Crossley House Hostel Inc

Performance Report

14 Nicol Street
YARRAM VIC 3971
Phone number: 03 5182 0222

**Commission ID:** 3091

**Provider name:** Yarram and District Health Service

**Site Audit date:** 9 December 2020 to 10 December 2020

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

# 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

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-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) | Non-Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | 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
* the provider’s response to the Site Audit report received 5 January 2021 and further response of 8 February 2021.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall, the sampled consumers and representatives stated the consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* “My identity is valued” and “I’m treated with dignity and respect by the staff.”
* I’m “treated with respect” by the staff.

Consumers interviewed confirmed that staff encouraged them to do things for themselves and that staff know what is important to them.

Consumers and representatives said consumers’ personal privacy is respected.

Staff spoke of individual consumer’s choices and maintaining relationships inside and outside the service and of its importance to consumers.

Staff were observed to interact with consumers respectfully.

Management and staff were able to demonstrate practices as to privacy, dignity and confidentiality.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

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

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall sampled consumers did not consider that they feel like partners in the ongoing assessment and planning of their care and services.

The Assessment Team reviewed the care planning documents sampled from consumers entering the service in 2020. The service’s assessment and planning procedure requires assessment and care planning to be completed in a defined time frame. The care files sampled, did not demonstrate timely completion of risk-based assessments and/or the timely completion of a comprehensive care plan for each consumer. Regular scheduled reviews were not evident in the care planning documents sampled. The care planning documents did not evidence reassessment / review when consumers had changes in circumstances or incidents that impacted on their care needs and preferences. The consumer care files sampled, did not reflect partnership with consumers involved in planning their care. The team found gaps in clinical oversight of the assessment and care planning process.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team sampled care files for consumers who had entered the service during 2020. These consumers’ care files generally did not contain pain, falls and skin integrity risk assessments completed within one month of entering the service. Interim and comprehensive care planning documents are not being completed as per the time frame required in the service’s process, therefore care staff have limited information to inform them how to provide safe and quality care.

The written response from the Approved Provider to the Assessment Team’s report provides some additional evidence that the Assessment Team did not have visibility to during the site audit. The response also outlines a number of specific activities taken following the site audit to address the gaps identified by the Assessment Team.

While acknowledging the Approved Provider has taken prompt action to address the site audit findings, considering all the available material, it is evident that at the time of the site audit the Approved Provider did not comply with this requirement as assessment and care planning relevant to this Requirement was inadequate or not undertaken in a timely manner.

Based on the evidence summarised above the service does not meet this requirement.

### 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) Non-compliant

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team finds this requirement not met based on the sampled consumer care files not containing documentation to reflect the consumer and their representatives partnering with the service with initial care planning and ongoing review process. The majority of the consumers and representatives could not recall being part of a partnership in the care planning or review of their care. However, representatives did acknowledge community health providers had contributed to the care planning process.

The written response from the Approved Provider to the Assessment Team’s report provides some additional evidence that the Assessment Team did not have visibility to during the site audit. This includes progress notes of conversations between staff and consumers or their representatives, however these recorded conversations did not generally demonstrate proactive engagement on how care and services are planned. The response also outlines a number of specific activities taken following the site audit to address the gaps identified by the Assessment Team including staff training.

While acknowledging the Approved Provider has taken prompt action to address the site audit findings, considering all the available material, the Approved Provider has not demonstrated that the service’s approach consistently meets the level of ongoing partnership with the consumer and others either in planning care and services or reviewing them, that is needed to meet this Requirement.

Based on the evidence summarised above the service does not meet this requirement.

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

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

The Assessment Team found consumers and representatives are not aware of the process to request a copy of the care plan. A review of the summary care plans that would be provided on request identified one consumer had one care domain listed and no risk assessment outcomes on their summary care plan.

In their written response the Approved Provider outlined that whilst care plans have always been available should the consumer request a copy, this may not have been communicated with the consumers and their representatives. A review of the service’s case conference and consumer engagement process has been undertaken and the right to access the care plan is being emphasised.

While acknowledging the Approved Provider has taken prompt action to address the site audit findings, it is evident that consumers and representatives were not aware of their right to access their care and services plan. Further, deficits in assessment and care planning as outlined in other Requirements in this Standard suggest that care plans if provided to a consumer or representative at the time of the audit would not have been comprehensive and would not have been effective in communicating to the consumer or their representative an understanding of what the outcome of the assessment and care planning process had been.

Based on the evidence summarised above the service does not meet this requirement.

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

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

The Assessment Team found the consumer care files sampled did not reflect regular reviews had occurred and the information in the care plans did not reflect the current needs of the consumers. The service did not provide audit information or a schedule for care plan review. Care staff were confident that the information on the handover sheet reflected the actual consumer care interventions and said they do not rely on the care plans for information.

The written response from the Approved Provider to the Assessment Team’s report included a comprehensive care plan scheduled developed following the site audit. While acknowledging the Approved Provider has taken prompt action to address the site audit findings, at the time of the site audit the Approved Provider did not comply with this requirement as care and services were not being regularly reviewed by an appropriately qualified staff member.

Based on the evidence summarised above the service does not meet this requirement.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Of the sampled consumers, most considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers interviewed stated they get the care they need when they need it. Two consumers stated staff support them to remain independent with some aspects of their care, which is consistent with their preferences.
* Consumers interviewed stated a variety of visiting medical practitioners attend the service. One consumer stated she had been at the service for a short time and had said they had not been properly assessed by a medical practitioner.

The Assessment Team undertook a clinical review of a sample of consumers and found the delivery of clinical care was not best practice. Deficits in care delivery were identified in a range of clinical domains including the use of chemical restraint, pain management, wound management, weight management and the management of falls.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found chemical restraint, pain management, wound management and weight management did not reflective best practice care, was not tailored to the sampled consumers’ needs and did not enhance their health and well-being.

The Assessment Team’s report details of two named consumers being administered medication which is classified as ‘chemical restraint’ without evidence of adequate behaviour charting. The team also noted the administration of ‘as required’ psychotropic medication being administered without evidence of non-pharmacological strategies being trialled prior to its administration to demonstrate that it was used as a ‘last resort’.

A further review of two named consumers each with a diagnosis of chronic pain found that changes to pain management regimes by medical practitioners were, in one case not followed up, and in the other case not adequately monitored for the effectiveness of the change in the strength of the pain relief patch.

The Assessment Team also found deficits in wound management and weight management.

The Assessment Team’s interviews with Registered Nurses did not provide clarity on accountability of clinical oversight. Registered Nurses were unable to adequately explain how wounds were clinically managed and stated photographs of wounds are taken but not uploaded onto the service’s care management system. Further Registered Nurses were unable to adequately explain why a referral to a dietitian had not occurred following significant weight loss for a consumer.

The written response from the Approved Provider to the Assessment Team’s report provides some additional evidence that the Assessment Team did not have visibility of during the site audit. This includes a mix of progress notes, charting and care planning documents.

In regard to the use of psychotropic medications the Approved Provider’s report states that it had begun to review these medications in October 2020 and provided evidence of this occurring. The process at the service was also noted to have been strengthened since the site audit.

In regard to pain management the Approved Provider submitted evidence of the effectiveness of pain management being recorded in progress notes for the named consumer some of the time (five of 13 incidents). Assessments and care plans have been updated since the site audit.

The Approved Provider accepts that wound management documentation was below its expectations and has provided education to staff and is strengthening its oversight. Updated wound management documentation was submitted for the named consumer, which included one photograph, whether the wound was resolving remained unclear.

In regard to weight loss the Approved Provider submitted a dietitian referral for the named consumer dated prior to the start of the site audit. The referral noted ongoing weight loss from August 2020 to December 2020. A review of the data submitted notes a weight loss of 3.5kg between August 2020 and September 2020 and ongoing significant weight loss since September 2020. Evidence of a dietitian referral between September 2020 and the one instigated in December 2020 was not provided.

The service has recently referred ten of the twenty consumers for dietician review following a review of weight loss.

The written response from the Approved Provider provides evidence that was not provided to the Assessment Team at the time of the site audit and demonstrates a concerted effort to improve the delivery of care. While acknowledging these efforts the Approved Provider has not demonstrated that the service was providing best practice clinical care to consumers at the service at the time of the site audit.

Based on the evidence summarised above the service does not meet this requirement.

### 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’s report named a consumer experiencing multiple falls who fell outside of the service and was hospitalised for seven days. Staff reported they did not complete an incident report as the incident occurred outside of the service and did not provide evidence of any reassessment of any of his care needs following his hospital stay. A further named consumer who is legally blind, fell and sustained a fractured humerus, with no evidence of reassessment or clinical review.

The Assessment Team found the management of incidents is adversely impacted as not all incidents are reported on the service’s care planning system. It was unclear to the Assessment Team if clinical oversight of incidents was occurring, for example a medication error requiring the general practitioner’s review was not recorded on an incident report. Registered Nurses reported a lag in the time an incident occurs and them becoming aware of the incident, in particular regarding pressure areas.

The written response from the Approved Provider to the Assessment Team’s report outlines a range of activities taken following the site audit. While acknowledging the Approved Provider has taken prompt action to address the site audit findings, at the time of the site audit deficits in clinical care were evident and were not being clinically managed placing consumers’ and risk of poor outcomes.

Based on the evidence summarised above the service does not meet this requirement.

### 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) 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 Assessment Team finds this requirement not met based on the sampled consumer’s care file reviews. Nursing staff have not identified the opportunities for recognising and responding to deterioration in the aged care consumers. Staff did not recognise deterioration in consumer’s health including weight loss and wounds. The Assessment Team found a lack of clinical oversight at the service.

The written response from the Approved Provider to the Assessment Team’s report outlines a range of activities taken following the site audit. While acknowledging the Approved Provider has taken prompt action to address the site audit findings, at the time of the site audit the approved provider did not comply with this requirement.

Based on the evidence summarised above the service does not meet this requirement.

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

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

The Assessment Team found overall the service’s care file system is not being used effectively by service’s clinical and care staff to document and communicate changes. Staff stated they were not proficient in using the system commenting that although training was provided it did not provide adequate guidance on the system. Progress notes on the electronic system provided little information with staff preferring to use handover documentation. Information is missing or incomplete and does not support effective communication.

The written response from the Approved Provider to the Assessment Team’s report outlines a range of activities taken following the site audit. While acknowledging the Approved Provider has taken prompt action to address the site audit findings, at the time of the site audit the Approved Provider did not comply with this requirement.

Based on the evidence summarised above the service does not meet this requirement.

### 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-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The sampled consumers confirmed 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.

For example:

* Consumers said they get a monthly activities calendar and discuss things they would like to do at regular meetings.
* Some consumers interviewed said that the staff seem to be very busy. One consumer said that the evening meal service is a rush for the staff and there does not seem to be enough staff.

While sampled consumers were generally satisfied with the meals at the service ten of twenty consumers have recently been referred to a dietician for review following weight loss. The organisation advised that refurbishment of the kitchen and dining area will improve the dining experience for consumers.

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) Compliant

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

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

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

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

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

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

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

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

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

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

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

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

The Assessment Team found that consumers were generally satisfied with the taste of the meals but dissatisfied with the temperature of the food. Some consumers interviewed said that the staff seem to be very busy. One consumer said that the evening meal service is a rush for the staff and there does not seem to be enough staff.

On the day of the site audit the Assessment Team observed three consumers did not get a hot meal at lunch time as staff said their order had not been received. The team also observed the dining experience did not encourage good nutritional intake, with all courses being served at the same time and some consumers eating the dessert first.

The service has recently referred ten of the twenty consumers for dietician review following weight loss and it was evident directives from the dietitian to improve nutritional intake are not always followed as staff are not aware the directive has been made.

Staff described not having enough time to manage the evening meal service.

The written response from the Approved Provider to the Assessment Team’s report outlines a range of activities taken following the site audit including clarifying with staff the expectations of the evening meal process. The service is also in the process of completing a redevelopment of the kitchen and an upgrade to the dining room. While acknowledging the Approved Provider has taken prompt action to address the site audit findings and has changed some processes, at the time of the site audit the Approved Provider did not comply with this requirement. The quality and/or quantity of the meals and overall dining experience is not supporting nutritional intake and consumers’ overall health.

Based on the evidence summarised above the service does not meet this requirement.

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

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall, sampled consumers indicated that they feel they belong in the service, and feel safe and comfortable in the service environment.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register and complaints and tested staff understanding and application of the requirements under this Standard.

Consumers and representatives said they are encouraged and supported to give feedback and make complaints.

For example:

* Consumers and representatives said they could make complaints.
* Consumers and representatives said that their feedback or complaints resulted in changes.
* Management records complaints on the service’s complaint register.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Most sampled consumers gave positive feedback. For example:

* Consumers said most staff are kind and caring and confirmed that staff know what they are doing.
* Some consumers interviewed said that the staff seem to be very busy.

The Assessment Team observed staff providing care with respectful interactions toward consumers.

The Assessment Team found Registered Nurses with accountability for the care of consumers’ were not always available in a timely manner and communication between care staff and Registered Nurses resulted in delays in clinical assessment / management and/or review of care which has contributed to poor outcomes for some consumers.

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

## Assessment of Standard 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 reviewed consumer documentation and noted deficits in the delivery of care that demonstrated insufficient clinical oversight in the monitoring and quality of care and services for the consumers. The service is implementing an ‘aging in place’ model of care and consumers are now able to remain at Crossley House as their care needs increase. The Assessment Team found workforce planning had not been reviewed and aligned to the increasing acuity of clinical care needs.

The written response from the Approved Provider strongly refutes there has been a lack of clinical oversight. The response outlines that the service is co-located with Yarram District Health Service which incorporates urgent care, acute care, dialysis, St Elmo’s Nursing Home and community nursing services. The acute/urgent care hospital is staffed 24/7 with registered nurses. These registered nurses provide support to Crossley House.

The Approved Provider asserts that the Nurse Unit Manager of Residential Aged Care has not been vacant as reported by the Assessment Team. Noting while the person holding the role may have changed more than once during 2020 there was never a time when a responsible person did have clinical oversight and that effective delegation of care was occurring. Further, while Registered Nurses and Enrolled Nurses are not rostered on the Crossley House roster, Crossley House is part of one service and resources are available across the service.

The Approved Provider states it has experienced challenges in recruiting staff, however, since the site audit, they have successfully made a number of permanent appointments of key staff including a Director of Clinical Services, a Quality and Experience Manager and a Nurse Unit Manager of Residential Aged Care.

A revised roster also submitted evidences short time and long-term planning to significantly strengthen the roster line of clinical staff at Crossly House, with short term plans currently in effect that includes a permanent Registered Nurse allocation on the morning and afternoon shift.

It is evident that the information on the actual staffing model is conflicting between the Assessment Team’s evidence and the Approved Provider’s response, however, the Assessment Team’s evidence is more persuasive. Notwithstanding who was in the Nurse Unit Manager of Residential Aged Care role and where that role might be located, it is evident from the deficits in Standard 2 and Standard 3 that the functions of the role, and to a lesser extent the functions undertaken of the Registered Nurse role have not been effective in assessing, planning and delivering best practice care to the consumers at Crossley House.

At the time of the site audit the Approved Provider did not comply with this requirement as the staff deployed at the service did not deliver safe and quality care and did not demonstrate that care needs were effectively managed.

Based on the evidence summarised above the service does not meet 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) Non-compliant

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

The Assessment Team’s review of the evidence showed that while the service has a staff appraisal and development policy, regular assessment, monitoring and review for each member of the workforce has not been occurring.

The written response from the Approved Provider to the Assessment Team’s report outlines a range of activities taken following the site audit including a schedule for appraisals to occur. While acknowledging the Approved Provider has taken prompt action to address the site audit findings, at the time of the site audit the Approved Provider did not comply with this requirement as the performance of staff was not actively monitored.

Based on the evidence summarised above the service does not meet this requirement.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall sampled consumers considered that the organisation is well run, as one said, ‘things were changing for the better’.

While the organisation has systems, policies and procedures in place to manage risk, the Assessment Team found the implementation of these systems and processes inadequate. Registered nursing staff were unaware of their clinical governance responsibilities and these responsibilities had not been fulfilled. The Assessment Team found deficits in the delivery of care and services and found that the governing body was unaware of these deficits occurring.

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

The Assessment Team found the approved provider did not meet sub-requirement (i) information management and as such the service has not complied with Requirement 8(3)(c).

The Assessment Team found information which flows to the governing body on clinical governance and risk is based on incomplete data. Information on the delivery of care was not accurate, timely or readily available. Staff did not have information relevant to performing the duties of their role.

The written response from the Approved Provider to the Assessment Team’s report outlines a range of activities taken following the site audit and notes the appointment of key staff to clinical positions will have accountability for care information. While acknowledging the Approved Provider has taken prompt action to address the site audit findings, at the time of the site audit the Approved Provider did not comply with this requirement.

Based on the evidence summarised above the service does not meet this requirement.

### 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.*

The Assessment Team found the approved provider did not meet sub-requirement (i) managing high impact or high prevalence risks associated with the care of consumers and as such the service has not complied with Requirement 8(3)(d).

While the service has policies and procedures documented to manage risk, staff in the service are not routinely following the procedures outlined in the organisation’s risk framework.

The written response from the Approved Provider to the Assessment Team’s report outlines a range of activities taken following the site audit, and expressed disappointment that staff interviewed were unable to identify risk and how it is managed, stating this was not representative of their overall staff pool. The response also noted the service has now sourced the services of a Quality and Experience Manager.

While acknowledging the Approved Provider has taken prompt action to address the site audit findings, at the time of the site audit the Approved Provider did not comply with this requirement.

Based on the evidence summarised above the service does not meet this requirement.

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

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

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

The Assessment Team found the approved provider did not meet sub-requirement (ii) minimising the use of restraint and as such the service has not complied with Requirement 8(3)(e).

The Assessment Team found while the organisation has a high-level clinical governance framework, the practical application of this is not consistently operationalised. The care staff at the service are not familiar with the requirement to report incidents and risk. The staff were not able to identify consumers that may be chemically restrained.

The written response from the Approved Provider to the Assessment Team’s report did not adequately demonstrate at the time of the site audit clinical governance was effective. Clinical leadership roles at the service were either unclear to staff or not used by staff to support best practice clinical care being delivered to consumers. While the organisation is in the process of implementing an assessment and review of prescribed psychotropic medications for consumers this is not complete.

The governing body did not evidence, at the time of the site audit, it had a monitoring system in place to ensure the use of chemical restraint aligns with legislative requirements and best practice.

Based on the evidence summarised above the service does not meet this requirement.

# Areas for improvement

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

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

Ensure all consumers have current, complete and accurate assessments undertaken and that these reflect their clinical and personal care needs.

Where a risk to the consumer’s heath or wellbeing is identified, undertake a risk assessment in consultation with the consumer to mitigate the risk to the extent that is possible and agreeable with the consumer, so that safe and effective care and services are delivered.

Establish monitoring process to ensure assessment, planning and review occurs.

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

*The organisation demonstrates that assessment and planning:*

* *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*
* *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

Demonstrate that consumers are actively engaged in how their care and services are delivered and that care plans are tailored to the consumer’s clinical and other needs, and personalised to reflect how they wish care and services to be delivered.

Establish monitoring process to ensure consumers are actively consulted.

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

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

Ensure all consumers are made aware that they can ask for and be provided with a care plan at any time and ensure that the information in that care plan is current.

Establish monitoring process to ensure any request is fulfilled.

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

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

Embed in day to day practice how events in the consumer’s life might trigger a review of their care and service needs. Undertake reviews of care and services as scheduled and ensure all reviews are effective in identifying and actioning any changed needs.

Establish monitoring process to ensure incidents are recorded and appropriately escalated, and a review by a suitably qualified staff member occurs in a timely manner.

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

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

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

Demonstrate the service understands what best practice care is as it relates to all care and services and specifically to chemical restraint, pain management, wound management and nutrition and hydration.

Provide training and support to staff in how to identify and deliver best practice care and how to escalate any concerns that deficits in care are occurring.

Establish monitoring process to ensure incidents are recorded and appropriately escalated and review by a suitably qualified staff member occurs in a timely manner.

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

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

Demonstrate the service is managing high impact and/or high prevalence risks associated with individual consumers at the service and other risks known to impact an ageing population. Specifically, ensure that medication administration and falls are appropriately managed.

Provide training and support to care staff so they can identify risks and escalate them. Demonstrate that clinical staff know how to assess and manage these risks in consultation with the consumer.

Establish monitoring process to ensure risks that are evident or emerging are identified and that appropriate and timely action has been taken.

### 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.*

Ensure care staff know their role in escalating changes to a consumer’s well-being with a focus on skin integrity and weight loss.

Demonstrate that all clinical staff have contemporary skills in identifying a deteriorating consumer.

Establish monitoring process to ensure delays in identifying, communication and responding to deterioration do not occur.

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

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

Establish systems to ensure relevant information is available to anyone providing personal or clinical care and this can be understood and effective without already having to know the consumer.

Address any conflicting, incomplete or inaccurate information across the information sources that are likely to be referred to such as care plans, handover information and/or information that might be provided to ambulance staff or consulting specialists.

Establish monitoring process to ensure information is consistently accurate.

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

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

Review the meal service to ensure that all consumers nutrition and hydration needs are met and that the intake of meals and drinks support the consumer to maintain a healthy weight range.

Demonstrate staff know when a referral for dietitian or specialist nutritional advice is warranted and ensure this occurs in a timely manner.

Establish monitoring process to ensure consumers are satisfied with the meals service and that the food and drinks provided are those that the consumer has ordered.

### 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.*

Ensure ongoing review of the roster and staff mix to enable the Requirements of the Quality Standards to be met.

Establish monitoring process to ensure any deficits in the workforce are addressed.

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

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

Ensure staff have a current performance appraisal and have input into their development needs.

Establish monitoring process to ensure any schedule developed is adhered to.

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

*The specific failure of effective organisation wide governance systems relates to:*

* *information management*

Demonstrate the performance monitoring records that are provided to the governing body to inform their decision of whether consumers are getting safe and quality care are relevant, accurate and timely.

Ensure monitoring systems to test the accuracy and completeness of information and identify where further information sources might be useful.

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

*The specific failure of effective risk management systems and practices relates to*

* *managing high impact or high prevalence risks associated with the care of consumers;*

Demonstrate that the governing body has systems and practices to identify risk and prevent harm occurring to consumers.

Where harm occurs demonstrate that the governing body considers the risk of a similar harm occurring for other consumers in the service and takes preventative actions as required.

Establish monitoring systems to ensure all staff are aware of their accountabilities in relation to managing and responding to risk as outlined in the expectations of the Aged Care Quality Standards.

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

*The specific failure of the clinical governance framework relates to:*

* *minimising the use of restraint;*

Demonstrate that where chemical restraint is in use that the governing body has oversight of the prevalence of chemical restraint and that the service is managing restraint in accordance with legislation and the organisation’s own policies or procedures.

Ensure any staff member involved in authorising or administering chemical restraint is aware of the relevant legislation and the expectations outlined in the Aged Care Quality Standards.

Establish a monitoring system to ensure that chemical restraint is always used as a last resort, the application of the restraint is documented, and the safety and wellbeing of the consumer is monitored.