health professional within a reasonable timeframe and the service will make referrals to other health professionals to manage care.

Consumers do not always receive care that is best practice and optimises their health and wellbeing in relation to falls management and the use of chemical restraint and other restrictive practices.

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

### Assessment of Standard 3 Requirements

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

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

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

For consumers sampled the Assessment Team considered that clinical care is not best practice, is not tailored to individual needs and does not optimise consumers health and well-being. Consumer care planning documents sampled did not always reflect care that is individualised, effective or tailored to the specific needs and preferences of the consumer.

The Assessment Team also considered that chemical restraint is not being used as a last line of treatment and development and implementation of effective behaviour management strategies does not occur in a timely manner. Consumers self-administering medication are not storing medications in a safe or secure manner or as required by legislative guidelines.

Consumers and representatives provided positive feedback about the care provided and gave examples of care that is tailored to their individual needs. Representatives also confirmed that external services have also been engaged as required, such as speech pathologists.

For the consumers sampled, staff could articulate what the main concerns currently were in terms of their care. The registered nurse was able to describe current treatments in place and health professionals external to the service who are involved in consumer care. In relation to medication management for a consumer who self-administers their medication, clinical staff said that they check the medications once a week and that the consumer will report to staff if they have taken any as needed (PRN) medication.

The registered nurse said that they would speak to the residential manager if they had concerns about any of the consumers and described their role in reviewing psychotropic medication as ensuring that the medication is effective and the consumer is not over-sedated.

Care staff reported that if they have any concerns in relation to a consumers personal or clinical care, they report this immediately to the registered nurse on duty or to the residential manager. Care staff reported knowing that the care they provide is safe and effective by working in accordance with the care plan and information provided at handover, asking the consumer and observing for any changes in behaviour or response.

The organisation provided their restraint minimisation and use policy and procedure which was reviewed and updated in June 2020. The restraint minimisation and use procedure outlines that if a consumer is admitted to the service with existing physical or chemical restraint, information will be sought from the referrer and the need for restraint will be thoroughly investigated and communicate with the medical practitioner to implement alternatives to restraint. The procedure also outlines that each consumer is to be comprehensively assessed by a medical practitioner who has a day to day knowledge of the consumer before the least restrictive form of restraint is used.

The restraint register indicates that 26% (15) consumers are chemically restrained, but a review of the service’s psychotropic medication documents demonstrates that a valid diagnosis is not always in place for the prescribed medication and does not demonstrate an understanding of the use of chemical restraint. Additionally, the chemical restraint authorisation form for a some of consumers reports that the consumer is prescribed antipsychotic medication including risperidone and quetiapine with the diagnosis listed as dementia.

The restraint register indicates that there are 22 (39%) consumers environmentally restrained within the secure memory support units within the service, and 14 (25%) consumers have bedrails applied. These consumers have physical restraint consent forms and completed risk assessments.

The service demonstrates appropriate risk assessment, care planning and interventions to minimise the risk of pressure injuries. Pressure injury summary data indicates a downward trend over the past 12 months. The report dated June 2020 outlined that 12 months ago there were six consumers with pressure injuries, (one stage one and five stage two) and the service had two consumers with stage one pressure injuries as at June 2020. The service reports there are no consumers with pressure injuries currently.

Wound assessment and management indicate effective recording of the progress towards wound healing. Staff are vigilant in assessing skin integrity when providing personal care and progress notes indicate that care staff report any wounds or changes in skin condition to the registered nurse on duty. Documentation also indicates that pressure area care is carried out for consumers requiring this.

There is evidence of adequate assessment and monitoring of consumers’ pain in response to ongoing, chronic pain and in response to incidents occurring or changes in the consumers condition. Pain management strategies used include both pharmacological and non-pharmacological interventions such as massage, physiotherapy, use of a pain laser and a TENS (nerve stimulation) machine. The service uses the Abbey pain scale to evaluate pain in consumers who have difficulty articulating their needs and progress notes demonstrate that treatments and interventions are evaluated for efficacy

The approved provider submitted additional information in response to the Assessment Team’s findings and specific gaps identified in the documentation for sampled consumers. The response shows the diagnosis for consumers identified as having chemical restraint and those otherwise on psychotropic medication. While the Assessment Team had identified significant gaps during the visit, the additional information and evidence provider by the approved provider clarified these areas of concern and indicates that clinical care is safe and effective.

I find this requirement compliant.

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

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

While there is evidence that care plans included information about high impact and high prevalence risks for consumers, the Assessment Team found gaps in this information and interventions to effectively minimise risks to consumers. For consumers sampled there were several high impact or high prevalence risks identified in their care and planning documents that are not always effectively managed. This included behaviour management, environmental and chemical restraint, and falls management for consumers sampled.

Care plans do not include information about medications that can impact safety including psychotropic medication. Care plans contain a field that can be populated for medication but this is not present for all care plans sample. Neurological observations are not undertaken as required by the service’s policy or reflect best practice. Management and staff confirmed that care staff undertake this aspect of consumer care which is outside their scope of practice. Post fall vital and neurological observations are scheduled 15 and 30 minutely, and 1 and 4 hourly as per staff.

Consumers and representatives generally provided positive feedback but indicated that a lack of staff has impacted on the management of consumers identified with challenging behaviours.

Clinical staff were asked what they think are the high impact or high prevalence risks for consumers within the service, to which they replied falls are the main concern. They reported managing this by having the physiotherapist conduct falls risk assessments, observing consumers regularly, ensuring good lighting and safe spaces for consumers to walk and the use of aids such as hip protectors and walking frames. Staff did not articulate other risks such as behaviour management, chemical restraint, environmental restraint or medication management.

A registered nurse interviewed in relation to a consumer could describe relevant risks including being at a high risk of falls, that the consumer received a special diet due to swallowing difficulties and that they could display aggressive behaviours.

Care staff confirmed they undertake post fall neurological observations and there are instructions on a chart that they follow to manage consumers post falls. Staff also confirmed that care staff undertake post fall assessments in the absence of a registered nurse and including on night shifts where no clinical is on site. They said a registered nurse or residential manager is usually on call.

Minutes from the Medication Advisory Committee meeting dated 4 August 2020 indicate that the service has had an improvement in medication errors and identified areas of improvement as total infections, falls and physical restraint.

The adverse events review list in relation to medication was observed by the Assessment Team for the past three months and showed a total of 13 incidents in this time. These related to incorrect documentation, incorrect medication removed from pack, incorrect procedure followed, medication found, medication mislabelled or incorrectly packaged and medication omitted or not given. All incidents had been investigated.

The approved provider’s response to the Assessment Team’s observations clarified the recording of relevant information for consumers, and how this informs the management of high impact or high prevalence risks to them. The response also outlined additional actions implemented to ensure consumer safety, particularly in relation to behaviours. Despite this the response did not adequately address how the service will ensure the effective management of all high impact or high prevalence risks for all consumers.

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) Compliant

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

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

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

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

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

For the consumers sampled, there is evidence of timely and appropriate referrals to allied health and specialist healthcare providers. The Assessment Team found though that referrals to dementia behavioural advisory services this has not occurred in a timely manner for a consumer displaying escalating behaviours of concern, and one consumer had not been referred at all despite management strategies being ineffective. Care planning documents showed evidence the input of medical officers and allied health.

Feedback provided by consumers and representatives indicates that consumers can choose their own medical officer and can access medical services when they need them. A registered nurse interviewed said that the medical officers who attend the service are very prompt at reviewing and referring consumers to other health professionals when required. The registered nurse was able to describe the process in which consumers are referred to other health professionals, including the doctor communication book, telephone calls, email and fax and showed the Assessment Team examples of emails requesting reviews of consumers.

For the consumers sampled, staff could describe the health professionals involved in their care and how this informed care and services for that consumer. This aligned with consumer feedback and care planning documents.

The approved provider submitted additional evidence in response to the specific consumers identified by the Assessment Team as being impacted by untimely or lack of referral to support services. This information showed the external services (including medical officers, geriatricians, and Dementia Services Australia) referrals and reviews that had occurred. The information generally supports that timely referrals have occurred as required.

I find this requirement compliant.

### 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

Most sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Some consumers interviewed confirmed they are supported to do the things they want to do and are encouraged to maintain their independence. Whilst other consumers interviewed said there are not enough activities, they can participate in. There is an activity program the lifestyle team manages, with a variety of group activities available at the service to support some but not all consumers’ lifestyle interests and daily living needs.

Consumers were not fully engaged during the three-day visit and the Assessment Team received feedback about there not being enough or stimulating activities available for consumers at the service.

Consumers said staff are kind and supportive and provide individual one on one emotional support when they can.

Some consumers are not adequately supported to engage in lifestyle interests and activities that they enjoy. The service is not always proactive in maximising consumer’s connection to the community or make alternative arrangements where it cannot meet consumer’s needs.

Before the COVID-19 pandemic the community groups were invited to come into the service to provide activities and engage the consumers. In the interim, alternative Zoom meetings are been implemented with various engagements and activities provided by the lifestyle team, however this alternative measure does not always suit someone with cognitive impairment. Visitors are welcomed at the service and infection control protocol is conducted upon entry.

Consumers interviewed confirm they are encouraged to keep in touch with people who are important to them, and during the services COVID-19 restrictions they were able to facilitate safe areas to communicate with family.

Consumers interviewed were generally satisfied with the meals provided at the service. They confirmed they are given choices, there is variety on the menu, special dietary needs and preferences are catered for, and they are given enough to eat.

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.*

Care plans, assessments and consumer documentation reviewed included information about what is important to the consumers. Despite this consumers and representatives provided feedback to the Assessment Team that consumers do not always get the services and supports that meet their needs. In particular consumers and representatives said that due to visitor restrictions during the COVID-19 pandemic there has been less meaningful engagement for consumers. In relation to care consumer representatives generally provided positive feedback.

For consumers who require activities not displayed on the activities calendar the lifestyle manager said they researched different alternatives that can either be facilitated within the service or externally. There is a lifestyle officer at the service six days a week.

Staff interviewed were able to explain what is important to the consumers and talked about consumers’ interests in arts and painting. This aligns with consumer feedback and care planning documents. The Lifestyle manager said that recommendation provided through Dementia Services Australia have assisted in managing some consumer behaviours. Staff interviewed confirmed there is an engagement therapy program which includes an additional four hours of lifestyle staff to be engaged to support consumers that demonstrate behaviours of concern or are at risk of social isolation. The lifestyle staff discussed the changes and adaptation the service has implemented during the COVID-19 pandemic, although they could not provide details on how they are monitoring the effectiveness of these.

The service has established Zoom virtual meetings with their TAFE and University students, where consumers are shown how to cook or do craft. There is a café on the lower ground between Waratah A and B, consumers can enjoy a café shop style coffee. This is a replacement to their regular bus outings.

The Assessment Team observed that during the three day visit some consumers were not engaged in meaningful activities. It was further observed that there is no lifestyle activities scheduled after 3.30pm and consumers in both floor levels were observed sitting inside with television playing or pacing in the units such as.

The weekly lifestyle activity calendar displayed in the Waratah A unit had minimal garden or exercise activity – three of these were observed, self-directed quiz and Zoom activities were also observed in place which may not be appropriate for consumers with cognitive impairment.

For laundry services, some consumers and representatives expressed dissatisfaction regarding lost or missing items. Management have instigated a labelling process to address this issue however there is no lost or found register in place to record these. A basket is in place in the reception area where unclaimed laundry items are placed.

A notice displayed on the door of Waratah A advising that the service could not guarantee safe management of consumers’ woollen clothing items when washed in the commercial laundry and encouraging representatives to manage these items at home. The residential manager said that consumers have the choice to better launder these items in the other smaller laundries in the two consumer floor levels.

The service’s continuous improvement/action plan identified several areas for improvement regarding lifestyle activities but planned actions are to be undertaken in the future to address these areas.

The approved provider’s response to the Assessment Team’s findings confirms that the service has implemented a number of new initiatives during the COVID-19 pandemic to engage consumers. Although the approved provider’s response clarified some of the areas for improvement or provided further information for specific consumers identified by the Assessment Team, it does not demonstrate the comprehensive application of this requirement. Further work is required to be undertaken by the service to ensure that service and supports reflect consumers’ individual needs, goals and preferences and optimise their independence, health, well-being and quality of life.

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 NON-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

Most sampled consumers and representatives considered that the consumer feel they belong in the service and feel safe and comfortable in the service. Consumers interviewed confirmed they feel safe, welcomed and the service is nice to live in.

Consumers indicated they were satisfied with the maintenance, cleanliness and safety of the furniture, fittings and equipment. They also confirmed that the service is clean and well maintained.

While the service environment was clean and comfortably furnished, it does not adequately support consumers to move freely indoors and outdoors.

The living environment of the service was observed to be generally clean, well maintained and comfortably furnished. The temperature was also observed to be comfortable, well-lit with filters of natural light in common areas.

The outside environment was not well kept or maintained. All general waste bins located in an open area outside the Waratah units were observed to be overflowing, used PPEs such as face masks were observed sticking out of the waste bins, and the surrounding area was littered with debris and other waste items.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

While the service environment was clean and comfortably furnished, it does not adequately support consumers to move freely indoors and outdoors. The living environment of the service was observed to be generally clean, well maintained and comfortably furnished however the external environment was not.

All general waste bins located in an open area outside the Waratah units were observed to be overflowing, used PPEs such as face masks were observed sticking out of the waste bins, and the surrounding area was littered with debris and other waste items. The locked yellow contaminated waste bin is placed separately in a confined area accessed through a latched door. The bin was covered in dust and debris, the surrounding area was littered with wet dead leaves and was not tidy. The residential manager and the maintenance officer said there has been issue with the external waste management contractor.

The shaded area outside Waratah B which had a garden table and chairs was littered with bird droppings on the concrete and also littered with debris. Furniture was also covered in dust and there were withered and dead vegetation observed all through the gardens.

Windows on the two floor levels viewed from the waste disposal area outside were not clean. Cobwebs were also observed on the windows. The maintenance officer said window cleaning has been scheduled to occur.

The utility rooms in Banksia A and B wings were both observed to be unlocked, unsecured, cluttered and had limited passageway. There were several trolleys placed in the passageway blocking access to the sharp bins placed on shelves and the contaminated waste bins placed underneath the hand basins. The contaminated waste bins were also not secured or locked.

The door of the utility room in Banksia A was observed to be left ajar on day one of the performance assessment. Other than the handwashing sink, it had no gloves or other handwashing facilities available – similar observations were made in the other utility room. There was a bedpan with yellow fluid like stains placed in the hand basin closer to the door of the utility room in Banksia B.

The main laundry in the lower floor was observed to be clean and well maintained although a documented cleaning schedule was not provided or sighted when requested. The two other small laundries on both floor levels were also clean. However the door of the laundry in the Banksia level was observed opened throughout the performance assessment. Two containers with laundry powder were observed opened with their lids placed on the bench top and there were no gloves or handwashing facilities sighted in this laundry.

The impact of consumers’ challenging behaviours on the safety of other consumers includes a fire related incident where Mr Thomson who is living with dementia and requires close supervision at all times was the source of a recent fire alarm. He was found showering on his own as described below.

The service considers that the secured memory support (Waratah) units are environmental restraint for the relevant consumers. Authority for this restraint was reviewed for the sampled. Some consumers challenging behaviours have impacted on theirs and other consumer’s access and safety within the service. The Assessment Team observed that bedroom doors in Waratah B wing locked from the outside.

While some consumers were observed using the outdoors in the Banksia wings, consumers in the Waratah units do not have free access to the outside areas. They rely on staff to provide them access. The Assessment Team did not observe any consumer using the outside areas of the Waratah wings during the three day visit. The door to the outside areas was consistently observed to be locked. Staff said they take consumers outside for scheduled walks. Consumers were observed attempting to access the garden without success.

Most of the consumers and representatives sampled, said they find the environment generally safe, clean and well maintained. Consumers and representatives raised concerns that consumers in the memory support units are not adequately encouraged to spend time outside and cannot go outside when they want to.

The maintenance officer provided an overview of how maintenance is managed at the service and when the environment needs maintenance using both reactive and preventative maintenance. Staff said they would report issues to the maintenance office or record in the service’s reactive maintenance register when they identify a safety issue.

Reactive maintenance logs are completed and most are followed up promptly but some do not immediately occur. There is a preventative management system in place and evidence of regular servicing of kitchen, laundry, air conditioning and other equipment were reviewed. A new air-conditioning system was recently installed in the service and in consumer bedrooms to address longstanding issues with temperature.

While there is evidence of general environmental inspection, specific risk assessment was not evident such as for the consumers with locked doors in the Waratah B wing or those using oil heaters in their rooms.

The meeting minutes for the organisation’s joint Care and Clinical Risk meeting dated 8 October 2020 showed there has been two hazard reports regarding lift failure at the service, an air conditioning related issue and a fire alarm. There were no further details provided or reviewed in the document regarding these issues.

In response to the Assessment Team’s findings the approved provider supplied a plan to address specific areas for improvement identified during the visit. The approved provider also provided additional information about some gaps identified for specific consumers and how these have been addressed. While the approved provider’s response indicates a strong commitment to addressing the service’s non-compliance with this requirement work is continuing to address the issues identified by the Assessment Team.

I find this requirement non-compliant.

### 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

Most sampled consumers and representatives considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives interviewed felt they could make complaints and felt safe to do so. Most consumers and representatives interviewed felt that changes were made at the service in response to complaints and feedback.

The organisation’s approach to reviewing and acting on complaints generally aligns with their complaints and feedback process and open disclosure policy, although not all complaints are recorded in the service’s complaints data.

The Quality Standard is assessed as compliant as all four specific requirements have been assessed as compliant.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-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

Most sampled consumers and representatives considered that they get quality care and services when the consumer needs them and from people who are knowledgeable, capable and caring. Overall consumers and representatives interviewed confirmed that staff are kind and caring. Most consumers interviewed confirmed that staff know what they are doing.

The service did not adequately demonstrate that the workforce is planned and deployed to provide quality care and services and that there are processes to monitoring and review of the performance of the workforce. Core and mandatory training programs have not been adequately delivered and have not been effective in equipping the workforce to deliver quality care and services.

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

While most consumers and representatives indicated they were satisfied with staff, they raised concerns about the number of staff. For example, while feedback indicates the service has consistency in staff, representatives said there are not enough staff and reported that it is difficult to find staff at times or that there are not sufficient staff to provide adequate supervision in the memory support units to manage aggression and incidents between consumers.

Some consumers sampled in the Banksia wings said they have not had the need to use the call bells and staff are available when they need them. Some representatives said while they cannot provide direct feedback as to whether call bells are answered promptly or whether consumers need to wait long for help currently, prior to the service’s COVID-19 lockdown staff were mostly prompt in attending to the consumers.

Most staff interviewed indicated that they are adequately staffed and can complete their tasks and take breaks during their respective shifts. Some staff indicated that they could be supported with additional staffing.

The residential manager advised that there is a float (care staff) in Banksia to provide support during the 2.30pm to 4.30pm period where one care staff is rostered to work in each of the memory support (Waratah) units. A registered nurse is rostered to work on morning and afternoon shifts. A clinical staff was recently appointed as the education coordinator and there is an educator at the service who provides onsite training to staff. Review of staff rosters, allocation sheets and shift vacancies over the last fortnight showed vacant shifts are mostly filled with casual or other staff doing double shifts. The administration staff who manages the rosters said they do not use agency staff.

The Assessment Team observed usually after 2.30pm during the three day visit that only one staff attending to the consumers in the memory support (Waratah) units. A staff member in Waratah A on day one of the visit and at about 3.30pm was observed serving afternoon tea but at the same time trying to manage a consumer’s displaying difficult behaviours.

Observations made in the Adverse Event Review List (July-October 2020) document showed unwitnessed incidents have occurred while consumers were under the supervision of staff.

The approved provider’s response indicates an acknowledgement of the feedback provided to and observations made by the Assessment Team. A review of the service’s rosters is pending and will include auditing to identify more effective use of labour resources and funding.

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) Compliant

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

The Assessment Team considered that many staff have not undertaken training to adequately support them deliver the outcomes required by these standards. Staff have been undertaking tasks which are outside of their scope of practice or for which they have not been trained.

Most consumers and representatives sampled felt confident that staff are skilled enough to meet consumer’s care needs. Some of them raised concerns about staff approach to consumers’ living with dementia.

The residential manager and the education coordinator could describe how they determine whether staff are competent and capable in their role from the service’s recent education and gap analysis which identified many areas for improvement in staff education and training. They provided a copy of their continuous improvement/action plan (most items are scheduled to be completed in the future) as part of their plan to address these identified areas.

In response to the Assessment Team’s report the approved provider outlined how and when training is delivered (as part of induction and ongoing). The approved provider also submitted training records for staff evidencing that most staff have completed training as required.

I find this requirement compliant.

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

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

Most consumers and representatives sampled said staff are generally well trained and equipped to deliver quality care. Some of them commented about the impact of staff’s approach in engaging and managing consumers living with dementia.

The residential manager provided an overview of the service’s administration of Schedule 8 medications during the late night shift where there is no registered nurse on site. The medication is signed out by a registered nurse and a care staff from the secured cupboard into another cupboard to be administered later. The Assessment Team notes guidelines require Scheduled 8 medications to be administered at the time of removal from its secured storage. The residential manager said this process does not apply to the service as it is considered “low care” nursing facility. The educator said staff who are involved in medication incidents are provided additional training although evidence of this was not provided relating to some of the medication related incidents.

The registered nurse said they sought further training from the physiotherapist on how to use the new commode chair that was purchased to assist with consumer’s hygiene. They also sought assistance from the other clinical staff who monitor quality control on how to use the new restraint care document. The organisation has recently implemented processes for identifying staff training needs and however several of these have not been fed into the training schedule.

The Assessment Team notes that care staff undertake initial post fall assessment including neurological assessment. There is no documented competency regarding this aspect of care staff’s duties nor was this sighted in the care staff job description.

The education and training documents do not demonstrate adequate training has been undertaken in relation to the new Quality Standards. ISOBAR clinical handover training was identified as an area for improvement in the service’s self-assessment (completed 13 December 2019) with timeframe identified as ‘to commence in early 2020’. Clinical staff reported they had not received this training and the education coordinator said it was put on hold because of COVID-19 and is on the continuous improvement plan and now going to commence in 2021.

As detailed in response to Standard 7 Requirement 3(c) the approved provider submitted evidence supporting that education and training has generally been provided to staff at the service.

In relation to medication administration the approved provider corrected the information recorded by the Assessment Team and explained that overnight when there is not a registered nurse at the service, if a consumer requires Schedule 8 medication then the on-call registered nurse is called to attend. Similarly, for care staff the approved provider advised that senior care staff complete a clinical skills competency assessment on neurological observations, though did not address the absence of this duty in their job description.

Although the service may have previously provided low-care it now provides care to consumers with high-care needs. The approved provider’s response did not address how the workforce is recruited and supported to deliver the outcomes required by these standards, particularly in relation to those consumers with 24/7 high-care needs.

I find this requirement non-compliant.

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

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

# 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

Most sampled consumers and representatives considered that the organisation is well run and they can partner in the delivery of care and services. However, none of the consumers or representatives confirmed that they are actively involved in the development, delivery and evaluation of care and services.

The organisation governance systems are not operating effectively. Although the service has some policies for the risk management of high impact or high prevalence risks associated with the care of consumers, identification and responding to abuse and neglect of consumers and supporting consumers to live the best life they can, deficits were found in the practical application of these requirements.

While a clinical governance framework is in place it has not been effective or adequate in ensuring the delivery of quality clinical and personal care.

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

## Assessment of Standard 8 Requirements

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

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

The organisation did not adequately demonstrate that consumers are actively involved in the development, delivery and evaluation of care and services. There are no established policies, procedures or strategic direction to drive such involvement or how consumers would be supported in that engagement.

Most consumers and representatives interviewed considered the service is generally well run. Though other than the general feedback and complaint mechanisms, the quarterly resident and relatives meeting, none of the consumers or representatives sampled said they are actively involved in the development, delivery and evaluation of care and services.

The residential manager confirmed that no consumer or representative from the service sits in any of the organisation’s committees or the board. The Assessment Team asked both local and executive management how, other than surveys, consumers are involved in the design, delivery and evaluation of services. They advised the main mechanisms are through general interactions, individual feedback or surveys.

Management provided examples in relation to consultation with consumers and representatives about the proposed mural of an aquarium that has been commissioned and implementation of the coffee shop experience. The general manager engages with consumers during devotion and from that engagement, feedback was received from consumers to provide church related services through video link in response to the COVID-19 situation.

As per the service’s self-assessment, meetings are scheduled to occur every three months however review of the folder containing meeting minutes showed there was a six months gap between meetings in 2020. Management did not provide further evidence or information regarding consumer and representative participation in driving decisions or evaluation of care and services delivery.

While the approved provider clarified in their response to the Assessment Team’s findings that a resident and relative meeting was cancelled due to COVID-19, they have been conducted three monthly since. Limited other information was provided to demonstrate how consumers are engaged in the development, delivery and evaluation of care and services or how they are supported in their engagement.

I find this requirement non-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.*

Staff generally said they can readily access the information they need and did not directly raise any issues they face in accessing up to date information about consumers or recent staff communications. The Consumer Handbook was recently updated in October 2020 to reflect the standards although channels to communicate to consumers such as the provision of a newsletter were not evident. Information on alcohol consumption provides limitation on how consumer can exercise this choice.

Information observed displayed at the service was also not up to date. This includes the previous version of the Charter of Rights displayed downstairs and the volunteer folder displayed in the foyer which had out of date policies. There is no newsletter service for consumers. A folder containing newsletters for staff were dated 2015. Positive feedback was received for the service’s overall use of their electronic documentation system.

In relation to continuous improvement, while improvements are documented and areas for improvement are identified, the organisation’s continuous improvement systems have not always been effective in identifying and effectively responding to other deficiencies in the delivery of care and services.

The residential manager said as part of the continuous improvement drive, they hold regular staff meetings, engage with consumers and representatives through their feedback complaints process, case conferences or verbal feedback. Management are in the process of updating the service’s policies and procedures, have increased physiotherapy hours to supplement pain management, increased education and training using the Altura learning package.

Management provided examples of financial governance and responding to consumer feedback by introducing additional staffing hours for activities. They have also purchased electronic aids to support communication. Although the Assessment Team considered the service’s financial governance was adequate, they identified issues in relation to workforce governance as outlined in relation to Standard 7.

The Assessment Team found evidence that the organisation understands its regulatory obligations and undertake steps to fulfil them. This includes staff and volunteer police and immigration/visa status checks, COVID-19 infection screening including proof of influenza vaccination on entry.

The Assessment Team observed that review of the reportable assault registers and consumer files show that appropriate action is generally undertaken for reportable incidents or where the services has elected to exercise discretion not to report. The residential manager said they do everything regarding the service’s management of reportable assaults and ensure that staff are reporting them. The manager is also responsible for open disclosure and medication incidents. She said education on these areas of staff’s responsibilities is to follow. She said documentation on adverse events that are completed are escalated to the general manager and the quality risk manager for further discussion.

The general manager said as part of their regulatory compliance, they subscribe to peak bodies, attend meetings and they get updates on a consistent basis. They are also involved with another peak body organisation to support their development of their policies and the Commission’s updates.

In their response to the Assessment Team’s observations the approved provider submitted information on the actions taken to address the specific areas for improvement. They also clarified the status of some information and actions that was not available at the time of the visit. While work has been undertaken it remains that compliance with the full scope of this requirement was not demonstrated at the time of the visit.

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.*

### The service’ risk management systems and practices have not been effective in managing all consumers with high impact and or high prevalence risks, as considered also in relation to Standards 2 and 3. The organisation provided at the time a documented risk management framework (dated 2018). Aspects of the following policies (being reviewed) included and 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; and

### consumers are supported to live the best life they can.

### Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Some staff had been educated about the policies and were able to provide examples of their relevance to their work such as the service’s complaint and feedback handling process.

### 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 organisation informed the Assessment Team that they had updated a number of policies, including:

* a documented clinical governance framework
* a policy relating to antimicrobial stewardship
* a policy relating to minimising the use of restraint
* an open disclosure policy.

Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Some staff said they had been educated about the policies and were able to provide examples of their relevance to their work, notably on open disclosure and antimicrobial stewardship.

Management were asked what changes had been made to the way that care and service were planned, delivered or evaluated as a result of the implementation of these policies. Management were able to provide some examples as described across the standards.

While the information demonstrates some compliance with this requirement, deficiencies identified in relation to assessment and planning along with personal and clinical care indicates the organisation has further areas of improvement to ensure its compliance with this requirement.

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.

**Standard 2 Ongoing assessment and planning with consumers**

**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.*

**Standard 3 Personal care and clinical care**

**Requirement 3(3)(b)**

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

**Standard 4 Services and supports for daily living**

**Requirement 4(3)(a)**

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

**Standard 5 Organisation’s service environment**

**Requirement 5(3)(b)**

*The service environment:*

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

**Standard 7 Human resources**

**Requirement 7(3)(a)**

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

**Requirement 7(3)(d)**

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

**Standard 8 Organisational governance**

**Requirement 8(3)(a)**

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

**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.*

**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.*

**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.*