Carol Allen House

Performance Report

133 Londonderry Road
RICHMOND NSW 2753
Phone number: 02 4588 6500

**Commission ID:** 0540

**Provider name:** Anglican Community Services

**Review Audit date:** 6 July 2020 to 14 July 2020

**Date of Performance Report:** 19 August 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) | Non-compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Non-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) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-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) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) |  Non-compliant |
| Requirement 8(3)(d) | 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 including 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 7 August 2020.

# 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

Consumers (and representatives on their behalf) did not raise concerns about consumer dignity and respect, maintaining identity, or making informed choices. For example, they said consumer personal privacy is respected. However, some consumers (and representatives on their behalf) provided information which indicated that consumer’s identity had not been considered by the service and that consumers were not being supported to make informed choices.

Management and staff lack knowledge about each consumer back ground or culture, particularly in relation to consumers from a culturally diverse background. For those consumers their specific needs and preferences have not been understood and considered in the context of supporting them to live the best life they can.

Each consumer is not being treated with dignity because of deficits in care, in the environment and in staff practice.

Consumers or their representatives are not supported to make decisions about their own care and services.

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

## 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 teams report acknowledges that consumers are overall satisfied with the respect shown to them. However, it also includes examples of consumers whose culturally diverse backgrounds have not been considered in the context of care being delivered for example in relation to language, dietary requirements or cultural celebration.

The Assessments teams report also provides examples where consumers dignity has been compromised including a consumer in a communal area who was not fully dressed, consumers interrupted in shared bathrooms because there were no occupancy alerts (although the consumer can lock the door from the inside) and consumers personal care items left to be observed by others.

I accept the approved providers response that in relation to this requirement the provider has policies and procedures which form part of a care planning process and this includes acknowledgement of diversity. In addition, since the audit the approved provider has commenced a range of activities including staff training and the provision of resources to better support care for consumers of a culturally diverse background and consumers whose dignity was compromised at the time of the audit.

However the evidence from the assessment team indicates the policies and procedures were not used to full effect at the service and did not always inform care delivery so that all consumers were treated with dignity and their culture and diversity valued.

I find this requirement Non-compliant.

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

*Care and services are culturally safe.*

Although the assessment team provided evidence that there are policies and procedures in place in relation to cultural safety and diversity, the team also provided in relation to specific consumers where care and services have not been provided in a culturally safe way and that information about consumers customs, values and beliefs are not collected to inform care.

The approved providers response states the approved provider had already identified gaps in resources to support culturally safe care and this matter is being addressed.

However at the time of the audit these were not in place and the assessment team identified consumers who were not receiving culturally safe care

I find this requirement is non-compliant

### 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.*

In relation to decision-making, the Assessment team interviewed 15 consumers/representatives. Some recalled a case conference or other discussion about the consumer’s care plan, but most said this was some time ago. One representative who said a case conference had recently taken place explained they were not invited to provide input into the care plan (such as identifying the consumer’s goals or preferences), rather they were told about things. Others did not recall a case conference or other discussion about the consumer’s care plan having occurred.

Staff interviewed by the Assessment team generally could not describe how each consumer is supported to make informed choices about their care and services and while many of the consumers’ care and service records included a case conference record, this is a list of topics discussed with no or little information about the nature of the discussion. It is not evident that consumers (or a representative on their behalf) are being enabled through these discussions to make decisions about the consumer’s care and services.

The Assessment team also found evidence of confusion within the service about who should be involved in decision making on behalf of consumers

However, the team found that consumers are able to make and maintain relationships of their choice

The approve providers response does not dispute the teams findings and acknowledges consumers have a right to clarify the level of involvement of others in care and decision making. The response also provides evidence of improvements in relation to this requirement including updating policies, conducting reviews of care plans and goal setting and further staff education.

However this has occurred only after the issues were identified through and post the audit. In addition improvements are still to be actioned including in relation to staff training and review of care plans.

I find this requirement is non-compliant.

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

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

The team identified that while service staff have an understanding of risk mitigation, they did not have an understanding of enabling consumers to take risks. The approved providers response acknowledges the need to improve consumers ability to take risk and informed decision making. I note the approved provider has identified ways to improve this including staff education to be completed by the end of August 2020.

However, I find at the time of the audit this requirement is Non compliant.

### 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

Overall sampled consumers (or representatives on their behalf) do not consider that they feel like partners in the ongoing assessment and planning of consumers’ care and services.

For example:

* Most representatives said they do not have direct input into assessments and care planning but are kept informed of changes in the consumer’s condition or when an incident or changes occur however
* Most consumers (or representatives on their behalf) did not know what a care plan was and/or all were not aware they can access to the care plan.
* Care conferences and multidisciplinary team meetings are to be held with consumers (or representatives on their behalf) however in some cases, where consumers are not able to participate, representatives are not invited to contribute.

While the organisation has policies and procedures to guide staff practice in relation to assessment and care planning, they are not consistently followed by staff. Consumers care plans not individualised and do not address specific risks to the consumer’s health and well-being or are not current.

The service demonstrated some consumers sampled have shared their goals and preferences in relation to advanced care planning and end of life wishes but this has not occurred for all consumers sampled.

When risks emerge including in relation to pain, behaviour management and falls it is is not routinely escalated, investigated, re-assessed and appropriate action is not taken to prevent reoccurrence and further deterioration.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment team found that while the organisation has procedures and flowcharts to guide staff practice in relation to conducting assessments and developing care plans, they are not followed by staff. In addition, while consumers generally have care plans that cover most care needs they are not individualised and do not address specific risks to the consumer’s health and well-being. For example, the team provided evidence of a consumer who recently entered the service and assessment and care planning has not addressed their needs in relation to falls, behaviour management and the development of pressure injuries.

The approved provider has not disputed the teams finds but rather has provided an action plan to address concerns and continuous improvement in relation to this requirement.

I find this requirement is Non-compliant.

### 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.*

I accept the approved provider’s response and the Assessment Teams report that Advance Care Plans are in place and most consumers sampled have shared their goals and preferences in relation to end of life wishes.

However for at least three of the consumers sampled, assessment and care planning did not adequately address all areas of care and service, did not address consumer’s individual goals or preferences and contained out of date or incorrect information. In addition, consumers’ personal goals and preferences are not identified, case conferencing does not occur in conjunction with all consumers and/or representatives and therefore goal and preferences are not included in care plans.

Other than in relation to Advance Care Plans, the approved provider has not refuted the team’s findings.

I find this requirement is Non-compliant

### 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.*

Although the service takes a multi disciplinary approach to assessment and care planning, this does not consistently involved the consumer and/or their representative. The assessment Teams report contains evidence in relation to consumer representatives who did not feel they were a partner in care and do not believe they have input to assessment and care planning.

I note the approved provider is in the process of reviewing its assessment forms to include additional provision for consumer and representative consultation.

I find this requirement is Non-compliant

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

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

The approved provider has acknowledged the Assessment Teams finding that consumers and representatives are not always aware they can have a copy of the care plan.

I find this requirement is Non-compliant.

### 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 that while staff said care plans are reviewed at least annually, meaningful review of them is not conducted when consumers’ condition or needs change and a lack of comprehensive investigation of incidents means that strategies to minimise the risk of reoccurrence are not identified and actioned. In some cases, incident reports are not recorded, particularly in relation to behaviour management and therefore are not escalated to prompt reassessment.

#### For example

* for a consumer who had developed contractures, there was no evidence of reassessment or interventions to address the prevention or management of contractures and no reassessment of pain in relation to contractures or pressure injury.
* a consumer had developed painful leg cramps but no review of pain had occurred, and pain charting related to generalised pain, not leg cramps.
* A consumer sustained five falls in five days and while the accident/incident reports refer to review and update of the care plans, thorough investigation to establish causes or further interventions put in place to minimise risk of reoccurrence are not evident.

The approved provider’s response confirms it has processes in place for initial and regular assessment and care plan reviews and incident management procedures. However, the teams report and the approved provider has confirmed processes in relation to incident management are not consistently implemented at the service.

The approved provider has plans for further education of clinical staff and introduction of a clinical risk management tool.

However, at the time of the audit, this requirement is Non-compliant.

# 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

Most sampled consumers (or representatives on their behalf) consider that they receive personal care and clinical care that is safe and right for them. Consumers (or representatives on their behalf) generally spoke positively about the clinical and personal care provided and said they have access to doctors and other health professionals according to their needs and preferences.

However, the review of care and service records does not support this for most consumers sampled. High impact and high prevalence risks associated with medication management and choking risk have not been managed effectively. Deterioration or changes in condition have not been identified and escalated for review for all consumers and the use of chemical restraint has not been adequately identified and managed.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Teams report includes examples of where some consumers pain, skin integrity and behaviour management has not been managed effectively. The approved provider has acknowledged these concerns and is implementing strategies to improve. Strategies include upskilling staff, introducing clinical risk tools and external benchmarking.

While I recognise the work the approved provider is undertaking, the requirement was non-compliant at the time of the audit and it will take some time to implement and understand the effectiveness of all strategies.

### 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 that while care plans include information about some high impact and high prevalence risks for consumers, interventions are not adequate to minimise risk. For the consumers sampled, negative outcomes were identified in relation to pressure injury, pain management, medication management, the use of restraint and behaviour management.

In relation to medication management, the Assessment Team identified there had been a number of medication incidents reports made from 1 April to 30 June 2020 including consumers receiving wrong or not their own medications and a consumer given a medication that they were allergic to.

The team also identified two consumers whose risk of choking was not managed effectively because meals provided were not consistent with dietary assessments.

The approved provider has advised it is implementing a clinical risk tool to ensure care needs are identified, actioned and documented.

However, this was not in place at the time of the audit and the assessment team provided evidence in its report of high impact or high prevalence risks not being manage effectively. I have therefore decided this requirement is Non-compliant.

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

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

The Assessment team reviewed a one consumer who is receiving palliative care at the service and interviewed staff who demonstrated consumers nearing end of life are cared for according to their needs and preferences. Consumer representative feedback also supported that palliative care is provided in accordance with the consumer’s wishes.

This requirement is Compliant.

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

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

The assessment team identified and the approved provider has acknowledged that processes for the escalation and response to deterioration in consumers’ condition are not always effective. For example, the team reviewed care documents for two consumers where staff did not recognise change in skin condition until there was significant skin injury.

This requirement is Non-compliant.

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

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

#### The Assessment team identified and the approved provider has acknowledged that sharing of information did not always occur and consumers’ condition, needs and preferences were not consistently communicated within the service and with others. Other professionals have provided direction to staff however there was no evidence this information is shared.

For example, staff were not aware of recommendations made a dementia consultant in relation to supporting a consumer or advice from a representative in supporting a consumer new to the service.

This requirement is Non-compliant.

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

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

The Assessment team found for the consumers sampled, there is evidence of appropriate and timely referrals to physiotherapists, speech pathologist, nutritionist and dementia consultant. While I am concerned the recommendations made by the providers of services were not consistently implemented by staff, I have considered this in relation to other requirements.

This requirement is Compliant

### Requirement 3(3)(g) Non-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.*

Minimisation of infection related risks to consumers is not in place in relation to the use of equipment and cleanliness and in relation to the service environment. While actions have been taken since the last performance assessment in relation to preparedness for a COVID-19 outbreak, actions are still yet to be taken. Quality indicator data shows monitoring of infections however, infection reporting does not always occur and therefore the quality indicator data is not accurate. Antimicrobial stewardship has not been fully implemented at the service and staff are unable to demonstrate its application to their practice.

The Assessment team found;

Key staff demonstrated limited understanding of how they minimise the need for or use of antibiotics and ensure they are used appropriately.

Infection control is not being maintained:

* if required, consumers have their own slings stored in their room if required. However, the team identified slings in storage bays. It was not known who the belonged to or if they had been
* Baskets/containers with consumer personal care items mixed together were found in the built in cupboards of some wings of the service. These included items such as nail scissors and clippers, combs (with hair in them), and loose toothbrushes.
* Surfaces are not kept sealed to ensure adequate cleaning for infection control (refer to Standard 5, Requirement (3)(b) for details), and in some rooms (such as a dirty utility room) there is extensive removable adhesive all over the walls, which presents the same difficulty with cleaning.

The Assessment Team observed and were provided information regarding the services preparedness and risks associated with COVID-19.

The approved provider has acknowledged concerns raised in relation to infection control and antimicrobial stewardship.

This requirement is Non-compliant.

# STANDARD 4 NON-COMPLIANTServices 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

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

For example the Assessment Team found consumers (or representatives on their behalf) interviewed confirmed that they are supported by the service to do the things they like to do and they are supported to keep in touch with people who are important to them and described ways they stay in touch.

However, in relation to food and laundry services consumers (or representatives on their behalf) interviewed advised they are not satisfied. In addition, care and service records identify that response to consumers poor emotional health is not always addressed.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment team found that consumers (and representatives on their behalf) feedback is generally positive about how staff support them to do what they want to do and meet their needs, activities are programmed according to the consumers’ needs and preferences and is flexible to meet the needs of consumers who can have input into the program. Care plans and staff interviews confirms there is a system to identify each consumer’s needs and preferences.

However, feedback from four consumers/representatives feedback to the Assessment Team did not support the laundry service met their needs and preferences. I note actions were taken during the audit to remedy laundry services and the approved providers response confirms action is continuing.

However, at the time of the audit, this requirement was non-compliant.

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

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

The Assessment team found consumers and representatives gave feedback that staff support their emotional wellbeing. Staff interviewed demonstrated knowledge of the consumers and some interventions they would use if the consumer was feeling low and the pastoral care worker provides support on a regular basis to consumers who choose to have this service. While I note for one consumer documentation indicated this was limited, the approved providers response indicate support occurred more frequently than that documented and the majority of consumers are satisfied

This requirement is Compliant.

### 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.*

The Assessment Team found consumers or representatives mostly spoke positively about their opportunities to participate in the community inside and outside the service (prior to the coronavirus pandemic). Care and service records generally support that consumers needs are identified in relation to social and relationships and have identified their interests. Staff gave examples of how they support consumers to participate in interests and to go on outings and connect with others outside the service.

Consumers or representatives said there always seems to be something to do and said the program meets their needs. Two representatives said that consumers in the dementia unit always seem to be engaged in an activity when they visit. Other representatives said that while it has been difficult to keep in contact during the coronavirus pandemic, staff have provided them with opportunities to connect.

This requirement is Compliant.

### 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.*

Service staff provided information to the Assessment Team about the processes of communication within the organisation in relation to lifestyle services and support. Care plans reviewed reflect most information is shared within the organisation.

This requirement is Compliant

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

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

Service staff provided the Assessment Team with examples of referrals required including volunteers matched with consumers to meet their specific needs and preferences however this has not been possible during the coronavirus pandemic. Consumers did not identify any concerns regarding referrals to individuals and other organisations in relation to services and supports for daily living.

This requirement is Compliant

### Requirement 4(3)(f) Non-compliant

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

The Assessment Team identified significant dissatisfaction with the quality and variety of meals offered to consumers and that for some consumers food serviced did not meet their dietary or cultural requirements. The Assessment Team also observed there was built up grim in the kitchen. The approved provider has acknowledged those concerns and additional support and training is being provided and the kitchen and store rooms have undergone a full clean.

However, at the time of the audit this requirement was Non-compliant.

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

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

The Assessment Team found equipment used to provide or support the lifestyle services is safe, suitable, clean and well maintained. Lifestyle and hospitality staff said they have access to the equipment they need when they need it. They also said they clean the equipment as scheduled and needed, and when equipment is reported to maintenance for repair this is attended in a timely manner.

This requirement is Compliant.

# STANDARD 5 NON-COMPLIANTOrganisation’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

While most consumers (or representatives on their behalf) expressed satisfaction with the service environment and major renovation and refurbishment is planned for the service environment, many aspects of the building and equipment were not clean.

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

## Assessment of Standard 5 Requirements

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

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

While the Assessment Team identified some concerns with the service environment, the majority of consumers or representatives expressed satisfaction with the service environment. I also note the service is undergoing refurbishment, has sought advice in relation to a dementia friendly environment and COVID 19 social distancing principles have impacted on furniture placement

Given the majority of consumers or representatives expressed satisfaction with the service environment and the approved provider was already addressing concerns about the environment, I find this requirement is Compliant.

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

*The service environment:*

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

While I appreciate the approved provider has plans in place to refurbish the service, the Assessment team provided evidence the environment was not always safe. For example

* The paths in an outdoor area were surrounded by loose rocks in some areas and some paths had heavy moss on them presenting a slip hazard. The park bench type seating was not secured to the concrete pads.
* a cleaners trolley with bottles of chemicals in it including a hazardous chemical, was not locked and left in a corridor and accessible to consumers
* Egress through two emergency exits was blocked or partially blocked..
* Doors to areas that should not be accessible to consumers were left open, eg a treatment/medication room, cleaning rooms and dirty utility rooms which housed chemicals and clinical waste.
* Built in cupboards off the corridor in each wing were not locked and had chemicals in them and sharp items such as safety razors and nail scissors.
* There were wall-mounted electric bar heaters in the consumer bathrooms.

The Assessment team also provided evidence the environment was not always clean High touch points, doors, parts of walls in corridors and consumer rooms and tiles and laminated signage in the recessed areas for hand-washing stations were dirty.

The team also observed floors in most areas (corridors, dining rooms, dirty utility rooms, laundry) and in some consumer rooms are dirty with a build-up of grime around the edges and in the corners and with debris on the floor.

The approved provider has acknowledged the observations of the team and has a range of activities planned in relation to this requirement. A deep clean of the service occurred on 8-9 July 2020 ie post the commencement of the audit.

This requirement is Non-compliant.

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

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

The Assessment team also observed equipment including that used by consumers was not always clean. This included indoor and outdoor furniture and wheels and frames on mobility equipment. The approved provider has acknowledged the observations of the team and has advised new furniture has been ordered, a deep clean has occurred and scheduled maintenance arrangements are being reviewed.

However, at the time of the audit, this requirement was Non-compliant.

# STANDARD 6 NON-COMPLIANTFeedback 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

Overall consumers (and representatives on their behalf) considered that they are encouraged and supported to give feedback and make complaints, and some consumers (and representatives on their behalf) who had made a complaint or about whom a complaint had been made considered that appropriate action was taken. However, some consumers (and representatives on their behalf) said their complaint has not been addressed or provided information indicating this is the case.

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

## Assessment of Standard 6 Requirements

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

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

Most consumers and representatives who spoke to the Assessment team said they feel encouraged and support to make complaints and staff spoke about how they assist consumers to make complaints and review of feedback records confirms this. Overall the information gathered by the Assessment team demonstrates consumers are encouraged and supported to make complaints.

This requirement is Compliant

### 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.*

While consumers (and representatives on their behalf) were not aware of advocacy and language services, information about advocacy and language services is included in the resident handbook, residential care agreement and is promoted through posters and brochures displayed in the service environment.

This requirement is Compliant

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

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

The Assessment team identified that while a some of consumers were satisfied with the outcomes of complaints, not all consumers complaints were resolved, consumers were not always involved in the resolution of complaints and/or feedback was not provided although the issue did not reoccur.

Examples of complaints not being resolved included the telephone not being answered or consumers not receiving the assistance they require.

The approved providers response acknowledges the issues raised and a review process is underway in relation to outstanding complaints. This has not yet been completed.

The requirement is Non-compliant.

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

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

When asked by the Assessment team about changes made at the service as a result of feedback or complaints, a representative said most of the issues in the complaint had been addressed and improvements made to care and services. Other consumers and representatives who had made a complaint did not know of improvements made but said the issue or incident had not reoccurred.

However, trending by the approved provider indicated the main issues for consumers were in relation to poor staff attitude and/or performance with impact on consumer care and services and food. While the approved provider has taken some action in relation to these matters, both remain concerns.

This requirement is Non-compliant.

# STANDARD 7 NON-COMPLIANTHuman 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

While some consumers (or representative on their behalf) considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring, others said they do not get quality care and services and provided information about staff not being capable.

It was not demonstrated that workplace planning is responsive to the needs and preferences of consumers. There is reliance on temporary agency staff to fill shifts which staff and some consumers/representatives say is problematic, and the agency staff are not consistently given an induction to work at the service. There are gaps in staff training and competence relating to the Quality Standards. It was not demonstrated the performance of the workforce is regularly reviewed.

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

## Assessment of Standard 7 Requirements

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

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

Some consumers (and representatives on their behalf) said there is not enough staff to meet the consumer’s needs and preferences. Care staff said there is not enough staff for them to meet consumers’ needs and preferences and some staff are not familiar with their needs and preferences. There is significant use of temporary (agency) staff and call bells are not answered in a timely manner for some consumers.

The team provided examples of a call bell not being answered in a timely manner at night resulting in a consumer experiencing pain, medications administered late, a consumer on occasion unable to attend activities because staff were not available to assist her to be ready, lengthy response times for call bells and there were no staff located in the secure unit at night. Some staff also advised the team they do not have sufficient time to meet consumer’s needs.

The approved providers response acknowledges these concerns and has commenced actions to resolve them including staffing the secure unit at night.

This requirement is Non-compliant.

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

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

All consumers and/or representatives the Assessment team spoke to, including some who made complaints about staff roughly handling, poor staff attitude and/or performance, said the staff are kind and gentle to consumers.

However, I have come to a different view. There is evidence of poor care, rough handling and disrespectful attitudes of staff toward consumers. Recent examples include staff members telling a consumer to “shut up” or “Shh” and a consumer being told by staff to go back to a dirty bed when they had been incontinent These issues were identified by the service through its trending of complaints data. However it is unclear what action was taken in response

This requirement is Non-compliant.

### 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 were provided with feedback from consumers, representatives and staff about staff or agency staff not being competent to effectively perform their roles, and decisions findings particularly in Standard 3 confirm this.

There was a high rate of medication errors at the service, but It was not part of the organisation’s system to routinely undertake medication competency assessment with registered nurses although medication competency assessments are mandatory for care staff who assist with medications. Those staff at times witness administration of schedule eight medication by registered nurses, however there is not a medication competency assessment for this.

All staff mandatory training has not been completed including in relation to induction and for Agency staff.

The approved provider acknowledged the issues raised by the Assessment team.

This requirement is Non-compliant.

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

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

While staff, consumers and representatives felt staff had the training to complete their duties, the service is non complaint with a range of outcomes indicating the workforce is not trained or supported to meet the outcomes required by the standards.

Staff have not received recent training in relation to all areas where gaps in service performance against the Quality Standards have been identified. For example, in relation to cultural safety, understanding consumer needs relating to sexuality and antimicrobial stewardship.

The service was unable to demonstrate education has been effective in improving staff understanding and/or practice in areas where gaps in service performance against the Quality Standards have been identified by the service through its audit program and/or by the Assessment Team. For example:

* A pain management audit was conducted by the service in January 2020. Findings included that three of the eight consumers sampled who had verbalised pain did not have a three day pain chart and assessment completed, did not have evidence of a prompt and effective response to acute pain, did not have strategies to address their pain evaluated for effectiveness; and for five of the eight consumers sampled there was no evidence of non-pharmacological strategies for pain management being provided, where applicable. Pain related training was provided at a registered nurses’ meeting in January 2020. The Assessment Team identified gaps in pain identification and management – refer to Standard 3.
* Assessment and care planning training was provided to the registered nurses in January and February 2020. The Assessment Team has identified gaps in assessment and care planning – refer to Standard 2.

The approved provider has acknowledged the Assessments team’s evidence and an education for both registered and care staff has been developed and commenced. However, the effectiveness of this training has not been tested and at the time of the audit this requirement was Non-compliant.

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

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

Staff and management could not provide information about regular assessment, monitoring and review of the performance of each member of the workforce. No documentation was provided about staff performance appraisal taking place and performance appraisals have not occurred in the last 12 months.

The approved provider has not disputed the Assessment team’s findings.

This requirement in Non-compliant.

# 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 governing body promotes a culture of safe, inclusive and quality care. While it was demonstrated that some of the gaps in safe, inclusive and quality care have been identified and improvements planned to address them with involvement of the governing body, these are in the early stages of development and have not yet been implemented.

Effective organisation wide governance systems have not been demonstrated at this service in relation to information management, workforce governance, regulatory compliance, or feedback and complaints.

Effective risk management systems and practices have not been demonstrated in relation, responding to allegations of abuse of consumers.

An effective clinical care framework has not been demonstrated in relation to antimicrobial stewardship, minimising the use of restraint, or open disclosure.

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

## Assessment of Standard 8 Requirements

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

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

I have considered that consumers are engaged in a variety of ways in the development, delivery and evaluation of services including there is a resident and representative committee chaired by a consumer, the approved provider regularly undertakes audits seeking consumer feedback. The approved provider has also advised it holds regular resident and relative focus groups.

While there remains dissatisfaction with the food service, the service continues to work with consumers to resolve this issue

This requirement is Compliant.

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

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

The Assessment Team viewed the organisation’s Growing in purpose strategy 2028, which is on display at the service, and includes the organisation’s aims to be known for its care, compassion and excellence; and will meet and exceed customer needs.

During the audit, staff at the service were able to provide examples of how the governing body influences, monitors and manages service delivery. This includes an ongoing audit and clinical indicator monitoring program. In addition, the approved provider’s response includes evidence of how the governing body supported implementation of the Quality Standards and how it monitors compliance with standards on an ongoing basis.

I also note the Boards appointment of new senior personnel on site and the appointment of an advisor on site as required by the Commission. I also note the approved providers Continuous Improvement Plan including the refurbishment and upgrade of the service

While the service remains noncompliant with the Standards, I am satisfied the governing body is driving change at the site and promoting a culture safe, inclusive and quality care.

This requirement is Compliant.

### 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.*

In relation to Information Management, I have considered the Assessment team identified and service management confirmed there are issues with policy and procedure content available to staff on the organisations intranet site and staff do not believe they have sufficient access to information because there are not enough computers at the service. I acknowledge the issue in relation to Information management had been identified and the work to address this was a priority. However in the meantime, staff do not have access to contemporary policies and procedures to guide practice.

In relation to Continuous improvement, opportunities for continuous improvement are identified through audits, clinical indicator data, feedback and complaints; and organisational improvements are brought about for a range of reasons such as change to relevant regulations and in response to best practice

In relation to how the governing body satisfies itself the Quality Standards are being met, the board receives monthly residential overview reports which flag any clinical related concerns at service level and include information about what has been happening and the actions being taken.

Review of the continuous improvement plans (for the service and the organisation) shows some of the gaps in performance identified by the Assessment Team have been identified, however actions to address this are in the early stage of implementation.

In relation to financial governance the Assessment Teams report indicates there are systems at the service to purchase and manage resources.

#### In relation to workforce governance, including the assignment of clear responsibilities and accountabilities I have referenced the significant non compliance in relation to Standard 7. The approved provider has not provided any further evidence in relation to this matter.

In relation to Regulatory Compliance, the Assessment Team found the organisation tracks changes to the aged care law and communicates these to staff, the need for policy/procedure development or update is identified and this is actioned and released for service management to implement locally. However, the Assessment team provided examples in relation to the use of restraint and reportable incidents where the service was not compliant and this had not been identified through review processes.

In relation to feedback and complaints, I reference Standard six. While there is a complaints framework in place, it has not been effective in managing the issues at this site. Those issues include poor staff attitude and/or performance with impact on consumer care and services and food.

This requirement is Non-compliant.

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

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

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

The Assessment Team found the approved provider has documented risk management framework which outlines the organisation’s approach to risk, including the board’s risk appetite, roles and responsibilities, risk management practice, and internal audit. There is a key risk register which shows that key risks have been identified and are being monitored. Where the residual risk is assessed as being higher than the board’s risk tolerance level, actions are assigned to further mitigate the risk and there is a recent progress report about this. The approved providers response also provides further evidence its policies consider high impact or high prevalence risks, dignity of risk and supported decision making for consumers.

However, the Assessment team provided evidence where the service had not adhered to its responsibilities in relation to compulsory reporting and identifying and responding to abuse and the approved provider has acknowledged this in its response. While I note the approved provider is confident new management at the service will resolve this issue, it is yet to be tested.

This requirement is Non-compliant.

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

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

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

The Assessment Team found the approved provider has a documented clinical governance framework. It includes information about the principles and components of the framework, and a diagram showing how those components relate to each other and work together for quality governance.

The Quality governance framework document reflects that implementation of the Rhythm of Life model of care is integral. However this model of care is yet to be fully implemented at this service. has been implemented at the service, management said it has and it hasn’t.

The Quality governance framework document also includes that rigorous systems are needed to identify, monitor and respond to incidents (including consumer related). This has not been effective at this service in relation to abuse. I have considered this issue in relation to requirement 8(3)(d).

In relation to antimicrobial stewardship, the organisation’s policy relating to antimicrobial stewardship reflects the purpose of optimising the management of antimicrobials in order to maximise effectiveness and to minimise harm. However when asked about their understanding of antimicrobial stewardship and how they apply this to their practice, staff were unable to demonstrate an understanding. The approved provider has acknowledged this gap in staffs knowledge and addressed it through education.

In relation to restraint minimisation, The organisation’s restraint procedure reflects the principles of the best practice guidelines for supporting a restraint free environment. However not all forms of restraint are recognised as such, for example bed rails. The approved providers response recognises and addresses this specific issue through its Plan for Continuous improvement

In relation to open disclosure, the organisation’s feedback and complaints procedure reflects the principles of open disclosure but accident/incident reporting procedure does not. The approved providers response sates a draft organisation policy is being reviewed, is due for release shortly and when this occurs further education will be provided to staff.

This requirement is Non-compliant.

# Areas for improvement

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

The approved provider is required to review its Plan for Continuous Improvement and implement actions accordingly to enable the service to become compliant with all Standards.

Standard 1 Requirement 3(a)

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b)

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c)

The organisation demonstrates that 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.

Standard 1 Requirement 3(d)

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 2 Requirement 3(a)

The organisation demonstrates that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

##### Standard 2 Requirement 3(b)

The organisation demonstrates that 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.

Standard 2 Requirement 3(c)

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.

Standard 2 Requirement 3(d)

The organisation demonstrates that 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.

Standard 2 Requirement 3(e)

The organisation demonstrates that 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 Requirement 3(a)

The organisation demonstrates that 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.

Standard 3 Requirement 3(b)

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(d)

The organisation demonstrates that 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.

Standard 3 Requirement 3(e)

The organisation demonstrates that 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.

Standard 3 Requirement 3(g)

The organisation demonstrates 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 Requirement 3(a)

The organisation demonstrates that 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.

Standard 4 Requirement 3(f)

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 5 Requirement 3(b)

The organisation demonstrates that the service environment:

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

Standard 5 Requirement 3(c)

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

Standard 6 Requirement 3(c)

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Standard 6 Requirement 3(d)

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

Standard 7 Requirement 3(a)

The organisation demonstrates that 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.

Standard 7 Requirement 3(b)

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Standard 7 Requirement 3(c)

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

Standard 7 Requirement 3(d)

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

Standard 7 Requirement 3(e)

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

Standard 8 Requirement 3(c)

The organisation demonstrates 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.

Standard 8 Requirement 3(d)

The organisation demonstrates 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.

Standard 8 Requirement 3(e)

The organisation demonstrates that 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.