Eldercare Evanston Park

Performance Report

17 Morrow Avenue
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**Commission ID:** 6939

**Provider name:** Eldercare Inc

**Site Audit date:** 7 June 2021 to 11 June 2021

**Date of Performance Report:** 6 September 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 on 5 July 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

The Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

Consumers considered they are treated with dignity and respect, can maintain their identity and live the life they choose. Consumers said staff are kind and caring, staff know and respect them, and make them feel valued. Consumers said they are supported and encouraged to do things for themselves and provided examples of how their privacy is maintained, how their culture and values are respected, and how they are supported to exercise choice, take risks and maintain relationships.

Staff spoke about consumers’ life history, beliefs and preferences, and provided examples of how they are considered to ensure care and services are culturally safe. Staff explained how they maintain consumers’ privacy, and support consumers to exercise choice and take risks. Staff were observed to be considerate of consumers’ privacy and interacting with consumers in a kind and respectful manner.

Documentation, observations and interviews with consumers, representatives and staff demonstrated consumers are provided information to assist in making choices regarding meals, activities, events and their personal and clinical care.

The service has a diversity and inclusion policy, cultural and spiritual life policy and cultural and spiritual care of residents procedure to guide and inform staff in providing culturally safe care and services.

Based on this evidence, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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

The Quality Standard is assessed as non-compliant as one of the five specific Requirements has been assessed as non-compliant.

The Assessment Team recommended the service did not meet Requirement (3)(a). I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service non‑compliant with Requirement (3)(a). I have provided reasons for my finding under the specific Requirement below.

The service was unable to demonstrate assessment and planning for one consumer included consideration of risks to their health and well-being to inform the delivery of safe and effective care and services.

In relation to all other Requirements in this Standard, consumers confirmed they felt like partners in the ongoing assessment and planning of their care and services. Consumers and representatives reported they regularly discuss consumers’ care and services with management, including advance care planning and end of life preferences, and confirmed care and services consumers receive is individualised and reflects their needs, goals and preferences. Representatives said they are well informed of incidents and changes in care delivery and confirmed care planning processes include others that are involved in the care of the consumer.

Staff demonstrated an understanding of assessment and planning processes and explained how they are informed of changes to consumer needs and preferences.

Documentation showed assessment and planning includes consumer needs, goals and preferences, and advance care and end of life planning. Care plans were reflective of the consumer and inclusive of those involved in the care of the consumer, including relevant health specialists.

Documentation showed care and services are reviewed bi-annually, and when circumstances change or when incidents impact the needs, goals and preferences of a consumer.

Based on this evidence, I find the service to be compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

## 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 were not satisfied the service demonstrated assessment and planning for one consumer considered risks to their health and well‑being to inform the delivery of safe and effective care and services. The Assessment Team provided the following evidence relevant to my finding:

* Behaviour charting undertaken for the period 27 May 2021 to 31 May 2021 recorded 29 episodes of wandering, verbal and physical behaviours.
	+ While the behaviour chart included interventions implemented, however, these interventions were not recorded in the consumer’s care plan.
	+ Of the 29 episodes recorded, interventions were partially effective on 10 occasions and ineffective on six occasions.
	+ Behaviour charting had not been evaluated to determine the consumer’s triggers and implement effective strategies to support staff to manage challenging verbal behaviours.
* The consumer’s behavioural care plan dated 31 May 2021 did not assess or document strategies to manage identified behaviours.
* Behaviour charting was undertaken a second time on 8 June 2021 to 10 June 2021 and 37 episodes of wandering, verbal and physical behaviours were recorded. Behaviour charting had not been evaluated to determine the consumer’s triggers and implement effective strategies to support staff to manage challenging verbal behaviours.
* The service did not follow it’s ‘sequence of clinical documentation’ guide, as a Mini Mental State Examination had not been completed for the consumer at the time of the Site Audit and should have been completed within 24 hours of entry.
* Staff detailed strategies used to manage the consumer’s unpredictable and wandering behaviours, including ensuring two staff assist when providing personal care and conducting 15-minute visual checks. These strategies were not reflected in care planning documentation.

The provider does not agree with the Assessment Team’s findings and asserts that assessment and planning considers risks to consumers’ health and well‑being and informs the delivery of safe and effective care and services. The provider’s response included, but was not limited to:

* The consumer’s behaviour care plan dated 31 May 2021, which shows at the time of the Site Audit, interventions had been documented to manage the consumer’s sexual inhibitory behaviours.
* With regard to the behavioural assessment undertaken for the period 8 June 2021 to 10 June 2021, the provider asserts the frequency of behavioural episodes stated in the Assessment Team’s report was incorrect, as some records were doubled up, however, the provider’s response does not state what the correct value was.
* The provider asserts it is unreasonable to expect behaviour charting to be evaluated and care plans updated, as the behaviour charting ceased on 10 June 2021 and the Site Audit was completed on 11 June 2021. I have considered this when coming to my finding.
* Interventions of diversion and redirecting, offering food and drink and one-to-one attention were not included in the consumer’s care plan, as they are standard interventions for a consumer with dementia, which all staff working in the memory support unit (MSU) are aware of and utilise daily.

I acknowledge the provider’s response, including the additional documentation provided. However, in coming to my finding, I have relied upon documentary evidence which demonstrated at the time of the Site Audit, assessment and planning for one consumer did not include consideration of risks to their health and well‑being to inform the delivery of safe and effective care and services. Specifically, while the consumer’s care plan included some strategies to manage their sexual inhibitory behaviours, interventions to manage wandering, verbal and physical behaviours had not been documented. Additionally, while the provider’s response states standard interventions for persons with dementia were not included in the consumer’s care plan, as MSU staff are aware of them and utilise them daily, it did not detail how these interventions are communicated with others where responsibility is shared, such as agency staff, allied health personnel and lifestyle staff.

Based on the above evidence, I find the service non-compliant with 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) Compliant

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) Compliant

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

# STANDARD 3 NON-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

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

The Assessment Team recommended the service did not meet Requirements (3)(a), (3)(b) and (3)(g). In relation to Requirement (3)(a), the Assessment Team were not satisfied the service demonstrated safe and effective personal care is provided to each consumer, specifically with regard to wound management for two consumers. In relation to Requirement (3)(b), the Assessment Team were not satisfied the service demonstrated systems and processes ensured each consumer’s high impact risks were effectively managed, specifically in relation to behaviours, weight loss and pain. With regard to Requirement (3)(g), the Assessment Team were not satisfied the service demonstrated the service’s infection control system was effective to prevent potential spread of infection. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service non-compliant with Requirement (3)(b). With regard to Requirements (3)(a) and (3)(g), I have come to a different view from the Assessment Team and I find the service compliant with Requirements (3)(a) and (3)(g). I have provided reasons for my findings under the specific Requirements below.

While the service demonstrated it had effectively managed some risks, those relating to behaviours, weight loss and wounds had not been effectively managed, which has impacted the health, safety and well-being of consumers.

In relation to all other Requirements in this Standard, the Assessment Team found most consumers and representatives considered consumers get personal care and clinical care that is safe and right for them. Most consumers and representatives confirmed consumers’ needs and preferences were known by staff and consumers have access to relevant health professionals when needed.

Staff demonstrated knowledge of consumers’ personal and clinical needs, could relay individualised strategies for managing some high impact or high prevalence risks and described some strategies for maximising comfort and dignity during palliative care.

Sampled care plans were comprehensive and captured the needs, goals and preferences of consumers, including those nearing end of life, and demonstrated that effective strategies are documented for the management of some high impact or high prevalence risks and deterioration of consumers’ health. Care planning documents showed documents were regularly updated and inclusive of appropriate information for the effective transfer of information to others where responsibility is shared, and referrals were made to other providers of care and services in a timely manner.

Based on this evidence, I find the service to be compliant with Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team were not satisfied the service demonstrated each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. The Assessment Team provided the following evidence to support their recommendation:

Consumer A

* On 8 March 2021, a wound on the consumer’s left buttock was identified.
	+ Documentation showed the wound was measured on the day it was identified, however, no photographs of the wound were taken.
	+ There was no evidence indicating further measurements of the wound were taken after 8 March 2021. Additionally, documentation showed photographs of the wound were not taken until the last day of the Site Audit.
	+ Wound reports for 8 March 2021 to 10 June 2021 were not consistently completed. Of the 78 times the wound was redressed, the size of wound had not been documented, the consumer’s pain had been assessed on only 10 occasions, wound edges were assessed on only one occasion and wound colour had been recorded on only 13 occasions.
	+ On the last day of the Site Audit, a stage two pressure injury was identified on the consumer’s right buttock.
* A venous ulcer to the consumer’s left ankle was identified on 21 November 2017.
	+ After initial identification, wound charting commenced, and the wound was subsequently photographed, however, the measuring tape was obscuring the wound to get the exact dimensions.
	+ Documentation showed for the period of 21 November 2017 to 28 January 2021, the wound was photographed on only 4 occasions and measurements documented on one occasion. The wound was noted as stable.
* The service’s Wound and Skin Management Procedure states ‘all complex wounds to have regular photos with measurements/date/name/wound location showing in the photo if possible.’
* Management stated the Clinical Leader (CL) monitors wounds monthly and reports if there identify any issues, however, the Wound and Skin Management Procedure states wounds are to be reviewed by the CL or Registered Nurse (RN) weekly.
* Management stated wounds are referred to specialist services if they are ongoing and not healing, however, the service did not consider specialist input for the consumer’s wound that had been ongoing for four years and seven months.

Consumer B

* On 17 February 2021, an unstageable pressure injury was identified on the consumer’s left foot.
	+ From 17 February 2021 until the Site Audit, the wound was photographed on only two occasions.
	+ Wound charts for the period 29 March 2021 to 10 May 2021 indicate the wound had not been consistently managed. Of the 21 occasions the wound was redressed, wound severity and odour had been assessed on two occasions and on one occasion, it was documented ‘sore while touching and dressing applied as per yellow hand,’ however, the pain description was reported as nil.

The provider did not agree with the Assessment Team’s findings and maintains that best practice care was provided to two consumers in the management of their wounds. The provider asserts the following:

* Evidence presented in the Assessment Team’s report is factually incorrect and the service has complied with its standards for photographing and reviewing wounds.
* The service’s standards for photographing and reviewing wounds are detailed in the Wound Recording Guide, not the Wound and Skin Management Procedure, as stated in the Assessment Team’s report.
* Not all fields for wound reports are compulsory and are only to be used as required, when there is relevant information to record. If the field has been left blank, it indicates there is no new information to record.
* There is no stipulated timeframe for frequency of photographs and the number of photographs taken of Consumer A’s venous ulcer was sufficient. The consumer’s wound was photographed on 12 occasions prior to the Site Audit, not five as stated in the Assessment Team’s report.
* Consumer A’s wound had been discussed with Medical Officers (MOs) on numerous occasions, and due to the consumer’s diagnosis, it is unlikely to heal.

The provider’s response did not include any evidence to support the above claims.

Based on the Assessment Team’s report and provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service compliant with this Requirement. I consider that evidence does not indicate consumers are not receiving personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being, however, it shows there are areas for improvement in the management of wounds. This evidence has been considered in my finding for Standard 3 Requirement (3)(b).

Based on the above evidence, I find the service compliant with 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 were not satisfied the service demonstrated high impact or high prevalence risks associated with the care of each consumer are effectively managed. The Assessment Team provided the following evidence relevant to my finding:

Behaviours

* Behaviour charting undertaken for one consumer from 27 May 2021 to 31 May 2021 and 8 June 2021 to 10 June 2021 recorded 66 episodes of behaviours that included verbal, physical and wandering. Of the 66 behavioural episodes, strategies implemented were deemed ineffective and partially effective on 16 and 31 occasions respectively.
* Behaviour charting demonstrates the impact on other consumers and staff including, interfering with others, banging on doors and wandering naked in other consumers’ rooms.
* Staff stated strategies in the consumer’s care plan were not always effective and provided examples of how they manage the consumer’s behaviour, which include two staff assist, 15-minute visual checks, proving a warm blanket, reducing noise, reapproaching the consumer after a period of time and allowing the consumer to assist maintenance staff.
* One staff reported the service is in the process of identifying the consumer’s triggers and another staff stated the consumer has been referred to Dementia Support Australia.
* The consumer’s care plan provided some strategies to manage their behaviours, however, behaviour charting shows on several occasions, these strategies were ineffective or not implemented. The consumer’s care plan did not provide strategies to manage their wandering, verbal and physical behaviours and had not been reviewed following incidents.

Weight management

The Assessment Team were not satisfied the service effectively managed one consumer’s weight loss, as the consumer’s food or fluid intake was not monitored, and risk management strategies were not implemented after significant weight loss was identified:

* A dietitian review conducted on 7 January 2021 documented the consumer had a 7.4% weight loss in three months.
* Documentation showed the consumer lost 5.68kg from 6 March 2021 to 13 April 2021, however, food and fluid intake charting was not undertaken, weight loss was not evaluated and strategies to mitigate the risk of continued weight loss were not implemented. Additionally, the consumer was not reviewed by a dietitian until 1 June 2021.
* Documentation showed the consumer lost 10.22kg in the six months prior to the Site Audit.
* The service’s weight loss flow chart states ongoing weight loss more than 3kg per month is to be referred to the dietitian and food and fluid intake charts are to be commenced. The consumer’s care plan evaluation did not consider the commencement of a monitoring chart for food and fluid intake since the consumer started to lose weight.
* The dietitian review conducted on 1 June 2021 documented the consumer had a 6.6% weight loss in three months related to frequency of missed and inadequate meal replacements.
* Staff reported the consumer leaves their food and confirmed they have commenced high energy high protein (HEHP) drinks.
* Progress notes report the consumer refuses meals due to feeling unwell and chronic pain.
* The representative stated they were aware of the consumer’s weight loss and reported the consumer does not eat when they feel down or are in pain.

Pain management

The Assessment Team were not satisfied the service demonstrated one consumer’s pain was consistently evaluated in line with its procedure:

* A pain assessment undertaken on 10 March 2021 indicated the consumer had pain in their back, migraine/headaches and bilateral shoulder pain. Non‑pharmacological strategies were documented to manage the consumer’s pain.
* On 30 March 2021, pain charting commenced and recorded the consumer had mild pain in their lower back, with regular medications and rest documented as ineffective.
* On 13 April 2021, behaviour charting commenced and on 26 April 2021, a narcotic analgesic patch was commenced.
* On 28 April 2021 to 2 May 2021, pain charting was commenced but was not evaluated, however, pain charting did indicate four episodes of mild pain where additional pain relief was administered and re-evaluated.
* Due to low blood pressure, the consumer ceased the analgesic patch on 7 May 2021 and anti-inflammatories were increased.
* Management stated pain charting should have commenced after the consumer’s analgesic patch ceased and anti-inflammatories were increased, however, documentation showed this was not undertaken.

Wound management

Findings and evidence presented in the Assessment Team’s report under Standard 3 Requirement (3)(a) indicate wounds were not effectively managed:

* Consumer A had a wound on their left buttock and a venous ulcer on their left ankle. Both wounds were not consistently measured or documented in line with the service’s procedures. Regarding the venous ulcer, the service did not consider specialit input even though the wound had been ongoing for four years and seven months. A stage two pressure injury was subsequently identified on the consumer’s right buttock.
* Consumer B’s unstageable pressure injury was not consistently measured or documented in line with the service’s procedures.

I have considered the provider’s response in relation to Consumer A and Consumer B in my finding for this Requirement.

With regard to behaviours and weight loss, the provider did not agree with the Assessment Team’s findings and asserts high impact or high prevalence risks associated with the care of each consumer was effectively managed. The provider asserts strategies implemented by staff were effective in managing the consumer’s behaviours considering the length of time the consumer has resided at the service. The provider also asserts the service’s weight loss procedure was followed, and risk mitigation strategies documented in the consumer’s Nutrition and Hydration Care Plan were effectively implemented. The provider’s response did not include any evidence to support the above claims.

In coming to my finding, I have relied upon documentary evidence which demonstrated at the time of the Site Audit, high impact or high prevalence risk associated with the care of each consumer was not effectively managed. Specifically, the service did not appropriately respond to or manage risks associated with behaviours, weight loss and wounds.

I have considered that while the consumer demonstrating behaviours had only been residing at the service for 14 days at the time of the Site Audit, there were no strategies in place to mitigate the risk to other consumers’ health and safety. Documentation did not demonstrate there had been a reduction in behavioural episodes or the consumer’s behaviours were being effectively managed.

I have also considered that monitoring processes and risk mitigation strategies were not implemented for one consumer with significant weight loss, resulting in further weight loss. The provider’s response states the consumer did not lose significant weight and the service’s procedures were followed, however, no evidence was provided to support this claim. In coming to my finding, I have placed weight on evidence documented in the Assessment Team’s report indicating the consumer had lost a significant amount of weight in the six months prior to the Site Audit, the service did not undertake processes to monitor and evaluate the consumer’s weight loss and strategies to mitigate the risk of continued weight loss were not implemented.

Regarding wound management, two consumer’s wounds were not consistently assessed or monitored in line with their care and services needs, resulting in one consumer developing a stage two pressure injury. The provider’s response states both consumers wounds were measured and documented in line with the service’s procedures, and specialist input for Consumer B’s wound has been sought on numerous occasions, however, no evidence was provided to support this claim. In coming to my finding, I have placed weight on evidence documented in the Assessment Team’s report indicating wounds for two consumers were not regularly and consistently photographed or measured and all fields of wound reports were not consistently completed.

I find the service’s failure to recognise, manage and respond to these risks has impacted the health, safety and well-being of consumers.

Regarding pain management, while the service should have commenced pain charting after one consumer’s medication changed, I find evidence presented in the Assessment Team’s report demonstrated the consumer’s pain was effectively managed.

Based on the above evidence, I find the service non-compliant with 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) Compliant

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team were not satisfied the service’s infection control system was effective to prevent potential spread of infection. The Assessment Team provided the following evidence to support their recommendation:

* Inadequate infection control precautions and supplies were in place for one consumer in isolation while awaiting COVID-19 test results:
	+ The consumer was required to self-quarantine for 14 days and undergo COVID-19 testing on days one, five and 13. Documentation showed the consumer underwent COVID-19 testing on days two and six, and was booked for a further test to be carried out on day 15.
	+ A personal protective equipment (PPE) trolley outside the consumer’s room was not stocked with gowns, there was no clinical waste bag or signage indicating hazardous waste, an open wastepaper bin was used for PPE disposal and was overflowing, and used gowns were not turned inside out or folded/rolled into a bundle.
	+ Signage was placed on the consumer’s door which instructed staff to wear full PPE before entering. Stop signs for donning and doffing PPE were provided.
	+ Progress notes state PPE must be used, a trolley is set up outside the door and twice daily temperatures are to be taken. Charting reflects twice daily temperatures were not taken on 31 May 2021.
	+ One staff was aware, and two staff were unaware as to why the consumer was being isolated. After reviewing the handover sheet, one of these staff still could not provide this information to the Assessment Team.
* Inadequate infection control precautions were in place for one consumer with rhinovirus:
	+ The consumer presented chesty cough symptoms on 31 May 2021. The consumer returned a negative COVID-19 result and returned a positive rhinovirus result on 2 June 2021.
	+ Staff reported the consumer had an infection and said they are allowing them outside their room as long as they are wearing a mask. Staff confirmed they would wear full PPE when caring for the consumer and would clean the dining area thoroughly after the consumer has eaten.
	+ On 7 June 2021, the consumer was observed without their mask in the dining area at 1:15pm. The consumer was observed wearing their mask 20 minutes later.
	+ Transmission-based precautions require staff to wear a surgical mask when caring for a consumer with rhinovirus, however, signage outside the consumer’s room indicated full PPE is required.
	+ Progress notes for 2 June 2021 state the consumer would leave their room while waiting a COVID-19 test result. On the same day, a progress note states the consumer is non-compliant with isolation and staff to remind them to wear their mask and not leave one area of the service. It is unknown whether the second note was before or after test results for COVID-19 or rhinovirus were received.
* Staff were observed not sanitising their hands in-between caring for consumers.

The provider does not agree with the Assessment Team’s findings and asserts service’s infection control system is effective in preventing the potential spread of infection. The provider’s response includes the following information:

* For the consumer isolating, gowns were not on the trolley but were easily accessible from other locations in the area, current SA Health COVID-19 guidelines do not require bins in consumer rooms to be fitted with lids and all staff have been trained in donning and doffing PPE.
* The consumer with rhinovirus was eating in the dining room and sitting away from other consumers when they were observed without their mask. Additionally, the consumer is diagnosed with dementia and it is challenging to keep them in their room. The consumer usually attends other areas of the service and found isolating frustrating.

Based on the Assessment Team’s report and provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service compliant with this Requirement.

I have considered that while a consumer underwent COVID-19 testing a day late for the mandatory day one, day five and day 14 tests, the consumer was isolated for the duration of this testing period. Additionally, while two staff did not know why the consumer was isolating, signage on the consumer’s door provided clear instruction for infection control measures that needed to be undertaken prior to entering the consumer’s room. While the Assessment Team observed gowns to be missing from the PPE trolley, they did not observe staff to be using PPE inappropriately and the service immediately rectified the deficiency when advised by the Assessment Team.

I have also considered that while a consumer with rhinovirus was observed without a mask in the dining room, the time of the observation suggests they were eating lunch and the consumer was observed wearing their mask 20 minutes later. Guidelines from SA Health state a person is infectious from approximately 1 day before symptoms begin and for the first five days of the illness, however, the consumer was observed without a mask on day seven of the illness and there is no information indicating the consumer was still symptomatic. While progress notes indicate the consumer left their room whilst awaiting COVID-19 testing, it appears to be an isolated incident and does not indicate infection control measures were ineffective. Staff were able to explain infection control measures undertaken to reduce the risk of infection.

As evidence does not show standard and transmission-based precautions were ineffective for infection prevention and control, I find the service compliant with this Requirement.

# STANDARD 4 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

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

All consumers felt the service supports them to do the things they want to do, and which are important for their health and well-being. For example:

* three consumers and one representative provided examples of the support consumers receive to enable them to do the things they want to do.
* one consumer said staff regularly check in with them and provided an example of how their emotional, spiritual and psychological well-being is supported.
* three consumers provided examples of how they are supported to participate in their community, build and maintain social relationships and do things of interest to them.
* consumers confirmed their condition, needs and preferences are known by staff, including religious affiliations, personal and family relationships, and emotional needs.
* consumers and representatives confirmed consumers have access to other providers of care and services when needed, including pastoral care support and allied health professionals.
* consumers were satisfied with the meals provided and confirmed there are alternative options available if they do not like what is on the menu.

Staff explained how care and services are planned to meet consumers’ individual needs and provided examples of how consumers’ independence is maintained, and their spiritual, social and emotional needs are met. Staff provided examples of how they work with external organisations and volunteers to provide a greater variety of lifestyle activities for consumers. Catering, lifestyle and allied health staff demonstrated an understanding of consumers’ needs and preferences and described how this information is communicated and recorded. Staff reported they have access to the essential equipment they require.

The following observations were made:

* consumers were participating in various internal lifestyle activities.
* consumers were visited by family and/or friends.
* consumers appeared to be enjoying their meal.
* staff were engaging with consumers in a friendly and dignified manner.
* equipment appeared clean and well-maintained.

Care plans were found to document consumers’ needs and preferences, including what is important to them, their background, interests, religious/cultural/spiritual needs and dietary requirements. Care plans documented the support consumers’ need to enable them to do the things they want to do and maintain independence. Consumer files showed timely and appropriate referrals to individuals, organisations and providers of other care and services for the provision of lifestyle support.

Lifestyle documentation shows group activities are diverse and individualised activity options are available.

Based on the above evidence, I find the service compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Quality Standard is assessed as compliant as three of the three specific Requirements have been assessed as compliant.

All consumers interviewed felt they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* the environment is welcoming, easy to navigate, comfortable, clean and well‑maintained.
* they feel safe and furniture, fittings and equipment is suitable to their needs and well‑maintained.
* the maintenance team promptly responds to issues when identified.

Staff demonstrated how they ensure the service environment and equipment is safe, including the process for actioning and prioritising internal and external maintenance and conducting regular inspections.

The environment was observed to be clean, safe and welcoming, and provided enough room for consumers to manoeuvre safely and independently with mobility equipment. Furniture, fittings and equipment appeared to be safe, clean, well maintained and suitable for consumers.

Based on the above evidence, I find the service compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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

The Quality Standard is assessed as compliant as four of the four specific Requirements have been assessed as compliant.

Consumers consider they are encouraged and supported to give feedback and make complaints, and appropriate action is taken to address feedback and complaints. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they can provide feedback and complaints about consumers’ care and services in various ways and feel comfortable doing so.
* they are aware of external complaints processes and advocates.
* they have seen staff assisting consumers with communication difficulties to provide feedback.
* management works closely with them to ensure feedback is actioned in a timely manner.
* their feedback and complaints have resulted in satisfactory changes and an apology is offered when appropriate.

Staff described how they assist consumers in making a complaint and providing feedback, including those with cognitive impairment or poor communication. Staff described open disclosure principals and explained it is important to apologise to consumers when things go wrong.

Information relating to advocacy services and internal and external complaints processes were observed in communal areas. Documentation showed that consumers are actively engaged in feedback and updated on the progress of previous issues.

Complaints data showed complaints are documented, managed and resolved in accordance with the open disclosure and complaints policies. Complaints and feedback are analysed regularly by the service’s continuous improvement consultant and the data is used to improve care and services provided to consumers.

Based on the evidence above, I find the service compliant with all Requirements in Standard 6 Feedback and complaints.

## 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 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Most consumers consider they get quality care and services when they need them, from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* the numbers and mix of staff are satisfactory to support consumers’ care and services in a timely manner.
* while there is occasionally a delayed call bell response, there has been no impact to consumers’ care needs.
* staff are kind, responsive, respectful, positive, and take the time to get to know consumers’ preferences.
* staff are competent and are recruited, trained, equipped and supported to meet the needs and preferences of consumers.

Staff considered they have adequate numbers of staff to provide care and services in accordance with consumers’ needs and preferences. While some staff said they find it difficult to attend to all consumers in a timely manner when there are unfilled shifts, they said it has not impacted consumers’ care needs.

Staff allocation sheets for a two-week period indicated three shifts were unfilled, however, call bell data during that period showed the service’s Key Performance Indicator (KPI) of ‘10% of call bells must not exceed 10 minutes’ was met.

Management stated call bell response times are reviewed daily and are followed up with relevant staff when excessive response times are identified. While the service does not have a definition of what constitutes an excessive response time, there has been no complaints or incidents and the service is complying with its KPI.

Interviews with staff and management, and documentation showed competencies and training are monitored, with staff appraisal conducted every two years or earlier as required. Staff performance is monitored through various channels and when poor performance is identified, performance management processes are implemented and are proportionate to the severity of the deficiency.

Staff were observed to be calm, caring and appropriate in their engagement with consumers.

Based on the above evidence, I find the service compliant with all Requirements in Standard 7 Human resources.

## 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) Compliant

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Documentation showed consumers in all areas of the service are provided with appropriate support and are engaged in the development, delivery and evaluation of care and services through resident meetings, surveys, focus groups and feedback. Feedback from these various platforms is used to inform the service’s Plan for Continuous Improvement.

Documentation showed the organisation’s governing body is accountable for and promotes a culture of safe, inclusive and quality care and services by overseeing the corporate governance framework that drives business decisions and practices. The governing body has oversight of incidents, feedback, issues and improvement initiatives.

Interviews with staff and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, regulatory compliance, financial governance and feedback and complaints. There are systems and practices are in place to ensure effective management of some high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can.

The organisation’s clinical governance framework guides clinical care, which staff could evidence through examples of open disclosure, minimising the use of restraint and antimicrobial stewardship.

Based on the above evidence, I find the service compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

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

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

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

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

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

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

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

### Requirement 8(3)(e) Compliant

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

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

# Areas for improvement

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

Standard 2 Requirement (3)(a)

* Ensure consumer care plans are updated and reflective of consumers’ current and assessed needs to enable staff to provide quality care and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

Standard 3 Requirement (3)(b)

* Ensure staff have the skills and knowledge to:
	+ recognise changes to consumers’ health and well-being, including weight loss, implement appropriate management strategies and initiate referrals to medical officers and/or allied health specialists.
	+ appropriately manage, assess, review and monitor consumers with or at risk of pressure injuries.
	+ report, document and manage clinical incidents.
	+ implement appropriate behaviour management strategies to minimise the impact of these behaviours on other consumers’ safety.
	+ ensure care plans are accurate and reflective of each consumer’s current care and service needs.
* Ensure policies and procedures in relation to management of high impact or high prevalence risks are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management of high impact or high prevalence risks.