Catholic Healthcare St Mary's Villa

Performance Report

46 Darling Street   
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**Commission ID:** 0058

**Provider name:** Catholic Healthcare Limited

**Site Audit date:** 15 February 2022 to 17 February 2022

**Date of Performance Report:** 23 March 2022

# Performance report prepared by

P Lai, delegate of the Aged Care Quality and Safety Commissioner.

# 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) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 15 to 17 February 2022; 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 15 March 2022
* Assessment Contact report dated 20 August 2021
* Notice of Requirement to Agree dated 13 September 2021

While I have taken the approved provider’s response into account, I have not afforded weight to the case *The Aged Care Standards and Accreditation Agency Limited v Kenna Investments Limited* referred to within their response, as this case involved considerations underpinning a merits review by the Administrative Appeals Tribunal. These considerations are not relevant to this decision.

# 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

Overall, sampled consumers consider they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and are supported to take risks to enable them to live the life they choose. Consumers expressed satisfaction relating to positive staff interactions making them feel they are treated with dignity, respect and kindness.

Consumers expressed knowledge of their rights and comfort in expressing concerns. They said care and services are delivered demonstrating respect of their culture and diversity. They said staff discuss risks associated with their choices and gave examples of how they are supported to participate in a manner as safe as possible. Consumers feel their privacy is respected and personal information confidentially maintained.

Interviewed staff spoke respectfully when discussing consumers and gave examples of supporting consumers’ personal circumstance, needs and individual preferences. The Assessment Team observed staff interacting with consumers in a positive, helpful, kind and respectful manner, affording privacy in aspects of delivery care and interactions.

Registered staff gave examples of supporting consumers to make informed choices relating to their care through engagement and consultation during assessment and care and services planning processes. Staff demonstrated knowledge of consumer’s complex needs and specific preferences involving risk taking activities. Staff described various methods of ensuring information is communicated/accessible to consumers and representatives and described strategies utilised when communicating with consumers living with visual and hearing impairment and/or reduced cognition. Staff gave examples of maintaining consumers’ confidentiality and privacy when providing care and services and communicating with others.

Organisational policy documentation guides staff in relation to requirements of this Standard including care and services delivered in line with consumer-centred preferences. The Charter of Aged Care Rights and other documentation relating to code of conduct and the Aged Care Quality Standards were observed displayed in communal area and contained within consumer information material. Review of assessments generally demonstrated consumer involvement in risk related choices and care planning documentation generally detailed consumer preferences. Documentation demonstrated consumers are regularly encouraged to provide feedback in relation to staff behaviour and respecting consumers individual needs and preferences.

Care and services planning consider religious affiliations, personal beliefs, cultural needs specific to each consumer. Documents are stored in a confidential manner and electronic records are password protected and role related.

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.

Most sampled consumers did not consider they felt like partners in the ongoing assessment and planning of their care and services. For the consumers sampled, care and service records do not provide evidence of comprehensive assessment and care planning that considers risk to the consumer’s health and well-being.

For example:

* Consumer and representatives provided feedback that they were not always partners in the assessment, care planning and review of consumer care and services.
* Most consumers and their representatives felt there was a lack of communication and that they were not consulted enough in relation to care planning.

Assessment and care planning is completed by registered nurses, and internal policies indicate they should be reviewed at a minimum of every three months or if triggered by incidents, change in condition or specific requests made by consumers or their representatives. However, the Assessment Team noted re-assessment is not consistently completed or documented accurately to inform the delivery of care and services for consumers. Care and services planning were also noted to be fragmented and did not always consider risks to the consumer’s health and wellbeing.

The Quality Standard is assessed as Non-compliant as three 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.*

At the time of performance assessment, the service did not demonstrate consistent assessment and planning in consideration of risks to consumers’ health and wellbeing.

The Assessment Team reviewed a sample of consumer documentation and identified the use of validated assessment tools to identify consumers needs, goals and preferences. However, the team noted that risk assessments were not consistently completed to manage risks for some consumers at the service, such as risk assessments for skin integrity, smoking cigarettes, self-administration of oxygen, or crash mats (where it has previously caused a consumer to fall).

Furthermore, the team also noted information recorded in summary care plans were inconsistent with information contained in comprehensive care and service plans.

Staff interviewed were able to describe the process by which they use assessment and planning documents to inform them of the care and services delivered to consumers considering their needs, preference and potential risk associated with these care and services. However, staff acknowledged the deficits identified in the documentation and made immediate amends to documentation which were completed by the last day of the assessment visit.

The provider has responded that staff reference the comprehensive services and care planning documents at care delivery, and do not solely rely on the summary care plan. They have also since taken further improvement action to improve their system and enable a more detailed summary care plan to be provided to consumers and/or representatives. They have also since updated their incomplete risk assessments for identified consumers and conducted associated case conferencing.

I acknowledge the approved provider’s feedback and immediate actions taken to rectify the issues. I understand the provider wishes these improvements to be considered for performance decisions against compliance requirements, however, I note that the decision must be based on the evidence at the time of assessment. I further acknowledge the provider’s response referencing a case (page 4) to explain that improvements post-assessment should be taken into consideration, but I note that the context of a decision being made by the Administrative Appeals Tribunal is different to the current context in which this decision is made.

I have placed weight on the fact the service’s system to assess and plan for consumers did not self-identify that there were risk assessments that were incomplete in guiding staff to safely manage and minimise risk for consumers.

I find this requirement is non-compliant.

### 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.*

The service demonstrated assessment and planning that was based on ongoing partnership with most consumers, their representatives, or other organisations.

A sample of consumers were interviewed, and some consumer and representatives provided feedback in relation to the provision of a completed care plan however expressed dissatisfaction in relation to a lack of communication and consultation in care planning processes. They also mentioned a lack of partnership and engagement in the development of care and services plans.

The Assessment Team reviewed a sample of care documentation which demonstrated medical officer, allied health and specialist involvement in assessment and planning of consumer care as required. However, the team notes that the service was not able to provide evidence that their input was followed (which would otherwise demonstrate a partnership in delivering care). For example, specialist directives were not adhered to for a consumer experiencing complex behaviours and timeliness of dietitian review in relation to management of weight loss were not demonstrated.

Staff interviewed demonstrated knowledge of the processes of updating consumers/representatives when consumers needs change plus external services and specialist involvement in consumer’s care. Policies and procedures guide clinical staff in undertaking case conferencing processes.

The provider has since responded with further evidence to demonstrate that assessment and planning for consumers involved continue input and partnership with other organisations, particularly for the sampled consumers. They have also submitted evidence to demonstrate that the sampled consumers had case conferences conducted anytime between Oct 2021 and Feb 2022 prior to the assessment to discuss care, although they acknowledged one representative could have received better communication. They have also provided a survey from Oct 2021 which demonstrated that more than three quarters of their consumers felt like they were consulted in their care needs all if not most of the time, with the remaining stating that they were consulted some of the time.

I have considered the above evidence. Whilst some of the consumer’s interviewed expressed dissatisfaction about the partnership or communication at the service and there is improvement that can be undertaken by the service, I acknowledge that the provider can demonstrate assessment and planning had involved most consumers, their representatives, and other organisations. I have also addressed the consumer’s dissatisfaction with communication about care in Standard 2(3)(d).

On balance, I find this requirement 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.*

Whilst the service demonstrated some evidence that they take actions to involve consumers and their representatives in discussing the outcomes of assessment and care plans, it was not clear that it has been effectively communicated.

Many consumers and/or their representatives sampled felt communication related to their care and services needed to be improved. Some consumers interviewed expressed dissatisfaction with communication in care planning processes, and a lack of partnership and engagement in the development of care and services plans.

A sample of consumer documentation reviewed also indicated that summary care plans shared with consumer representatives were not always accurate or consistent with the consumer’s current condition or needs.

Staff interviewed said a copy of the consumer’s summary care plan is sent to the nominated representative requesting feedback. They acknowledged that summary care plans shared with consumer’s representatives are not always accurate and are working towards improving this as part of the service’s continuous improvement plan.

The provider has responded they have since taken further improvement action to improve their system and enable a more detailed and accurate summary care plan to be provided to consumers and/or representatives.

I acknowledge the approved provider’s feedback and immediate actions taken. Whilst the service can demonstrate actions that indicate communication and involvement with the consumer (or their representatives) regarding their care, I am not persuaded that the outcomes of assessment and planning were necessarily communicated effectively at the time of assessment. This is based on consumer feedback and the inconsistency in documentation shared to consumer and their representatives, and the gaps in information regarding risk as noted in Requirement 2(3)(a).

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 service did not demonstrate effective systems to ensure care and services were consistently reviewed following a change in circumstance and/or incidents.

The Assessment Team reviewed a sample of care documentation and identified a process for regular review of care planning. However, care and service records did not consistently demonstrate a regular review, a comprehensive review when circumstances change, when incidents occur, or when the needs of consumers change. For example, the team noted a consumer with their care documentation not reviewed for five months. Also, multiple consumers that had falls did not have their fall prevention strategies reviewed for effectiveness or did not have evidence demonstrating investigation into factors that contributed to the consumer’s falls. In some instances, incidents related to behaviours have not been reported or led to a review of care.

A sample of consumers were interviewed, and most consumers and representatives expressed satisfaction of a discussion relating to consumer’s care on return from hospital, post fall, or if any incidents occurred. However, a consumer representative said the consumer’s care plan has not been reviewed in consultation with the representative for nearly six months, and the consumer’s condition has significantly changed in the past six months.

Staff interviewed were able to describe the processes and time requirement for care planning review, policies and procedures guide staff in this process.

The provider has since responded with actions to update documentation and their incident management system.

I acknowledge the approved providers feedback and immediate actions taken, however, have placed weight on the fact the service’s system did not consistently review care and service for effectiveness or when circumstances change at the time of assessment.

I find this requirement is non-compliant.

# 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.

Staff interviewed demonstrated an understanding of infection prevention and control measures including in relation to COVID-19 and other infections.

The service has systems in place to provide effective and safe care and service to consumers in residence. However, review of clinical documentation and consumer and representative feedback showed the clinical care provided is not best practice and is not adequately documented. For the consumers sampled, falls risk, skin integrity, behaviour management, psychotropic and medication management were not effectively managed.

The Quality Standard is assessed as Non-Compliant as three 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 service did not demonstrate best practice with some aspects of clinical care, particularly the management of psychotropics, self-administration of medicine, and skin integrity management.

The Assessment Team reviewed a sample of consumer documentation and noted they do not always follow best practice guidelines in the management of clinical care. For example, some wounds were not managed according to best practice as the per the service’s internal skin and management policy, as some wounds were identified to be missing wound chart entries, and there were occasions where photos were not taken with measuring tape to monitor the progress of the wounds. One consumer also had recent bruising which was noted as having an unknown cause, and the skin care plan had not been reviewed for more than five months.

There were also concerns about documentation of consumer’s care.   
For example, one consumer self-managing their oxygen was noted in their care plan to be unable to self-manage, although staff and the consumer advised that they could. However, the consumer did not have a documented risk assessment, and did not have medication charts indicating the frequency of use or rate of oxygen therapy. The assessment team observed the consumer self-administering more oxygen than outlined in their care plan. One consumer with behaviours also did not have behaviour charts completed as recommended on their behaviour care plan.

Furthermore, the Assessment Team identified two consumers who were prescribed psychotropic medications to manage their behaviours, but staff were unable to provide details of consent, review and monitoring plans related to the psychotropic medications for these consumers. The Assessment Team reviewed the psychotropic consent documentation for other consumers and eight of the 16 consents had not been reviewed according to the organisation policies and procedures, which stated that consent forms were to be reviewed every three months or when there are changes in the consumer condition. By the end of the assessment visit, the residential manager had provided subsequent evidence of reviews completed for the overdue consents and emails to the medical officer requesting review and approvals by the end of the assessment visit. They also note that the two consumers prescribed psychotropic medications to manage their behaviours had now had the prescription ceased by the medical officers.

Staff interviewed were able to describe what they do when they have concerns regarding a consumer’s personal or clinical care. Care staff said they escalate the concerns to registered nurses immediately. Management, clinical and care staff said there were no consumers at the service requiring chemical, physical, environmental restraint or were secluded. Management acknowledged that behaviour charting for consumers with behaviours of concerns needed to improve. Management said this has been documented in the service’s plan for continuous improvement.

The provider has since responded with further evidence demonstrating that some care has been provided, and also wished to note they have addressed some concerns during the performance assessment visit. The provider has also taken further action to ensure the consumer self-administering oxygen has had assessments and medication charts completed and review by a GP, and they have added wound management and the management of psychotropics to their plan of continuous improvement.

I acknowledge the provider’s improvement actions to rectify the issues identified. I must make a decision on this requirement based on the time of assessment. I have placed weight on the fact the service’s system to manage clinical care did not identify that the management of wounds, psychotropics, and self-medication was not to best practice at the time of assessment.

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.*

Whilst care plans include information about some high impact and high prevalence risks for consumers, the service did not show consistent and effective management of high impact or high prevalence risks.

The Assessment Team reviewed a sample of consumer documentation and identified the service did not demonstrate the monitoring and adjustment of practices in relation to effective management of high impact and high prevalence risks, especially in the areas of falls and behaviour management.

There were several consumers who had falls that did not have information about the contributing factors and how falls can be prevented in their incident report or care plans. As an example, one consumer described experiencing a fall due to their rollator frame getting caught on the crash mat located on the left side of their bed; however, the Assessment Team did not identify the consumer’s records had information about contributing factors to this fall. The consumer describes staff as still encouraging them to use crash mats on the left side of their bed which they have refused. The Assessment Team further reviewed the consumer’s records and identified there were limited fall prevention strategies and did not identify risk assessments regarding the use of crash mats for this consumer.

One consumer with behaviours was also identified to have incidents that did not consistently have corresponding incident reports and behaviour charting. On a few occasions where behaviour charts were completed, the effectiveness of the interventions were documented as unsuccessful and no further evidence was available about strategies trialled for the consumer. There was limited evidence to indicate that staff was assessing the consumer’s triggers and implementing behaviour support strategies in line with their care plan.

The team also identified one consumer who had weight loss and there was no evidence of ongoing weekly dietician reviews for the consumer as recommended from an initial dietician review.

Management staff interviewed acknowledged that behaviour charting for consumers experiencing behaviours of concern needs to improve. Management said this has been documented in the service’s plan for continuous improvement.

The provider has since responded demonstrating the updating of fall management strategies for the consumer during the performance assessment visit, and additional strategies post-assessment as well. They have also identified opportunities to improve their incident management process to identify contributing factors, and opportunities to improve trigger identification and charting of a consumer’s behaviours by staff. They have addressed it in a plan for continuous improvement. Furthermore, they have provided evidence of care for the consumer identified to have weight loss to demonstrate it was managed according to a new dietician’s instructions, and also attempts to identify strategies for the consumer with behaviours.

I acknowledge the provider’s actions to rectify the issues. I must make a decision on this requirement based on the time of assessment. I have placed weight on the fact that the service’s system to manage high impact or high prevalence risks did not identify that the management of falls and behaviours were not effectively managed. I appreciate the provider addressing the concerns in their plan for continuous improvement, although further time will be required to demonstrate it has been adequately addressed.

I find this requirement non-compliant.

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

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

### 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.*

Whilst the service has systems in place for communication information about the care of consumers, these have not been effective for all sampled consumers. Sharing of information in some consumer’s care and service records is incorrect or inconsistent. Clinical monitoring documentation is not always completed consistently, which does not ensure adequate information sharing within the organisation to ensure effective care delivery to consumers.

A sample of consumer documentation was reviewed and the Assessment Team identified that some consumers had incidents that were not always reported or did not have an incident report completed with a root cause analysis, which would inform safe care. Summary care plans also sometimes contained inaccurate information that did not match more comprehensive assessments for a consumer.

A sample of consumers and their representatives were interviewed and most stated that staff communication could be improved. A few consumers or representatives stated staff unfamiliarity with the consumer, with examples such as staff not being familiar with their wound dressing management, the amount of oxygen they self-administer, or the amount of food the consumer was eating.

Staff interviewed described having handover with the previous shifts care staff member but not one with the registered nurse. A care staff and a clinical staff member said they don’t always have time to review consumer progress notes and care plans, and they review the work logs allocated to them in the service’s electronic information management system and attend to these.

The provider has since responded describing the care they have provided to the consumers, addressed the consumer and staff feedback, and have assured the consumer’s care and safety despite the above concerns. They have also noted actions they have planned to address the inconsistent information in summary care plans, and incident management.

I acknowledge the actions the providers have taken to improve the service, and the actions taken to ensure appropriate care for the consumers. However, I have placed weight on the consumer feedback and the inconsistencies in communicating information in the organisation at the time of assessment.

I find this requirement Non-compliant.

### 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.*

The service demonstrated appropriate infection control processes and practices. Documentation review detailed policies and procedures relating to antimicrobial stewardship including the process to minimise the use of antibiotics.

Clinical staff demonstrated knowledge of practices to minimise antibiotic usage including assessment processes when consumers exhibit signs of pending infections, medical officer involvement and pathology testing prior to commencing antibiotic therapy.

Consumers expressed satisfaction the service has appropriate practices to minimise risk of infection and gave examples of how this is conducted.

Management personnel described the education and training provided to clinical staff in relation to antimicrobial stewardship. Interviewed clinical and care staff demonstrated knowledge of their role in minimising transfer of infection including use of personal protective equipment (PPE), hand hygiene, sanitisation of equipment, monitoring changes in consumers condition.

Processes implemented in relation to Covid-19 pandemic include:

* daily temperature checking of consumers and screening for Covid-19
* the service’s Quality and Education Coordinator appointed as Infection Prevention and Control (IPC) lead
* a documented infection control program, including a COVID-19 outbreak management plan
* interviewed staff detailed completion of PPE donning/doffing processes and hand hygiene training
* shift allocation ensures staff whereabouts are known and enables contact tracing in case of an outbreak

The Assessment Team observed staff practising appropriate infection control procedures, hand sanitising stations and supplies of equipment readily accessible and screening processes (Rapid Antigen and temperature testing) for all staff and visitors accessing the service. Notice boards detailing appropriate infection control requirements and preventative actions are located throughout the service. The Assessment Team observed equipment to be clean and staff sanitising equipment before and post usage.

Staff demonstrated understanding of infection prevention and control measures relating to Covid-19 and other transmissible infections.

I find this requirement is Compliant.

# STANDARD 4 COMPLIANT Services and supports 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

Interviewed consumers consider they get services and supports to daily living that are important for their health and well-being, enable them to maintain independence and do what they want to do, including engaging in activities. The service has a range of methods for ensuring consumers provide input into the services and supports they choose, and are important to their needs, goals and preferences.

Consumers expressed positive feedback in relation to staff supporting them to keep in touch with those of importance; they are supported to maintain personal hobbies and attend activities of choice within and external to the service; spiritual services are available as per choice; satisfaction with cleanliness of well-maintained equipment to support independence, health, well-being and their quality of life. Most expressed satisfaction in relation to a variety and sufficiency of food, plus staff have awareness of their food preferences and dietary needs.

Staff interviewed demonstrated knowledge of consumers individual preferences/needs and described services and supports to assist consumers’ independence in activities of daily living. Staff gave examples of supporting consumers to participate in leisure and lifestyle activities within and external to the service. Staff described services and supports to promote emotional, spiritual and psychological wellbeing and the escalation process to ensure consumers needs are met in a timely manner. There are processes to seek consumer feedback and input into the lifestyle program and meal preferences. The flexible lifestyle program caters via a variety of methods to include consumers with reduced functional, visual, hearing or cognitive deficits and for consumers who prefer not to participate in group settings.

Management and staff described emotional, spiritual and psychological supports available for consumers, including access to pastoral care teams from local communities, attendance at church services, and spending individual time with consumers who prefer not to participate in communal activities. External providers are utilised to ensure consumers wishes and needs are met. Staff demonstrated knowledge of the communication processes to ensure they (and those involved in care) are advised of any changes to consumer’s needs or preferences.

Care planning documentation for sampled consumers detailed information relevant to each consumer’s needs and included information about life history, spiritual, emotional and psychological needs and preferences, family and social connections and days of significance. Care planning documentation detailed dietary preferences and needs and reflected involvement of external providers. Policies and procedures are available to guide staff in relation to requirements within this Standard.

The Assessment Team observed consumers, with varying levels of mobility, moving throughout the service and staff providing engagement and support as needed. Consumers were observed participating in group activities, socialising while partaking of meals and interacting in communal areas with staff, other consumers and visitors. The Assessment Team observed the service internal and external environment and furniture/fittings to be clean, well-maintained and suitable for consumer use.

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.*

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Sampled consumers consider they belong and feel safe and comfortable within the service environment. Consumers reported a range of feedback including they feel safe and at home, visitors are made to feel welcome, there are several areas available to interact with others plus areas for solitude; satisfaction with cleaning of equipment and the environment; the design of furniture and fittings assists with independence and adds to the comfort of the environment; they can access outside areas of choice, including exiting the service.

Staff described the process for ensuring equipment is cleaned and maintained and said training is provided to them regarding the use of equipment. The service environment maximises support for consumer’s independence including mobility aids, seating areas, external pathways and lighting. Pictures and room identification assist wayfinding.

There is a preventative and routine maintenance program and the Assessment Team observed cleaning occurring throughout the environment. Staff demonstrated knowledge of the process for reporting hazards, maintenance requests and when the fire alarm activates. Maintenance issues are discussed at consumer meetings. Documentation review demonstrate timely response to maintenance issues and adherence to relevant safety requirements.

The Assessment Team observed the service environment to be clean and welcoming; natural lighting throughout, chairs placed to enable seating when needed; furniture/fittings were observed to be clean well-maintained and suitable for consumer use. Consumers, family members and staff were observed to be utilising internal and external areas.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers consider they are encouraged and supported to give feedback and are satisfied consideration is given and timely action taken in response. There are several mechanisms available to capture feedback and complaints and to inform improvement within the service.

Consumers expressed a range of feedback including, confidence management encourage and support them in making complaints, feel safe in doing so, are familiar with ways to communicate their concerns, are confident feedback is used to improve care and services and gave examples where concerns were promptly resolved. Examples include processes implemented by management relating to food quality and service.

Consumers described management and staff as approachable and understanding and expressed an apology which encouraged them to voice their opinions. They demonstrated knowledge of external complaint avenues available to them.

Staff gave examples of how they manage the process when consumers or their representatives approach them with concerns about care and services, including management of communication barriers, principles of open disclosure, processes to escalate concerns and documentation required. The service demonstrated actions taken in response to complaints and provided examples of feedback resulting in improvements for consumers and open disclosure processes utilised when required.

There is a complaints management system and a continuous improvement plan that details review of feedback and complaints and inclusion in analysis for improvement. Documentation detailed policies and procedures to guide management and staff in managing and documenting feedback and complaints which are analysed for trends and outcomes utilised to improve quality of care and services. There is information for consumers and representatives regarding language services, advocates and external modes of complaints management. Information is displayed throughout the service detailing the internal and external complaints mechanisms available. Review of consumer documentation detailed guidance on complaint processes, issues raised, and actions implemented.

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 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

Overall consumers consider they get quality care and services in a timely manner from management and staff who are knowledgeable, capable and caring. Consumers said staff are kind, caring, know what they are doing, they feel safe when staff are assisting them, and although busy there is enough staff to provide care and services in a timely manner. Consumers are satisfied they are treated with respect and staffs’ personal knowledge to ensure they meet consumers needs and preferences.

Staff said they are provided with equipment and supports to carry out duties of their roles and receive ongoing support, training, professional development, supervision and feedback to enable them to perform their role and responsibilities. Staff across all designations said the service maintains coverage of shifts and there are enough staff to manage workflows and respond to consumers’ needs.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful of each consumer’s identify, culture and diversity.

Management personnel demonstrated the service plans staff sufficiency relative to consumers current needs and ensure allocated of staff to ensure consistency for consumers. Clinical staff gave examples of management’s response when additional staff are required to meet consumer needs. Education, training, policies and procedures guide staff in organisational expectations relating to consumer care and services. Review of education records noted staff have received education on the Quality Standards. There are systems to ensure regular assessment, monitoring and review of staff performance. Management advised they incorporate consumer feedback in review of staff performance and provided examples of how staff competency and professional registrations are monitored for currency and suitability to the role.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 NON-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).

For example:

* Overall consumers sampled confirmed they feel the service is well run and that management has an open-door policy and they can approach them at any time.
* Most consumers were confident in their involvement in the development, delivery and evaluation of care and services at the service. Most of the consumers were satisfied with the care and services they receive at the service and are confident their preferences and wishes are considered to provide them with safe and effective care. Some consumers were able to give good examples of when they have provided feedback on meals, activities and the environment they live in at the service.

While the organisation was able to demonstrate it has effective governance systems to ensure they are compliant in meeting most of the Quality Standards, the service was not able to demonstrate it effectively uses these systems to provide adequate care and services in relation to information management and risk management.

The service was not able to demonstrate they are consistently accountable for delivery of care, through review of high impact high prevalence risks in consumer care. Review of care and services management systems showed the service does not consistently reviews or update documentation to inform staff of identified changes in consumer care and services.

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

## Assessment of Standard 8 Requirements

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

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

### 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.*

The service demonstrated effective organisation wide governance systems related to continuous improvement and financial governance, workforce governance, regulatory compliance, feedback and complaints.

I note the service had identified concerns with information management which I have previously addressed in Standards 2 and 3. There are also concerns with the service’s incident management system which I have addressed in Standard 8(3)(d). However, I acknowledge the additional information in the provider’s response and have considered this requirement in its entirety across the numerous organisation wide governance systems expected.

On balance, I find this requirement 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*
4. *managing and preventing incidents, including the use of an incident management system.*

Whilst consumers are supported to live the best live they can through the delivery of care and services that reflect their needs and preferences, the service was unable to demonstrate it has a consistent and effective approach to mitigate or effectively manage risk for consumers.

The Assessment Team identified the organisation has policies and processes in place to guide and address high impact and high prevalence risks for consumers. Staff have received training about the policies and were able to provide examples of their relevance to their work.

However, the service was not able to demonstrate they consistently manage or effectively prevent incidents from reoccurring. The Assessment Team reviewed incident reports and identified that some incidents such as falls did not have root cause analyses completed to identify contributing factors and further fall prevention strategies. There were also some incidents related of behaviours that were not reported, and hence a review of care was not followed appropriately.

The provider has submitted their plan for continuous improvement to improve their incident management system.

I acknowledge the actions the providers have taken to improve the service. I must make a decision based on the evidence at the time of assessment. As the incident management system was not effective in managing and preventing incidents at the time of assessment, I find this requirement non-compliant.

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

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

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

# Areas for improvement

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

### 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.*

* Ensure the information used for assessment and planning is accurate and consistent across documentation
* Ensure risk assessments are completed to inform the delivery of safe and effective care and services for consumers

### 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.*

* Ensure the documented information shared with the consumer or those where care and services are provided is accurate and consistent
* Ensure consumers and or their representatives receive effective communication about care for the consumer

### 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.*

* Ensure all care and services consistently receive regular review
* Ensure all care and services are reviewed when incidents have occurred

### Requirement 3(3)(a)

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

* Ensure best practice is followed for the management of skin integrity, psychotropics and self-administration of medicine

### Requirement 3(3)(b)

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

* Ensure effective incident reporting and management of falls and behaviours of concerns

### 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 the information communicated within the organisation is accurate and consistent across documentation
* Ensure incidents are recorded or reported appropriately within the organisation
* Ensure information about the consumer’s condition, needs and preferences is communicated within the organisation

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

* Ensure the service has an effective incident management system to manage and prevent incidents, and high impact or high prevalence risks associated with the care of consumers