Caroline Chisholm Nursing Home

Performance Report

274 Burns Bay Road
LANE COVE NSW 2066
Phone number: 02 9428 2466

**Commission ID:** 2498

**Provider name:** Fresh Fields Aged Care (NSW) - NO 1 Pty Ltd

**Site Audit date:** 2 March 2021 to 4 March 2021

**Date of Performance Report:** 15 April 2021

# 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) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | 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) | Non-compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Non-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) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-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) | 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) | Non-compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 31 March 2021.

# 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

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

Most consumers and their representatives confirmed that consumers privacy is respected and that consumers are supported to exercise choice and independence. Staff interviewed spoke about consumers respectfully and demonstrated regard for their identity, culture and diversity. However, some consumers and their representatives said that not all staff treat consumers in a manner which maintains their dignity. Although staff demonstrated regard for consumer culture and diversity they were unable to demonstrate what culturally safe care and cultural diversity meant for consumers.

The Quality Standard is assessed as Non-compliant as two 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 team found most consumers and their representatives interviewed provided positive feedback that staff treated consumers with dignity and respect and valued their culture and identity. Staff interviewed spoke about consumers with respect and demonstrated an understanding of their life journey. Care planning documentation reviewed identified what is important to the consumer.

However, a consumer representative and consumer expressed concerns about some consumers having to wait to have their soiled incontinence aids changed and the impact of this on consumer dignity. During the audit, a consumer was observed to be wheeled across the corridor to the bathroom without the appropriate level of covering to ensure their dignity was preserved.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged.

I find this requirement Non-compliant.

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

*Care and services are culturally safe.*

The assessment team found that most consumers and their representatives said most staff are aware of their cultural background. Although staff were able to demonstrate an awareness of the consumers cultural background and religion their understanding of delivering culturally safe care was limited. The assessment team observed no signage, menus or activity calendars printed in a language other than English or entertainment/leisure catered to consumers from varying cultural backgrounds.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged.

I find this requirement Non-compliant.

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall, most sample consumers did not consider they are partners in the ongoing assessment of their care of services. For example, many consumers and their representatives said they had never sighted or been offered a copy of their care plan or been invited to attend a case conference. Care planning documentation reviewed showed lack of communication between clinical staff and the consumer, goals and preferences not documented and risk and risk mitigation strategies not completed effectively. Some staff were unable to report what assessments are outstanding and require completion for consumers.

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 reported that for many consumers risks are not identified and where they are risk mitigation strategies are not documented. For one consumer who recently entered the service the care plan did not contain information about diagnoses, allergies, immunisation status and no weight, sleep or bladder assessment was recorded. For a consumer with insulin dependent diabetes, there was no diabetic care plan or specific blood sugar parameters documented and for other consumer’s prescribed chemical restraint, this is not included as a risk and risk assessments have not been completed. A registered nurse was unable to inform the assessment team what assessments were outstanding for consumers who recently entered the service.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement 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.*

The assessment team found that most consumers and their representatives sampled said they had not had any discussions in relation to end of life planning and review of documentation revealed that just under half of the consumers did not have any end of life wishes recorded. Documentation demonstrated that goals are not individualised to the consumer and are generic in nature and preferences of consumers are not always captured. For two consumers on a palliative pathway trajectory, preferences regarding care were not documented along with another consumer’s goal of wanting to return home to live.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement 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.*

The assessment team found there was a lack of partnership with the consumers, their representatives and others in relation to assessment and planning and review of care and services. Most consumers and their representatives could not describe how and if assessment and planning had occurred. Review of documentation revealed that some consumers had case conferences that were over-due, and several did not have a date recorded for when the last case conference occurred. Two consumers had requested assistance with a physiotherapy/exercise program and this had not been actioned.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement 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 assessment team found most consumers and representatives sampled said they had not had the outcomes of assessment effectively communicated to them and that they had not seen their care plans. While summary care plans were located inside consumer wardrobe doors, consumers were unaware they were there or their purpose. Staff unable to confirm if they were involved in regular case conferencing with consumers and representatives communicating the outcomes of assessment and planning.

I find this requirement 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 there was a lack of regular effective review of the care and services for many consumers at the service. There was no review of an incident involving a cognitively impaired consumer despite the negative impact this had on the preferences of a fellow consumer. Additionally, there was no effective review of a consumer who presented with behavioural symptoms taking the belongings of other consumers despite the distress this caused the consumers who were the recipient of this behaviour. Review of a care planning and assessment schedule indicated there were approximately 10 consumer care plans that had not been reviewed and case conference record information could not be found for sampled consumers.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged.

I find this requirement 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

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

Most sampled consumers and representatives said they were not satisfied with the care they were receiving and felt that personal and clinical care was not tailored to their needs and preferences. Progress notes and other documents reviewed identified that some consumers were not receiving safe and effective clinical care. Gaps were identified in the use of restraint and authorisation, wound care and pain management which were not aligned with best practice principles and protocols.

It was demonstrated that changes and deterioration in the consumers condition is recognised and responded to and staff practices and knowledge were consistent with minimising infection relation risks to consumers. For some consumers sampled deficits were found in end of life care and particularly medication efficacy.

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 team found that overall, consumers do not receive safe and effective care that is best practice, tailored to their needs and optimises their health and wellbeing. The service did not demonstrate an understanding of chemical restraint with errors in the self-assessment psychotropic register and there were several consumers where there was no consent or authorisation and no review of the restraint. The assessment also found gaps in pain, falls, wound and behaviour management and evidence where practices were not aligned with best practice and had a negative impact on consumer health and wellbeing.

The assessment team reported that a representative provided negative feedback about the clinical care provided to a consumer after sustaining a fall. Review of wound management documentation demonstrated that wound dressings are not being attended to by the registered nurses according to the recommended frequency documented and some consumer dressings have been missed. Although pain assessments are completed, pain is not considered for consumers presenting with behavioural symptoms as a contributing factor. It was noted that there is limited clinical oversight for consumers on the first floor of the service.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-compliant.

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

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

The assessment team found that the service is not managing high impact and high prevalence risks for each consumer. There are a number of consumers prescribed chemical restraint and this is being used without an individualised behavioural management plan being implemented and documented. Where behavioural strategies have been trialled by staff the effectiveness of these strategies have not been evaluated or documented.

The assessment team found that not all consumers who receive anticoagulants have this included in their care plan. Additionally, the anticoagulant is not identified as a risk and interventions are not documented to mitigate the risk of this medication. Some consumers with a diagnosis of diabetes do not have a diabetic care plan and those that are documented do not have specific blood sugar parameters for the consumer included.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-compliant.

### Requirement 3(3)(c) Non-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 found that the registered nurses were able to describe how adequate care is provided to consumers nearing the end of life and care staff said they provide frequent monitoring of pain and escalate any signs of distress. A palliative care program has commenced for registered nurses and the service has access to a palliative clinical nurse consultant to support staff in the use of syringe drivers and pain management. However, it was identified that the end of life need, goals and preferences of consumers are not always documented in a palliative care plan and instances where analgesia has not been offered, opioid and other medication efficacy not always assessed and spiritual support has not been offered.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-compliant.

### 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) 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 found that some consumers who had been at the service for a long time felt that staff were aware of their needs and preferences however others said that they felt this information was not communicated effectively to staff. Handover sheets were observed not to include all recent changes to the consumer’s condition. The assessment team found that staff reported in addition to the using the handover sheet they provide a verbal handover to staff on the next shift to communication information about the consumers condition. Care plans were observed to be generic in nature and lack consultation with the consumer to include individual goals and preferences.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-compliant.

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

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

The assessment team found that referrals to allied health professionals and wound specialist had occurred for some consumers and most consumers and representatives said they felt they had access to medical offices and other relevant health professionals as needed. However, timely and appropriate referrals were not observed for many consumers who presented with behavioural symptoms. Despite a high proportion of consumers being chemically and environmentally restrained, referral had not been made to either behavioural services or Geriatrician’s.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-compliant.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-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

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

Some sampled consumers did not consider 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. Although the organisation has methods for providing input into the services and supports for daily living thatmeet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. However not all consumers/representative interviewed felt the service supported consumers to optimise their well-being and quality of life.

The service could not demonstrate it has a range of lifestyle supports and services available for all consumers which includes options for consumers with varying levels of functional, cognitive and visual abilities. Although consumers were satisfied with the variety and portion sizes most said that they do not enjoy the meals.

The Quality Standard is assessed as Non-compliant as four 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 some sampled consumers did not consider that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Some consumers and their representatives commented that there are a lack of activities and stimulation and another representative expressed the view that consumers at the service appear to be bored and alone. Some staff reported they do not have time to support consumers to engage in activities and services that aligns with their preferences and promotes independence.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-compliant.

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

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

### Requirement 4(3)(c) Non-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 some sampled consumers are satisfied that they are able to participate in the community within and outside the service. However, most consumers interviewed said they do not feel the service supports them to do things they are interested in. The assessment team observed several consumers sitting in the lounge area with nothing for them to do and no music or television playing to offer stimulation. Other consumers were observed throughout the audit sitting in their rooms with nothing to do.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-compliant.

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

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

The assessment team found that while some information is being communicated, it was not demonstrated there was complete and current information for all consumers in relation to their needs and preferences. Some staff reported that they were not aware of information in care plans that outlined consumers individual preferences. Staff reported that they attempt to meet the needs and preferences of consumers, however acknowledged that due to staffing levels they are unable to give the consumers the time they would like. Staff in the dementia unit did not demonstrate a knowledge of individual consumer needs.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-compliant.

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

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

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

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

The assessment team found quite mixed feedback about the food. Some consumers said they enjoyed the meals and were of sufficient variety and quantity however, may consumers commented that the food is cold when they receive it. Several consumers said they did not receive their preference and one consumer commented that the kitchen does not serve food in line with their dietary requirements. Representatives said come consumers do not receive food according to their cultural background frequently enough and families bring in their own food due to this.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-compliant.

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

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

# 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

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

Some sampled consumers did not consider that they feel they safe and comfortable in the service environment. For example, some consumers said they had provided feedback for maintenance issues that had not been addressed. The service has processes in place to ensure furniture, fittings and equipment are safe, clean and well maintained. However, hazards in the service environment are not always being identified and managed.

Consumers down stairs were observed freely moving through the service, both indoors and outdoors. However, the consumers in the dementia support unit are unable to move freely to the outside gardens unless accompanied by a staff member. The service environment is not easy to understand for consumers living with dementia and management did not demonstrate that dementia enabling design principles to have been implemented to support consumers.

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) Non-compliant

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

The Assessment Team observed that most of the ground floor service environment is welcoming. It has communal areas for consumers to gather and access to the gardens. However, the dementia support unit does not reflect dementia enabling environment principles. The dementia unit was observed to be stark with limited communal areas. There are no names or identifying information on the consumer doors to assist consumers with orientation and finding their room. The dementia unit contains one communal area which combines as a dining/lounge and lifestyle area with a very small glassed veranda off to the side of the room. The unit does not offer any other space for consumers to sit quietly away from other consumers.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-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.*

#### The assessment team observed the service to be clean and mostly well maintained. Some consumers provided feedback for maintenance issues that had not addressed. Consumers down stairs were observed freely moving through the service, both indoors and outdoors. However, the consumers in the dementia support unit are unable to move freely to the outside gardens unless accompanied by a staff member. This does not promote a safe environment which enables consumers to move freely both indoors and outdoors. Consumers reported a few issues with leaks, loose toilet seat fitting and a broken bathroom window which had been reported however were still not fixed.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-compliant.

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

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

# STANDARD 6 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

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

Some consumers and representatives interviewed felt they were able to make complaints and felt safe to do so. However, many sampled consumers did not consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Not all consumers are aware of the complaints process and there is not feedback box in the dementia unit.

While the service has a comprehensive documented complaints management process, this process is mostly not being adhered to. Most feedback and complaints are not recorded, monitored or reviewed and the service is missing opportunities to inform continuous improvements for consumers.

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

## Assessment of Standard 6 Requirements

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

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

The assessment team found some consumers and representatives interviewed said they were encouraged to provide feedback and make complaints and felt safe to do so, however some consumers and representatives were unsure of the process to raise a complaint. The assessment team reported that a pre-paid feedback form is available for consumers and representatives to post in anonymously or put in the services feedback box. However, there is only one feedback box available on the ground floor and there was not one available in the dementia support unit. Consumers in the dementia support unit do not have access to the ground floor which restricts being able to lodge an anonymous complaint*.*

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-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.*

### 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 despite the service receiving complaints related to call be wait times and food temperature, these concerns were not documented or addressed. Although staff meeting minutes referenced complaints in relation to call bell wait times it was not recorded in the feedback register and there was no evidence to demonstrate the complaints were evaluated, monitored or reviewed. The service has an open disclosure policy however it is not always followed. A consumer representative provided negative feedback regarding the way a complaint was handled and felt that the service was dismissive and took no responsibility.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-compliant.

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

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

The assessment team found consumers interviewed were unable to say how changes were made as a result of feedback and complaints. The continuous improvement plan has only one entry related to the purchase of additional pagers to assist in call bell answering and is closed within a month with no record of how the concern was monitored or reviewed for efficacy. Feedback from consumers in relation to long call bell wait times indicated this was having negative impact on consumer well being and impacting their dignity. Despite complaints made in this area there was no evidence to demonstrate an improvement in the quality of care and services.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement 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

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

Most sampled consumers felt that staff were knowledgeable, capable and caring and were confident that staff knew what they were doing and could provide the right care for them. However, most consumers said there were not enough staff and their routine care needs are not always reliably supported.

Training for the service has been comprehensive with almost full compliance with mandatory training. While the service was able to demonstrate the staff skill mix was adequate it was not able to demonstrate that the right staff ratio to consumers with staff and consumers confirming there are not enough staff allocated on shits to meet all their care needs in a timely manner.

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

## Assessment of Standard 7 Requirements

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

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

The assessment team found that most consumers and representatives said they are not satisfied with the current staffing levels and said staff were rushed, overworked and unable to always meet their care needs and preferences. Consumers provided examples of the way consumer care has been adversely impacted by staffing. Additionally, some staff said not all shift are replaced which means they have had to work short. Staff confirmed that they rush and are unable to always meet consumer care needs and preferences.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-compliant.

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

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

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

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

The assessment team found that the service has a system in place to monitor that staff have appropriate qualifications and on commencement staff undertake an orientation program that includes all mandatory training subjects and competencies relevant to their role. Most consumers and representatives interviewed said staff mostly have the knowledge to provide safe quality care. Although staff are appropriately qualified they are not always competent in performing their roles in practice and deficiencies in staff knowledge in completing several aspects of were found resulting in negative outcomes for consumers consistent with findings in 3(3)(a) and 3(3)(b).

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-compliant.

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Most sampled consumers considered that the organisation is well run although they felt they were not always a partner in improving the delivery of care and services. The service does not include consume representation on any committees or in the development, delivery and evaluation of care and services.

Although the organisation has a clinical governance framework in place this was not effective. The organisations risk management processes are not effective for managing high impact high prevalence risks to consumers and deficiencies were identified in complaints processes, regulatory compliance and with processes to effectively deliver safe care and services.

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

## Assessment of Standard 8 Requirements

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

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

The assessment team found that consumers interviewed were not able to give examples of how they were involved in the delivery and evaluation of care and services and that there was lack of ongoing partnership with consumers and representatives in relation to assessment, planning and review of services. The assessment team reported that management confirmed the service does not have consumer representation on any committees and they gain information about what consumers want through information service, feedback forms and resident meetings.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-compliant.

### Requirement 8(3)(b) Non-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 found the organisations board members have experience in governing care and services and clinical indicators and key performance indicators are routinely recorded, monitored and reported to directors. Despite this the systems and processes in place do not effectively deliver safe and inclusive quality care to consumers in relation and not limited to ongoing assessment and planning, personal and clinical care, adequate levels of staffing and feedback and complaints resolution.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-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.*

The assessment team found that the service did not demonstrate that there were effective governance systems relating to information management, workforce governance, regulatory compliance and feedback and complaints. The organisations information management systems are not always working to capture the required information for consumers personal and clinical care and workforce governance revealed that insufficient staffing numbers impacted on the health and well-being of consumers. The service was unable to demonstrate adherence to it business processes in relation to feedback and complaints. While the service demonstrates some adherence to regulatory compliance, deficits were identified in the management of a reportable assault and the safeguard mechanisms implemented following this.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-compliant.

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

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

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

The assessment team found that the service has a risk management framework inclusive of high-risk care policies, however staff reported that while they had received education in relation to these policies they were unable to provide examples of the relevance to their work practices. Despite a risk management framework being in place the assessment team found that this process is ineffective for managing high impact high prevalence risks associate with consumers and to support consumers to live the best life they can. Systems and processes are not in place to effectively deliver safe and effective care in respect of consumers ongoing assessment and care planning information being effectively recorded and shared to manage high impact high prevalence risks.

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-compliant.

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

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

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

The assessment team found that while there is a clinical governance framework in place, this has not been effective in the delivery of optimal clinical care. Staff were able to describe the policies and the relevance to their work in relation to open disclosure and antimicrobial stewardship, however the process of open disclosure was not always implemented. Additionally, while there is a policy for minimising the use of restraint, multiple deficits were identified in relation to this policy not being adhered and consequentially impacting consumer health and wellbeing. This is consistent with findings in 3(3)(a) and 3(3)(b).

The approved provider acknowledged the findings of the assessment team and submitted a continuous improvement plan with action items to address the gaps identified. The pro-active actions of the approved provider are acknowledged

I find this requirement Non-compliant.

# Areas for improvement

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

### Requirement 1(3)(a)

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

* Implement action items in the continuous improvement plan and review and modify if required to ensure all staff have an understanding of how to optimise consumer dignity
* Develop a process to ensure that consumers who require incontinence aids changed have this done in a timely manner to minimise the impact of this on consumer dignity.

### Requirement 1(3)(b)

*Care and services are culturally safe.*

* Complete education, training and review as outlined in the continuous improvement plan
* Include consumers and their representatives in seeking input on how culturally safe care and services can be enhanced in relation to individual needs

### Requirement 2(3)(a)

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

* Complete review of consumer files and develop a process and plan to amend gaps and deficiencies identified. Ensure this includes consideration of dignity of risk assessments
* Ensure all clinical staff attend planned education as per continuous plan

### Requirement 2(3)(b)

*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.*

* Provide consumer’s and their representatives information about advance care planning and the opportunity to complete appropriate documentation if they choose to
* Complete action items outlined in the continuous improvement plan and review progress

### Requirement 2(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.*
* Ensure that consumers and their representatives have the opportunity to participate in regular case conferences to provide input into the assessment and planning of care
* Ensure that assessment and planning includes other allied health professionals where the consumer has indicated a preference for allied health input

### Requirement 2(3)(d)

*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.*

* Document outcomes of case conference to ensure this information is available to others involved in the consumer’s care
* Ensure that consumers are offered a copy of their care plan and that this is explained to the consumer and their representative

### Requirement 2(3)(e)

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

* Complete a review of care and services when incidents occur to ensure that there is minimal impact on consumer needs and preferences
* Develop a process to effectively complete and implement review of care and services to ensure they address consumers current needs

### Requirement 3(3)(a)

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

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*
* Complete all action items in the continuous improvement plan and conduct a review of actions to identify effectiveness
* Ensure that clinical staff are aware of best practice restraint guidelines and protocols and that this is implemented within the service to optimise consumer health and well-being
* Ensure that wound dressings are changed in accordance with recommended frequency and that this information is clearly documented

### Requirement 3(3)(b)

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

* Consider utilising external services to develop behavioural management plans to assist with consumers who present with behavioural symptoms. Where behaviour management strategies are trialled, ensure this is documented and reviewed for effectiveness
* Ensure that all consumer’s prescribed anticoagulant medication have this clearly documented with associated risks identified.
* Ensure that consumers with a diagnosis of diabetes have a comprehensive diabetic care plan in place to effectively manage any risks

### Requirement 3(3)(c)

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

* Consult with consumers to determine their end of life goals and preferences and ensure these are clearly documented in a palliative care plan so end of life care can be delivered consistent with consumer wishes
* Monitor and review medication efficacy for consumers nearing the end of life to ensure that comfort is maximised.

### Requirement 3(3)(e)

*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.*

* Ensure that the consumer’s needs, goals and preferences are documented and that all staff are familiar with this
* Review the handover sheet to determine if it can be improved to more effectively reflect information about the consumer’s condition, needs, goals and preferences

### Requirement 3(3)(f)

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

* Consider whether referrals and to other organisations with skills and experience in behaviour management strategies are indicated to improve outcomes for consumers in the secure unit

### Requirement 4(3)(a)

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

* Review current lifestyle supports to determine if this is appropriate to provided stimulation and meets consumers needs while optimising independence
* Consult with consumers to determine how the leisure and lifestyle program can be tailored to individual preferences

### Requirement 4(3)(c)

*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.*
* Implement all action items in the continuous improvement plan and ensure that outcomes of the review are incorporated into services and supports
* Conduct regular consultation with consumers to determine if they are satisfied that the service supports them to do things of interest

### Requirement 4(3)(d)

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

* Ensure that care plans contain information inclusive of the consumer’s needs and preferences and that this is communicated with all staff

### Requirement 4(3)(f)

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

* Implement action items in the continuous improvement and initiate improvement activities based on outcomes\
* Review current process for keeping food warm to determine how effective this is and consider changing this if indicated.

### Requirement 5(3)(a)

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

* Implement action items in the continuous improvement plan and once complete review recommendations to determine how environment can be modified to reflect dementia enabling principles
* Consider what short-term changes can be made to the secure unit to make this area more welcoming and belonging.

### Requirement 5(3)(b)

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*
* Ensure that maintenance issues identified and reported by consumers are responded to and rectified in a timely manner
* Consider what options are available to support consumers in the secure unit to have access to outdoor areas

### Requirement 6(3)(a)

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

* Ensure that consumers and their representatives are aware f the process by which to make complaints and provide feedback
* Consider implementing a feedback box in the secure unit of the service to enable consumers and their representatives the opportunity to provide feedback and make complaints

### Requirement 6(3)(c)

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

* Ensure that all staff have an understanding of what an open disclosure process is and that this is implemented with both consumers and representatives when things go wrong
* Record and document all complaints with a completion date for follow up action

### Requirement 6(3)(d)

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

* Review feedback and complaints to monitor areas to be prioritised as improvement initiatives
* Implement all action items in the continuous improvement plan and review and modify if required

### Requirement 7(3)(a)

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

* Conduct a review of current staffing mix and ratios to ensure that staffing levels are adequately meeting the safe and quality care of consumers
* Where possible ensure that staff are replaced to provided adequate coverage as opposed to shifts being worked short of expected numbers

### Requirement 7(3)(c)

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

* Review staff competency and implement training/education as indicated to ensure staff have the skills necessary to effectively perform their roles
* Implement action items in the continuous improvement and training plan to address gaps in staff competence

### Requirement 8(3)(a)

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

* Consider ways to include consumers in committees and consultation as a mechanism to be engaged and have input into the development, delivery and evaluation of care and services
* Implement action items in the continuous improvement and training plan

### Requirement 8(3)(b)

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

* Review processes and systems to ensure that the delivery of care is safe and inclusive
* Consider ways the board can be accountable to consumers and their representatives when deficits in clinical indicators are reported

### Requirement 8(3)(c)

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

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*
* Review existing governance systems relating to information management, workforce governance, regulatory compliance and feedback and complaints for effectiveness and modify and amend as indicated.

### Requirement 8(3)(d)

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*
* *Consider seeking input from specific risk management services and/or organisations to conduct a review of existing risk management systems to improve implementation in practice*

### Requirement 8(3)(e)

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

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*
* Ensure that the clinical governance framework for open disclosure and minimising the use of restraint is updated and that the relevance of this framework is communicated to staff.