Carinya of Bicton

Performance Report

220 Preston Point Road
BICTON WA 6157
Phone number: 08 9339 3760

**Commission ID:** 7230

**Provider name:** Bansley Pty Ltd

**Review Audit date:** 19 February 2020 to 20 February 2020

**Date of Performance Report:** 1 April 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **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 Review Audit; the Review 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 Review Audit report received 26 March 2020
* the Assessment Team’s report for Assessment Contact conducted on 5 February 2020
* the Assessment Team’s reports and non-compliance decisions for Assessment Contact visits conducted on 4 September and 18 November 2019.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team found the service did not meet Requirement 1(3)(a) in relation to Standard 1 Consumer dignity and choice. I agree with the Team’s recommendation and have found the service non-compliant in this requirement and have provided detailed reasoning for my decision below.

The Assessment Team found consumers confirmed their culture, choices and preferences are supported by the service and their privacy is respected. However, consumer representatives were not satisfied care and services were always delivered in a manner that is respectful to the individual consumer or supports consumers’ dignity.

The Assessment Team found the service has policies and procedures to support consumers’ choice, provide information to consumers, protect consumers’ privacy and support consumers to take risks. However, documentation in relation to the delivery of individual consumer’s care and services is not always current or reflective of the individual’s special needs or spiritual needs.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

The Assessment Team found consumers’ representatives were not always satisfied consumers are treated with dignity and respect and that staff do not always know and value each consumer’s identity, culture and diversity. Relevant evidence included:

* Representatives for one consumer with sensory deficits of visual and hearing loss stated staff do not understand or provide care in a manner that considers and supports the consumer’s sensory deficits and individual needs and identity. Staff provide care including personal care without effectively or respectfully communicating with the consumer resulting in anxiety and impacting on the consumer’s dignity.
	+ The representatives had raised their concerns and the impact on the consumer’s dignity with the service. While the service responded with reassurance and actions to inform staff on the consumer’s individual needs in relation to being treated with dignity and respect the actions were not effective. Documented care plans and handover sheet used to communicate consumer’s needs were not updated or reflective of the representatives’ directives on how to ensure communication and care was provided to the consumer in a respectful and dignified way.
* One consumer’s representative stated staff communication when incidents occur is delivered in a way which is disrespectful to the consumer and trivialises the incident.
* One consumer’s representative stated staff leave incontinence aids and equipment in the consumer’s room, when the consumer is not incontinent and has repeatedly asked staff to remove them. The representative does not think staff are aware of the consumer’s individual identity and needs.
* One consumer’s care plan does not reflect their cultural needs and preferences in relation to their spiritual beliefs and hygiene preferences.

The approved provider’s response acknowledges the deficits identified by the Assessment Team and have implemented actions to address the deficits, including staff training in relation to supporting consumers’ dignity, discussion and monitoring of staff practice in relation to treating consumers with dignity and respect, family conference program and review of consumers’ care plans.

The service at the time of the Review Audit did not have an effective system to ensure each consumer is treated with dignity and respect. Staff practice shows a lack of understanding of how to support each individual consumer’s needs in a respectful manner which maintains consumers’ dignity. Documentation is not consistent with individual consumer’s spiritual needs. Poor staff communication has resulted in a consumer with sensory deficits, having their dignity impacted during delivery of care and services. Staff practice of repeatedly leaving incontinence aids visible in a consumer’s room has impacted on a consumer’s dignity. Consumers’ representative feedback shows staff practice is not respectful of consumers’ individual needs and impacts on consumer dignity.

Based on the summarised evidence above, I find the service non-compliant with this requirement.

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team found the service did not meet Requirements 2(3)(a), 2(3)(b), and 2(3)(c) in relation to Standard 2 Ongoing assessment and planning with consumers. I agree with the Team’s recommendation and have found the service non-compliant in these requirements and have provided detailed reasoning for my decision below.

The Assessment Team found the service has a system for assessment and planning of consumers’ care and services. However, the system is not effective in relation to the assessment and planning of risks associated with consumers’ care, identifying consumers’ end of life and advance care planning wishes and does not involve consultation and partnership with consumers and/or their representatives. Consumer representatives confirmed they are not always consulted or involved in assessment and planning and the service has not provided consumers an opportunity to discuss end of life wishes or advance care planning.

The Assessment Team found the service is currently implementing an assessment and planning system and plan to continue to improve assessment and planning processes and outcomes by utilising the functions of assessment, review and planning.

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found risks associated with behaviours of two consumers, with diagnosis of dementia, are not appropriately assessed and documented behaviour care plans do not inform staff on how to provide safe and effective care in relation to the behaviours. Examples included:

* One consumer with known behaviours of leaving the secure area and intruding into other consumers’ personal space resulting in a physical altercation, does not have documented assessments and care plans reflective of the behaviours or associated risks and did not have strategies to inform staff on how to manage the known behaviours. Care plans and assessments were reviewed and updated in January and February 2020. However, this did not result in the behaviours or associated strategies being documented in plans of care.
* One consumer with known behaviours of attempting to leave the service, wandering at night, entering others’ rooms, physical and verbal aggression and refusal of care, does not have documented assessments and care plans reflective of the behaviours or associated risks and did not have strategies to inform staff on how to manage the known behaviours.

The approved provider’s response acknowledges the deficits identified by the Assessment Team and have implemented actions to address the deficits, including communication training for staff in relation to identifying changes in care needs, family conference program to discuss assessment and planning, new assessment and planning review process, and multidisciplinary meetings to review incidents and changes in consumers’ needs.

The service at the time of the Review Audit did not have an effective system to ensure each consumer’s current needs, including considerations of risks were assessed and documented in plans of care to inform staff on how to manage the risks and deliver safe and effective care. Two consumers with significant risks associated with behaviours did not have assessments and plans of care which were reflective of the known behaviours and did not have documented strategies in place to direct staff in the management of the behaviours. Care plan reviews and reassessments were not effective at ensuring the consumers’ plans of care inform the safe and effective delivery of care or are reflective of consumers’ current needs including consideration of known risks associated with behaviours.

Based on the summarised evidence above, I find the service non-compliant with this requirement.

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

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

The Assessment Team found the service does not effectively use assessment and planning processes to identify and address consumers’ current needs including advance care planning and end of life planning. Relevant examples included:

* Four consumer files sampled did not contain evidence the consumers’ advance care plan and end of life wishes had been discussed, assessed or consumers’ preferences and wishes documented. All four consumers’ representatives confirmed the service had not discussed or consulted with them in relation to advance care planning and end of life wishes.
	+ Management confirmed the service does not currently collect this information until the consumer is palliative and has been reviewed by external palliative care specialists.
* One consumer’s documented assessments and plan of care do not identify the consumer’s needs and preferences in relation to communicating with the consumer and preferences of daily care needs. The consumer’s representative confirmed they had communicated the consumer’s preferences to the service.

The approved provider’s response acknowledges the deficits identified by the Assessment Team and have implemented actions to address the deficits, including review and update of assessments and plans for consumers identified in the Assessment Team’s report, staff training, family conferences and new assessment and planning review processes.

The service at the time of the Review Audit did not have an effective assessment and planning system to ensure consumers’ needs and preferences including advance care planning and end of life wishes are identified and addressed. Consumers’ representatives and documentation confirmed the service did not consult or provide opportunity to identify consumers’ end of life wishes or advance care planning needs or preferences. One consumer’s current needs and preferences, as communicated to the service, were not documented or considered in the assessment and planning of the consumer’s care needs.

Based on the summarised evidence above, I find the service non-compliant with this requirement.

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team found assessment and planning of consumers’ care and services is not based on ongoing partnership with the consumer and/or others the consumer wishes to involve in assessment and planning. Examples included:

* The service’s policies and procedures do not include guidance on involving consumers and/or their representatives in the assessment and planning of consumers’ goals and preferences.
* Three consumer representatives confirmed they had not been involved in the assessment and planning of consumer’s care and had not been provided care plans to review. However, representatives confirmed they were contacted by the service when incidents occurred.
* Clinical staff were unable to demonstrate consumers’ assessments and plans are updated following consultation with consumers or their representatives in relation to consumers’ preferences or needs.
* Management acknowledged a more consumer focused approach was required including the involvement of consumers and/or their representatives in assessment and planning.

The approved provider’s response acknowledges the deficits identified by the Assessment Team and have implemented actions to address the deficits, including implementing a family conference process, a new assessment and planning review program and process, and training and guidance for staff.

The service at the time of the Review Audit did not demonstrate consumers or their representatives were involved or consulted in the assessment and planning of consumers’ care and services. The service does not have an effective process to ensure consumers or their representatives are partnered and involved in assessing and planning of care for the consumers. Representatives and documentation confirmed the service does not actively involve or provide opportunity for consumers to be partnered in the planning of their care.

Based on the summarised evidence above, I find the service non-compliant with this requirement.

### 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) Compliant

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

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team found the service did not meet Requirements 3(3)(a), 3(3)(b), and 3(3)(f) in relation to Standard 3 Personal care and clinical care. I agree with the Team’s recommendation and have found the service non-compliant in these requirements and have provided detailed reasoning for my decision below.

The Assessment Team found consumers’ representatives were not always satisfied consumers receive personal and clinical care which is in line with consumers’ needs or which is effective at managing consumers’ clinical and personal care needs. Consumers’ representatives were not always satisfied ‘agency’ staff had the information or knowledge to provide personal care in line with consumers’ preferences.

The Assessment Team found the service is not effectively managing high impact and high prevalence risks associated with consumers’ clinical and personal care. Consumers with risks associated with behaviours and a diagnosis of dementia do not have the behaviours identified, assessed or reviewed appropriately and behaviours are ongoing impacting on other areas of consumers’ care including hygiene, continence, medication administration and skin. Consumers are not referred to behaviour specialists in a timely or appropriate manner. The service does not have effective systems to ensure consumers receive care in line with best practice including medication and wound management.

The Assessment Team found staff interviewed confirmed they are informed of consumers’ clinical and personal care needs through handover processes. However, review of the handover documentation and process shows while staff are verbally informed of how to manage consumers’ clinical and personal care needs, changes in needs are not always updated in documented plans of care.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found the service did not ensure each consumer gets safe and effective clinical and personal care in line with best practice or which is tailored to the consumers’ needs. The example of one consumer was provided, including:

* The consumer did not receive personal care which was tailored to their needs in relation to their personal hygiene and grooming. The consumer’s representatives were not satisfied with the service’s delivery of personal hygiene and grooming and had raised the concern with staff and management. However, the representatives were not satisfied the delivery of the consumer’s personal hygiene or grooming improved as a result and the consumer continued to not be shaved, dressed appropriately or provided showers in line with the consumer’s needs and preferences, negatively impacting on the consumer’s wellbeing.
* The consumer was not delivered safe and effective clinical care in line with best practice in relation to the management of skin integrity, wound care and medications.
	+ The consumer’s representatives were not satisfied with the service’s management of the consumer’s skin condition and the provision of medications and treatment to manage conditions relating to skin and eyes. Documentation confirmed the consumer was not receiving skin treatment and eye medication in line with directives to manage conditions resulting in the conditions being ongoing and impacting the consumer’s health and wellbeing.
	+ Documentation shows the service did not follow best practice in the management of the consumer’s wound care. Assessment and wound records do not identify the location of wounds, the wound progress or healing status. The consumer has multiple wounds which are reviewed through progress notes. However, the service was unable to demonstrate which progress note review related to which wound to track and monitor the wound. The service’s documented wound management policy and procedure did not provide adequate direction to staff in monitoring wounds in line with best practice. Management acknowledged the deficit in wound monitoring and had previously identified the deficit and plan to review and update the wound management policy and procedure.

The approved provider’s response acknowledges the deficits identified by the Assessment Team and have implemented actions to address the deficits, including a review and update of the consumer’s plan of care and staff training.

The service at the time of the Review Audit did not demonstrate each consumer received safe and effective personal and clinical care. One consumer was not receiving personal care, including hygiene and grooming, that was tailored to the consumer’s needs and preferences. The service did not demonstrate the consumer was receiving clinical care to manage skin integrity breakdown, wounds and eye conditions in line with best practice, resulting in ongoing impact to the consumer’s health and wellbeing.

Based on the summarised evidence above, I find the service non-compliant with this requirement.

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

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

The Assessment Team found the service did not effectively manage the high impact and high prevalence risks associated with the care of two consumers, resulting in ongoing impact to the consumers’ health and wellbeing. Examples included:

* One consumer with a diagnosis of dementia and known risks associated with behaviours of entering into other consumers’ rooms and wanting to leave the facility was not managed effectively. The service failed to effectively manage other risks associated with the consumer’s personal and clinical care including an eye infection, not administering prescribed medications, ongoing incontinence and personal hygiene not being attended. Documentation and staff feedback show the following impacts on the consumer’s health and wellbeing from the high impact and high prevalence risks not being managed effectively:
* In relation to risks associated with behaviours:
	+ Progress notes and incident reports show ongoing incidents from December 2019 to February 2020 of agitation, screaming, confusion, trying to leave the service, intruding into others’ rooms, refusing hygiene care, refusing medications and refusing continence care.
	+ Documentation shows the risk of leaving the service was not identified or documented and strategies were not implemented to direct staff in managing the risk. Progress notes show five occasions of trying to leave the facility and one incident where the consumer left the facility and was found wandering outside the service.
	+ Progress notes show six incidents of entering other consumers’ rooms including being aggressive to others and refusing to leave the other consumers’ rooms. One incident shows the consumer was physically hit by another consumer when wandering into the consumer’s room.
	+ While the service had identified and documented the risks of wandering into other consumers’ rooms the service did not review the effectiveness of strategies or implement new strategies to manage the risk and the behaviour was ongoing.
* In relation to risks associated with management eye infection:
	+ Progress notes show staff identified the consumer had a sore red eye in December 2019 and the consumer refused eye drops. However, documentation shows no follow up or monitoring for three weeks.
	+ Progress notes show the consumer’s eye continued to have irritation and redness and the consumer continued to refuse eye care. Following a further three weeks the consumer was assessed as having an infected eye and medication was prescribed. However, progress notes indicate ongoing refusal of medication for the eye infection and no evidence of monitoring or review of the eye infection for four weeks.
	+ Nursing staff confirmed it was difficult to assist the consumer with eye care.
	+ Ongoing refusal of eye care, no evidence of monitoring or new strategies to manage the irritated and infected eye resulted in the eye irritation to be ongoing for a period over two months from December 2019 until February 2020.
* In relation to risks associated with refusal of medications:
	+ Progress notes show the consumer has ongoing incidents of refusing medications over a three-month period, including medications for the management of pain, behaviours, depression, bowel management, hypertension and cardiovascular disease. However, there is no documented strategies to guide staff in the management of the risks associated with refusal of medication.
	+ Staff responsible for administering medications to the consumer confirmed the ongoing refusal of medication and the medical officer is aware.
* In relation to risks associated with refusal of personal hygiene:
	+ Documentation shows the consumer has refused personal hygiene including showers or washes for 37 out of 46 days preceding the Review Audit. The consumer’s care plan states the consumer requires assistance to shower and attend personal hygiene every day.
	+ Documentation shows no new strategies have been implemented to direct staff in managing the ongoing refusal of hygiene. A recent care review in February 2020 was completed, however did not identify or result in new strategies to manage the ongoing refusal of hygiene or consider the associated risks.
	+ No review of skin risk or skin management strategies in relation to the ongoing refusal of hygiene have been completed or considered. It was noted in December 2019 a skin rash from the consumer’s ankle to knee, however no review of skin hygiene or management has occurred as a result.
	+ Staff confirmed the ongoing refusal of hygiene and staff were aware of triggers for the refusal, however the triggers or strategies to manage have not been documented in the care plan.
	+ Management stated they are aware of the ongoing refusal of hygiene and are awaiting a geriatrician report from 27 January 2020 for recommendations to manage.
* In relation to risks associated with ongoing incontinence:
	+ Progress notes and assessments show ongoing incidents of urinating on the floor up to three times a day and a cause is noted of the consumer being unable to locate the toilet. The care plan directs staff to assist in placement of continence aids and regular toileting.
	+ However, staff confirmed the consumer refuses assistance and it is difficult to manage the incontinence and the issue is ongoing.
	+ The assessment and care plan do not reflect review or new strategies to manage the known ongoing risks of urinating on the floor.
* One consumer with ongoing and increasing incidents of behaviours, over a three-month period, including confusion resulting in wandering into other consumers’ rooms and outside the service, telephoning family and the police, physical agitation and verbal accusations towards staff, has not had the risks associated with the behaviours managed effectively. Examples of the behaviours not being managed effectively resulting in ongoing impact to the consumer’s wellbeing include:
	+ The consumer’s representative confirmed agitation and behaviours had become increasingly worse over the last three months and were not satisfied the service managed the behaviours and confirmed the consumer was admitted to hospital after three months.
	+ Progress notes show after an incident of the consumer calling the police in February 2020, the medical officer recommended transfer to hospital for a full review by a specialist.
	+ Progress notes show ongoing incidents of agitation, accusing staff of stealing, ringing family multiple times in a confused state, packing up their room and wanting to leave. One incident involved the consumer leaving the service, refusing to return with staff and screaming out help.
	+ Family raised concerns with the service in relation to the consumer’s behaviours. While the service completed urinalysis and the medical officer reviewed the behaviours, there was no evidence of behaviour charting, assessment or new and/or reviewed strategies to direct staff in the management of behaviours.
	+ Progress notes do not record the actions taken by staff to manage the behaviours and no referral to a specialist occurred until the behaviours escalated after three months requiring hospital admission.

The approved provider’s response acknowledges the deficits identified by the Assessment Team and have implemented actions to address the deficits, including review and update of consumers’ assessments and care plans identified by the Assessment Team, relevant training for staff, review of risk management system and strategic plan, development of a risk register, family conference program and ongoing implementation of the care management system.

The service, at the time of the Review Audit, did not demonstrate effective management of two consumers’ high impact and high prevalence risks associated with clinical and personal care. The failure of the service to manage the risks associated with two consumers’ care resulted in significant impact to the consumers’ physical and mental health, wellbeing and safety. One consumer had ongoing behaviours for over a three-month period which were not managed, and the service failed to appropriately assess and implement strategies to direct staff in the management of associated risks. The failure resulted in the consumer being at risk harm due to physical aggression from others and leaving the service, the consumer did not receive prescribed medications on a significant number of occasions, the consumer had an ongoing and unmanaged eye irritation resulting in an infection for a significant period of time, the consumer did not receive appropriate personal care including showering, hygiene and continence care for a significant period of time. Progress notes show the consumer had ongoing confusion, agitation and their dignity and wellbeing were impacted by the failure. One consumer had ongoing and escalating behaviours of confusion and agitation not managed appropriately or effectively for a significant period of time impacting the consumer’s safety and dignity and resulting in a hospital admission.

The failure of the service in the management of risks associated with consumers’ clinical and personal care shows systemic deficits including in staff knowledge, in the identifying, recording and monitoring of risks and in the clinical frameworks in place to manage risks.

Based on the summarised evidence above, I find the service non-compliant with this requirement.

### 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) Non-compliant

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

The Assessment Team found the service did not demonstrate appropriate or timely referrals occurred for two consumers following increased and unmanaged behaviours. Examples included:

* One consumer had increased behaviours impacting on their health and safety over a three-month period resulting in a hospital admission to manage. The consumer’s representatives had raised concerns with the service and requested medical review. However, the reviews had not resulted in the service referring to a behaviour specialist for review and management of the consumer’s behaviours and the behaviours continued to escalate until a hospital admission was required.
* One consumer had ongoing and unmanaged behaviours including refusal of care impacting on their health and wellbeing. While the service referred the consumer to a medical officer and a geriatrician for review the service failed to refer the consumer to a behaviour specialist in a timely manner.

The approved provider’s response acknowledges the deficits identified by the Assessment Team and have implemented actions to address the deficits, including ongoing implementation of the clinical care system and staff training to ensure consumers requiring referral to behaviour specialists are identified and referred appropriately.

The service, at the time of the Review Audit, did not demonstrate it had effective processes to ensure consumers requiring referral to specialists were identified and referred in a timely and appropriate manner. Two consumers with ongoing and escalating behaviours were not identified and appropriately referred to behaviour specialists in a timely manner.

Based on the summarised evidence above, I find the service non-compliant with this requirement.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team found the service met all Requirements in relation to Standard 4. I agree with the Team’s recommendation and find the service compliant with all Requirements in Standard 4.

The Assessment Team found consumers and their representatives confirmed they are supported to do the things they like to do and have access to activities. Consumers confirmed the meals are of good quality and they enjoy the food. Consumers and their representatives confirmed the service provides adequate equipment to support consumers’ independence.

The Assessment Team found the service has a system to identify and document consumers’ needs in relation to activities of interest to them including spiritual, cultural and social histories and preferences. The service has an activity program to support consumers in engaging in group and individual activities, the service is reviewing the activity program and plans to further develop the program based on consumer feedback.

## Assessment of Standard 4 Requirements

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

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

### Requirement 4(3)(b) Compliant

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

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

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

The Assessment Team found the service met all Requirements in relation to Standard 5 Organisation’s service environment. I agree with the Team’s recommendation and find the service compliant with all Requirements in Standard 5.

The Assessment Team found consumers and their representatives confirmed they feel they belong in the service and the environment is safe and comfortable. Consumers confirmed their rooms, common areas and equipment are clean and well maintained.

The Assessment Team found the service has an effective system to ensure the service environment is clean and well maintained through scheduled and as required cleaning and maintenance programs. Observation showed the service was clean, families and visitors were made to feel welcome and consumers had access to indoor and outdoor living areas.

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team found the service met all Requirements in relation to Standard 6 Feedback and complaints. I agree with the Team’s recommendation and find the service compliant with all Requirements in Standard 6.

The Assessment Team found consumers confirmed they feel comfortable making complaints and can speak with staff. However, consumer representatives interviewed were not always satisfied verbal feedback raised with staff is communicated effectively to management.

The Assessment Team found the service has a feedback and complaints system including encouraging consumers and representatives to provide feedback both verbally and in writing. The service has a feedback and complaints log which is used to record and monitor feedback and identify areas for improvement. Staff and management could demonstrate recent examples of feedback being used to implement improvements. Documentation confirmed feedback and complaints are discussed at staff and organisational meetings. However, the service has not held consumer and family meetings for a period of time to encourage and discuss consumer feedback, management plan to recommence these meetings to encourage and support consumer and representative feedback processes.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found the service met all Requirements in relation to Standard 7. I agree with the Team’s recommendation and find the service compliant with all Requirements in Standard 7.

The Assessment Team found consumers confirmed staff are kind and caring and there are adequate numbers of staff to assist consumers in a timely manner. Consumers and representatives confirmed staff know what they are doing and provide clinical care in line with their needs.

The Assessment Team found the service has a system to ensure staff are provided training and are qualified to perform their roles, documentation confirmed the service has a process to ensure rosters are based on consumer needs and all vacant staff shifts are filled. Staff confirmed they have sufficient time and have attended recent mandatory and additional training.

The Assessment Team found the service has a new management team and structure after multiple changes in management in a 12-month period. The new management team have identified further areas for improvement and plan to implement further staff training and monitoring processes.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team found the service did not meet Requirements 8(3)(a), 8(3)(c), 8(3)(d) and 8(3)(e) in relation to Standard 8 Organisational governance. I agree with the Team’s recommendation and have found the service non-compliant in these Requirements and have provided detailed reasoning for my decision below.

The Assessment Team found while the service has a governing body that promotes a culture of safe and inclusive quality care and which has systems to ensure they are informed and accountable for care and services, the service has not effectively or appropriately implemented the organisation’s governance systems in relation to the management of consumers’ clinical and personal care. Staff practice shows the organisation’s risk management processes are not implemented resulting in consumers’ risks associated with clinical and personal care not being managed effectively. The service does not accurately or appropriately record consumers’ information in relation to care and services and consumers’ decisions and preferences are not accurately documented to inform the safe and effective care of consumers.

The Assessment Team found while consumers and representatives were generally satisfied with the staff and governance systems at the service, representatives were not satisfied they or consumers were involved in development and review of care and services. Staff interviewed were unable to demonstrate appropriate and effective implementation of the service’s governance and management systems. The service has had four changes of management in the course of a year and new management acknowledged the deficits in the implementation of governance systems and have plans in place to take appropriate action to address all deficits identified.

## 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 Assessment Team found the organisation had policies and procedures in place to support the engagement of consumers in the development and delivery of care and services. However, the processes are not effective as staff were not implementing the processes to engage consumers or their representatives in relation to decisions about care and services. Documentation confirmed consumers and representatives were not being engaged in assessment, planning or review of care and services or being contacted appropriately in relation to decision making for consumers. Representatives of consumers confirmed they were not satisfied the service engaged and involved them or the consumer in the assessment, planning and review of care and services.

The approved provider’s response acknowledges the deficits identified by the Assessment Team and have implemented actions to address the deficits, including implementation of family conference program, new care review process, ongoing implementation of the clinical care system to ensure consumer representatives to be involved in consumers’ decisions and care are identified, and implementation of family meeting schedule to engage consumers and their family in the development and review of care and services.

The service, at the time of the Review Audit, did not have an effective system to engage consumers and/or their representatives in the review and development of care and services. The service was not effectively implementing existing systems and processes to identify consumer representatives to be engaged in decision making and was not engaging consumers and/or their representative in the assessment and planning of care. The service had not conducted family meetings or conferences for a significant period of time. Representatives interviewed, and results in Standards 1, 2 and 3 of the Quality Standards show the service was not actively engaging consumers or their representatives in development and review of care and services. Where representatives provided feedback in relation to care and services the service failed to use the feedback effectively.

Based on the summarised evidence above, I find the service non-compliant with this requirement.

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

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

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

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

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

The Assessment Team found the service did not have effective organisation governance systems in relation to the management of consumers’ clinical and care information and the service does not have a consolidated register for compulsory reporting incidents or management of discretionary incidents. Examples relevant to my decision included:

* The service does not have an effective information system in relation to consumers’ clinical and care information. Results in Standards 1, 2 and 3 of the Quality Standards show the service does not effectively use the existing clinical information system including consumers’ representatives involved in decision making are not recorded, consumers’ current care needs are not reflective in documented assessments and plans, incidents are not accurately recorded or analysed.
* The service does not have an accurate consolidated register for recording reportable assaults including assaults where discretion not to report has been used. The service does not consistently record incidents of aggression between consumers as discretion not to report incidents on the reportable assault register.

The approved provider’s response acknowledges the deficits identified by the Assessment Team and have implemented actions to address the deficits including review of governance systems including management of consumers’ clinical information and incidents to ensure accurate and current recording of information.

The service, at the time of the Review Audit, did not have effective organisation governance systems in relation to the management of consumers’ information and the recording of assaults between consumers in line with regulatory requirements of an accurate consolidated record.

Based on the summarised evidence above, I find the service non-compliant with this requirement.

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

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

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

The Assessment Team found the service does not have an effective risk management system in relation to the management of high impact and high prevalence risks associated with the care of consumers. Relevant evidence included:

* Two consumers sampled in relation to Standards 2 and 3 of the Quality Standards did not have the risks associated with behaviours and other clinical and personal care identified or managed effectively.

The approved provider’s response acknowledges the deficits identified by the Assessment Team and have implemented actions to address the deficits including a review and update of the risk management system and framework including the clinical management system to ensure consumers’ risks are identified, documented and appropriate actions are taken to manage and monitor risks associated with consumers’ care.

The service, at the time of the Review Audit, did not have an effective risk management system in relation to the management of consumers’ high impact and high prevalence risks. I have considered evidence in Standard 2 Requirement 2(3)(a) and Standard 3 Requirement 3(3)(b) in coming to this finding. While the service had a system to assess and document plans including strategies to manage consumers’ risks associated with care, the service was not implementing the system and staff practice was not in accordance with the system. Assessments and care plans were consistently not updated following incidents of behaviours indicating ongoing high impact and high prevalence risks to consumers, including wandering, aggression, continence and refusal of hygiene which were impacting on consumers’ health and wellbeing. The review and monitoring processes to identify the effectiveness of the management of consumers’ risks associated with clinical and personal care was not implemented by staff or not effective when implemented including care reviews and review of incident reports. The organisation’s monitoring system did not identify the deficits in staff practice or in the risk management system not being effective which resulted in ongoing and systemic failure of the organisation’s risk management system.

Based on the summarised evidence above, I find the service non-compliant with this requirement.

### 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 found the service does not have an effective clinical governance framework in relation to the minimisation of chemical restraint. Examples included:

* Three consumers are being administered medications as a chemical restraint do not have accurate or up to date documentation in line with the principles of minimising the use of restraint.
* One consumer being administered three types of psychotropic medications does not have a documented diagnosis to support the administration of this medication.
* One consumer does not have the legal representative’s consent for the administration of a chemical restraint and the current form has not been signed by the medical officer. The representative confirmed they have not consented to the use of the medication and have requested the medication be stopped.
* One consumer has not had the chemical restraint form signed by the legal representative.

The approved provider’s response acknowledges the deficits identified by the Assessment Team and have implemented actions to address the deficits including a new chemical restraint register to monitor the use of restraint.

The service, at the time of the Review Audit, did not have an effective system to monitor and manage the minimisation of the use of chemical restraint in line with the Quality of Care Principles 2014. The service had processes in place to identify and record consent for the use of chemical restraint. However, the process was not consistently or appropriately implemented resulting in three consumers receiving chemical restraint to not have appropriate consent, diagnosis or monitoring completed. The service’s monitoring systems were not effective at identifying the deficit in staff practice or the consumers’ chemical restraint records.

Based on the summarised evidence above, I find the service non-compliant with this requirement.

# Areas for improvement

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

Standard 1 Requirement 1(3)(a)

* Ensure staff practice supports consumers’ individual needs and care and services are delivered in a way that is respectful and maintains consumer dignity.

Standard 2 Requirement 2(3)(a)

* Ensure consumers risks associated with behaviours are assessed and identified and appropriate strategies are documented in plans of care to inform staff on how to manage the risks in a safe and effective way.
* Ensure review processes are effective in identifying risks and lead to further assessment and updated plans of care.

Standard 2 Requirement 2(3)(b)

* Ensure consumers’ end of life wishes and advanced care plans are assessed and documented, and consumers and their representatives are consulted and provided an opportunity to be involved in the assessment and planning in relation to this.
* Ensure documented assessments and care plans are reflective of consumers’ needs and preferences and are updated when the consumers’ needs and preferences have been communicated to staff by the consumer or representative.

Standard 2 Requirement 2(3)(c)

* Ensure consumers or their representatives are partnered and involved in assessment and planning of care and services for the consumer.

Standard 3 Requirement 3(3)(a)

* Ensure consumers receive personal care that is tailored to their individual needs, including hygiene and grooming in line with consumers’ preferences.
* Ensure consumers receive clinical care that is in line with best practice including skin care, medication management and wound assessment, review and documentation.

Standard 3 Requirement 3(3)(b)

* Ensure high impact and high prevalence risks associated with consumers with diagnosis of dementia and related behaviours are identified and effective strategies are implemented to manage the behaviours and minimise or prevent impact on the consumers’ personal or clinical health.

Standard 3 Requirement 3(3)(f)

* Ensure the service identifies and makes appropriate referrals to specialists for consumers who require specialist review or intervention to manage behaviours associated with diagnosis of dementia or other clinical areas of need.

Standard 8 Requirement 8(3)(a)

* Ensure processes to engage and consult with consumers in the development of care and services at the organisation are in place, implemented and monitored for effectiveness.

Standard 8 Requirement 8(3)(c)

* Ensure the service has an effective information system in relation to the recording and communicating of consumers’ information, and that consumers’ documented information is current and reflective of information communicated to the service by the consumer, their representatives or others involved in care.
* Ensure the service maintains an accurate consolidated record of reportable consumer incidents, including where discretion not to report has been used.

Standard 8 Requirement 8(3)(d)

* Ensure the service has an effective risk management system in relation to high prevalence and high impact risks associated with consumers’ care and ensure the risk management system is monitored to ensure it is in line with the organisation’s expectations and the Quality Standards.

Standard 8 Requirement 8(3)(e)

* Ensure the service appropriately implements and monitors the organisation’s clinical governance framework in relation to the management and minimisation of chemical restraint.

# Other relevant matters

Standard 6: While the service has been found compliant in this Standard, representatives are not all satisfied verbal feedback is actioned or managed appropriately. Further monitoring is required to ensure verbal feedback including through consumer meetings is captured on the service’s feedback system to ensure appropriate actions are taken to resolve issues.

Standard 7: While the service has been found compliant in this Standard, outcomes in Standards 1, 2, 3 and 8 indicate further review and monitoring of staff practice and knowledge is required to ensure staff are competent in performing their roles and providing care and services which are in line with the consumers’ needs and the Quality Standards.