Courtlands Aged Care Facility

Performance Report

15 Gloucester Avenue
NORTH PARRAMATTA NSW 2151
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**Commission ID:** 0585

**Provider name:** Christadelphian Homes Limited

**Site Audit date:** 30 September 2020 to 6 October 2020

**Date of Performance Report:** 22 December 2020

# Publication of report

This Performance Report **may 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

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| --- | --- |
| **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) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Non-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) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Non-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) | Compliant |
| Requirement 4(3)(c) | Non-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) | Non-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) | Non-compliant |
| Requirement 8(3)(d) | Non-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; and
* the provider’s response to the Site Audit report received 11 November 2020.

# STANDARD 1 NON-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 experience of consumers and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled consumers about the requirements, reviewed their care planning documentation, and tested staff understanding and application of the requirements. The Assessment Team also examined relevant documentation and considered relevant information from other consumers interviewed as part of the assessment of other Standards.

Consumers sampled said 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 also said that staff are respectful to them and many consumers provided positive feedback about the attitude of staff. Staff were also observed by the Assessment Team speaking respectfully about consumers and offering consumers choices in relation to care and services. While consumers generally said that staff encourage them to do things for themselves and that staff know what is important to them, some raised concern about not being able to go outside to enjoy the sun since the global outbreak of COVID-19.

Although consumers reported that their personal privacy is respected the Assessment Team also found that privacy and confidentiality is not always maintained.

While consumers are able to take risks to enable them to live the best life the can, the service does not have adequate processes to identify the degree of risk for the consumer or support required to take risks safely.

The Quality Standard is assessed as non-compliant as two 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.*

Consumers (and representatives on their behalf) confirmed that they are able make connections with others and maintain relationships of choice. Staff also described in detail how they provide choices to consumers in relation to meal services, and how they support consumers to maintain relationships by facilitating phone and video calls.

It was previously identified in November 2019 that consumers are not always supported to make decisions about their own care or when family, friends, carers or others should be involved in their care. The Assessment Team identified that these deficiencies have not been effectively addressed and found further instances where consumer choices and independence have not been respected. For example, the organisation’s ‘respecting the privacy, dignity and diversity of the resident’ policy states that if a consumer has capacity to make their own decisions consent must be obtained from them before sharing information with their representative.

Similarly, the service’s accident and incident forms contain a statement asking whether the consumer wishes their representative to be advised of the incident. The Assessment Team found that this is not occurring in practice and consumers who have capacity to make decisions about when family, friends, carers or others should be involved in their care are not supported to make these decisions.

The service’s case conference form includes a prompt about who the consumer wants to be involved in that case conference and the accident and incident form includes a prompt about whether the consumer has capacity and if they consent to the representative being advised of the incident. This section of the accident and incident form is not always completed and review of care documentation shows that even when a consumer indicates that they do not want their representative advised, this decision is not adhered to.

None of the sampled consumers’ care and services documentation reviewed by the Assessment Team included information about how the service supports consumers to make connections with others and maintain relationships of choice. The service’s care and services documentation has a section to identify contacts for the consumer and their representative but the documentation does not record that the consumer has consented to the person designated as representative to take on this role or the extent to which they wish the representative to be involved in decisions about their care and services.

In addition to consumers who can make their own decisions, the Assessment Team found that the service does not always undertake actions for the appointment of substitute decision makers when consumers are unable to consent to care and treatments.

The resident and relative handbook does not support consumers being able to make decisions about how they wish to live their life. The handbook states that consumers can drink alcohol as long as it is not contradicted by their medical condition or medical officer and makes reference to consumers sometimes needing to be restrained. There is no mention about the organisation’s commitment to a restraint free environment or restraint being a last resort. External complaint avenues refer to the former Aged Care Complaints Commissioner the handbook contains the outdated Charter of Care Recipients’ Rights and Responsibilities. Management advised that a new handbook is being prepared and will be distributed in the near future.

In response to the Assessment Team’s findings the provider clarified that upon admission consumers (who have capacity) nominate a representative to be kept informed or notified of matters effecting them. The provider also confirmed that while a nominated representative is in place, consumers have the right to update or rescind their consent for their representative to be notified based on their personal choice and preferences. In relation to the service not respecting the wishes of consumers who have capacity to make their own decisions (as the service has contacted representatives in circumstances when the consumer has requested they not be informed) the provider outlined a need to do so to ensure the safety of the consumer following incidents requiring medical intervention.

The provider’s response in relation to other gaps identified by the Assessment Team, particularly in relation to the commencement of psychotropic medications, taking actions for the appointment of substitute decision makers (when consumers are unable to consent to care and treatments), and alcohol consumption also indicates that these matters have been resolved.

I find this requirement compliant.

### Requirement 1(3)(d) Non-compliant

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

While consumers are generally able to take risks to live the best life they can, the service does not undertake individualised assessments of the degree of risk related to the specific risk consumers wish to take. This does not ensure individualised measures are put in place to enable the consumer to undertake the risk safely or that unnecessary measures are put in place. Consumers confirmed they are able to take risks they wish to take though the Assessment Team observed that measures recorded in care plans to manage risks associated with smoking are not followed.

Sampled consumers who were asked if there are things they would like to do that they are prevented from doing generally said they are not prevented from doing things. Some consumers and representatives complained about not being able to go outside when they want to and while they are satisfied with the care and services they receive, they cannot get out to do the things they want to do as a result of the COVID-19 lockdown.

During the visit consumers were observed smoking in the designated area outside the Vista wing. The door leading from the common lounge room to the smoking area was left opened and cigarette smoke was observed in the corridors. The consumers said they leave the door open whenever they use the smoking area as the door locks from the inside and they do not have a key to freely access it. They rely on the registered nurse for this access and they are also required to press the call bell from the outside on after their smoking sessions. Although staff described the procedures they would follow to support consumers’ smoking, observations demonstrate that this does not always occur.

The service uses a ‘personal safety and risk assessment’ to identify risks associated with the consumer’s condition and behaviours. The assessment may list actions to be taken to manage the risks. While the assessment lists behaviours that may present a risk to the consumer, it does not provide an assessment of the degree of risk to the particular consumer which takes into account their condition and other individual factors.

The Assessment Team did not observe a policy relating to supporting consumers to take risks to enable them to live the best life they can and asked management to provide any available policies related to this. They provided a copy of their restraint management policy which states that ‘if a resident has capacity and consents to a discussion with the registered nurse, the care manager and director of clinical care, the appropriate clinician to discuss the relevant side effects and risks as per relative information and fact sheets on the type of restraint proposed’. A similar provision is in place when a resident does not have the requisite capacity and consent is also required from a resident with capacity to discuss restraint with their nominated representative.

In response to the Assessment Team’s findings the provider acknowledged areas for improvement in the assessment of risks and has updated its risk assessment templates in line with this. In relation to other areas for improvement the provider did not address the impact of smoke entering the building from the smoking area due to consumers leaving the door ajar, or the risk of consumers being locked outside in the smoking area if staff are not available to open the door. The provider also did not provide any further information about how the service supports consumers to take risks to enable them to live the best life they can.

I find this requirement non-compliant.

### 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) Non-compliant

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

All consumers and representatives who were asked by the Assessment Team about their privacy being respected indicated they do not have any concerns about staff not respecting their privacy. Some consumers are accommodated in rooms which do not enable privacy to be maintained and unmanaged behaviours of some consumers results in consumers’ not being able to enjoy the privacy of their rooms. Despite this some consumers reported to be happy with their room sharing arrangements and stated that other consumers were like family.

In relation to the lack of privacy in the shared rooms, management said they were aware that four bedded rooms are no longer appropriate and do not afford consumers privacy. They said plans are in place to refurbish the Vista area and following the renovations there would not be any four bedded rooms. They said it would be a number of years before the renovations are completed.

Multiple deficiencies were previously identified in November 2019 in relation to ensuring that each consumer’s privacy is respected and their personal information is kept confidential. While the Assessment Team found that some improvements have been made further issues in relation to personal information not being kept confidential were identified. For example, consumers’ personal information has been distributed between catering staff and maintained on their personal phones.

Management said they were not aware that consumers’ personal information was being shared via catering staffs’ private phones and agreed this was a significant breach of privacy. They said action would be taken immediately to ensure the information was deleted.

Nursing staff described ways they respect consumers’ privacy and keep their information confidential by for example knocking on doors, ensuring privacy curtains are drawn and making sure that consumer information is not left in accessible area. Nurses stations and other areas where consumer information is stored was observed to be locked throughout the site audit. Staff were also observed to knock on consumer bedrooms prior to entering the bedroom and ensure that doors were closed when attending to consumer care.

In response to the Assessment Team’s findings about privacy in shared rooms and the impacting of wandering behaviours the provider outlined that consumers are given a choice of room types upon entry. Those currently in shared rooms chose that room type and none of these consumers have requested to move to a single room. In relation to the impact of consumers wandering into other consumers’ room, the provider clarified this has been infrequent occurrence.

Although the provider’s response appears reasonable in relation to the impact consumers have on other consumers’ privacy, it remains that staff were found to have breached consumer privacy by sharing personal consumer information on their private phones. While the provider has since taken action to remedy this, it remains that privacy was not being maintained at the time of the visit.

I find this requirement non-compliant.

# STANDARD 2 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

Most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. For example, they are involved in care planning to some extent, are informed about the outcomes of assessment and planning, and have ready access to their care and services plan if they wish.

The service’s approach to care planning and assessment does not adequately identify or address risks associated with consumers care. While aspects of risks are considered, other high impact or high prevalence risks do not always form part of the assessment and planning for each consumer and specific risk assessment is not always undertaken to guide the delivery of safe and effective care.

The Quality Standard is assessed as compliant as all 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.*

The Assessment Team found that care plans for the sampled consumers are not always individualised relative to the risks to each consumer’s health and well-being, and diagnoses involving high impact or high prevalence risks are not included in the consumer’s care assessment or diagnoses lists. The Assessment Team also found that specific risk assessments are not always undertaken to guide the delivery of safe and effective care and care plans for some of the sampled consumers did not always reflect comprehensive assessment and planning.

Some consumers and representatives raised concerns about falls and other high impact and high prevalence risks that are not always identified or managed for the consumer. They also raised concerns around staffing levels and training as described in Requirement 3(3)(b) and across Standard 7.

Staff could describe how they use assessment and planning to inform how they deliver safe and effective care. Care staff said they have access to the service’s electronic clinical documentation and also paper based work instructions to guide them about consumers’ individual care needs and preferences. The physiotherapist confirmed they do not undertake specific risk assessment for bed cradles and the care managers did not provide further information when this was raised with them.

The organisation has written policies and processes that support staff to undertake assessment and planning from the consumer’s entry into the service, on a regular basis or triggered by events or on a regular basis. Staff articulated the policies and processes and evidence of them were sighted. The service’s self-assessment document identified areas of improvement around staff education on this aspect of consumer’s care.

In response to the Assessment Team’s findings the provider submitted additional information demonstrating how assessment and planning, including the consideration of risks, informs the delivery of safe and effective care and services. The information clarified that while some gaps were identified by the Assessment Team, the service had recorded and considered consumer risks, incidents, and diagnoses, and demonstrated how the service uses this information to inform the delivery of safe care and effective services.

I find this requirement 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.*

Deficiencies relating to this requirement were previously identified in November 2019 identified and the Assessment Team found that some issues were still occurring. The Assessment Team found evidence that other individuals, organisations and providers are involved in assessment and planning for some consumers including:

* physiotherapy and medical input following incidents or change in consumer condition
* pastoral care visits, and
* hospitality staff input regarding specific food requirements for consumers.

Consumers and their representatives sampled could describe how they and the people important to them are involved in assessment and planning on an ongoing basis. Though representatives raised concerns about the impact of COVID-19 lockdowns on their direct involvement in consumer care and services.

For the consumers sampled, staff could describe how they involve them in assessment and care planning and their nominated representatives involved in their care planning process. The clinical staff said they consult with the consumer and their representatives regarding decisions about their care on a regular basis or when incident occur. The organisation also provided evidence relevant to this requirement which included their policy and processes on assessment and care planning, and the Assessment Team reviewed some input from the local outreach health team, allied health including physiotherapy, dietitian, and speech pathologist as part the consumer’s care planning and assessment.

While care planning documents for most of the sampled consumers reflect that they, their representatives, and others are involved in assessment and planning, some examples were noted where this has not occurred. The provider’s response acknowledges that there were difficulties contacting a consumer’s representative, though the service had addressed this prior to the Assessment Team’s visit. In relation to the impact of COVID-19 lockdowns the provider also acknowledges the impact this has had although representatives and others have still been engaged in assessment and planning processes.

I find this requirement compliant.

### 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.*

While there is evidence that care and assessment plans are reviewed on a regular basis, or when circumstances change or incidents occur, the Assessment Team found that the review does not always occur for each consumer sampled. This includes:

* assessment by a physiotherapist following a consumer return from hospital after a fall
* consideration of consumer dexterity in the assessment of them being able to self-administer medications
* review of consumer palliative status, and
* comprehensive consideration of factors in assessing falls risk.

For the consumers sampled, some of the representatives said they were involved in the review of the consumer’s care and services following incidents or that they advocated to have changes made to consumer care in line with hospital recommendations. Staff could describe how and when care plans are reviewed. They said care plan reviews are routinely undertaken every four months, within 24hrs following hospital discharge or when changes occur.

The care managers and clinical staff said that resident of the day reviews are completed monthly with the input of the consumers, their representatives and others. The internal physiotherapist said their team comprised an externally contracted colleague and a physiotherapy aid. They work from Monday to Saturday and are onsite to conduct routine and post incident investigation or hospital review within 24 hours.

The organisation provided other evidence relevant to this requirement including their policy and processes on care planning and assessment reviews as described by staff. The service’s falls safety committee meeting minutes for July 2020 showed areas for improvement including on staff manual handling practices, escalation of issues identified in resident of the day reviews to the doctors and consideration of psychotropic medication as part of falls assessment.

In response to the gaps identified by the Assessment Team the provider submitted additional information indicating these matters had either been addressed prior to the visit, or clarifying that the comprehensive review for the consumer identified had occurred at the time. The information provided by the provider indicates that the review of the effectiveness of care and services is occurring regularly and as required.

I find this requirement complaint.

# 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

Most sampled consumers and some representatives considered that the consumer receives personal care and clinical care that is safe and right for them. 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.

The consumers and representatives sampled generally thought the consumers get the care they need but they also raised particular concerns about the adequacy and training of staff to deliver care that is safe and effective.

While the organisation’s approach to assessment and planning aims to support appropriate outcomes for the consumers, this is not always achieved for the sampled consumers identified with high impact risks. Infection related risks are not minimised or effectively managed for some consumers.

The Quality Standard is assessed as non-compliant as six 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.*

Review of care and other records by the Assessment Team indicated that each consumer does not always get care that is safe or effective, and that some deficiencies identified in November 2019 relating to this requirement remain. This is because care documents including progress notes for the consumers sampled did not reflect that individualised care is safe, effective and tailored to the specific needs and preferences of each consumer.

While most consumers and representatives sampled generally thought that consumers get the care they need, they raised some concerns about the timeliness of care delivery. Although care staff did not directly raise particular concerns about any areas of their work they commented about the impact of the visitor restrictions on consumer wellbeing, particularly those living with dementia. Staff provided examples on how they address different care needs and how they know the care they provide is effective.

Both the clinical staff and the care managers could describe the concepts of best practice, restraint minimisation and high impact or high prevalence risks although deficits around these aspects were identified and discussed with them across Standards 2 and 3.

The organisation has materials about best practice care delivery has a policy on restraint minimisation that is up to date, restraint use is not always undertaken in accordance with current guidelines or according to their policy. The policy instructs that for consumer who do not have capacity, management or clinical staff are to consult and provide information to the nominated representative about restraint use and its associated risks.

For consumers sampled that are using bedrails (at their or their nominated representative’s request) they had evidence of signed restraint authority and risk assessment. Although not all of the assessments evidenced that the risks were explained to them.

The service’s restraint policy recognises that the memory support unit (the Grove) is a form of environmental restraint and this is incorporated in the consumer agreement on entry. The policy also provides various examples of environmental restraint and how to manage the impact of this on consumers with capacity. Despite this the Assessment Team observed that consumers living in the non-dementia specific (Grange and the Terrace) wings do not always have free access to other areas.

While the service’s policy on skin/wound management is reflective of best practice, skin injury risk is not always minimised or adequately managed for the consumers sampled including those associated with unwitnessed falls. Consumers were also identified with recurrent and unexplained skin injuries despite measures that are in place to manage them. The risk of pressure injury is not always minimised for identified consumers.

Although incident reviews and investigations include consideration of pain assessment and monitoring there were instances where the source of pain for consumers was not promptly identified or adequately addressed.

The provider submitted additional information in relation to the Assessment Team’s findings. This included evidence supporting that while a number of consumer are prescribed a psychotropic medication, the purpose is to treat a diagnosed medical condition. Authorisations are in place for consumers who have been prescribed a psychotropic medication as a form of restraint. The response includes some details on how the service reviews and records that individualised care is safe, effective and tailored to the specific needs and preferences of each consumer. However, the response did not adequately address how the service monitors the effects of psychotropic medications administered to those consumers as part of the treatment of a diagnosed condition, or the impact that these medications may have on their functional ability.

I find this requirement non-compliant.

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

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

The Assessment Team found that effective management of high impact and high prevalence risks for each consumer does not always occur. For the consumers sampled, there were several key high impact or high prevalence risks identified in care planning documentation that are not effectively managed. They include choking risks, falls risks, unexplained fracture injuries, behaviour management, and specialised clinical (stoma) care.

Consumers identified with behaviours associated with their diagnosed clinical condition including dementia are not effectively managed. Triggers such as toileting needs and pain are not promptly identified to minimise the consumer’s distress or minimise related incidents.

While the Assessment Team did not directly seek consumer feedback specific to this requirement, feedback was provided by some representatives around issues on high impact risks. They generally reported satisfaction with care provided, though some expressed concerns about falls risks not being managed and that care was not always delivered in line with medical instructions.

Care staff interviewed describe the particular high impact or high prevalence risks for consumers within the service and provided examples of how they address them. For post fall care for consumers on blood thinning agents they transfer them to hospital or seek immediate medical review. They also undertake neurological, wound, pain, mobility and falls risk assessments and monitoring immediately or within 24 hours where required. The physiotherapist spoke of challenges with consumers who are a high falls risk, despite the use of hip protectors, bed sensors, low low beds and crash mats where appropriate, while the care manager said they have done some education to staff in terms of “bruising” skin injury prevention.

While the organisation records trends and analyses high impact and high prevalence clinical and personal risks for consumers, the Assessment Team considered that significant risks for the consumers sampled are not always addressed or properly managed. Monthly clinical incident data from March 2020 to August 2020 showed falls data ranged from 18 to 27 per month with an increase of falls from June 2020 to July 2020, but information reviewed in the falls safety meeting minutes was inconsistent with the this data.

Additional information submitted by the provider in response to the Assessment Team’s findings clarifies a number of areas of concern identified during this visit and includes further details of how the service is managing high impact or high prevalence risks.

The additional information provided by the provider in response to specific gaps identified by the Assessment Team for specific consumers indicates that the service is managing the risks associated with falls, behaviour management, and stoma care for those consumers sampled. Despite this the provider’s response to choking risks does not address the training and competency of staff who assist consumers with meals, or reflect how the provider ensures that staff providing this assistant are able to recognise the signs or symptoms of choking.

Similarly, while the provider advised that the removal of bedrails has led to a reduction in unexplained skin tears and bruising for a consumer, they did not establish that the bedrails were the cause of previous injuries or that a comprehensive assessment had occurred consistent with identifying all possible causes.

I find this requirement non-compliant.

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

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

For the sampled consumers nearing end of life or are on active palliation, their comfort is not adequately maximised. While their care plans generally reflect their end of life needs and wishes the care provided does not always maximise their comfort or persevere their dignity. For example, the Assessment Team found that for consumers nearing the end of their lives that: pain has not been promptly identified or adequately addressed; they have not been supported to maintain their personal hygiene; they have not been engaged in meaningful activities (as much as possible); and they have developed pressure injuries.

The representatives of the consumers sampled with palliative care needs said they thought the consumer received the care they need. Staff described the way care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised near the end of life, although this does not always align with information reviewed in the care document. The service’s policies and procedures relating to end of life care, including a focus on maximising comfort and preserving dignity including a collaborative approach with allied health, leisure and lifestyle, was also not always evident in the sampled care files.

In response to gaps identified by the Assessment Team the provider submitted additional information about the end of life care delivered by the service. While the information generally indicates that consumers nearing the end of their life are supported to continue to take part in activities where they can, the response did not demonstrate that other comprehensive assessments occur to identify comfort needs or otherwise maintain consumer dignity.

I find this requirement non-compliant.

### Requirement 3(3)(d) Non-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.*

The organisation has policies and procedures for supporting staff to recognise and respond to deterioration or changes in a consumer’s condition, which staff were able to describe. Some representatives of consumers sampled raised concerns about staff training and their ability to identify or respond to deterioration in a consumer’s condition, health or ability.

For the consumers sampled, staff could provide recent examples of when a deterioration or change in their condition was recognised and responded to. Despite this the Assessment Team considered that deterioration or changes in the condition of sampled consumers is not always identified or responded in a timely manner. Their care planning documents including progress notes did not always reflect the identification of, and response to, deterioration or changes in function, capacity, or condition.

In response to the Assessment Team’s findings the provider submitted additional information about the specific gaps identified. The provider acknowledged some of the issues identified and offered further information about how they have dealt, or are dealing, with these. While the provider’s response indicates they are committed to ensuring changes in consumers’ capacity or condition recognised and responded to appropriately, at the time of the visit further improvements were still required to be implemented to ensure compliance with this requirement.

I find this requirement non-complaint.

### 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) Non-compliant

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

For the consumers sampled, the care planning documents evidence regular input of doctors, the local outreach medical health team and some allied health providers such as physiotherapy, dietitian and speech pathologist. Most consumers sampled also consider they have access to doctors and other relevant health professionals when they need it. Referrals to other external support or health care providers do not always occur in a timely manner. For example a consumer living with dementia who may benefit from external support has not been referred to external dementia or other support services or to a geriatrician.

Staff explained the process for referring consumers to other health professionals including on a regular basis or when circumstances change although review of the sampled care files did not demonstrate that appropriate referrals or reviews occur for each consumer. The organisation has written procedures for making referrals to health professionals outside the service including mental health, social and specific support services such as Parkinson’s society however these are not always instigated at the relevant time for the consumer.

In response to the Assessment Team’s findings the provider outlined that timely referrals had been made in relation to a consumer’s emotional wellbeing identified by the Assessment Team. In relation to a consumer that could benefit from assistance from external dementia services, the provider’s response reflects that this had not occurred as consent had not been provided by their representative.

However, as found in relation to Requirement 1(3)(c) the provider has identified that there are times when information about a consumer may need to be shared without consent, and in particular, if it is in the best interest of the consumer’s safety, health and wellbeing. It is unclear why the provider has chosen an alternate view in relation to this requirement to the one presented in their response to Requirement 1(3)(c).

I find this requirement non-compliant.

### 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.*

While the service promotes infection control practices as part of their COVID-19 infectious outbreak preparedness, some issues related to COVID-19 preparation were identified. The Assessment Team also considered that other infection related risks are not minimised or effectively managed for some consumers.

Most consumers and representatives acknowledged the processes that are in place to minimise COVID-19 infection risks but they commented on impact of the visitor restrictions on consumer health and wellbeing. Some of them said infection prevention protocols are not adequately explained to them.

Care staff demonstrated an understanding of how they minimise the need for or use of antibiotics and ensure they are used appropriately. They could also describe practical strategies such as promoting hydration by offering fluids to consumers who are prone to urinary tract infections, regular toileting, and conducting frequent checks on consumers a urinary catheter. They also articulated how they practice standard infection precautions for consumers susceptible to wound infections.

Staff understood the service’s COVID-19 infection prevention practices such as regular hand hygiene and social distancing, although some of them were not observed to immediately perform these after attending to consumers. Competency records showed that 74 of 127 staff had completed competency assessments in donning and doffing of personal protective equipment.

The Assessment Team also noted that sanitizer wipes were not readily available, some staff were touching masks, slings were being shared, as well as breaches in the screening of visitors. This includes not undertaking comprehensive risk assessments for visitors who have been allowed entry under special circumstances, though appropriate cleaning does occur following these visits.

Folding privacy screens made with cloth materials are scheduled for cleaning on a monthly basis or as needed. The Assessment Team discussed with management that these are high touch items which require frequent cleaning for infection control. Management agreed that the screens would be cleaned more frequently.

The registered nurse said they used to isolate consumers for five days after hospital admission but that changed recently. They said consumer do not need to isolate if they get clearance from hospital. The Assessment Team reviewed evidence of COVID-19 infection clearance for consumers who recently returned from hospital. Infection and surveillance reports were also reviewed for consumers suspected with infection related symptoms. Influenza vaccination records show that all staff and consumers have been immunized for influenza in 2020.

While the organisation has written policies and procedures relating to infection control and practice to reduce the risk of resistance to antibiotics, the Assessment Team considered that infection related risks are not always minimised or effectively managed for each consumer. Appropriate antimicrobial use was also not always observed.

The Assessment Team identified that laundry possibly contaminated with cytotoxic material is not always managed safely along with other issues with the laundry detailed under Requirement 4(3)(b). Three consumers are currently receiving cytotoxic medications. The Laundry Manager was not aware that any consumers were receiving cytotoxic medications. Laundry staff said that consumer clothing is sometimes sent to the laundry in the appropriate cytotoxic purple bag, but most times is not. When asked, staff also said that bed linen for the three consumers was not treated differently from any other consumers, and was not received bagged in the appropriate purple bags.

The Assessment Team also identified areas of cleaning which posed a risk related to infection control. Refer to Requirement 5(3)(b) regarding dirty toilets, showers, and cleaning of privacy screens.

In response to the identified gaps the provider provided additional information about the minimisation of infection related risks at the service. This indicates that effective practices to promote appropriate antibiotic prescribing and use are in place, and clarified some areas of concern that were identified by the Assessment Team in relation to this.

The provider’s response also supports that broadly the service’s practices in relation to managing the risk of COVID-19 are adequate, including through screening and cleaning high touch surfaces. Despite this the provider acknowledged areas for improvement in relation to laundry and cleaning, and while action has been taken this issues were not addressed prior to the visit. Further staff training has also been provided in donning and doffing PPE, but again this has occurred after the visit.

I find this requirement 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

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being. While consumers generally indicated satisfaction with the activities provided, some care plans are not reflective of consumers’ interests and some consumers are not engaged in activities of interest to them. This was particularly noted for consumers who are unable or unwilling to participate in the group activities.

Most consumers indicated that they are supported to remain in contact with family and friends during the COVID-19 lockdown. Representatives have brought some concerns related to the visiting process to the attention of management. Consumers indicated that catering services are appropriate and their feedback about the catering service is sought and acted on.

Issues were identified with laundry processes in dealing with linen and personal laundry for consumers on cytotoxic medication that poses a risk to other 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.*

The Assessment Team followed up on issues identified in November 2019 and found that ongoing issues are still occurring in relation to this requirement. The service did not demonstrate that consumers get safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, well-being and quality of life.

Consumers interviewed were mainly positive about how they are supported to attend activities at the service and how they are able to choose what they want to do every day. Some consumers and representatives indicated that they would like to have more opportunities to spend time outdoors and more outdoors activities. Consumers interviewed indicated that they are supported by pastoral visits and lifestyle staff who attend for chats, 1:1 activities and to be reminded of ongoing activities. Some consumers like to read the newspaper and staff usually ensure these are delivered to their rooms.

Some consumers and representatives provided feedback about issues with the laundry system, lack of meaningful activities for consumers with dementia or to support their mental health, and that it can take a long time for staff to answer call bells.

For the consumers sampled the Assessment Team found their care plans generally included information about what is important to them. But some of the care plans did not include individualised interventions to assist consumers pursue activities of interest to them and activities participation records are not always reflective of their interests. This is discussed further in Requirement 4(3)(c).

A lifestyle officer explained the service’s lifestyle program takes into consideration those consumers who have varying levels of functional ability or interest in the group activities. Lifestyle staff spend time in the Dementia Support Unit (DSU) to interact with consumers in addition to the scheduled activities. The lifestyle officer said feedback about the activity program is sought from consumers at meetings and during activities. She provided examples of where consumers had made suggestions for activities and these had been accommodated. For example, activities for a group of male consumers in Vista, such as dominoes and card games.

The Assessment Team observed a consumer attempting to communicate with a family member across a glass door in Vista wing, with both parties having difficulty in hearing each other. Window visits in the Grove wing and The Terrace were appropriate, with visitors wearing a mask and talking with consumers across an open window.

The Assessment Team identified multiple activities in the Dementia Specific Unit wing listed on the monthly calendar as word games and cognitive games. The lifestyle officer was asked about the suitability of such activities for consumers with dementia, and she indicated that a small number of consumers would attempt to participate in those activities, but most would do so passively.

An external audit of the living environment in the dementia unit was recently undertaken and an action plan was developed following the audit. The Assessment Team noted multiple actions listed in the action plan were marked as completed but had not been undertaken.

The Assessment Team observed staff respectfully assisting consumers with mobility and activities of daily living. There were several examples of staff informing consumers about planned activities, asking them if they would like to be assisted and giving them the opportunity to accept or decline.

Over the four day visit the Assessment Team did not observe any activities conducted in the outdoor area in the Gove (dementia specific) wing, and no consumers independently using this space despite the pleasant weather. Refer to Standard 5(b)(ii) regarding locked access doors to this area which prevent consumers accessing the outdoors.

In response to the Assessment Team’s findings the provider submitted a detailed response clarifying some of the issues identified. This included information in relation to specific consumer feedback and also more generally around the services systems and process. While the provider’s response adequately addressed some of the matters identified by the team, for example in relation to care plans, living environment action plan, it does not show how the service is meeting the needs of all consumers living with dementia or who require additional support to maintain their mental health or those at risk of social isolation.

I find this requirement non-compliant.

### 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) Non-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.*

#### Most consumers interviewed provided positive feedback about the lifestyle services and activities calendar and how, with the assistance of staff during the COVID-19 pandemic, they keep in touch with people who are important to them. One consumer indicated that they required assistance from staff to set up a video call with her family and how this is promptly arranged on request. Another consumer indicated that they would like to be able to visit their friends outside the service, but understands the need for the current lockdown. Some representatives said that video calls do not always happen when planned.

#### The Assessment Team observed that several couples reside at the service, with some of them located in different wings. Staff said regular visits are arranged. A consumer representative reported that consumers at the service regularly attended functions and activities happening within the co-located retirement village, but due to the current restrictions, this is no longer happening. Another consumer provided feedback about not being able to go outside or to make phone calls in private.

For the consumers sampled, some care plans included information about how consumers participate in the community and maintain their relationships, however others did not include any strategies to support consumers to do this. The people who are important to the consumer are included in care plans and as well as the things the consumer enjoys doing. Lifestyle staff record attendance, or non-attendance of activities offered. While care plans indicate things of interest to consumers, review of activities participation records demonstrate that some consumers do not participate in activities which are meaningful and reflective of their interests.

Staff provided examples of consumer participation in the community which occurred prior to COVID-19. They also explained how they assist consumers to keep in touch with the people important to them for example, through regular visits with family and friends and the friendships developed with other consumers in the co-located retirement village. Current lockdown restrictions have impacted on the level of participation, but lifestyle staff indicated that they make efforts to ensure that consumers are able to remain in contact with family and friends on a regular basis.

The Assessment Team was provided with pre-COVID-19 lifestyle and activity calendars that included activities within and outside the service environment, networking with external religious organisations, access to external entertainers, bus outings, pet therapy services, volunteers and onsite hairdressing services.

Although the provider submitted additional information in response to the Assessment Team’s findings, it did not demonstrate that services and supports for all consumers allow them to participate in their community or do things of interest to them. While the provider’s response and consumer feedback does show that many consumers receive appropriate support, it has not been established that the service is adequately supporting those with more complex needs.

I find this requirement non-compliant.

### 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

All sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment, but some consumers indicated that restrictions in accessing outdoors do have a negative impact on their independence and wellbeing. Consumers stated that current renovations at the service have not had a negative impact on them.

Most consumers interviewed confirmed that repairs required are promptly addressed and all consumers interviewed stated that the service is clean and well maintained. Some areas of concern were identified in the cleaning of bathrooms, shower rooms and external areas of the service, and the enabling of consumers to move freely around indoor and outdoor areas.

The Quality Standard is assessed as compliant as all 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.*

The service's environment reflects the safety and comfort needs of consumer’s including comfortable temperatures in the majority of areas, noise and light levels, and mostly sufficient furniture. However, during the visit the Assessment Team identified bathrooms and toilets in the Vista wing that were not clean, while some toilets in both in Vista and Grove were observed to not have toilet paper on toilet roll holder. Walls and doors throughout the Vista wing were also observed to have scuffs, marks and humidity swollen doors.

The Assessment Team observed that in the courtyard outside the dining room the barbeque was not clean, plastic crates and plastic sheets were seen, discarded masks and debris were seen on the floors. Management addressed the cleaning issues during the visit, clearing debris and deep cleaning the bathrooms / shower rooms in Vista wing.

The Assessment Team identified that during the COVID-19 related lockdowns, consumers are unable to move freely, both indoors and outdoors. For consumers in the Grange wing, they are unable to freely access the elevator to access the courtyard outside Grove wing or the outside of the building. For consumers in Vista wing, they are unable to access the outside of the building. For consumers in The Terrace, while they are able to access other floors in this building, they are unable to access the outside of the building, or the other wings in the service.

Two doors accessing the courtyard in Grove wing were observed to be locked most of the first day of the visit. A staff member was asked if the doors were usually open, and they responded that they were not. After management was advised of this, those doors were observed to remain open.

Management indicated that due to the current pandemic, a decision was made by the organisation to restrict access to the exterior of the buildings by consumers and that consumers could access the exterior by requesting that a staff member accompany them. While the Assessment Team observed some consumers accessing the outdoor areas with staff assistance including a village walk and BBQ, consumers remain unable to freely access the outdoors independently and when they wish to do so. Consumers indicated dissatisfaction with not being able to access the outdoors and several consumers were not aware that this could be arranged by requesting that a staff member accompany them.

Maintenance staff at the service described systems designed to manage the environment. The service has an established preventative maintenance program in place for buildings, furniture, equipment and fittings, and systems to cater for hazards and reactive maintenance where appropriate. Maintenance staff said when the environment needs maintenance, it is attended to appropriately. Cleaning staff indicated that a rotating schedule of cleaning is completed, including cleaning the windows from the inside, carpets and soft furnishings.

The service has a reactive and preventative maintenance program which includes the inspecting, testing and maintenance of equipment. An external electrician was observed tagging and testing equipment during the Performance Assessment.

In response to the Assessment Team’s findings the provider submitted additional information evidencing that the service environment is safe, clean, well maintained and comfortable. While the provider acknowledges some of the matters identified by the Assessment Team, its response demonstrates that this is not a systemic issue and that cleaning and maintenance was attended to adequately through the service’s usual processes. With regard to consumers being able to move freely within and outside the service, the provider’s response indicates that these restrictions were put in place in response to the COVID-19 pandemic and reflected relevant health advice at the time. These restrictions were lifted in line with the easing of restrictions within the local area.

I find this requirement compliant.

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example, consumers indicated that catering feedback is sought by the Catering Services Manager and promptly actioned. Consumers and representative indicated that they feel comfortable reporting issues to staff and management, and are encouraged to do so. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

The Quality Standard is assessed as compliant as all 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

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example, consumers indicated that staff are kind and caring most or all of the time and most consumers felt staffing levels are adequate.

The service demonstrated that the workforce is planned and deployed to provide quality care and services, and there are processes to for the monitoring and review of performance of the workforce. However some issues exist in ensuring that the workforce competent and is trained and supported to deliver the outcomes required under these standards.

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) 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 identified some deficiencies in staff knowledge and skills during the review audit. It was also found that some staff have been undertaking tasks which are outside of their scope of practice or that they have not been trained in. Despite this consumers and representatives interviewed provided positive feedback about staff.

When management were asked about how they determine whether staff are competent and capable in their role, they explained the recruitment process includes set questions to determine the applicants knowledge, screening to identify that the application is a cultural fit to the organisation, reference and police checks. The orientation process is largely centralised and includes new staff reading and verifying they have read and understood key policies. An online induction session of two and a half hours is undertaken. New staff undergo buddy shifts and performance appraisals are undertaken within the first six months and then annually. When gaps in performance are identified and competency assessments and toolbox education might be undertaken.

With the exception of donning and doffing of personal protective equipment, the service’s education matrix shows that all staff required to undertake mandatory education and competency assessments have completed them in the last 12 months.

Until the beginning of September 2020 neurological observations undertaken following unwitnessed falls or falls with head injury had been undertaken by Certificate IV qualified care staff. The Assessment Team discussed with management whether this was outside the scope of practice for those staff. Management advised that the practice had stopped and observations were now only undertaken by registered nurses. Management provided competency assessments for four care staff undertaken in 2019.

Consumers have sustained injuries during the delivery of care and transfers. Staff were noted to be feeding a consumer while they were coughing. The registered nurse identified that the consumer was choking. Subsequently registered nurses did not have knowledge to operate suctioning equipment.

In response to the Assessment Team’s findings the provider confirmed that it has an extensive education framework in place, and contends that all staff are competent and have the qualifications and knowledge to effectively perform their roles. While the provider’s response confirms that they have taken action when issues with staff performance and competency have arisen, the response did not adequately address how the provider assess the expected competencies of registered nurses and care staff in line with the expectations of their roles and responsibilities.

I find this requirement non-compliant.

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

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

While extensive education has been delivered to staff during 2020, multiple areas for improvement identified throughout this report demonstrate that these activities have not been effective in ensuring that all staff are adequately trained, equipped and supported to deliver the outcomes required by these standards. It is acknowledged however that consumers and representatives generally provided positive feedback about staff and did not identify areas whether they believe further training is requirement.

Staff interviewed regarding their training and support indicated they receive training that they need, when they need it. The Assessment Team asked management to provide information about how different staff were trained about the application of the Quality Standards to their role. They said general education was delivered to staff about the standards but were unable able to identify how staff are educated about what the Quality Standards mean for their specific roles. Management said feedback from consumers and performance reviews may identify individual training needs and these are usually delivered as toolbox education sessions.

Review of education records shows that all staff have completed mandatory education and competency assessments in the past 12 months. The exception to this has been the completion of competency assessments for donning and doffing of personal protective equipment, although this was underway at the time of the visit.

Refer to Requirement 7(3)(c) regarding deficiencies in staff knowledge and skills related to a choking episode. Registered nurses were not adequately trained and supported in the use of suctioning equipment to enable them to undertake this task with the equipment available in the service.

Management provided documentation to demonstrate the ongoing delivery of training programs for staff. However the deficiencies in the delivery of care and service throughout this report demonstrates that recruitment, training and supports provided to the workforce are not effective in ensuring the workforce is able to effectively deliver quality care and services.

While the provider’s response to the Assessment Team’s findings confirms that there is extensive education and training has been delivered to staff throughout 2020, it did not address how staff are trained and support to be able to effectively delivery the care and services required under the Standards.

I find this requirement non-compliant.

### 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

Some sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Feedback about whether the service was well run was mixed. While some said they thought is it was well run, others were adamant that it was not well run. None of the consumers sampled feel that they are involved in the development, delivery and evaluation of care and services.

While the organisation’s governing body actively seeks to develop a culture of safe, inclusive and quality care and services and is accountable for their delivery, and undertakes surveys and seeks feedback about some aspects of the care and services, the organisation does not have processes beyond this to partner in the development, delivery and evaluation of care and services. The governing body has not ensured the service meets the Quality Standards and the organisation governance systems are not operating effectively. While a clinical governance framework is in place is in place it has not been effective in ensuring the delivery of quality clinical care.

Although the service has policies for the risk management of high impact or high prevalence risks associated with the care of consumers, identification and responding to abuse and neglect of consumers and supporting consumers to live the best life they can deficits were found in the practical application of this requirement.

The Quality Standard is assessed as non-compliant as four 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.*

Management were unable to demonstrate that consumers are actively involved in the development, delivery and evaluation of care and services. There are no policies, procedures or strategic direction to drive such involvement or how consumers would be supported in that engagement. Management said there were plans to establish a clinical committee in the service and some consumers have been identified as being able to participate and would be invited to attend. There are no plans about when this will occur or how consumers will be supported to take part.

The Assessment Team asked senior organisational management how, other than surveys, consumers are involved in the design, delivery and evaluation of care and services. They advised the main mechanisms are through individual feedback or surveys. They also said that feedback had been sought about food services and the chef regularly attends the dining room to ask for feedback and changes are made in relation to the feedback received.

Review of documentation related to the building renovations included presentation material which was delivered to consumers and representatives and feedback forms completed by consumers and representatives regarding the renovations. The Assessment Team was advised that since the presentation the plans were reviewed and modified many times and the modifications included consideration of suggestions by consumers.

The Assessment Team asked senior management to provide any documentation, such as policies, strategic plans and action plans which demonstrate that the organisation is committed to consumers being actively engaged in the development, delivery and evaluation of care and services and how they would be supported to do this. The provided information related to the examples given about food services and building renovations.

The organisation’s strategic plan has not been updated since it was developed in 2017 and does not include any strategies related to the involvement of consumers in design, delivery and evaluation of services. Management said the organisation will be developing a new strategic plan shortly.

Review of resident and relative meeting minutes largely reflect information provided to consumers rather than active partnership in the design, delivery and evaluation of services.

In response to the Assessment Team’s findings the provider submitted additional information clarifying some of the ways in which consumers are supported and engaged in the development, delivery and evaluation of care and services. While the response shows that the provider does seek feedback and input from consumers it did not address how consumers are engaged in developing, delivering or managing care or services, or demonstrate how consumers have influenced changes or improvements in the care or services provided.

I find this requirement 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) Non-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.*

While staff generally said they can readily access the information they need when they need it, the Assessment Team found that information about consumers’ choice and preferences was not always comprehensive or up-to-date. It was also found that consumer information was not being held securely by the catering team.

The resident and relative handbook has not been updated to reflect the new Aged Care Quality Standards, Charter of Aged Care Rights, or external complaints services. The handbook does not demonstrate the organisation’s commitment to a restraint free environment or consumers’ rights to choice and control over their daily lives. Management advised during the visit that a new handbook is being prepared and will be distributed in the near future.

The organisation’s continuous improvement systems have not been effective in identifying and effectively responding to deficiencies in the delivery of care and services. While some improvements have occurred since the November 2019 site audit, the Assessment Team still identified areas for improvement across multiple standards. Many of the actions in the organisation’s action plan to address previously identified non-compliance refer to action for the individual consumers mentioned in the report. However, these actions do not include further activities to identify if the issues documented for the individual consumer are a systemic issue and how the service will ensure those identified issues do not occur in the future.

The Assessment Team reviewed the action plan (undated but advised it was this year) for an external audit undertaken for the service. The Assessment Team noted that some issues identified during this site audit were also identified by the external audit. Activities in the action plan to address some issues have been signed off as completed, however the Assessment Team identified the same issues continue. For example, the external audit identified that assessment and care planning processes do not consistently identify changes in the consumers care needs. The action was to review and update assessments which has been signed off as completed and effective.

In relation to financial governance service management were asked how they seek changes to budget or expenditure to support changing needs of consumers. They provided examples of purchasing new equipment to support quality meal services in response to COVID-19 dining restrictions.

Although improvements in relation Requirement 7(3)(a) have been made since November 2019, the Assessment Team found issues with workforce governance, including the assignment of clear responsibilities and accountabilities. In particular that that training and other actions to improve the knowledge and competency of the workforce have not always been effective.

To test the organisation’s understanding and application of regulatory compliance, two areas were examined: how the organisation tracks changes to the aged care law and communicates these to staff (by reference to the communications/training that relevant staff have had about the new restraint requirements that took effect on 1 July); and how the organisation tests that the system they have for staff identifying, escalating, addressing and recording reportable assaults is working.

Management advised that the organisation contracts an external provider that specialises in monitoring changes to aged care law. Information provided by the organisation is considered by the Christadelphian Homes Limited risk committee and then passed to the necessary departments and services for implementation.

The organisation has policies and procedures for identifying, escalating, addressing and recording of reportable assault. Management said they know this system is working because there have been no reportable incidents which have come to light which have not been reported through the organisation’s systems.

The Assessment Team observed that review of the reportable assault register and consumer files shows that appropriate action is generally undertaken following the reporting reportable incidents or where the service has elected to exercise discretion not to report incidents of aggression by consumers with a diagnosed cognitive impairment. Despite this an instance was identified where appropriate actions were not take to satisfy the requirement not to report following a consumer assault of another consumer.

In relation to feedback and complaints, the Assessment Team considered that the he organisation has effective processes for responding to feedback and complaints, as considered under Standard 6.

The provider submitted additional information in response to the Assessment Team’s findings. In relation to information management the provider submitted evidence that it had updated the resident and relative handbook referencing the new standards and charter. I accept that the Assessment Team was erroneously provided a copy of the outdated handbook during their visit. While the provider also contends that consumer information is accurate, the findings of the Assessment Team indicate that gaps remain for some consumers (and within some consumer files). Although the provider’s response shows they are taking actions to address gaps when they are identified, the information available does not demonstrate compliance with this requirement at the time of the visit, nor does it address the correct application of when the provider may use its discretion to not report consumer assaults.

I find this requirement non-compliant.

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

Although the service has policies for the risk management of high impact or high prevalence risks associated with the care of consumers, identification and responding to abuse and neglect of consumers and supporting consumers to live the best life they can, deficits were found in the practical application of this requirement. For example, high risk and high prevalence risks considered in relation to Requirement 3(3)(b) have not been adequately investigated to minimise risk to consumers. Furthermore, while some consumers are satisfied with the life they lead in the service, others are isolated and have limited access to meaningful activities.

In response to the Assessment Team’s findings the provider submitted that its response to the gaps identified throughout Standard 3 indicate compliance with this requirement. While the additional information submitted by the provider clarified some specific gaps identified during the visit, it does not adequately address that risk management systems and practices at the service are effective.

I find this requirement non-compliant.

### 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 organisation did not demonstrate that an effective clinical care framework is in place. The organisation does not collect data on, and investigate all critical clinical incidents. Refer to Requirement 3(3)(b) regarding incident that was not included in the service’s clinical incident data reviewed by the Assessment Team.

While the organisation records trends and analyses clinical data, effective action has not been taken to ensure improvements are made or that quality is maintained.

The use of physical restraint has been significantly reduced in the service and procedures have been implemented regarding the use of chemical restraint, though these procedures have not always been effectively followed.

The organisation has a policies for open disclosure and management demonstrated knowledge of these policies. Refer to requirement 6(3)(c) for further information regarding this.

The provider submitted additional information in response to the Assessment Team’s findings, and referred to other information provided in relation to the areas of non-compliance with these standards. Although the provider’s response clarified some of the specific gaps identified by the Assessment Team, the provider did not demonstrate that the risk management systems and practices in place at the service at the time of the visit were effective or reflective of the full scope of this requirement.

I find this requirement non-compliant.

# Areas for improvement

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

**Standard 1 Consumer dignity and choice**

**Requirement 1(3)(d)**

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

**Requirement 1(3)(f)**

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

**Standard 3 Personal care and clinical care**

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

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

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

**Requirement 3(3)(b)**

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

**Requirement 3(3)(c)**

*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)**

*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)(f)**

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

**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.*

**Standard 4 Services and supports for daily living**

**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.*

**Requirement 4(3)(c)**

*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.*

**Standard 7 Human resources**

**Requirement 7(3)(c)**

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

**Requirement 7(3)(d)**

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

**Standard 8 Organisational governance**

**Requirement 8(3)(a)**

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

**Requirement 8(3)(c)**

*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)**

*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.*

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

*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.*