Cooinda Lodge Nursing Home

Performance Report

41 Landsborough Street
WARRAGUL VIC 3820
Phone number: 03 5623 0769

**Commission ID:** 3473

**Provider name:** West Gippsland Healthcare Group

**Site Audit date:** 3 August 2021 to 5 August 2021

**Date of Performance Report:** 23 September 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) |  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) | 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** |  **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** | **Non-compliant** |
| Requirement 7(3)(a) | 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) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) |  Non-compliant |

# Detailed assessment

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

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

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

* The Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The Approved provider’s response to the Site Audit report received 10 September 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers and representatives expressed satisfaction that consumers are treated with dignity and respect and their identity, culture and diversity is valued. Consumers and representatives are satisfied that consumers’ choices and preferences for care and services are respected and that consumers are encouraged to do as much as possible for themselves. Consumers and representatives are satisfied that consumers’ personal privacy is respected, and their personal information is kept confidential.

Care planning documentation shows examples of consumers' choices documented in their care plan. Staff were observed offering consumers choice and providing information to inform those choices in many situations.

Staff were observed treating consumers with dignity and respect and understood consumers individual choices and preferences. Consumers’ care planning documents include information about their individual preferences.

The service is currently strengthening processes to enable consumers to be supported to take risks to enable them to live the best life they can. A dignity of risk framework has been launched, a draft policy is in place and staff education is underway.

The organisation has policies and procedures in relation to keeping personal information confidential.

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-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall, most consumers and representatives considered that they feel like partners in the ongoing assessment and planning of care and services. Some confirmed their satisfaction with different aspects of care and service planning, including communication, but noted areas the service can improve. Few consumers were aware they can access their care plan.

While the service has validated assessment tools that consider individual risks to consumers health and wellbeing, these are not used effectively. Assessment and care planning processes do not consistently identify consumers’ risks and clinical documentation is not of a standard to inform the delivery of safe and effective care and services.

The service’s processes for care review are not currently effective and do not result in updates to consumers’ care plans when incidents or other changes occur.

Most staff said they do not refer to consumer care plans. Management are aware that care documentation is not comprehensive and up to date and are currently reviewing all assessments and care plans to ensure they reflect consumers’ current risk profile and needs.

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.*

The Assessment Team found that while the service has validated assessment tools that consider individual risks to consumers health and wellbeing, these are not used effectively. Assessment and care planning processes do not consistently identify consumers’ risks and do not inform the delivery of safe and effective care and services. The Assessment Team report provides the following examples:

* A consumer who was not reassessed in a timely manner following return from a prolonged time in hospital and whose significant weight loss was not identified or assessed for approximately one month.
* A consumer whose falls risk assessment identified them as a having a high risk of falling, with no specific falls’ prevention strategies recorded in their care plan.
* A consumer who was at risk of burns from hot food, had no specific prevention strategies recorded on their care plan.

The response submitted by the Approved provider acknowledges and accepts the Assessment Team’s finding and outlines actions commenced to address the identified deficits including the review of all consumer’s assessments and care plans in collaboration with consumers and representatives, general practitioners and allied health staff.

I have reviewed all the information provided and find this requirement is Non-compliant. Whilst acknowledging the actions commenced to address the identified deficits, the Approved provider was unable to demonstrate that assessments identify risks for consumers and care planning processes considers and develops interventions to mitigate consumers’ risks.

### 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) Non-compliant

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

The Assessment Team found that while consumers and their representatives said there are opportunities to discuss care and services, none confirmed an awareness that they can access the consumer’s care plan. Most staff said they do not read information in consumers’ care plans. The electronic handover sheet was recently adjusted to ensure all current needs for each consumer are included. At this time management identified consumers’ care plans were not all up to date. While the care plan review process has been updated to include the requirement for staff involved to offer the care plan to the consumer and/or their representative, this has not been occurring.

The response submitted by the Approved provider acknowledges and accepts the Assessment Team’s finding and outlines actions commenced to address the identified deficits including the review of all consumers’ assessments and care plans in collaboration with consumers and representatives, general practitioners and allied health staff and ensuring care plans are discussed and offered to each consumer/ representative.

I have reviewed all the information provided and find this requirement is Non-compliant. Whilst acknowledging the actions commenced to address the identified deficits, the Approved provider was unable to demonstrate that outcomes of assessment and planning are effectively communicated to each consumer/representative and the care plan made accessible to the consumer/representative.

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

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

The Assessment Team found that care documentation does not evidence regular reviews occurs. Clinical staff are required to review consumers, complete assessments and update care plans. Care documentation for sampled consumers demonstrated that during routine review or in changed circumstances, consumers’ needs, preferences and goals are not always updated in a timely manner. The Assessment Team’s report provided the following examples:

* A consumer’s care plans were not updated for seven days following a ‘resident of the day’ review.
* A consumer was reviewed by a dementia specialist service, the medical practitioner, a wound consultant, a podiatrist and a speech pathologist within the last month. Although individual progress note entries have been made, none of the consumer’s care plans reflect the involvement of other health professionals or detail their advice.
* The care plan of a consumer who was reviewed by a dietitian following significant weight loss, does not reflect the dietitian’s review nor the dietary recommendations related to use of supplements and a high protein diet.

The response submitted by the Approved provider acknowledges and accepts the Assessment Team’s finding and outlines actions commenced to address the identified deficits including embedding practices to ensure that consumers’ assessments and care plans will be reviewed every six months, when consumers’ preferences change or following incidents. Consultation, investigation and reassessment will be conducted as required.

I have reviewed all the information provided and find this requirement is Non-compliant. Whilst acknowledging the actions commenced to address the identified deficits, the Approved provider was unable to demonstrate that consumers’ care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on their needs. This deficit puts consumers at risk of not receiving safe and effective care and services to meet their changed needs.

# 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 expressed satisfaction with the personal and clinical care they receive. However, some representatives were not satisfied risks related to care are effectively managed.

The use of psychotropic medication is not effectively assessed, monitored or reviewed and no formal consent has been obtained in consultation with consumers and or representatives. Staff have not been able to provide adequate wound care for one consumer due to unmanaged pain and behaviours.

Staff are generally responsive to changes in consumers’ health and take timely action.

The service demonstrated collaboration with other health service providers to provide care and services to consumers.

The service’s infection prevention and control measures were not adequately managed. Staff demonstrated an understanding of strategies to minimise the need and use of antibiotics.

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) Non-compliant

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

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

The Assessment Team found that the use of psychotropic medication is not effectively assessed, monitored or reviewed and no record of the service recording that informed consent was sought by the prescriber and given by the consumer or their substitute decision-maker. Staff have not been able to provide adequate wound care for one consumer due to unmanaged pain and behaviour.

The Assessment Team’s report provided examples of a consumer who is not regularly monitored to establish the effectiveness of regular psychotropic medications, their side effects and their impact on the consumer’s quality of life. The care file of another consumer who receives ‘as required’ medication had limited evidence of the reason for administration and no monitoring for effectiveness or adverse reactions. No alternate strategies are identified for use prior to administration of the medication. The consumer’s behaviour chart entries indicate frequent episodes of being resistive to care. A third consumer has been administered two types of psychotropic medications, one for agitation and one for pain when pressure injury care is delivered. There is no evidence of a decision-making process to indicate why one medication or both have been used and they are not used every time pressure injury care is delivered. Records do not indicate that the pain relief is provided 30 minutes prior to the dressing change as required. There is no evidence of any recording of the effectiveness of the medications for the consumer or monitoring for adverse effects. Care planning does not provide staff with any guidance as to how to use these medications. The same consumer’s pressure injuries are deteriorating.

While representatives interviewed had some awareness of medication administered to consumers they were unable to demonstrate a process of informed consent had taken place.

The response submitted by the Approved provider acknowledges and accepts the Assessment Team’s finding and outlines actions commenced to address the identified deficits including ensuring all consumers have a detailed and up to date behaviour assessment and care plan that contains personalised care interventions, that non-pharmacological strategies will be trailed and the effectiveness recorded before the use of ‘as required’ medication and regular monitoring of consumers on psychotropic medications will be recorded. The response notes that staff education on psychotropic medication and behavioural assessments has occurred.

I have reviewed all the information provided and find this requirement is Non-compliant. Whilst acknowledging the actions commenced to address the identified deficits, the Approved provider was unable to demonstrate that consumers prescribed psychotropic medication have this medication managed according to best practice guidelines and was unable to demonstrate effective monitoring of consumers where the risk to their wellbeing is increased due to their use of this medication.

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

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

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

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

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

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

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

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

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

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

### Requirement 3(3)(g) 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 that the service was unable to adequately demonstrate infection prevention and control measures. Staff demonstrated an understanding of strategies to minimise the need and use of antibiotics.

The Assessment Team’s report notes that staff were observed on multiple occasions to be adjusting their facemasks and not completing hand hygiene afterwards. Staff were observed exceeding the density limits in the nurse’s station on several occasions. Staff entering the staff room did not have access to adequate areas to don and doff PPE. Hand sanitiser dispensers were not observed to be readily available across the service. Disinfection wipes were not seen to be easily available for use on shared equipment such as blood pressure machines, lifting machines and weighing chairs, although reminder signage was present.

The response submitted by the Approved provider refutes the Assessment Team’s finding. The response provides evidence that the service has an infection control policy and an outbreak management plan and COVID-19 plan to guide staff practice. The response notes that the service is collocated with a regional health service hospital and has access to an infection prevention consultant who plays a proactive role in providing education, advice and support to staff. In addition, the response notes there are staff on the service’s roster who have undergone the infection prevention training. Information is provided indicating seven staff from across the organisation attended donning and doffing training and a number of staff completed hand hygiene training September 2021. An audit of the availability of hand hygiene product was also conducted in September 2021 recommended additional hand sanitiser dispenser units be ordered.

I have reviewed all the information provided and consider this requirement is Non-compliant. While the service has policies and procedures and an outbreak management plan, and has commenced additional staff education, I have given weight to the Assessment Team’s observation of poor staff PPE practice and lack of access to hand sanitiser and find that the Approved provider was unable to demonstrate effective minimisation of infection related risks.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers and representatives interviewed were satisfied they can participate within their community, do the things of interest to them and have social and personal relationships. Care plans reviewed by the Assessment Team included information about consumers’ goals and interventions for achieving these goals related to activity and lifestyle interests.

Staff demonstrated an understanding of what is important to consumers, how to support their emotional needs and what consumers liked. Staff provided examples of how they assist consumers to maintain their independence, health, wellbeing and quality of life by assisting them to access activities, socialisation and transport.

Consumers and representatives interviewed expressed their satisfaction, inclusion and enjoyment with the services they receive. Overall consumers 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.

All the consumers interviewed feel supported to participate in the activities they choose and stated that the service supports them to access things of interests in the community. Consumers said they are supported by staff in the service to maintain emotional, spiritual and psychological well-being. Consumers reported that staff are friendly and caring.

The service enables consumers to maintain social and personal connections that are important to them. Consumers’ personal relationships are supported, with individual interests documented, and staff able to articulate individual consumers’ preferences.

Lifestyle activities are provided catering for group and individual needs. There are a range of activities appropriate for consumers’ varied interests.

Overall consumers were satisfied with the choice of meals offered. Consumers said they are ‘aware they can provide feedback’, provide personal preferences and can have alternative meals. The service has systems and processes in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided. Staff are knowledgeable about individual consumer’s preferences and dietary needs. Staff were observed to be assisting and encouraging consumers with their meals.

Equipment and resources available to support lifestyle programs and activities of daily living, are clean and well maintained.

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 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, the consumers interviewed said they felt safe and comfortable in the service. Consumers said they are happy in having the option to personalise their rooms and helped them feel like they were at home. Consumers showed the assessment team family photographs and personal mementos including plants, mementoes from their life prior to entering the service and religious iconography displayed in their rooms.

Consumers said they felt at home in the service and enjoyed using the communal areas to meet with their friends. There is a large communal space with comfortable furnishing, providing opportunities for consumer socialisation.

Consumers said that the furniture, fittings and equipment in the service is clean and well maintained. They expressed confidence in knowing that if repairs are required, maintenance is prompt and responsive. There is a variety of equipment available suitable for individual consumer’s needs.

Consumers interviewed said their visitors liked visiting and were made welcome by the staff. Consumers’ representatives confirmed that they are made to feel welcome when visiting.

The service was observed to be clean, well maintained and comfortable. Equipment was observed to be in good repair and appropriate for use. Signage in the service is appropriate and at various height levels with words and pictures utilised.

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

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 and tested staff understanding and application of the requirements under this Standard.

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

Consumers and representatives are satisfied with the feedback and complaints process and feel encouraged and supported to speak up when they have concerns. Consumers provided examples of when they have made complaints and how responsive management were in rectifying the matters.

While not all consumers were aware of advocacy services, they were comfortable in raising concerns with staff or management.

Consumers described how feedback and complaints had resulted in improving the quality of care and services.

Staff described how they support consumers to raise any concerns and documentation reviewed identified the feedback and complaints process and action taken. Complaints’ documentation reviewed identified timely action taken by management and how this is used for continuous improvement.

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.

The service demonstrated there are sufficient staff in care, nursing and ancillary roles to deliver safe and quality care and services.

Staff knowledge and competence deficits have impacted on processes related to assessment, care planning and clinical care delivery for some consumers. The service was unable to demonstrate that they have an Infection Control Lead who has completed credentialing and registration as required by the Commonwealth Department of Health.

Overall consumers and representatives considered staff to be kind, caring and respectful.

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

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

The Assessment Team found staff knowledge and competence deficits have impacted on service delivery related to assessment, care planning and clinical care delivery for some consumers. Validated assessment tools that consider individual risks to consumers health and wellbeing are not used effectively by staff. Staff do not consistently use the assessment and care planning processes to identify consumers’ risks and have failed to document relevant clinical information to a standard that can inform the delivery of safe and effective care and services. Staff are not following the service’s processes for reviewing the care needs of consumers and updating relevant documentation when there has been a change in consumer health status. Staff do not have a robust understanding of restrictive practice legislation.

The Assessment Team also found that the service does not have a clinical staff member assigned as an Infection Prevention and Control Lead who has completed credentialing and registration as required by the Commonwealth Department of Health.

The response submitted by the Approved provider acknowledges the deficits identified by the Assessment Team in relation to staff knowledge and competence and describes the events and actions undertaken over the last twelve months to rectify staff knowledge and competence issues. The response confirms that management continues to work with staff to improve knowledge, competence and work culture.

The response notes that the service is collocated with the regional hospital and as such has access to an Infection Prevention Consultant who plays a proactive role in providing education, advice and support to staff on a regular basis. Additionally, staff at the service also have completed infection prevention training.

I have considered all the evidence provided and find that this requirement is Non-compliant. Lack of staff knowledge and competence has impacted on the assessment, care planning and delivery of consumer care as detailed in Standards 2 and 3 of this report. I have also considered the fact that the service does not have a credentialled and registered Infection Prevention and Control lead as required by the Commonwealth Department of Health. The Approved provider was unable to demonstrate that 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-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, consumers, representatives 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).

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Consumers are encouraged to participate in the development, delivery and evaluation of care and services and in consultation processes within the service and organisation. A consumer engagement and feedback framework including surveys is in place.

The Board utilises a range of reporting processes and takes action following incidents to promote a culture of safe, inclusive and quality care and services.

Financial processes include budgeting for capital and as needed expenditure. The organisation’s governing body supports information management and requires reporting to support their oversight in relation to regulatory compliance. Mandatory reporting occurs as required and management understands requirements and obligations. The service has a continuous improvement plan developed from a range of sources including feedback. Significant work has been initiated and supported by the Board over recent months to address identified deficits in staff culture and provision of consumers’ care and services.

The service did not demonstrate effective clinical governance processes. Deficits identified in the management of psychotropic medications and the use of restrictive practices have not been identified and acted on through clinical governance monitoring and reporting processes.

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.*

### Requirement 8(3)(d) Compliant

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

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

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

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

The Assessment Team found that the service did not demonstrate effective clinical governance. The deficits identified by the Assessment Team in the management of psychotropic medications and the use of restrictive practices, were not identified and addressed by the service through clinical governance processes. The deficits included not ensuring and recording that informed consent is obtained for the use of the medications, not ensuring the medications are used as a last resort and not ensuring that consumers are regularly monitored for the side effects of the medication and the impact they may be having on the consumer’s quality of life.

The Approved provider’s response refutes the Assessment Team’s findings. The response states that there is a clinical governance framework in place with reporting and monitoring of a range of clinical issues including the use of physical and chemical restraint. The response outlines the governance reporting processes and provides a copy of a monthly care report. The response also notes that staff understand the requirements of the use of physical restraint and that the self-assessment tool is used in relation to psychotropic medication and reviewed in line with pharmacy reports. It states that a regular review process is established with supporting documentation maintained where chemical restraint is required and agreed.

I have reviewed all of the information provided and find that this requirement is Non-compliant. While the service does have a clinical governance framework with associated monitoring and reporting processes, this did not lead to the identification and rectification of the deficits in the management of psychotropic medications and restrictive practices identified by the Assessment Team.

# 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.

* Ensure consumers’ assessments consistently identify risks related to their care and ensure individualised interventions are developed and recorded in care plans to inform the delivery of safe and effective care and services.
* Establish processes to ensure that consumers/representatives are aware that they can access the consumer’s care plan.
* Ensure staff have access to and are guided by information in consumers’ care plans when delivering care and services.
* Ensure regular care reviews are conducted, recorded, reassessment undertaken, and care plans updated as required for each consumer.
* Ensure care reviews are also conducted and recorded when incidents occur or when there are other changes in consumers’ circumstances. Ensure reassessments are undertaken and care plans updated as required.
* Ensure that consumers who use psychotropic medication are effectively assessed and have records of informed consent obtained. Ensure ongoing consultation regarding the use of the psychotropic medication is undertaken.
* Ensure consumers who use psychotropic medication are regularly monitored for side effects and other impacts on their quality of life. When using ‘as required’ medication ensure it is used as a last resort after trialling and recording the effectiveness of individualised non-pharmacological strategies.
* Ensure consumers who require management of pain associated with wound dressing have appropriate assessment and effective pain relief provided.
* Establish internal monitoring processes to ensure ongoing compliance with requirements related to consumer assessment, care planning, access to care plans, the management of psychotropic medication and pain management.
* Establish regular and ongoing monitoring of staff PPE practice. Ensure staff have access to appropriate donning and doffing areas and access to hand sanitiser.
* Ensure relevant staff have the required knowledge and competence to undertake assessment, care planning and delivery of consumers’ care as required under the requirements of Standards 2 and 3 of the Aged Care Quality Standards.
* Ensure the service obtains a credentialled Infection Prevention and Control lead as required by the Commonwealth Department of Health.
* Ensure clinical governance processes effectively identify and rectify deficits related to the management of psychotropic medication and restrictive practices.