Carinya of Bristol

Performance Report

41 Bristol Avenue   
BICTON WA 6157  
Phone number: 08 9438 5333

**Commission ID:** 7449

**Provider name:** Bansley Pty Ltd

**Review Audit date:** 17 February 2020 to 18 February 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Non-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) | Non-compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 18 March 2020
* the Assessment Team’s report for Assessment Contact dated 4 February 2020 and the decision following an Assessment Contact dated 11 November 2019.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team recommended Requirement 1(3)(c) not met and all other requirements in relation to Standard 1 met. I agree with the Assessment Team’s recommendation and find the service non-compliant in Standard 1 Requirement 1(3)(c). I have provided reasons for my decision below.

The Assessment Team found consumers felt they are treated with respect and staff support and maintain consumers’ privacy and dignity. Consumers confirmed they are supported to take risks to do the things they like. However, consumer representatives interviewed did not always feel staff respected or listened to them in relation to consumers’ needs. Representatives were not always satisfied staff were aware which representative was involved in making decisions about consumers’ care or who to contact in the case of an event or change.

The Assessment Team found the service has effective systems to ensure consumers’ cultural needs and individual identities are identified and supported, consumers are supported to take risks, information is provided in a timely manner and consumers’ privacy is respected including keeping information confidential. However, the service was not effectively using available processes to identify and communicate with consumer representatives who are involved in decision making and who are to be contacted following an event or change.

## Assessment of Standard 1 Requirements

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

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

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

Care and services are culturally safe.

### Requirement 1(3)(c) Non-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.

The Assessment Team found the service did not demonstrate it identified and documented consumers’ representatives who are to be involved in decisions about care and services. Examples included:

* The service has a process to document representatives who are decision makers for consumers, and who are to be contacted when changes occur. However, the process is not used, and staff were not consistently able to demonstrate who is to be contacted or who makes decisions for consumers.
* All consumer files viewed did not have this area of the care plan for contact details and decision makers completed.
* Two consumer representatives provided examples where staff have contacted them in relation to care and decisions, however they stated they are not the legal or nominated contact or decision maker for the consumer. The representatives stated the service has been made aware of which representatives to contact for decisions or following events, however staff do not all seem to be aware of these directives.

The approved provider’s response shows the service is committed to addressing the issues identified by the Assessment Team and plan to utilise the vital information process on the electronic care system to capture and communicate who is to be involved in decisions and who is to be contacted when an event or change occurs.

The service, at the time of the Review Audit, did not have an effective system to identify, document and communicate to staff who are responsible for the care of consumers, who was to be involved in decision making for consumers or who was to be contacted when an event or change impacted consumers.

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

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

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

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

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

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team recommended Requirements 2(3)(a), 2(3)(c) and 2(3)(e) not met and all other requirements in relation to Standard 2 met. I agree with the Assessment Team’s recommendation and find the service non-compliant in Standard 2 Requirements 2(3)(a), 2(3)(c) and 2(3)(e). I have provided reasons for my decision below.

The Assessment Team found consumers and their representatives confirmed they are not involved in the assessment and planning of consumers’ care, however they confirmed they are informed when incidents or changes occur.

The Assessment Team found the service has an assessment and planning process including assessment tools which are to be completed for consumers on entry to the service and when changes occur. However, documentation showed assessments are not always completed or used to inform plans of care for consumers when they enter the service or following incidents or changes in the consumers’ clinical and personal care needs.

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found the service did not consistently undertake assessment and/or develop care plans to inform the delivery of safe and effective care, including where clinical risks were associated with consumers’ care. Examples included:

* One consumer did not have assessments completed or plans developed to manage risks associated with behaviours and malnutrition. Documentation shows evidence of ongoing behaviours impacting the consumer and other consumers and ongoing issues associated with malnutrition. The risks were not assessed and there were no documented strategies in the care plan to inform staff on how to manage, prevent or minimise the impacts of the ongoing behaviours and risk of malnutrition.
* One consumer did not have assessments and care plans reviewed or updated to reflect changes and risks associated with skin integrity. Documentation shows evidence of changes and deterioration in the consumer’s skin condition which were not assessed and no evidence of documented strategies to inform staff on how to manage or prevent further deterioration.

The approved provider’s response shows the service is committed to addressing the issues identified by the Assessment Team and plan to review the assessment and planning process. The service also plans to review consumers’ assessments and plans to ensure they are current and reflective of consumers’ needs including risks associated with clinical care.

The service at the time of the Review Audit did not have an effective assessment and planning process as not all consumers had their needs assessed or documented in plans of care to inform staff on how to provide safe and effective care. Consumers with risks associated with their care did not have risks identified through assessments and no strategies were planned or documented to guide staff in managing individual risks.

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

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

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

### Requirement 2(3)(c) 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 care planning documents did not reflect consumer or their representative involvement and partnership in planning or review of assessments and plans of care. Six consumers and/or their representatives stated they had not been involved in assessment and planning. Examples included:

* One consumer’s representative stated they are not invited to review care and staff don’t always seem to be aware of their decisions and directions in relation to providing care to the consumer where it has been communicated to the service.
* One consumer’s representative stated they take the initiative to communicate and be involved in the planning of the consumer’s care. However, these directives are not communicated to staff and care delivered to the consumer is not in line with their directives.
* One consumer’s representatives stated they are told the care plan has been reviewed but are not involved in the review.
* Three consumers stated they are not involved in assessment and planning. However, they are informed when changes occur, or actions are taken following incidents.
* Consumer documentation viewed did not reflect or evidence consumer and/or representative involvement in assessment and planning.
* Staff stated requests or directives about care from consumers or representatives might be documented on the handover sheets. However, there is no evidence this is transferred to the care plan and the information doesn’t remain on the handover sheet when it is changed.

The approved provider’s response shows the service is committed to addressing the issues identified by the Assessment Team and plan to implement a family conference program aligned with care plan reviews and a person-centred document to capture consumer and representative contributions to assessments.

The service at the time of the Review Audit did not have an effective process to ensure assessment and planning was based on ongoing partnership with consumers and/or their representatives. Consumers and their representatives confirmed they were not involved in the planning of their care and where they provided directives in relation to care these were not communicated to staff effectively. Documentation confirmed the service was not involving or planning care in consultation with consumers and/or their representatives.

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) Non-compliant

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

The Assessment Team found one consumer’s care plans, assessments and strategies to manage care were not reviewed when changes occurred impacting on the consumer’s care needs and preferences. The current strategies to manage the consumer’s needs were not reviewed for effectiveness and new strategies were not implemented to manage the changed needs. Examples included:

* An increase in discomfort, pain and bleeding due to haemorrhoids was not reviewed despite being identified by representatives who repeatedly requested staff review and implement new strategies.
* Changes in the consumer’s health due to infections did not lead to timely or appropriate review of the consumer’s needs resulting in unmanaged infections requiring hospitalisation for treatment.

The approved provider’s response shows the service is committed to addressing the issues identified by the Assessment Team and plan to implement a new assessment and planning program and communication and reporting training for staff to ensure consumers’ changed needs are identified and reviewed appropriately.

The service at the time of the Review Audit did not have an effective system to review the effectiveness of care and services for consumers when changes impacted the needs of consumers. One consumer’s change in health and care needs did not result in appropriate or timely review to ensure the consumer’s needs were met. The representative for this consumer was not satisfied the service effectively reviewed or took appropriate action when the consumer’s health needs changed.

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

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team recommended Requirements 3(3)(a) and 3(3)(b) not met and all other requirements in relation to Standard 3 met. I agree with the Assessment Team’s recommendation and find the service non-compliant in Standard 3 Requirements 3(3)(a) and 3(3)(b). I have provided reasons for my decision below.

The Assessment Team found consumers’ representatives were not always satisfied with the delivery and management of consumers’ personal care and clinical care. Representatives were not satisfied staff identified and managed risks associated with consumers’ care including pain and infections when consumers were unwell or had changed needs.

The Assessment Team found the service has a system to guide staff in identifying, communicating and delivering consumers’ personal care and clinical care needs. However, documentation shows the system is not effective as staff do not deliver clinical care that is in line with best practice or the service’s procedures. Documentation shows consumers’ high impact risks including behaviours impacting others, pain, medications and infections are not identified and managed effectively by staff. Documentation shows consumers’ health and wellbeing is negatively impacted including breakdown in skin integrity, poor bowel management, and ongoing behaviours and pain.

### 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 does not have an effective system to ensure each consumer gets safe and effective personal and clinical care that is best practice or tailored to the consumer’s needs. Consumers’ care was not planned or developed based on best practice tools and was not delivered in line with best practice in relation to consumers’ bowel management, sleep management and medication management. Relevant evidence included:

* The service did not have best practice policies, procedures, guidelines and assessment and care planning tools to guide staff in the delivery of consumers’ care. Management acknowledged this deficit and had identified it themselves when the new management commenced at the service the week prior to the Review Audit.
* Three consumers’ representatives were not satisfied consumers received effective clinical and personal care which met the consumers’ needs or supported the consumers’ health and wellbeing, including in relation to bowel management.
* Three consumers did not have their bowel care managed effectively or in line with best practice including bowel management medication not administered, bowel management medication administered when not required and monitoring of bowel charts not completed.
  + One consumer had multiple occasions of not having bowels open for up to six days following bowel management medications not being administered as prescribed. The consumer’s sleep patterns were identified as impacting on bowel and pain medications not being administered, however no review or action was taken to resolve the issue. No review of sleep or medication administration times occurred and no review or consideration of the impact of not receiving medications for bowel management and pain management occurred.
  + One consumer was administered bowel management medication twice a day after a medical officer directed the staff to administer only once per day.
  + One consumer’s bowel management was not monitored or reviewed appropriately for effectiveness and the consumer had ongoing episodes of multiple bowel motions a day. Care plans and directives to staff on the management of the consumer’s bowels were unclear and contained conflicting directives.

The approved provider’s response shows the service is committed to addressing the issues identified by the Assessment Team and plan to review and implement new clinical guidance and tools where required and provide relevant training to clinical and care staff.

The service at the time of the Review Audit did not have an effective system to ensure consumers receive personal and clinical care in line with best practice, in line with consumers’ needs or which optimises consumers’ health and wellbeing. The service does not provide guidance, procedures or tools to guide staff in managing consumers’ clinical care needs including bowel management and medication management in line with best practice. Three consumers’ personal and clinical care needs, including bowel management has not been delivered in line with best practice, the service failed to monitor consumers’ bowel management and failed to effectively identify changes and issues impacting on consumers’ 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 for the Review Audit conducted on 17 to 18 February 2020 and the Assessment Team for the Assessment Contact conducted on 4 February 2020 found the service does not effectively manage high impact or high prevalence risks associated with each consumer’s personal care and clinical care. Four consumers reviewed did not have high impact and high prevalence risks managed effectively in relation to pain, behaviours, malnutrition, wound care, medications, infections and skin breakdown. The failure to manage the risks negatively impacted the consumers’ health and wellbeing.

Examples from the Review Audit included:

* One consumer did not have risks associated with behaviours, infections, incontinence and malnutrition managed effectively for over ten weeks after entering the service, including:
  + Behaviours impacting themselves and others including disrobing, removing continence aids, entering other consumers’ rooms and interfering with other consumers were not identified, assessed or strategies implemented to manage the behaviours for over ten weeks after entering the service. In the ten-week period, the behaviours were ongoing and increasing and documentation and staff interviews show the strategies used to manage the behaviours were not effective.
  + Risks associated with a chest infection were not managed effectively as the consumer was not monitored or reviewed appropriately or in a timely manner following reports of feeling unwell and being diagnosed with an infection. Progress notes and staff interviews show during the period of being unwell and with an infection the consumer was often found in a wet bed with no covers and had become dehydrated.
  + Known risks of malnutrition including low body weight, were not assessed and no strategies were implemented to manage the risks associated with weight loss, refusal of food and malnutrition.
  + Risks associated with faecal incontinence were not assessed or managed effectively and no strategies were implemented to guide staff in managing ongoing episodes of incontinence.
* One consumer did not have risks associated with skin breakdown managed effectively, including:
  + The consumer’s representatives were not satisfied the service managed the consumer’s skin appropriately and the consumer had unrelieved itchy skin even after concerns were raised with staff.
  + Documentation shows ongoing itchy skin for over three months and a medical officer review states the skin could be related to renal failure, medication and age.
  + A medical officer prescribed cream for skin itchiness and irritation in the groins. However, there is no evidence this was applied and further skin breakdown and excoriation occurred.
  + Skin assessments and plans were reviewed. However, they were not updated to direct staff in the current skin care as ordered by the medical officer and registered nursing staff.
  + Care staff were not aware of the consumer’s current skin care requirements and strategies to manage the risk of further breakdown and irritation.

Examples from the Assessment Contact included:

* One consumer did not have high impact risks associated with pain, wound care, antibiotic therapy, bowel management and catheter management managed effectively, including:
* In relation to pain management:
  + The consumer was observed by the Assessment Team to be in pain and complaining of pain.
  + Known risks of pain, associated with a diagnosis and history of pain, were not managed effectively. Staff interviews, observation and progress notes show ongoing daily signs of pain while staff attend to care, hygiene and transfer needs including screaming, swearing at staff and expressing pain.
  + Assessments show pain history, diagnosis and contributing factors to pain such as hygiene and transfers were identified. However, the documented strategies to manage the pain including four times a day paracetamol and provide reassurance have not been effective. The ongoing signs of pain have not led to a review of strategies or implementation of new strategies to relieve and manage the consumer’s pain.
  + Medication charts show ‘as required’ schedule 8 medication for pain is prescribed and can be administered up to four times a day. However, administration records show staff do not administer the medication to relieve pain when the consumer is showing signs of pain or prior to hygiene care and transfers, the known triggers of pain.
  + Care staff reported the shouting and abuse during hygiene and transfers is a behaviour and not related to pain.
  + Clinical staff are aware of triggers for pain and one provided example of managing pain related to wound care but no examples of managing pain relating to hygiene and transfers was provided.
  + Pain assessments in relation to wound reviews and assessments have not been completed.
  + The service did not appropriately review or manage the consumer’s pain for six days following return from hospital where pain medications were ceased.
* In relation to bowel management:
  + The consumer went seven days with bowels not open following administration of medications with risks of causing constipation. However, no consideration or monitoring occurred, and no action was taken to manage the constipation for seven days.
* In relation to wound care:
  + The consumer has four wounds including a stage three ankle wound and stage two sacral pressure wounds since December 2019. The consumer returned to the service from hospital with antibiotics to manage the ongoing wounds in January 2020. However, the service failed to follow the hospital directives in relation to ongoing antibiotic therapy to manage the wounds. The representative identified the service had not followed the hospital directives, however when the representative reported the issue the service did not complete a medication incident report.
  + The service has not referred the consumer to a specialist for review of the ongoing wounds or completed an internal review of the wound management following return from hospital where an ultrasound was completed on the ankle wound.
* In relation to catheter management:
  + The service did not appropriately monitor, report or review blood in the consumer’s urine for approximately five days, where a urinary catheter is in place, and progress notes show blood present and complaints of discomfort were reported to staff.
* One consumer with known high risks of skin breakdown and chronic wounds did not have risks associated with skin breakdown and poor hygiene managed effectively. Examples include:
  + The service identified the consumer as a high risk of skin breakdown due to diagnoses including diabetes and chronic leg ulcers and a documented plan directs staff to provide daily support to shower and attend skin care including washing, drying and applying cream. However, documentation and staff interviews show staff do not assist the consumer with a daily shower and skin care and shower records show the consumer has only showered on nine occasions in 31 days. Feedback from the consumer and observation show the consumer did not have any towels to assist with hygiene.
  + The risks associated with the use of psychotropic medication (risperidone) have not been appropriately reviewed, alternatives to the medication have not been trialled and there was no evidence of reducing or minimising the use of the medication in line with best practice guidelines. The medication has been prescribed since 2016 for management of behaviours related to dementia. However, incidents and progress notes show no current issues with behaviours and the last documented behaviour incident was in June 2018.
  + The consumer was administered an incorrect dose of anticoagulant medication in December 2019 resulting in a hospital admission to monitor blood in the urine.

The approved provider’s response shows the service is committed to addressing the issues identified by the Assessment Team and have implemented actions to address issues identified for individual consumers including review of clinical care and referrals to specialists where required. The service plans to implement training for all clinical staff and review and implement appropriate changes to the clinical system to ensure effective delivery and management of consumers’ clinical and personal care needs.

The service at the time of the Review Audit was not effectively managing high impact and high prevalence risks associated with consumers’ clinical care and personal care. The service was not identifying consumers’ high impact clinical risks, assessments were not consistently completed when consumers’ needs changed and strategies to manage risks were not consistently implemented or effective. The failure of the service to manage risks associated with consumers’ clinical and personal care has impacted on consumers’ health including consumers having unmanaged pain, unmanaged behaviours, skin breakdown and unmanaged infections. The deficits identified show a systemic failure in the management of consumers’ risks associated with clinical and personal care.

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) Compliant

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

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

Minimisation of infection related risks through implementing:

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team found consumers and their representatives confirmed consumers are supported to be engaged in social, cultural and religious activities both within and outside the service. Consumers stated they are supported to maintain relationships and enjoy the variety and quality of the food.

The Assessment Team found the service has a system to ensure consumers’ needs and preferences in relation to their social and leisure activities are identified and consumers are supported to engage in a variety of activities of interest to them. Documentation confirmed consumers are supported to engage in social activities. However, plans of care in relation to strategies to support consumers’ emotional and independence needs were generic and not individualised. Documentation shows vacant staff shifts are not always filled to ensure consumers receive support to attend social activities in line with their preferences.

## Assessment of Standard 4 Requirements

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

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

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

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

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

Services and supports for daily living assist each consumer to:

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s services environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team found 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 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team recommended Requirement 6(3)(c) not met and all other requirements in relation to Standard 6 met. I agree with the Assessment Team’s recommendation and find the service non-compliant in Standard 6 Requirement 6(3)(c). I have provided reasons for my decision below.

The Assessment Team found the service has a system to encourage and support consumers and their representatives in raising complaints and has a feedback and complaints register to monitor and review complaints to ensure actions are taken. However, the service is not effectively capturing verbal feedback and complaints as staff do not always report verbal complaints made by representatives. Management were not aware of all verbal complaints and the complaints log did not capture all complaints to ensure appropriate actions and monitoring occurred to resolve complaints.

The Assessment Team found consumers and representatives confirmed they have access to a variety of ways to raise feedback and complaints and had access to interpreters and advocacy services. However, representatives were not satisfied complaints and feedback provided to staff in relation to consumers’ care and services resulted in appropriate action and issues were ongoing and unresolved. Representatives were not satisfied they had access to meetings to raise concerns and provide feedback. Management confirmed meetings had not occurred for approximately 12 months.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The Assessment Team found verbal feedback and complaints provided to staff is not always actioned and complaints raised with management are not always resolved or actioned to the satisfaction of complainants. Three consumers’ representatives provided examples where complaints were not followed up or resolved to their satisfaction. Examples included:

* One consumer’s representative provided examples of multiple complaints raised with staff and management over the last six to twelve months which have not been actioned appropriately or resolved to their satisfaction. Complaints included insufficient staff to provide care, consumer inappropriately dressed and not positioned appropriately. While some of the complaints were documented in progress notes or the complaints log, and actions were taken at the time of the complaints, the issues were ongoing and not resolved to the satisfaction of the complainant.
* One consumer’s representative provided examples of complaints raised with staff and management in relation to clinical care including mobility and management of haemorrhoids. The representative stated there has not been a ‘resident relative meeting’ for months and management confirmed this forum for raising feedback has not been held for approximately a year. Review of the complaints log show only one complaint has been logged and the complaints raised with the Assessment Team which the representative stated they reported to staff have not been logged or resolved.
* One consumer’s representative stated they do not feel staff listen or value the feedback they provide to staff in relation to the consumer’s care. They provided concerns verbally to staff including agency staff, in relation to assisting the consumer to bed, bruising, personal care not being done and assisting with feeding the consumer. However, only one complaint was logged, and staff interviewed confirmed the representative raises concerns however the staff do not report the feedback.

The approved provider’s response shows the service is committed to addressing the issues identified by the Assessment Team and have implemented actions to address the issue including review of the feedback and complaints framework, implementing a feedback and complaints tracker, plans to provide staff training and implementing a monthly family meeting to encourage feedback.

The service at the time of the Review Audit did not have an effective complaints system to ensure all consumers’ and their representatives’ complaints were captured, recorded and monitored to ensure issues raised were resolved. Staff were not escalating verbal complaints to management to ensure appropriate action and monitoring occurred. Representatives were not satisfied when they raised verbal complaints with staff that appropriate responses and actions were taken and they reported the complaints were unresolved.

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team recommended Requirements 7(3)(a) and 7(3)(c) not met and all other requirements in relation to Standard 7 met. I agree with the Assessment Team’s recommendation and find the service non-compliant in Standard 7 Requirements 7(3)(a) and 7(3)(c). I have provided reasons for my decision below.

The Assessment Team found consumers and their representatives confirmed staff are kind, caring and respectful. However, representatives were not always satisfied there were sufficient numbers of staff to attend to consumers’ needs in line with their preferences or in a timely manner. Representatives were not always satisfied clinical and care staff were competent in performing their roles.

The Assessment Team found the service has processes to recruit, train and review staff including ensuring they have relevant qualifications. However, documentation confirmed monitoring of staff practice is not effective in ensuring staff are responding to consumers’ call bells in a timely manner or are competent in performing their roles in relation to providing personal and clinical care to consumers. Documentation and staff interviews confirmed vacant staff shifts are not always replaced to ensure consumers are supported in lifestyle activities.

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found the service does not have an effective system to ensure the number of staff deployed enables the delivery of quality care for consumers including staff not responding to consumers’ call bells in a timely manner and vacant staff shifts not always being replaced. Examples included:

* Call bell reports show approximately 30 per cent of call bells have a response time of more than 10 minutes and response times can be over 20 minutes.
* One consumer was identified as having 49 calls in 17 days with response times over 15 minutes. This consumer confirmed they often have to wait for assistance for the toilet and have had episodes of incontinence due to waiting.
* One consumer was identified as having 35 calls in 17 days with response times over 15 minutes. This consumer confirmed they often have to wait for staff to respond when she uses the bell and this causes anxiety.
* Management confirmed call bell response times are not in line with their expectations or meeting their key performance indicators. Management confirmed call bell response times have not been monitored or analysed for trends or used to review staffing. Management plan to implement weekly monitoring.
* Review of staff allocations shows occupational therapy assistant shifts have not been filled or replaced when staff are absent on six occasions. Staff interviewed, and documentation confirmed due to the shift not being filled activity and lifestyle support was not provided to consumers.
* One consumer’s representative was not satisfied there are sufficient staff to meet consumers’ needs and provided examples including on weekends they find it difficult to locate staff.
* Management stated they were making changes to the process of staff breaks to ensure there is always one staff available.

The approved provider’s response shows the service is committed to addressing the issues identified by the Assessment Team and have implemented weekly call bell report monitoring, review of staff breaks and redesign of workforce planning including managing staff leave.

The service at the time of the Review Audit did not have effective systems to ensure staff were available and enabled to respond to consumers’ needs in a timely manner or ensure vacant staff shifts were replaced. The deficit in the service’s monitoring and management of staff impacted negatively on the quality of care and services provided to consumers including one consumer being incontinent, one consumer having anxiety and consumers not being provided lifestyle support in line with their needs.

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

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

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

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

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

The Assessment Team found the workforce is not competent in effectively performing their roles in relation to clinical and personal care assessment and delivery. Consumer representatives interviewed were not satisfied with the skills and knowledge of the staff in performing their roles. Examples included:

* Results in Standard 2 and Standard 3 show clinical staff are not competent in performing their roles in assessment, review and planning in relation to consumers’ clinical care needs. Clinical and care staff do not competently manage or deliver care to consumers in line with consumers’ needs or best practice guidance. Clinical staff do not effectively manage risks in relation to consumers’ clinical care including the safe and correct management of medications.
* Three consumer representatives said they do not feel confident staff have the skills or training to provide appropriate care to consumers. Family members frequently attend the service to provide care and assistance to consumers due to lack of confidence in staff skills. Examples included:
  + One representative stated staff require more training in how to assist consumers that require assistance with meals, with safe and correct positioning of consumers and basic personal hygiene and grooming.
  + One representative stated staff do not competently manage pressure relieving equipment and clinical staff lacked the skills to identify signs of infection resulting in an infection going unmanaged requiring hospitalisation for treatment.
  + One representative stated staff don’t listen or respond appropriately to concerns and issues in relation to clinical care.

The approved provider’s response shows the service is committed to addressing the issues identified by the Assessment Team and plan to deliver a staff training program to ensure clinical and care staff are competent and skilled to perform their roles including implementation of the clinical system to guide staff in completing clinical assessments and care in line with consumers’ needs.

The service at the time of the Review Audit did not have an effective system to ensure staff were appropriately skilled or competent in performing their roles. The service failed to effectively monitor and identify deficits in staff performance and skills resulting in ongoing poor staff practice in relation to the assessment, planning, delivery and management of consumers’ clinical care and personal care.

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

### 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-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team recommended Requirements 8(3)(c) and 8(3)(d) not met and all other requirements in relation to Standard 8 met. I agree with the Assessment Team’s recommendation and find the service non-compliant in Standard 8 Requirements 8(3)(c) and 8(3)(d). I have provided reasons for my decision below.

The Assessment Team found the service is supported by the wider organisation’s governance systems and a governing body which has oversight of the care and services delivered. The organisation has governance systems in place to support the management of financial governance, continuous improvement, workforce governance, risk management, feedback systems and clinical governance. The governance system promotes a culture of safe and inclusive care by relying on the service to communicate all significant and key information to the governing body for review.

However, the service has not effectively implemented the organisation’s governance systems in relation to the management of high impact and high prevalence risks associated with consumers’ care, the management of consumers’ clinical and care information, the management of complaints and the management of the workforce. The service failed to effectively implement monitoring systems to identify deficits in staff practice in implementing the processes in line with the organisation’s expectations as identified by the Assessment Team at the Review Audit.

Consumers and representatives interviewed were generally satisfied with how the service is run. However, representatives were not always satisfied with how staff managed consumers’ clinical and personal care or with the service’s response to complaints.

## Assessment of Standard 8 Requirements

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

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

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

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

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

Effective organisation wide governance systems relating to the following:

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

The Assessment Team found while the service has organisational governance systems in place, the systems are not effective in relation to information management, workforce governance and the management of feedback and complaints. Examples included:

* Consumers’ clinical information is not always documented and communicated effectively and not all staff have access to consumers’ clinical information including progress notes and incidents.
* Workforce governance is not effective in ensuring there are adequate numbers of staff to provide care in line with consumers’ needs and clinical and care staff do not have the competence or skills to effectively perform their roles.
  + The service has had four changes in management personnel or management structure in nine months and a new manager and quality and governance manager commenced at the service the week prior to the Review Audit. New management acknowledged deficits in the monitoring and oversight of staff and plan to review staff training and monitoring.
* Verbal complaints reported to staff are not managed effectively as they are not always recorded or reported to management to ensure appropriate action and monitoring, resulting in complaints in relation to consumers’ care and services not being resolved to the satisfaction of the complainant.

The approved provider’s response shows the service is committed to addressing the issues identified by the Assessment Team and have implemented or plan to implement an electronic care management system to manage consumers’ clinical information, a reviewed feedback and complaints monitoring system and staff practice monitoring processes and training.

The service at the time of the Review Audit had governance systems in place which were supported by the wider organisation. However, the service was not implementing or monitoring information systems, workforce systems and competency processes, or feedback and complaints processes to ensure the systems were effective. Multiple changes in management over a short period of time have contributed to deficits in the workforce governance structure.

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 has a risk management framework, however it is not effectively implemented, and staff practice is not consistent with the policies and procedures in relation to the management of high impact and high prevalence risks associated with the care of consumers. Examples include:

* An assessment process and tools are in place to identify and plan for risks associated with consumers’ care. However, staff do not always complete assessment tools or document plans of care on how to manage risks associated with consumers’ care.
* The organisation has expectations and policies to guide staff in the delivery of care including to manage risks associated with clinical care including behaviours, pain and medications. However, results show staff do not effectively manage the risks and consumers’ care, health and wellbeing are negatively impacted as a result.
* The organisation has a system to capture, monitor and review incidents in relation to risks. However, the service does not consistently review and analyse consumer incident data to identify risks.

The approved provider’s response shows the service is committed to addressing the issues identified by the Assessment Team and plan to implement additional incident monitoring systems to ensure high impact and high prevalence risks associated with consumers’ care are identified and lead to actions and improvements in risk management processes and systems.

The service at the time of the Review Audit had a risk management framework and system. However, staff were not implementing the risk management systems in line with the organisation’s expectations and documented procedures. The service’s monitoring systems failed to identify the deficits in staff practice and the service’s management of high impact and high prevalence risks associated with consumers’ care. The deficits in the risk management system and staff practice identified by the Assessment Team shows the failure to effectively manage risks was systemic and impacted multiple consumers’ care, health and wellbeing.

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

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

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

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

# Areas for improvement

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

Standard 1 Requirement 1(3)(c)

* Ensure consumers’ decision making preferences and legal contact person is clearly identified, documented and communicated to staff who are responsible for the care of consumers.

Standard 2 Requirement 2(3)(a)

* Ensure consumers’ clinical and care needs, including risks associated with consumers’ care, are assessed and identified to inform the delivery of care for each consumer on entry to the service and when changes, incidents or deterioration occur.

Standard 2 Requirement 2(3)(c)

* Ensure assessment and planning of consumers’ care is completed in consultation with consumers and/or their representative and ensure documentation reflects the outcomes of consultation and preferences of the consumer.

Standard 2 Requirement 2(3)(e)

* Ensure consumers’ assessments, strategies and plans of care are reviewed for effectiveness when incidents or changes in the clinical and personal care needs occur.

Standard 3 Requirement 3(3)(a)

* Ensure staff have access to clinical and personal care assessment tools, procedures, training and guidance that is based on best practice.
* Ensure monitoring and management of consumers’ clinical and personal care, including bowel management, is in line with best practice and optimises the health and wellbeing of consumers.

Standard 3 Requirement 3(3)(b)

* Ensure appropriate strategies and plans are in place to direct staff in the management of consumers’ high impact and high prevalence risks.
* Ensure staff have appropriate skills and training to identify and manage consumers with high impact and high prevalence risks associated with clinical and personal care.
* Ensure monitoring systems are effective in identifying and reviewing consumers’ high impact and high prevalence risks.

Standard 6 Requirement 6(3)(c)

* Ensure all verbal feedback and complaints are captured on the service’s complaints log and appropriate actions occur, including consultation with complainant to ensure issues are resolved.

Standard 7 Requirement 7(3)(a)

* Ensure monitoring of staff response to consumers’ call bells including review and follow up of any impact to consumers where response has not occurred in a timely manner.
* Ensure all vacant staff shifts are replaced and sufficient numbers of staff are available to support consumers in personal care and engaging in leisure activities.

Standard 7 Requirement 7(3)(c)

* Ensure monitoring of staff practice identifies staff competency and skills deficits, and training is provided to staff where deficits are identified.

Standard 8 Requirement 8(3)(c)

* Ensure information management systems are effective in identifying, recording and communicating consumers’ clinical and care needs and preferences to all relevant stakeholders.
* Ensure feedback and complaints systems are effective in identifying, recording, monitoring and resolving complaints including verbal complaints from consumers and their representatives.
* Ensure workforce governance systems are effective at identifying deficits in staff practice and skills and monitoring of staff response times to consumers’ call bells occur.
* Ensure monitoring systems are effective at identifying deficits in governance systems and staff implementation of processes.

Standard 8 Requirement 8(3)(d)

* Ensure risk management systems are implemented by staff in line with the organisation’s policies, procedures and expectations.
* Ensure monitoring systems including review of incidents and events are effective in identifying and managing consumers’ high impact and high prevalence risks.