Coroneagh Park Hostel

Performance Report

50 Ironcliffe Road   
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**Commission ID:** 8044

**Provider name:** Respect Group Limited

**Site Audit date:** 5 October 2021 to 7 October 2021

**Date of Performance Report:** 30 November 2021

# Performance report prepared by

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# 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** | **Non-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) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | 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) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | 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) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 03 November 2021

# STANDARD 1 NON-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

The Assessment Team found the service did not demonstrate that information provided to consumers is communicated in a way that is clear and easy to understand. Some consumers were not able to recall being offered a copy of the care plan or aware that it was possible to request a copy.

The service could not demonstrate how they provide information about the care planning process to consumers and/or representatives.

Consumers 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.

The service promotes and values individual consumers’ culture and diversity with assessment processes that identify how consumers wish to live these aspects of their lives in a safe environment.

Consumers and representatives confirmed they receive support from the service for pursuing activities that may have an element of risk. The service’s policies support consumers to take appropriate risks.

Consumers and representatives expressed strong satisfaction that the service protects their privacy and confidentiality of information. The service has policies to ensure privacy and protection of personal information.

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

The service did not demonstrate that information is provided to each consumer in a way that is clear and easy to understand. A number of consumers did not understand what a care plan was and did not recall being offered a copy. Some consumers and representatives were unaware that a care plan could be provided on request.

One representative stated it had been a while since their last case conference with the service. Documents provided by the service in their response show the last time a care plan was offered to this representative was at their last case conference in April 2021.

Care plans are not offered at all case conferences and some consumers do not understand what care planning was.

Although the consumer handbook states consumers and /or their representatives have a right to access their care plans they are not readily available to consumers or their representatives. Staff are not permitted to print off a care plan on request. A request is to be made to the general manager, who reviews the care plan prior to providing it.

The request may take three days to process thus possibly limiting the information consumers and representatives have at their disposal to make informed choices. Four consumers who were subject to chemical restraint according to the Assessment Team did not have informed consent in place. The response by the provider was that the medical practitioner did not deem the medication to be a chemical restraint and influenced the general manager’s understanding of what is a restrictive practice in the case of medications. The approved provider in their response agrees with the assessment made by the Assessment Team only in relation to one consumer.

Although the provider in their response provided examples where care plans have been offered to consumers and /or their representatives, the concern is that they are not in a language easily understood or readily available to consumers and/or representatives at any time.

Based on the information I find the service non-compliant in this requirement.

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

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

# STANDARD 2 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

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

Consumers and their representatives described satisfaction with their involvement in the assessment and care planning process, including initial assessment and ongoing review of plans. Most representatives confirmed that care plans are discussed 3-monthly and consumers stated that staff actively involve them in attending to care needs. Some consumers and representatives did not recall having regular reviews or being offered a copy of their care plan. Clinical and care staff have ready access to consumers’ care plans to facilitate delivery, although care staff state that they do not have time to read them.

The Assessment team viewed evidence that assessments of needs are completed utilising validated assessment tools. Care plans are developed, which include consumer goals and agreed interventions. Files included consideration of any risks to the consumers’ health and well-being, which informed the delivery of safe and effective care and services. Interventions on care plans were designed to mitigate identified risks, however, some interventions were found to be generic in nature. Behaviour management plans are not meeting contemporary guidelines and informed consent is not always obtained in relation to restrictive practices.

The service completes advance care directives with consumers which identify their specific preferences for end of life care. Staff demonstrated an understanding of consumers’ needs and preferences and this was consistent with the care planning documentation.

Assessment and planning documents evidence input from consumers and/or their representatives and from specialists involved in the care of the consumer. Consumers and representatives are satisfied with the communication from staff regarding changes in care needs and incidents. Staff demonstrated an understanding of review and monitoring requirements following incidents such as falls, skin tears and weight loss.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Assessment Team identified deficits in relation to compliance with legislative requirements for the implementation and monitoring of restrictive practices, particularly chemical restrictive practices. Monitoring of the effectiveness of the chemical or physical restraint is not being performed as required.

Consumers residing in the memory support unit are not always provided with safe and effective care due to inadequate supervision. Staff do not always communicate an effective handover leading to information being missed.

The service has a process to ensure any change in consumers’ condition is identified, assessed and that appropriate actions are taken in response to the change.

Referrals are made to a variety of allied health professionals and the outcomes of referrals inform care and services provided to consumers.

Strategies are in place to manage infection control risks.

Consumers and representatives are however satisfied with the care provided. Staff demonstrated knowledge of consumers’ care needs.

The Quality Standard is assessed as Non-compliant as one 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 identified deficits in relation to compliance with legislative requirements for the implementation and monitoring of restrictive practices, particularly chemical restrictive practices. A number of consumer files were reviewed and informed consent was not obtained for chemical restraint in a number of cases for prescribed psychotropic medication. The service in their response indicated that this was due to the fact that medical practitioners did not consider the medication to be chemical restraint but treatment of a medical condition.

For one consumer although the antipsychotic medications are said to be prescribed for psychosis the Assessment Team noted the care plan indicates that it is for the management of aggressive physical and verbal behaviours. The behaviour plan for this consumer, therefore, does not reflect the recommended components of assessment and monitoring of the effectiveness of the prescribed antipsychotic medication.

In another instance, a consumer has been prescribed psychotropic medication for aggressive behaviours with no informed consent obtained. In this instance, the approved provider acknowledges that this was an error and the medication was prescribed for the purpose of influencing the consumer’s behaviour. In their response the approved provider states it was caused by the medical practitioner advising that this did not constitute chemical restraint.

The service does maintain data for all psychotropic medication use including antidepressants, anti-emetics, anti-epileptics, drugs for Alzheimer’s disease, drugs for anxiety/sleep disorders that are not benzodiazepines, drugs for Parkinson’s disease and opioid analgesics, as well as antipsychotic medication.

There are also physical and environmental restraints in use and authorised consent has not been obtained in all cases such as for a ‘Broda chair’ and also for beds placed against the wall. The service’s response is that they are not considered restraint as the use of the chair is for comfort purposes and to mobilise the consumer. The bed against the wall is stated to be the consumer’s choice however, no documented evidence was provided to substantiate whether the bed against the wall was by choice or evidence that it is regularly reviewed.

Staff are not always able to have effective handover which caused one staff member to miss vital information in relation to a consumer who had a fall. The consumers residing in the memory support unit are not always provided with safe and effective care due to inadequate staffing levels. Staff stated the lack of staffing impacts on adequate supervision, meaningful consumer interactions, and diversional activities such as taking people for a walk. An incident due to lack of supervision in the memory support unit was observed to cause a negative impact on one consumer’s mental state

In their response, the approved provider provided documentary evidence in relation to consumers’ restrictive practice status but also admitted they did not obtain consent in one instance. The approved provider has also committed to increasing the staffing levels in the memory support unit.

The service has not shown that the management of restrictive practices reflects best practice and consumers in the memory support unit are not always receiving safe and effective care. I, therefore, find the service non-compliant with this requirement.

### 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) Compliant

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

While the service ensures all consumers receive safe services and supports, most consumers and representatives said the services and supports they receive do not always meet their needs, goals and preferences.

Most consumers and their representatives said they were dissatisfied with the variety of activities offered by the service and the service does not assist them to do the things of interest to them.

Not all lifestyle care plans were customised to the interests of the consumer. Care planning documents for some consumers did not always contain information regarding consumers important relationships, interests and community connections. Information was not always detailed and individualised.

Consumers said they can maintain relationships that are important to them with family and friends, and they are supported by the service to do this.

Consumers were satisfied with the quality of food and the choices offered at the service. All consumers said that they get enough food and can always ask staff for more if they are hungry.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment Team found that consumers and their representatives provided feedback that there is a lack of stimulating activities and gave examples of care and services which did not meet their needs, goals or preferences. Consumers described how the lack of stimulating activities limited their participation and consequently impacted their wellbeing. Some staff said that consumers in the memory support unit, were not offered a wide enough range of appropriate activities and many consumers were bored. The Assessment Team observed there were no activities in the memory support unit during their visit

One consumer did not get involved in activities due to a disability and although invited to attend activities felt it would be a bother to staff. Staff do give them one on one time when they notice the consumer is sad. The approved provider has stated in their response that this would be further discussed with the consumer.

Another consumer does not feel there are adequate male-oriented activities and the other available activities did not interest them. In documentation provided by the approved provider, the only activities on weekends in August, September and October are limited to movies and birthday celebrations, with three sessions of music therapy in September in Blue Gum (memory support unit) only. A representative for one consumer said there needed to be more diversional therapy in the memory support unit rather than just turning on the television.

Most care planning documents contained information to support consumers’ needs and preferences or interests and level of assistance consistent with consumers’ needs. Two of 5 consumers’ files did not include the consumer’s life stories, needs, goals and preferences, interests, behaviours and religious information.

The approved provider’s response showed evidence that consumers are invited to participate in activities but many choose not to. There was no further information included as to why the consumers chose not to participate in the activities. The provider also stated that they assist to arrange external activities for some consumers where the activities provided by the service do not meet their needs.

Based on the information provided I find the service is non-compliant in this requirement as there is not enough evidence that the service is meeting all consumers’ needs and preferences to optimise independence, health, well-being and quality of life.

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers considered they feel they belong in the service and are safe and comfortable in the service environment. The service is welcoming and offered a range of comfortably furnished communal spaces that optimise consumer engagement and interaction. The service was observed to be clean and uncluttered, enabling the free movement of consumers.

There are a variety of communal spaces both indoors and outdoors. These included small lounge areas, outdoor tables and chairs. The service is well decorated with a variety of furnishings, ornaments and artworks.

The service is well maintained and consumers were said to be happy with the cleanliness. The Assessment Team observed that furniture, fittings and equipment are safe, clean and well-maintained. Maintenance is performed on a regular basis and as required.

Disinfectant wipes were observed near stored furniture and equipment.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Most consumers and representatives said they are comfortable raising issues directly with the service. Consumers and representatives expressed satisfaction with the service’s response to issues raised.

The service has formalised mechanisms to support all stakeholders to make complaints and provide feedback. Staff described how they support consumers and representatives to provide feedback. The service’s complaints policy incorporates open disclosure. Staff demonstrated an understanding of how they respond to complaints by apologising and following the service’s open disclosure process.

The Assessment Team observed internal and external complaints information on display within the service, as well as advocacy and language services. Information was available in a number of languages, including Polish and Dutch.

Information on advocacy and language services are available throughout the service to consumers and representatives.

Consumers and representatives said that staff and management mostly handle their complaints in a timely manner. Management described how complaints data is reviewed and how action is taken to improve the quality of consumer care and services. Complaints documentation reviewed identified appropriate action taken by management.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Some consumers did not consider that they get timely care and services when they need them.

The service did not demonstrate that there is sufficient staff to enable delivery and management of safe and quality care and services. Consumers and/or representatives expressed dissatisfaction with staff availability and described how this impacted access to activities as well as call bell response times.

Seven staff indicated that staffing is insufficient in the memory support unit, due to the number of high needs or high-risk consumers located in that unit. Staff described how this impacted meeting consumers’ needs and ensuring their safety.

Lifestyle staff said, and documentation review confirmed, that the lifestyle program runs 5 days per week. Lifestyle staff also undertake care duties for part of the shift, or on an as-needed basis, which impacts lifestyle activities that are run for consumers.

Most consumers and representatives said staff are kind, caring and respectful. The service has policies and procedures to promote and support consumers individual cultural and diverse aspects of their lives.

Documentation demonstrates that staff have qualifications relevant to the role and their competency is monitored. The service has processes and procedures to monitor and review staff performance. Staff participate in mandatory education and monitor each other’s practices to ensure competency.

Consumers considered staff were knowledgeable in their roles and were able to deliver their care, lifestyle and service needs and preferences. Some staff interviewed were not satisfied with the support provided by the service for access to training programs.

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) Non-compliant

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

The Assessment Team found the service did not adequately demonstrate how they plan the number and mix of staff to enable safe and quality care and services for consumers. Consumers are not satisfied there is sufficient staff to respond to their care needs and described how this negatively impacts their well-being, dignity and enjoyment of life. Staff provided examples of how staffing levels impacted consumers’ well-being and enjoyment of life.

One consumer said there was only two staff on duty in the memory support unit which impacted their ability to attend to consumers in a timely manner and meal tines seem rushed. A number of consumers reported that staff do not have time to interact with them and this causes feelings of loneliness for one consumer. One consumer said having to wait for staff has had a negative impact on their toileting. Some consumers said you only see staff at mealtimes or when you ring the bell. Some consumers also provided negative feedback on the time taken in call bell response times.

Care staff said they do not have enough time to read care plans or progress notes, and rely heavily on handovers and other staff to keep them updated about any changes. Care staff said that handover is not always comprehensive, and last week missed information about a consumer who had fallen.

The Assessment Team observed one incident where a consumer became agitated with another consumer in the memory support unit. Staff intervention only occurred some time after the incident began and the agitated consumer was re-directed. The victim of this outburst was showing signs of increased anxiety as the incident progressed. The Assessment Team also observed one consumer in the dining area who attempted to drink for 15 minutes without success and there was no staff to assist.

The approved provider in their response to comments regarding staffing issues made by residents outlined the service is situated in a small remote location and face persistent labour shortage issues. They have therefore implemented a flexible duties staffing model whereby staff are required to carry out their duties and assist with other duties as appropriate and as required. They feel this assists to create a collaborative and respectful work environment required to support the consumer outcomes which they believe are being met.

Short shifts are covered by other staff taking the shifts. A new care and lifestyle shift trialled in April was added to the roster in August and they are actively recruiting to staff it.

The approved provider states that interactions with consumers are limited to what can occur within the constraints of the shared services model they employ. They believe that care and services are being adequately provided to consumers.

The service has recognised the need to increase the number of lifestyle and care staff in the memory support unit however recruitment is still underway for this. Whilst there was some positive feedback in relation to staffing there was also a negative impact to consumers in relation to toileting, meaningful interactions, meal assistance and managing behaviours of concern.

Based on the information I find the service non-compliant with this requirement.

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

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

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

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

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

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

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The service did not demonstrate how it understands and responds to high impact and high prevalence risks, or how incidents are managed and prevented. For example:

The service does not have robust systems to support the management of high impact or high prevalence risks such as consumers who require observation and/or assistance during meal times. The service did not demonstrate how it maintains a safe environment for all consumers, especially in the memory support unit.

The service’s incident management system does not support staff to understand risk, report all incidents, and take actions to prevent recurrence of incidents.

Most consumers feel the organisation is well run and they can partner in improving the delivery of care and services. They can provide input at resident meetings and are involved in ‘resident of the day’ care planning and review.

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) 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 did not demonstrate how high impact or high prevalence risks associated with the care of consumers are effectively managed, and how incidents are managed and prevented. The service did not demonstrate how it identifies and responds to abuse and neglect of consumers.

The service did not demonstrate that consumers with restrictive practices in place such as beds against walls or those in ‘Broda chairs’ are always reviewed or assessed for risk.

One consumer did not have a risk assessment in place for driving a motor vehicle even though they were prescribed psychotropic medication that can have adverse effects whilst driving. The approved provider in their response stated they did not feel it was in their scope of expertise. The consumer’s medical practitioner wrote about concerns with the consumer still driving in progress notes in August 2021. In September the medical practitioner advised the service and the family that the consumer was not to drive on the days a psychotropic medication was given. The service should have assessed and documented the risks associated with this activity and held discussions with all concerned.

One incident was recorded in the services’ incident management system but there was no associated incident form, as it had been incorrectly recorded in the progress notes.

The service was unable to demonstrate how high impact or high prevalence risks associated with the care of consumers are effectively managed in the memory support unit. Some consumers are insufficiently supervised during meal times or while they are eating or drinking, although their care plans indicate the need for supervision.

One consumer was observed ambulating in the communal area without their walker on a number of occasions. They were also observed becoming increasingly loud and combative, causing distress to another consumer in the memory support unit. There was no staff supervision during this time. Refer to Standard 7 (3) (a) for further information.

The approved provider in their response confirmed that they would be bolstering the number of staff in the memory support unit. The approved provider did provide a list of the policies relating to risk management, incident reporting, SIRS and other related policies.

However, the service failed to adequately assess and manage risks identified in the memory support unit and also in relation to consumers on psychotropic medications that drive.

I find the service non-compliant with this requirement but note that the service has recognised that more staff are required and are increasing the number of shifts in the memory support unit in order to manage risk more effectively.

### 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 1(3)(e)**

* Ensure care plans are readily available to each consumer on request and written in a way that is clear, easy to understand and enables them to exercise choice.

**Requirement 3(3)(a)**

* Ensure informed consent is obtained for all methods of restrictive practices and that they are regularly reviewed and monitored.
* Provide education to staff and management in relation to restrictive practices.

**Requirement 4(3)(a)**

* Ensure that there are a range of activities on offer of interest to both male and female consumers and that there are adequate numbers of staff to assist with the activities.
* Ensure the service communicate with consumers to understand their reason for not wishing to participate in activities so as to understand if improvements are required.
* Ensure that the memory support unit has more diversional therapy and staffing.

**Requirement 7(3)(a)**

* Ensure that there are adequate staffing numbers to provide assistance to consumers during activities, meal times and have time to interact meaningfully with them.
* Ensure the memory support unit is adequately staffed to ensure that staff supervision still occurs when other staff are providing care.

**Requirement 8(3)(d)**

* Ensure the service has measures in place for identifying and mitigating risk. related to individual consumers and risk related to consumers in the memory support unit
* Ensure all incidents are documented in the appropriate system and incident reports are completed and processed appropriately on each occasion including near misses.