Castlemaine Health

Performance Report

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**Commission ID:** 3401

**Provider name:** Castlemaine Health

**Site Audit date:** 13 July 2021 to 15 July 2021

**Date of Performance Report:** 14 September 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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 approved provider’s response to the Site Audit report received 16 August 2021 and 17 August 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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.

Overall consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers and representatives said staff make them feel respected and valued as individuals and that staff are familiar with their backgrounds and care preferences.
* Consumers and representatives were satisfied staff understand consumers cultural needs and preferences.
* Consumers described how staff support them to exercise independence and respect their decision to balance their lifestyle choices with health outcomes.
* Consumers felt they are supported to take risks and live their best life. Feedback included being involved in the things they find enjoyment within the boundaries of their physical capabilities.
* Consumers were satisfied with the information provided to them which enable them to make choices. Consumers have access to various documents to make choices including menus, lifestyle schedule, notices and brochures.
* Consumers were satisfied their personal privacy is respected and sensitive information is treated confidentially.

Staff demonstrated understanding of consumers and what is important to them. Staff described how they support consumers to make informed decisions including when engaging in risk. Staff described how they are supported by the service through training to foster an inclusive and respectful culture at the service.

Care plans included information about consumers backgrounds, cultural needs and care preferences. Care planning documents demonstrated how the service supports consumers to take risks and reflected related risks and strategies to support each consumer to undertake risks safely.

Staff were observed interacting with consumers in a respectful way.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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 consumers and representatives considered they feel like partners in the ongoing assessment and planning of their care and services.

While care and services are reviewed as scheduled, care documentation demonstrated reviews are not always effective. Consumer assessments and care documents do not always reflect a change in a consumer’s needs, goals or preferences, when they are reviewed outside of the scheduled time frame, as a result of an incident or a change in circumstance.

Consumers and representatives were satisfied staff communicate with them about their care on a regular basis. However, most consumers and representatives were not aware they had a care plan. Staff confirmed they can access care plans at any time to ensure care is provided in line with consumer preferences. While on balance Requirement 2(3)d is Compliant I encourage the approved provider to promote care plans to consumers and representatives.

Consumers and representatives were satisfied that risks to the consumers health and well-being are identified and they receive the care they need. Consumer’s care planning documents demonstrated comprehensive assessment for each consumer that is individualised and considers risk. Harm minimisation strategies are identified and implemented and dignity of risk assessments are completed where appropriate.

The service demonstrated involvement and partnerships with consumers and/or their representatives in assessment, planning and review, this also included partnerships with the consumer’s health professionals and specialists.

The service demonstrated assessment and planning identifies and addresses each consumer’s current needs. Information relating to advance care planning and end of life wishes are documented in the consumer’s care documentation.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*

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

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

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

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

### Requirement 2(3)(d) Compliant

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

### 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 care documentation demonstrated three-monthly care reviews for consumers are documented, the reviews are not always effective. For example:

* reviews in the electronic care system identified the incorrect number of wounds for a consumer. A wound care plan was not in place to direct wound care and the date the wounds were first identified was not clear
* while updated recommendations provided by a wound specialist in May 2021 were documented in a consumer’s progress notes, their wound care plan was not updated and reflected recommendations from January 2021.

Clinical staff said they review consumers and complete clinical assessments as required, however acknowledged that care plans and assessments are not always up to date. Rather than a single ongoing wound chart, the Assessment Team observed multiple electronic wound monitoring charts for the same wound open and in use. Clinical staff said that staff do not know how to use the new electronic care system and open new charts rather than adding to the ones already there.

While consumers and representatives were satisfied that care and services are reviewed regularly and following a change in circumstances, the Assessment Team found that care documents do not always reflect a change in a consumer’s circumstances or when incidents impact on the needs, goals or preferences of a consumer. For example:

* while progress notes identified the commencement of a slow release pain relief patch for a consumer, the service did not update the consumer’s care plan, commence pain charting or demonstrate further review of the consumer’s pain levels to ascertain its effectiveness. Staff could not explain why pain charting had not commenced for the consumer before and after commencing the new pain relief patch
* inconsistencies in monitoring documentation for consumers in relation to behaviour management.

While clinical staff said reassessment occurs when a consumer returns from hospital, the service did not reassess and update the Falls Assessment Risk Tool or commence pain charting for a consumer who returned from hospital after experiencing a fall.

I have also considered information from Standard 3, Requirement 3(3)c regarding a consumer identified as deteriorating. While I consider the consumer received appropriate palliative care, the service has not demonstrated that an end of life pathway was in place to support the delivery of comfort measures for the consumer after their change in health circumstances.

The approved provider acknowledges the inconsistencies in consumer documents for wounds, pain and behaviours and the inaccurate recording of wound reviews in the electronic care system.

The approved provider’s response included further clarification and action since the audit. Documentation and care of consumers with chronic wounds have been reviewed to identify similar system issues. Staff education around wound monitoring in the electronic care system has commenced.

While the approved provider accepts there was a significant delay in commencing pain monitoring for the consumer with the pain relief patch and explained this was due to a system upgrade it does not explain why pain charting had not been commenced prior to the application of the patch. The consumer’s care plan has since been updated.

The approved provider accepts failing to reassess the Falls Assessment Risk Tool on the consumer’s return from hospital is a gap in process and has updated its procedure. While the approved provider notes the Falls Assessment Risk Tool does not recommend regular pain monitoring or assessments, they agree it is important and have implemented routine assessments and reviews for pain post any falls.

While I acknowledge the actions taken by the approved provider, I consider at the time of the Site Audit the approved provider did not demonstrate compliance with the Requirement. I find the service is Non-compliant with this Requirement.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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.

Overall consumers considered they receive personal care and clinical care that is safe and right for them however, the service did not demonstrate effective management of high impact or high prevalence risks in relation to falls, diabetes and weight loss management. The use of psychotropic medication is not always effectively assessed, monitored or reviewed.

While consumers and representatives have access to medical practitioners and referrals to relevant allied health professionals occur in a timely manner, follow up referrals are not always appropriately actioned.

Care documentation and staff interviews demonstrated palliative care is provided for consumers nearing end of life.

Staff described how they identify and respond to changes in a consumer’s health and well-being. The service has procedures to support staff to recognise and respond to deterioration or changes in a consumer’s condition.

While representative and staff interviews demonstrated communication of the consumer’s needs and preferences where responsibility for care is shared is mostly effective, care documentation identified some deficits in information to support effective and safe sharing of the consumer’s care.

While the Assessment Team observed some poor staff practice in relation to infection control, hand hygiene and use and application of Personal Protective Equipment, most staff demonstrated an understanding of infection control processes and practices and management actioned the Assessment Team’s feedback during the Site Audit. The service has appointed multiple infection prevention control leads and has infection control policies in place including minimising the use of antibiotics.

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

### Assessment of Standard 3 Requirements

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

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

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

### 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 reviewed the files of a sample of consumers living with diabetes and experiencing weight loss and falls. While consumers and representatives were satisfied with the care consumers receive, the Assessment Team found deficits in the way these aspects of consumers’ care is delivered.

The Assessment Team found:

* for a consumer who experienced a fall, neurological observations were not attended and a Falls Risk Assessment Tool not completed upon the consumer's return from hospital
* the service did not commence pain monitoring for consumers post fall
* the service did not implement interventions to encourage food intake and follow up with a dietician review for a consumer experiencing weight loss
* care documentation demonstrated consumers diabetes management plans are not followed by staff. For example, failing to contact a medical practitioner in line with a consumer’s care plan. Care documentation also does not address continuity of care when consumers go into the community. Staff advised they are not advised of the consumer’s blood glucose level readings when they are out.
* diabetes education is scheduled annually, however audit results demonstrate staff are not undertaking the education as scheduled.

I have also considered information from Standard 3, Requirement 3(3)a and Standard 8, Requirement 8(3)e regarding the use of ‘as required’ medications and have identified deficits in the services management of the risks associated with behaviour management and the use of psychotropic medication. In particular, inconsistent use of alternative strategies prior to administration of medication and limited review of effectiveness post administration. Staff did not demonstrate a clear understanding of protocols around the use of psychotropic medications and the service did not demonstrated a robust understanding of chemical restraint.

While the approved provider demonstrated that neurological observations were completed for a consumer who fell, they concede the Falls Risk Assessment Tool was not updated. It is not standard practice for the service to commence pain monitoring for consumers post fall. The approved provider has updated their post falls assessment and management procedures to address the gap in practice.

The approved provider acknowledges the gap in documentation for follow up referrals and argues the dietician referral met the service’s referral time frames. I acknowledge a dietician review was completed during the Site Audit for the consumer experiencing weight loss and the approved provider has amended referral processes and time frames, however the service did not self-initiate any strategies to increase nutritional intake while waiting for the dietician review.

Further, the approved provider’s response notes education has been provided to staff to reinforce the use of consistent tools to measure consumer’s weights and machines have been recalibrated after a significant weight loss discrepancy was identified for a consumer. While the discrepancy reflected technique error rather than actual weight loss it raises concerns around staff competency to effectively and accurately weigh consumers.

The approved provider acknowledges the medical practitioner was not notified as per the consumers diabetic management plan and has delivered education to staff on diabetic management.

The approved provider is implementing steps to ensure the consumer’s blood glucose level readings are provided to staff upon return from being in the community. The approved provider is consulting with the consumer and their representative around dignity of risk and diabetes management to support the consumer’s needs, preferences and dietary choices.

While I acknowledge the actions taken by the approved provider, I consider at the time of the Site Audit the approved provider did not demonstrate compliance with the Requirement. I find the service is Non-compliant with this Requirement.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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.

While some consumers and representatives were dissatisfied with the lifestyle and leisure activities at the service, the approved provider demonstrated consumer’s services and supports for daily living are safe and effective and generally delivered in line with assessed needs, goals and preferences.

Most consumers said they enjoyed the food; however, some were dissatisfied with the variety of meals on the menu. The approved provider demonstrated a new menu based on consumer input and feedback has been implemented at the service.

Consumers felt the service created a safe environment which enhanced their emotional and spiritual wellbeing. Staff described how the service supports consumers emotional and spiritual needs by providing a tailored pastoral care program.

Consumers were satisfied they are supported to participate in community activities within and outside the service. Consumer care documentation was individualised and reflected the consumer’s social connections and activities of interest.

Where responsibility for services and supports for care are shared, consumers are satisfied their needs and preferences are effectively communicated within and between organisations. The service demonstrated it has processes in place for identifying and communicating consumers’ preferences.

Generally, equipment was observed to be safe, suitable, clean and well-maintained. Staff demonstrated ongoing monitoring of equipment. Maintenance documents demonstrated maintenance requests are completed in a timely manner.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment Team’s evidence included:

* dissatisfaction from some consumers/representatives that leisure and lifestyle activities at the service are limited and do not cater for individual needs, goals and preferences
* consumers were observed to have minimal involvement in a cooking activity. Staff described how consumers were previously involved but due to limited staff this is no longer in practice
* consumer and staff interviews indicated activities requested by consumers in the Resident Activity Request Form are not implemented due to minimal space in the activity schedule
* the service is reliant on volunteers from the community to run lifestyle activities. Activities requiring volunteers, such as small car or bus outings cannot occur due to COVID-19 restrictions and lack of volunteers.

The Assessment team found deficits with the service environment and the sufficiency of lifestyle staff and volunteers. I have considered this information under Standard 5, 5(3)a and Standard 7, Requirement 7(3)a.

The approved provider notes that its Leisure and Wellbeing program has changed significantly throughout the COVID-19 pandemic period and it has needed to implement alternative activities. For example, as external community visitors and volunteers have been limited, the service has implemented a pen pal program to align consumers with pen pals from the community.

The approved provider refutes the Assessment Team’s finding that activities offered by the service are limited and do not cater to the consumer’s individual needs. The approved provider gave several examples demonstrating activities implemented to support individual consumer needs and preferences. Noting, individual requests for group activities need to be balanced against the needs and interests of other consumers.

The service has a weekly activities program. The approved provider demonstrated that a significant number of activities were offered across the three houses in June and July 2021 with strong consumer attendance across a variety of activities. The consumers named in the Assessment Teams report were evidenced to have attended several activities including consumers living with dementia.

The approved provider acknowledges the number of volunteers attending the service has reduced due to COVID-19 restrictions. The approved provider recognises that when more volunteers can return to the service consumers will be connected with like-minded volunteers.

The approved provider demonstrated consumers are encouraged to attend activities and are consulted on an ongoing basis. Planning for future activities is undertaken, lifestyle care plans are reviewed quarterly and an audit is completed annually.

In response to the cooking activity observation the approved provider advised that consumers do participate in the cooking, however, most prefer watching. Consumers guide the menu and a new oven was purchased by the service due to the popularity of this activity.

In making my decision I have considered the Assessment Team’s report and the approved provider’s response. On the balance of the evidence available to me, I find the service is Compliant with this Requirement.

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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.

While consumers and representatives felt staff provided a welcoming environment, most consumers and representatives raised concerns about how the service environment maximises each consumer’s sense of independence, interaction and function.

The Assessment Team observed the service environment to be inconsistent with dementia enabling principles of design and to present hazards that pose a safety risk to consumers.

While consumers and representatives were satisfied with the cleanliness of the indoor environment, many considered the outdoor service environment was not well-maintained or safe. The Assessment Team observed the gardens and outdoor area of one of the houses to be unsafe, cluttered with rubbish and poorly maintained and in turn, this evidenced a clear impact on the ability of consumers to move around freely.

Consumers and representatives were satisfied furniture, fittings and equipment in the service are clean and well maintained. They expressed confidence in knowing that if repairs are required, maintenance is prompt and responsive. The service demonstrated there is a variety of equipment available suitable for individual consumer needs.

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.*

While consumers and representatives felt staff provided a welcoming environment, most consumers and representatives raised concerns about how the service environment maximises the consumer’s sense of independence, interaction and function. For example, a consumer with mobility issues indicated the service environment impeded their ability to engage in outdoor lifestyle activities. Consumers, representatives and staff interviews indicated the service is difficult to navigate, particularly for consumers living with dementia. The Assessment Team observed the structure and décor of the service environment to be inconsistent with dementia enabling principles of design and shared equipment stored in corridors posing a trip hazard to consumers.

The approved provider provided a response that included clarifying information to the Assessment Teams report as well as actions to be taken since the Site Audit. The approved provider advised it has recently received approval of government funding to progress urgent capital improvements and maintenance. A project plan has been developed that includes redevelopment of the service to improve capacity for consumers to navigate the service and maintain independence.

In making my decision I have considered the Assessment Team report and the information in the response from the provider. While I acknowledge the actions taken by the approved provider I consider at the time of the Site Audit the approved provider did not demonstrate compliance with the Requirement. I therefore 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 gardens and outdoor area of one of the ‘houses’ to be unsafe, cluttered with rubbish and poorly maintained. The gardens surrounding the other two ‘houses’ were observed to be generally well-maintained in comparison. At the time of the Site Audit the approved provider had engaged contractors to undertake gardening maintenance at the service.

While the Assessment Team observed the indoor service environment to be generally clean and well-maintained, the Assessment team observed the indoor layout of one of the houses does not enable consumers to move freely indoors and outdoors and identified trip hazards that pose a safety risk to consumers. For example, shared equipment stored in corridors and alcoves.

While consumers and representatives were satisfied with the cleanliness of the indoor environment, many considered the outdoor service environment was not well-maintained and unsafe. Management identified several deficits in the safety and upkeep of the service environment and expressed a commitment to re-developing the service to ensure the safety of consumers.

The approved provider provided a response that included clarifying information to the Assessment Teams report as well as actions to be taken since the audit:

* the rubbish and discarded furniture in the outdoor service environment has been removed
* while COVID-19 restrictions and the service’s location has impacted the providers capability to engage contractors, negotiations are currently underway with contract gardeners to complete required works
* the works that are needed and proposed for the service are difficult due to the topography of the site and age of the buildings, the approved provider is undertaking a master planning process for the service and intending to submit to the Victorian Government by the end of year
* the approved provider has recently received approval of government funding to progress urgent capital improvements and maintenance.

In making my decision I have considered the Assessment Team report and the information in the response from the provider. While I acknowledge the actions taken by the approved provider I consider at the time of the Site Audit the approved provider did not demonstrate compliance with the Requirement. I therefore find this requirement Non-compliant.

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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.

Overall consumers considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* consumers were satisfied with how complaints are managed by the service
* most consumers said they are comfortable in raising concerns directly with staff, management and through advocates.

Staff provided examples of how they support consumers to submit feedback and complaints. Staff and management explained how consumers/representatives can access advocacy services and how they support this process. Staff demonstrated an understanding and application of open disclosure when describing complaints and incidents.

Incident and feedback documentation demonstrated management use an open disclosure approach and that appropriate action is taken by the service to address consumer’s concerns.

Management demonstrated a system for monitoring and reviewing feedback and complaints with improvements implemented to enhance consumer’s care and services.

The service demonstrated feedback forms were easily accessible and consumers have the option to submit feedback anonymously.

Feedback forms, brochures and information about feedback and advocacy mechanisms are available throughout the service.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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.

Consumer, representative and staff interviews identified issues with the adequacy of staffing numbers, with the lack of staff impeding the quality of care provided by the service. Consumers and representatives provided direct examples of negative impacts to consumer care. Staff raised concerns with high unplanned leave at the service. While roster documents demonstrated that most shifts are allocated with regular staff, not all shifts are replaced.

While consumers and representatives considered staff know what they are doing, the service has not demonstrated staff are trained and equipped to undertake their roles and supported to deliver outcomes for consumers in line with the Quality Standards.

Consumers and representatives were satisfied staff are kind and caring, and gentle when providing care. Interactions between consumers, representatives and staff were observed to be kind, caring and respectful.

Staff performance is regularly assessed, monitored and reviewed with action taken. The performance management tools used by the service are effective.

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 the service, at the time of the Site Audit, was not adequately staffed to deliver and manage safe and quality care and services.

The Assessment Team’s evidence included negative feedback from consumers, representatives and staff about insufficient staffing levels at the service. Consumers and representatives described examples where lack of staff had directly impacted the quality of care and services provided to consumers. For example, consumers having to wait for staff assistance, continence care and lifestyle activities.

The Assessment Team observed a consumer who required staff assistance to use the toilet unable to reach their call bell. The Assessment Team alerted a lifestyle staff member who went to each corridor of the of the house to locate a personal care assistant but was unsuccessful. A clinical staff member was eventually located to assist the consumer. Management advised there should have been more staff on the floor during lunch breaks. The approved provider’s response notes the Assessment Team’s observations do not coincide with current practice at the service.

Roster documents reviewed by the Assessment Team demonstrated that while all shifts are allocated, not all shifts are filled in the event of an unexpected absence. For example, unplanned leave for lifestyle staff resulting in cancelled lifestyle activities and clinical shifts are not always filled.

Consumer and staff interviews indicated the service does not have enough staff to enable consumers to participate in lifestyle activities. The approved provider advised the permanent lifestyle and well-being team is supported by casual activity workers and volunteers to assist with lifestyle activities. However, the Volunteer Program has been suspended due to COVID-19 restrictions, with a limited number of approved volunteers continuing to attend the service. For two consumers (one living with dementia the other with limited mobility) the reduced number of volunteers has impacted the service’s ability to provide meaningful lifestyle activities in line with their needs. For example, one on one support and walks in the garden.

In their response, the approved provider identified filling staffing gaps has been difficult over the past 12 months and acknowledges rates of unplanned leave have risen. The approved provider argues moving staff from one unit to support another is not standard practice and only occurs in exceptional circumstances.

The approved provider confirmed it does not use agency staff due to COVID-19 restrictions and has experienced limited success in recruiting new staff over the past 12 months. The service is currently working with local agencies and is running continuous recruitment campaigns.

While I am sympathetic to the impact COVID-19 has had on the service, I consider the impact on consumers reported in interviews and observed by the Assessment Team at the time of the Site Audit is sufficient reason to consider the approved provider has not demonstrated compliance with the requirement. I find this requirement Non-compliant.

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

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

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

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

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

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

While the Assessment Team found this requirement met, when considering the deficits in other standards I consider Requirement 7(3)d is non-compliant.

While consumers and representatives said they feel staff know what they’re doing, a consumer and representative said staff could benefit from additional dementia-specific training. Management explained that online dementia training modules are available to staff, however in response to the feedback they are developing additional dementia-specific training.

The approved provider has been found non-compliant with several Standards with deficits identified in staff competency to deliver outcomes under the Quality Standards. For example, care documentation and review systems, management of nutrition and hydration, diabetes management and understanding of psychotropic medications and identification of chemical restraint.

While the approved provider’s response to the Assessment Team’s Site Audit report included evidence that did not directly address the Assessment Team’s findings it did identify several areas where education will be delivered to support staff in their day-to-day practice and improve the care outcomes for consumers. The areas of education include:

* education in the electronic care system, particularly around wound, pain and behaviour monitoring
* diabetes management
* use of consistent tools to weigh consumers to mitigate technique errors and weight loss discrepancies
* chemical restraint.

The approved provider does not comply with this Requirement as the organisation has not demonstrated the workforce is appropriately trained and equipped to deliver the outcomes required by the Quality Standards.

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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).

The organisation provided a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policy however, while a clinical governance framework and policy is in place, the approved provider was not able to demonstrate how psychotropic medication is monitored and minimised by the service.

The approved provider demonstrated several opportunities where consumers are encouraged to participate in the development and delivery of care and services.

The organisation provided a documented risk management framework supported by policies and procedures to manage risk, demonstrating the service has risk management systems in place to effectively manage high impact and high prevalence clinical risks and abuse and neglect of consumers.

The governing body uses a range of information and acts to promote a culture of safe, inclusive and quality care and services. This includes recently meeting with consumers in the service.

The organisation has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance, and is aware of updates to legislation.

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

## Assessment of Standard 8

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

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

The Assessment Team found:

* consumers and representatives are encouraged to participate in the development, delivery and evaluation of care and services, however most consumers and representatives did not know how they can participate in the process
* while the service conducted a ‘Resident and Relatives’ meeting in May 2021 for each house, meetings have not taken place since 2020
* consumers were previously engaged in committees that report to the board, however this is no longer in place.

The approved provider advised that while ‘Resident and Relative‘ meetings were not regularly held due to COVID-19 restrictions, consumers were provided with other opportunities to be engaged in the development of services. These opportunities included the annual Residential Care Satisfaction Survey, ongoing post admission interviews and alternative avenues for communication including regular newsletters, phone calls and texts. The approved provider provided several examples where they have implemented improvements and acted on consumer feedback. For example, the service introduced a new menu in August 2021 informed by consumer input and is seeking consumer feedback on food satisfaction and meal preferences through a 2021 Residential Food Satisfaction Survey.

The service is currently seeking consumer and representative involvement in the Clinical Governance and Quality Committee, however, is finding it difficult due to consumers/representatives being uncomfortable with meetings now being in an online format.

In making my decision I considered the Assessment Team’s report and the approved provider’s response. On the balance of the evidence available to me, I find the service is Compliant with this Requirement.

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

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

### Requirement 8(3)(c) 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.*

### Requirement 8(3)(d) 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found:

* the service does not have preventative or proactive processes in place to identify, manage and prevent high impact or high prevalence risks associated with care of consumers
* while the service undertakes audits through the year, this only occurs following consumer/representative feedback or an incident
* falls audits are to be completed monthly, however the service has not completed the 2021 falls audits for all three houses
* the service has completed its annual Restraint Usage audit for only two out of three houses.

The organisation provided a documented risk management framework supported by policies and procedures to manage risk, demonstrating the service has risk management systems in place to effectively manage high impact and high prevalence clinical risks and abuse and neglect of consumers. Management and staff demonstrated understanding and practical application of the policies and procedures.

Management interviews at the time of the Site Audit and the approved provider’s response demonstrated incidents are reviewed daily to identify trends and severe incidents are escalated where required.

The approved provider demonstrated it has audit and review schedules in place for all key committees to ensure regular audits are in conducted, including a monthly audit and review meeting attended by relevant senior staff to review results and plan actions.

The approved provider provided information to demonstrate falls audits were completed by 30 June 2021 for all residential units. The approved provider refutes falls audits are to be conducted monthly and provided evidence to support this.

The approved provider explained that in addition to the annual audit, monthly restraint audits were completed in May 2021 with an audit for one of the houses reviewing further review.

In making my decision I have considered the Assessment Team’s report and the approved provider’s response. On the balance of the evidence available to me, I find the service is Compliant with this Requirement.

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

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

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

The Assessment Team found the clinical governance framework includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policy however, while a clinical governance framework and policy is in place, management were not able to demonstrate how the use of restrictive practices is monitored and minimised by the service.

The Assessment Team identified two consumers who are mobile and mechanically restrained in low-low beds. The service did not recognise having beds in a low position for consumers who are mobile to be under mechanical restraint.

The service did not demonstrate effective monitoring of psychotropic medications. Psychotropic medication data is compiled by clinical staff in each house and this is included in a central register, the Assessment Team found the data is not recorded consistently and staff are unaware of how the data is monitored. The Assessment Team identified inconsistencies in the completion of the Psychotropic Register. Staff responsible for completing the register advised they had not received guidance on how to complete the register.

In response to the risk based questions management advised that no consumers at the service were under chemical restraint however, the Assessment Team identified several consumers from the Psychotropic Register who meet the definition of being chemically restrained. For example, consumers prescribed psychotropic medication for agitation.

The approved provider acknowledges that based on feedback from the Assessment Team during the Site Audit, management did not understand and were not correctly identifying chemical restraint. The approved provider advised the misunderstanding has been addressed and staff have been provided education about the correct identification of chemical restraint.

The approved provider advised the current psychotropic register is an interim strategy used for monitoring and reporting purposes only. Reporting for restrictive practices and relevant authorisations will be available in the electronic care system as part of an upgrade. The approved provider notes this may circumvent the need for the current Psychotropic Register and that testing of the system underway, a procedure is being developed and training for staff planned.

The approved provider acknowledged the consumers with low low beds would be considered mechanical restraint and contends their restrictive practices procedure has been followed and informed consent obtained.

While the approved provider’s response includes several strategies in place to minimise the use of psychotropic medication at the service, I consider the approved provider has not demonstrated it effectively identifies, monitors and minimises psychotropic medications. I have also considered examples throughout the Assessment Team’s report where relevant staff did not demonstrate a clear understanding around the requirements that apply to the use of any restrictive practice in relation to a care recipient.

In making my decision I have considered the Assessment Team’s report and the information in the response from the approved provider. While I acknowledge the actions taken by the approved provider, I consider at the time of the Site Audit the approved provider did not demonstrate compliance with the Requirement. I find the service is Non-compliant with this Requirement.

# Areas for improvement

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

**Standard 2, Requirement 2(3)e**

* Implement processes to ensure care and services are reviewed regularly, and when circumstances change or when incidents, for effectiveness, particularly in relation to wound management, falls management, pain management and behaviour management.
* Establish monitoring processes to ensure deficits in documentation are identified and managed effectively.
* Ensure staff have the skills and knowledge to accurately record and manage consumer care documentation in the services electronic care system.

**Standard 2 Requirement 3(3)b**

* Ensure effective identification and management of high impact and high prevalence risks associated with the care of each consumer.
* Ensure staff have the skills and knowledge to manage high impact and high prevalent risks relevant to consumers living at the service.

**Standard 5 Requirements 5(3)(a) and 5(3)(b)**

* Ensure the service environment optimises each consumers independence, interaction and function including consumers living with dementia.
* Implement improvements to the service environment to ensure it is safe, well-maintained and easy for consumers to navigate and move freely indoors and outdoors.
* Ensure processes are in place to ensure any hazards that pose a safety risk to consumers are identified and addressed.

**Standard 7 Requirements 7(3)a & 7(3)d**

* Ensure staffing is planned to enable the management and delivery of safe and quality care and services to mitigate adverse impact to consumers.
* Implement processes to ensure the workforce is recruited, trained, equipped and supported to deliver outcomes.

**Standard 8 Requirement 8(3)e**

* Effectively implement organisational governance policies and procedures in relation to recognising and minimising restrictive practices and the management of psychotropic medications.
* Ensure staff have the knowledge and skills to apply the organisation’s clinical governance framework particularly in relation to restrictive practices, psychotropic medication and chemical restraint.