Catholic Healthcare St Paul's Residential Aged Care

Performance Report

27 Eastern Valley Way
Northbridge NSW 2063
Phone number: 02 8405 1000

**Commission ID:** 1001

**Provider name:** Catholic Healthcare Limited

**Site Audit date:** 19 May 2021 to 27 May 2021

**Date of Performance Report:** 6 August 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) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | 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) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-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) | 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) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the 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 Serious Incident Response Scheme (SIRS) investigation report conducted between 14 July and 20 July 2021,
* the approved provider’s response to the Site Audit report received 5 July 2021,
* the approved provider’s response to the SIRS investigation reported received 4 August 2021.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall, consumers and representatives interviewed by the Assessment Team considered that 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. Consumers interviewed confirmed that they are encouraged to do things for themselves and that staff know what is important to them. Consumers confirmed that their personal privacy is respected by staff.

Staff interviewed by the Assessment Team consistently demonstrated their knowledge and understanding of consumer’s backgrounds and how they provide culturally appropriate care to consumers. Staff could describe how they support consumers to exercise choice and independence to live the lives they wish, maintain relationships, and how they ensure consumer privacy is respected.

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 interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of the consumer’s care and services. Consumers and representatives interviewed said they are informed about the outcomes of assessment and planning, and they have received a copy of the care plan or have been offered a copy. Most consumers and representatives said the service had discussed end of life planning with them. Some representatives said end of life preferences were regularly discussed during care plan reviews and case conferences.

Interviews with consumers and representatives, and care documentation reviewed by the Assessment Team, confirmed the service seeks input from medical officers and other health professionals to inform the consumer’s care and service delivery. Care plans reviewed were individualised and some included consideration of risks to the consumers health and well-being.

However, the Assessment Team found the service was unable to demonstrate care and services were appropriately reviewed for one consumer when circumstances change or when incidents impacted on the needs, goals and preferences of the consumer.

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

## Assessment of Standard 2 Requirements

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

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

The SIRS investigation report found gaps in the assessment and planning for several consumers, including lack of consideration of risks to the consumer’s health and well-being. One consumer involved in a serious incident did not have a behaviour assessment or behaviour chart completed until after the incident, despite the interim care plan stating the consumer displays wandering and interfering behaviours. This consumer also displayed disturbance in sleep patterns and settling routines without adequate assessment and actions taken in response.

Review of a consumer’s care plan who had recently entered the service, showed some risk assessments were not completed and an assessment of behaviour had not been completed despite the consumer being physically aggressive towards staff and verbally resistive to care. Review of another consumer’s care plan who had recently entered the service showed inconsistencies in the assessment of risk of falls, with no strategies or interventions documented in the consumer’s care plan to minimise the risk of falls. For one consumer who experienced a choking episode, an assessment to manage this risk and inform safe care was not completed when the consumer’s needs changed.

In their response to the SIRS investigation report, the approved provider acknowledged that for the consumer that was involved in the serious incident, a behaviour assessment and behaviour charting was not completed until after the incident. The approved provider’s response demonstrated that the consumer’s behaviour was monitored through an hourly sight chart, however, the response does not evidence that this sight chart was in place or completed in the week leading up to the incident. The approved provider’s response demonstrates an assessment of sleep patterns and settling routines was completed following the incident.

In their response, the approved provider acknowledged risk assessments for one consumer were not completed in line with the organisation’s procedures. The approved provider’s response includes some clarifying information for consumer’s assessment and management of risk of falls to demonstrate this was generally considered in care assessment and planning.

The service did not demonstrate that care assessment and planning was consistently completed for consumers and included consideration of risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services.

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.*

### 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) 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 consumer care and services are reviewed regularly. However, for one consumer sampled, the Assessment Team found their care and services were not reviewed following clinical deterioration and two falls. The service did not demonstrate comprehensive investigation of the falls to ensure care and services are effective, and to identify interventions to minimise the risk of reoccurrence.

Regarding the consumer identified in the Site Audit report, in their response the approved provider demonstrated that the consumer’s care, services and interventions to minimise the risk of falls were reviewed following the falls. The approved provider demonstrated that post-falls management was in line with the organisation’s policies, and review by the consumer’s medical officer and the physiotherapist occurred to identify any impacts on the needs of the consumer.

The service demonstrated that consumer care and services are reviewed for effectiveness on a regular basis, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

I find this requirement is Compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Most consumers and representatives interviewed by the Assessment Team considered that the consumer receives personal and clinical care that is safe and right for them. Consumers and representatives interviewed were satisfied with how staff provide personal and clinical care in line with consumers’ needs, goals and preferences. Consumers and representatives interviewed confirmed that the consumer could access a doctor or other health professional when they need it.

Care planning documentation reviewed by the Assessment Team demonstrated that best practice guidelines are generally followed to optimise consumer’s health and well-being and tailor care to their personal and clinical needs. The Assessment Team found consumer end of life care is provided with respect to their choices and preferences and includes allied health involvement where appropriate.

Care documents reviewed by the Assessment Team included information about some high impact and high prevalence risks for consumers. However, interventions were not always adequate to minimise the risks associated with their care. The Assessment Team found changes or deterioration in the condition of the consumers sampled was not consistently identified and/or responded to in a timely manner.

Documentation reviewed by the Assessment Team regarding a recent outbreak did not demonstrate effective recognition, monitoring and use of standard and transmission based precautions to identify infection symptoms and minimise the transmission.

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

The Site Audit report identifies that overall, clinical and personal care provided to each consumer is safe and effective. However, the SIRS investigation report found for one consumer assessed as having generalised pain and a history of pain, there was limited pain charting completed and limited documentation regarding pain monitoring. A consumer representative identified concerns regarding the palliative personal care needs provided to their relative at the end of their life.

In their response to the SIRS investigation report, the approved provider identified that for the consumer who had a history of pain, a pain monitoring chart was commenced on admission to the service. For the consumer whose representative identified concerns with their palliative care, the approved provider demonstrated the consumer’s personal and clinical care was regularly reviewed by the consumer and representatives to ensure it was tailored to the consumer’s needs.

The Site Audit report and the approved provider’s response to the SIRS investigation report demonstrates that overall, consumers receive personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being.

I find this requirement is Compliant.

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

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

Care plans reviewed by the Assessment Team demonstrated that the high impact or high prevalence risks associated with the care of consumers are generally identified and strategies implemented to manage these risks. This includes risks in relation to diabetes and falls. However, the Assessment Team identified poor and unsafe staff practices in relation to medication management, as two consumers were identified to have been administered expired medications. The service has a policy and procedure for the safe management of medication however, this was not reflected in staff practice.

The SIRS investigation report found that for one consumer at risk of developing pressure injuries, a pressure area care chart was not in place in line with interventions listed in their care plan. For another consumer, the identification and management of their sleep disturbance and wandering behaviours was not effective to minimise risk to the consumer and other consumers. For one consumer, interventions were not effective to minimise the risk of choking, and when the consumer experienced a choking episode the service did not demonstrate effective management to prevent further choking episodes and associated risks.

In their response to the Site Audit report, the approved provider acknowledged the oversight of consumer’s expired medications. In their response, the approved provider states that one of the consumers identified in the Site Audit report was not administered the expired medication as it was for as needed purposes. The Site Audit report and the approved provider’s response identifies that the consumer who was administered expired medication did not have any adverse outcomes as a result. In their response, the approved provider identified continuous improvement actions implemented since the Site Audit to ensure that medication is safely managed, and expired medication is identified and not administered.

Regarding the consumer who displayed behaviours including wandering and sleep disturbance, the approved provider’s response to the SIRS investigation report states that the consumer previously had no history that indicated they may pose a risk to other consumers. The approved provider’s response demonstrates that some action was taken to minimise the risks related to the consumers behaviour, including incident reviews on some occasions, medication review and hourly sight charting. However, the response does not evidence that the sight chart was in place or completed for the week leading up to a serious incident involving the consumer.

Regarding the consumer who experienced a choking episode, the approved provider’s response to the SIRS investigation identifies that the consumer had not experienced choking prior to this incident and following the incident the medical officer reviewed the consumer. However, following the choking episode the service did not demonstrate effective management of the incident to prevent further choking episodes and associated risks.

While the approved provider’s response to the SIRS investigation report and Site Audit report demonstrates that some action was taken to manage the high impact or high prevalence risks associated with the care of some consumers, this was not evident, or effective, for all consumers.

I find this requirement is Non-compliant.

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

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

### 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.*

Care documents reviewed by the Assessment Team did not demonstrate that processes for escalation and response to deterioration in consumers condition were effective for all consumers sampled. The Assessment Team found that for consumers affected by a gastroenteritis outbreak, monitoring of food and fluid intake was not commenced to monitor for potential dehydration or weight loss. The Assessment Team found gaps in the monitoring and escalation of increased pain for one consumer.

In their response to the Site Audit report, the approved provider identified that for consumers affected by the gastroenteritis outbreak, overall close monitoring of their health was conducted. This included monitoring of any episodes of vomiting and diarrhoea and encouraging fluids to minimise the risk of deterioration of the consumers. For the consumer who experienced increased pain, the approved provider demonstrated that escalation to the consumer’s medical officer had occurred during the Site Audit.

At the time of the Site Audit, the service demonstrated effective systems to ensure deterioration or change in a consumer’s conditions is recognised and responded to in a timely manner.

I find this requirement is Compliant.

### 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) Non-compliant

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found the service did not demonstrate effective infection control practices to manage and minimise infection related risks and transmission of infection. Documentation reviewed regarding a recent outbreak did not demonstrate effective recognition, monitoring and use of standard and transmission based precautions to identify infection symptoms and minimise the transmission. Some consumers and representatives interviewed by the Assessment Team gave negative feedback about their experience during the outbreak. This included in relation to poor communication and the use of agency staff.

In their response to the Site Audit report, the approved provider acknowledged gaps in the service’s recognition and monitoring of a potential infection which contributed to an outbreak. The approved provider identified continuous improvement actions implemented since the Site Audit to improve their response to a suspected outbreak and the service’s implementation of standard and transmission based precautions to prevent and control infection. This includes staff training, post-outbreak audit, and improvements to the management of clinical waste.

At the time of the Site Audit, the service did not demonstrate the effective minimisation of infection related risks through the implementation of standard and transmission based precautions to prevent and control infection.

I find this requirement is Non-compliant.

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Some consumers interviewed by the Assessment Team did not consider that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Most consumers interviewed said they enjoy the meals provided at the service. However, some consumers thought the meals were not always provided according to consumer preferences.

The service demonstrated it refers consumers to other services and providers to enhance consumer’s lifestyle. The Assessment Team found that equipment for services and supports for daily living was clean and in good condition.

The service has processes to enable consumers to provide input into the services and supports for daily living tomeet the consumer’s needs, goals and preferences and optimise their independence. However, not all consumers interviewed felt the service knew how to support them to optimise their well-being and quality of life and information regarding this is not always recorded correctly or individualised. The Assessment Team found the service’s lifestyle activity program is limited and not effective for individual consumers.

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

## Assessment of Standard 4 Requirements

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

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

Consumers and representatives interviewed by the Assessment Team did not consider that the consumer receives safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences. Most consumers and representatives said agency staff used at the service do not know consumers well, or their needs, goals and preferences in relation to services and supports for daily living. One representative said staff were not aware of, or meeting, the consumer’s needs regarding mobility and toileting, which causes the consumer distress. One consumer representative advised that the physiotherapy services and mobility supports were not optimising the consumer’s independence and quality of life. One consumer said they would like to go outside to enjoy the gardens, however, had not been supported with this. Several representatives interviewed identified issues with the laundry services and supports. The Assessment Team found that not all consumer’s care planning included leisure and lifestyle information or assessments, or not all consumer’s needs and preferences were reflected in the lifestyle program or other supports from care staff.

In their response to the Site Audit report, the approved provider identified some clarifying information regarding the consumer feedback received by the Assessment Team. In the Site Audit report and the approved provider’s response, they identify that the lifestyle coordinator had only been in the role for two weeks at the time of the Site Audit and was still undergoing training and mentoring. In their response, the approved provider identified continuous improvement actions implemented since the Site Audit to improve services and supports for daily living. This includes improvements to consumer care planning and the lifestyle calendar, development of a care plan evaluation schedule, review and evaluation of group activities, new activities implemented, and review of staff position descriptions.

At the time of the Site Audit, consumers and representatives did not consider that consumers receive 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.

I find this requirement is Non-compliant.

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

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

Representatives interviewed by the Assessment Team raised concerns regarding the limited emotional, spiritual and psychological support being provided to some consumers. Care documents reviewed by the Assessment Team did not demonstrate that the services and supports for daily living promoted consumer’s emotional and psychological well-being. For sampled consumers who were identified as having low emotional and psychological well-being, care documents reviewed did not consistently demonstrate strategies implemented to promote their well-being. For one consumer, following a case conference where recommendations to improve the consumer’s emotional and psychological well-being were identified, care documents reviewed did not support these recommendations had been actioned.

In their response to the Site Audit report, the approved provider demonstrated that for some of the consumers identified by the Assessment Team, some strategies to promote their emotional, spiritual and psychological well-being were in place at the time of the Site Audit. In their response, the approved provider identified continuous improvement actions implemented since the Site Audit to improve the emotional, spiritual and psychological support for consumers at the service. This includes new cultural and pastoral care plans implemented for consumers.

While the approved provider’s response demonstrates that for some consumers, strategies to promote their well-being were in place at the time of the Site Audit, the service did not demonstrate that services and supports for daily living consistently promoted each consumer’s emotional, spiritual and psychological well-being.

I find this requirement is Non-compliant.

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

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

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

### 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-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall, consumers interviewed by the Assessment Team considered that the environment was welcoming, and they feel safe and comfortable in the service environment. Some consumers were comfortable moving around the service environment. However, several consumers required staff support to attend meals and activities. Some consumers and representatives interviewed raise concerns with the cleanliness of the service environment, and effectiveness of the laundry service.

Furniture, fittings, and equipment at the service appeared to be generally clean and well maintained. However, the Assessment Team identified some gaps in the service’s systems for monitoring the safety and cleanliness of equipment.

The service was not able to demonstrate that the environment is effectively kept clean and well maintained. Systems for ensuring the service environment is maintained is not being used effectively such as the service’s management of clinical waste.

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

## Assessment of Standard 5 Requirements

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

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

### 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.*

Observations by the Assessment Team and interviews with consumers and representatives identified that the service environment was not always safe, clean and well maintained. Several consumers and representatives interviewed by the Assessment Team were not satisfied with the cleanliness of the service environment. For example, in relation to cockroaches in consumer rooms and regular cleaning of consumer bathrooms. The Assessment Team observed broken paving outside, gardens and paving areas had leaves and dirt covering some areas, and poor waste management practices such as overflowing bins and some clinical waste bins were unlocked. A preventative maintenance schedule is used to monitor maintenance at the service, however the Assessment Team found the schedule was not up to date or being followed.

In their response to the Site Audit report, the approved provider acknowledged the gaps identified by the Assessment Team and attributes some of these issues regarding waste management to the recent outbreak that occurred around the time of the Site Audit. In their response, the approved provider identified that most of the issues identified by the Assessment Team have been rectified since the Site Audit.

In their response, the approved provider identified continuous improvement actions implemented since the Site Audit to ensure the service environment is safe, clean and well maintained. This includes a review of the maintenance schedule, increased monitoring of the maintenance requirements of the service, cleaning audits, staff training, increased staff hours and improvements to the management of clinical waste.

While I accept that the service worked quickly to rectify the issues raised by the Assessment Team, the service needs time to implement more proactive and preventative processes to identify and action risks to the cleanliness and maintenance of the service environment to meet compliance of this requirement.

I find this requirement is Non-compliant.

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

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

The Site Audit report identifies that the furniture, fittings and equipment at the service were observed by the Assessment Team to be generally clean and well maintained. Most consumers were generally happy with equipment at the service, however some indicated that they were not satisfied with the cleanliness of some equipment. However, the SIRS investigation report identified that for a consumer who was recommended the use of a bed sensor to manage the risk of falls and wandering behaviours, this was not provided until approximately three weeks later.

In their response to the SIRS investigation report, the approved provider acknowledged that a bed sensor was not provided to the consumer in a timely manner. The approved provider’s response identifies that the consumer was provided with a call bell pendant and four-wheel mobility device on the same day as the physiotherapy assessment.

While one consumer was not provided with a bed sensor in a timely manner, the approved provider’s response demonstrates that other fall prevention equipment was provided to the consumer on the same day it was recommended. Overall, the service demonstrated furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

I find this requirement is Compliant.

# 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 and representatives interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives were aware of different methods for raising and resolving complaints including internal and external services, and access to advocates and language services. Consumers and representatives said they are satisfied with the outcome of complaints or feedback provided to the service.

The Assessment Team found that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The service has an open disclosure policy related to complaints, and all care staff interviewed were able to explain how they apply the process in practice.

The service was able to identify the main areas of complaints and provide comments and complaints reports that showed what had been done to address consumers concerns and feedback, and improve the quality of care and services for these consumers.

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-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Most consumers and representatives interviewed by the Assessment Team considered that consumers get quality care and services when they need them, and that permanent staff at the service are knowledgeable and capable. Overall, consumers interviewed stated that all staff are kind, caring and respectful.

Consumers, representatives and staff interviewed by the Assessment Team raised concerns about the adequacy of staff numbers and spoke about the impact on consumers. Staff said they are not always able to complete all their duties due to staff resources available. Observations made by the Assessment Team reflect that the workforce is not always managing to complete all their tasks effectively.

The organisation has systems in place to ensure staff are qualified and receive training relevant to their roles. However, the Assessment Team identified gaps in staff safe medication management practices, and leisure and lifestyle services and supports that indicated some staff are not competent in their roles. The organisation has a staff performance framework and undertakes regular performance appraisals for all staff.

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.*

Most consumers and representatives interviewed by the Assessment Team felt that there was an insufficient number of staff to enable the delivery of safe and quality care and services. One consumer representative said the consumer is put to bed earlier than the consumer’s preference due to staffing levels and the consumer has had to wait a long time to be supported to use the toilet. One consumer identified that staff do not come quickly when they use their call bell, and one consumer and a representative raised concern with the use of agency staff. Staff interviewed by the Assessment Team said they are often asked to work overtime or extra shifts, and registered nurses said they felt unable to mentor and supervise agency staff as required due to time constraints.

Shift allocation sheets reviewed by the Assessment Team demonstrated high agency staff usage for the month prior to the Site Audit. Complaints information reviewed by the Assessment Team demonstrated complaints had recently been raised regarding insufficient staffing. The Assessment Team observed consumers left sitting at dining tables after lunch for over an hour without staff attending to them.

The SIRS investigation report identifies that inadequate staffing levels may have had an impact on consumer’s care and safety, specifically in relation to staff not being replaced on a night shift when a serious incident occurred. The unfilled night shift led to monitoring of consumers not occurring as required. Another incident identified in the SIRS investigation report indicates that insufficient staffing may have contributed to inadequate supervision and assistance with meals resulting in an incident of choking for one consumer.

In their response to the Site Audit report, the approved provider demonstrated that the service has organisation-wide guidelines in place to plan the number and mix of members of the workforce. The approved provider’s response demonstrates that most call bell response times are less than the service’s expectation of ten minutes. For the consumer who identified that staff do not come quickly when they use their call bell, the approved provider’s response identifies that the consumer’s average call bell response time is less than three minutes. In their response, the approved provider identifies that recent changes in management and long-term staff on leave has presented some challenges and may have attributed to some of the consumer and representative feedback raised to the Assessment Team. The approved provider identified that agency staff are used as a last resort and the service only uses one agency provider to facilitate continuity of agency staff.

In their response to the SIRS investigation report, the approved provider acknowledged that the night shift when the serious incident occurred had inadequate staffing levels. However, the approved provider’s response states that most of the time, the service has systems in place to replace unfilled shifts. The approved provider’s response identifies that since the serious incident, additional shifts have been added including a night shift, and additional leadership roles have been implemented.

While the approved provider demonstrated that systems are in place to plan the number and mix of the workforce, consumer and representative feedback and documentation reviewed by the Assessment Team did not demonstrate these systems were consistently effective in ensuring the delivery and management of safe and quality care and services.

I find this requirement is Non-compliant.

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

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

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

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

The service demonstrated systems to ensure staff have the required qualifications for their role, and orientation processes to support new staff. However, the Assessment Team found that the service does not routinely undertaken medication competencies for staff. The service advised the Assessment Team that staff are only required to do competency reassessments if there has been a medication incident. The Assessment Team identified gaps in safe medication administration practices by staff. The Assessment team found that some staff had not completed infection control, handwashing or manual handling competencies.

In their response to the Site Audit report, the approved provider demonstrated that medication-trained staff had completed competency assessments at the time of registration to ensure they are competent in safe medication management practices. The approved provider identifies that ongoing monitoring of incidents, near misses and pharmacy audits may prompt a review of this competency. The approved provider’s response identifies that the organisation’s education and training policy is being reviewed to reflect medication competency as an annual requirement.

The approved provider’s response identifies that staff that had not completed infection control and handwashing competencies have been identified and all staff have now completed these.

In their response, the approved provider identifies continuous improvement actions to ensure staff are competent in their roles. This includes comprehensive education sessions for staff on the Quality Standards and various aspects of personal and clinical care delivery.

While I accept the approved provider had some processes in place to ensure the workforce was competent in their roles, this was not demonstrated to be effective at the time of the Site Audit in ensuring staff were competent in safe medication management and administration practices and ensuring all staff had completed required competencies.

I find this requirement is Non-compliant.

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Most consumers and representatives interviewed by the Assessment Team felt that the service was well run. However, the service was unable to demonstrate that consumers can partner in improving the delivery of care and services. Management interviewed by the Assessment Team could not provide examples of how consumers are actively engaged in the development, delivery and evaluation of care and services.

The service demonstrated the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and its accountability. The organisation has a clinical governance framework in place that includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

While it was demonstrated there are organisation wide governance systems in place at the service, the Assessment Team found these were not consistently effective at the service level in relation to all aspects of care and service delivery. The organisation did not demonstrate it has effective systems in place for managing high impact or high prevalence risks associated with the care of consumers.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team found the service was unable to demonstrate the organisation is actively engaging consumers in the development and delivery of care and services. Some consumers interviewed by the Assessment Team said they attend consumer meetings and have provided feedback to management, mainly on the food provided at the service. However, most consumers and representatives interviewed said they did not feel they had a say in how the service was run. Management interviewed by the Assessment Team identified consumers can provide feedback through surveys, feedback, and consumer meetings. However, documentation reviewed by the Assessment Team demonstrated minimal feedback from consumers at recent consumer meetings, and that while some feedback is given from consumers, this is not always well-utilised.

In their response to the Site Audit report, the approved provider demonstrated that regular and scheduled consultation with consumers and representatives occurs at the service. The approved provider’s response identifies that consumers are engaged via consumer-run forums in the areas of food delivery and dining room experience, and the lifestyle and daily living services, and consumer and representative meetings.

While the approved provider’s response demonstrates that consumers are able to provide feedback on some areas of care and service delivery, at the time of the Site Audit, the service did not demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in this engagement.

I find this requirement is Non-compliant.

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

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

### 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) 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.*

The service demonstrated it has a documented risk management framework including policies describing how high impact or high prevalence risks are managed, the abuse and neglect of consumers is identified and responded to, consumers are supported to live the best life they can, and incidents are managed and prevented. Staff interviewed by the Assessment Team were generally able to demonstrate understanding of these systems. However, the Assessment Team identified gaps in safe medication management practices by staff, and the prevention and management of infection related risks.

The SIRS investigation report identifies deficits in the service’s incident management system including the management and prevention of incidents. For one consumer, incidents of sleep disturbance and wandering overnight were not consistently reported by the service as incidents and not assessed to prevent further incidents occurring. For one consumer who experienced a choking episode, this was not reported and investigated in line with the service’s incident management system. Two incidents were not reported under the SIRS within 24 hours in line with SIRS requirements. The SIRS investigation report identifies that staff did not follow the organisation’s incident management system manual which directs staff not to touch the environment in the event of a serious incident until initial investigation has been completed by management. Prior to the two incidents identified above, the organisation had not made it’s documented incident management policies and procedures readily available to consumers and representatives in an accessible format.

The approved provider’s response to the Site Audit report provided further information about the organisation’s risk management systems and practices that were in place at the time of the Site Audit. The approved provider demonstrated the organisation reviews high impact and high prevalence data from across the organisation to identify risks, trends and root cause analysis, and has relevant policies and meetings to manage these risks. The approved provider’s response demonstrated continuous improvement actions implemented following the Site Audit to ensure safe medication management practices by staff, and improved implementation of standard and transmission based precautions to prevent and control infection.

In their response to the SIRS investigation report, the approved provider acknowledged gaps in the reporting and recording of incidents. The approved provider identifies that the organisation’s incident management system manual has been reviewed and improvements made. The organisation is undertaking an audit of the incident management system and its implementation in the service, and a number of improvements have been identified as a result including to ensure compliance with SIRS requirements. The approved provider’s response identifies that steps have been taken to make the organisation’s incident management policies and procedures more readily accessible and more widely understood by staff, consumers, and representatives.

The service did not demonstrate that its systems for responding to the abuse and neglect of consumers, and managing and preventing incidents including the use of an incident management system, were effective and compliant with SIRS requirements.

I find this requirement is 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.*

The approved provider must demonstrate:

* Assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.
* For consumers with behaviours of concern, individualised assessment and planning occurs to minimise risks and inform safe and effective care.
* The service has implemented all continuous improvement actions identified in their response to the SIRS investigation report.

### Requirement 3(3)(b)

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

The approved provider must demonstrate:

* The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed. This includes in relation to the management of medication, pressure injuries, behaviours of concern, and choking.
* The service has implemented all continuous improvement actions identified in their response to the SIRS investigation report and Site Audit report.

### Requirement 3(3)(g)

*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 approved provider must demonstrate:

* The effective implementation of standard and transmission based precautions to prevent and control infection.
* The effective recognition and monitoring of potential infection in consumers.
* The service has implemented all continuous improvement actions identified in their response to the Site Audit report.

### Requirement 4(3)(a)

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

The approved provider must demonstrate:

* Services and supports for daily living meet each consumer’s needs, goals and preferences, and optimise their independence, health, well-being and quality of life.
* Consumer care planning is effective to inform services and supports for daily living that meet each consumer’s needs, goals and preferences.
* The service has implemented all continuous improvement actions identified in their response to the Site Audit report.

### Requirement 4(3)(b)

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

The approved provider must demonstrate:

* Services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being.
* Consumer care planning considers interventions to promote consumer’s emotional, spiritual, and psychological well-being.
* The service has implemented all continuous improvement actions identified in their response to the Site Audit report.

### Requirement 5(3)(b)

*The service environment:*

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

The approved provider must demonstrate:

* The service environment is safe, clean, well maintained, comfortable, and enables consumers to move freely indoors and outdoors.
* The service has effective processes in place to identify and actions risks to the cleanliness and maintenance of the service environment.
* The service has implemented all continuous improvement actions identified in their response to the Site Audit report.

### Requirement 7(3)(a)

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

The approved provider must demonstrate:

* The workforce deployed enables the delivery and management of safe and quality care and services. This includes personal and clinical care, and leisure and lifestyle services.
* The service has implemented all continuous improvement actions identified in their response to the SIRS investigation report and the Site Audit report.

### Requirement 7(3)(c)

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

The approved provider must demonstrate:

* Staff are competent and have the knowledge required to effectively perform their roles. This includes but is not limited to safe medication management and administration and standard and transmission based precautions to prevent and control infection.
* Systems to monitor staff competencies are effective in ensuring staff have the required knowledge to perform their roles on an ongoing basis, and ensuring all staff have completed required competencies.
* The service has implemented all continuous improvement actions identified in their response to the SIRS investigation report and the Site Audit report.

### Requirement 8(3)(a)

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

The approved provider must demonstrate:

* Consumers are actively engaged and supported in the development, delivery and evaluation of care and services.
* Consumer feedback influences the development, delivery and evaluation of care and services, across the service and 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.*

The approved provider must demonstrate:

* The service has implemented effective risk management systems and practices to manage the high impact or high prevalence risks associated with the care of consumers, respond to the abuse and neglect of consumers, and manage and prevent incidents.
* Incidents reportable under the SIRS are identified and responded to appropriately in a timely manner.
* Incidents are managed in line with the organisation’s incident management system manual and used to prevent the risk of further incidents.
* The service has implemented all continuous improvement actions identified in their response to the SIRS investigation report and the Site Audit report.