Esperance Aged Care Facility

Performance Report

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**Commission ID:** 7248

**Provider name:** Esperance Aged Care Facility Inc

**Site Audit date:** 4 May 2021 to 7 May 2021

**Date of Performance Report:** 9 August 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** | **Non-compliant** |
| Requirement 1(3)(a) | Non-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) | Non-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) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Non-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) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Non-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 10 June 2021.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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 sampled consumers said they considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. However, some consumers and representatives said that staff were not respectful in supporting consumers’ continence requirements.

All consumers and representatives interviewed said that they are encouraged to do things for themselves and that staff know what is important to them, such as choice at mealtimes and attending daily lifestyle activities or external visits with family and friends. Staff were aware of and able to identify consumers who are required to be supported to take risks.

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

## Assessment of Standard 1 Requirements

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

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

The assessment team found that some consumers and representatives interviewed said they did not feel that they are treated with respect and that staff did not know what was important to them in relation to consumers’ continence requirements. Additionally, staff were unable to describe what treating consumers with dignity and respect means in practice. During the site audit, the assessment team observed a consumer in their room shouting and staff advised that this behaviour occurred when the consumer was incontinent of faeces and that they were unable to assist immediately due to the consumer being two staff assist. Staff were observed to enter the consumers room and advise that the consumer would have to wait which does not reflect being treated with dignity and respect. A consumer representative informed the assessment team that their consumer often needs to wait for their incontinence aid to be changed which results in the consumer becoming distressed.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the service was unable to demonstrate that all consumers are treated with dignity and respect.

I find this requirement Non-compliant.

### 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-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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.

The service was not able to demonstrate effective systems and processes are in place for prompt identification and effective assessment and monitoring of consumers changed clinical needs. The service undertakes initial assessments and planning; but ongoing review and assessments are not used to monitor the effectiveness of the care and services provided to optimise health and well-being.

Consumers’ identified behaviours and risks are not effectively monitored, and strategies are not reviewed or evaluated for effectiveness to reduce or mitigate the risk to consumers. Changes in clinical care needs are not reviewed in a timely manner to ensure changes in consumers’ needs are communicated to staff for the ongoing delivery of safe and effective care services.

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

## Assessment of Standard 2 Requirements

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

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

The assessment team found that the service was unable to demonstrate their systems for assessing and planning consumer care is effective in identifying and considering the risks to consumers’ health and well-being. While the service has validated assessment tools to use when undertaking assessment and planning for consumer care, staff do not always use these tools and outcomes of assessments are not evaluated or reviewed to ensure they continue to reflect the current needs of consumers to guide staff practice. This has resulted in negative impacts to one consumer in relation to pain management and several other consumers have been negatively impacted by the behavioural symptoms of a consumer in the secure unit.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the service was unable to demonstrate that assessment and planning informs the delivery of safe and effective care.

I find this requirement Non-compliant.

### Requirement 2(3)(b) Non-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.*

The assessment team found that assessment and planning does not identify and address the consumers current needs, goals and preferences including advanced care planning and end of life planning reflecting the consumer’s wishes. For one consumer, the care plan identified them as requiring low care, however this did not reflect their current needs of increasing anxiety and breathlessness. Additionally, the assessment team were informed that the service does not always initiate discussions on advance care planning and end of life planning with consumers when they first enter the service and that these discussions generally take place with representatives during the later stages of end of life.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit, the service was unable to demonstrate that assessment and planning reflects the consumers current needs including end of life planning wishes.

I find this requirement Non-compliant.

### 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 found that many consumers and representatives said they are not actively involved in the assessment, planning and review process and representatives said they must ask to be included and when they have raised issues they are not listened to. A representative provided negative feedback in relation to the ineffective review of their consumer’s chronic condition and that their requests for medical review took several weeks. Additionally, review of this consumer’s care plan demonstrated it had not been updated to include notes from the medical officer’s review.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit, the service was unable to demonstrate that assessment and planning is based on partnership with the consumer, representative and other providers of care and services.

I find this requirement Non-compliant.

### 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 while representatives reported that they could recall having conversations with clinical staff there was no evidence to demonstrate the outcomes of care consultations are made available to consumers or representatives. Consumer care plans are kept electronically, and they are not readily available to consumers in hard copy or printed out for a copy to be placed in consumer’s rooms.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the service was unable to demonstrate that outcomes of assessment and planning are communicated effectively to the consumer.

I find this requirement Non-compliant.

### 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 service has policies and procedures to guide staff in relation to consumer care plan reviews and the clinical manager advised that consumer care plans are reviewed every twelve months or if there is a change in condition. However, the assessment team found that consumer care plans had not been updated following incidents or discharge from hospital. For one consumer who returned to the service from hospital, their pain was not monitored and reviewed consistent with recommendations. Additionally, for a consumer who displayed behavioural symptoms their care was not reviewed following aggressive episodes.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the service was unable to demonstrate that care and services are effectively reviewed when circumstances change, and incidents occur.

I find this requirement Non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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.

The service was unable to demonstrate that it delivers safe and effective personal and clinical care or both that is in accordance with the consumer’s needs, goals or preferences to optimise their health and well-being. The service was not able to demonstrate it is managing risks related to the personal and clinical care of consumers according to the consumer’s needs, goals and preferences which impacts on the consumer’s health and well-being.

Although the service has best practice guidelines, these are not always followed by staff. In not following these guidelines, care related to the management of wound care, pain, behavioural symptoms of dementia and medication administration have had an adverse impact on consumers’ health and well-being. Consumers with a diagnosis of dementia with complex verbal and physical behaviours are not monitored by staff or managed effectively resulting in increased risk to themselves and other consumers.

The Quality Standard is assessed as Non-compliant as seven 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 consumers and representatives provided mixed feedback in relation to personal and clinical care. Some consumers said they were happy with their care however some consumers and representatives said they were dissatisfied with the provision of personal and clinical care. Although the service has policies, procedures and validated assessments to guide staff these have not always been followed by staff to provide best practice care. The assessment team found that best practice wound care was not followed for one consumer with incomplete data and no regular photographs or measurements contained in the care plan.

The assessment team found the use of chemical restraint does not follow best practice guidelines and legislative requirements. Although the service has a restraint register this contained incomplete information with diagnoses missing and no details to confirm that the use of the medication and associated risks had been discussed with the consumer and or representative. Additionally, some consumers medication had not been reviewed for over six months and the clinical manager confirmed consumers are not regularly reviewed to identify where medications could be reduced.

The assessment team found medication management does not always optimise the consumers health and well-being. Deficits were identified in relation to two consumers pain patches not being changed effectively, another consumer being administered the incorrect dose of insulin and another consumer being the subject of two schedule eight medication errors.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the service was unable to demonstrate that personal and clinical care optimises the consumers health and well-being and is aligned with best practice.

I find this requirement Non-compliant.

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

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

The assessment team found that the service does not effectively manage high impact risks associated with consumers behavioural symptoms characterised by aggressive episodes. The assessment team identified three consumers who frequently presented with high impact risks of aggressive behaviours not being managed effectively which had a negative impact on several consumers and staff. Review of progress notes and incident reports demonstrate staff are not monitoring and reviewing one consumer as required. Additionally, staff reported that the strategies used are not effective in preventing ongoing incidents towards other consumers. Staff have not been provided with training in managing behaviours and there are no behaviour management policies and procedures to guide staff. Furthermore, behaviour incident reporting does not accurately reflect the incidents occurring and does not lead to improvements in the management of consumers high impact and high prevalence risks of behaviours associated with dementia.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the service was unable to demonstrate the effective management of high impact and high prevalence risks associated with consumer care.

I find this requirement Non-compliant.

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

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

The assessment team found that the service was not able to demonstrate that the needs, goals and preferences of consumers nearing end of life are recognised and addressed, their comfort maximised, and their dignity preserved. The clinical manager reported that the specialist service for palliative care for consumers is not always used as consumers sometimes enter the service already under a palliative team which will continue. For one consumer who was identified as end stage palliative care there was no evidence that this consumer was receiving the support of a specialist palliative care team. Additionally, staff did not check the pain administration device to ensure adequate delivery to promote comfort needs.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the service was unable to demonstrate consumers nearing the end of life have their preferences addressed and comfort maximised.

I find this requirement Non-compliant.

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

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

The assessment team found that the service has a policy and procedure to guide staff when consumers have a change or deterioration in condition, however this is not always followed in practice. Specifically, for one consumer review of progress notes and clinical observation charts showed no details on their change in condition by care and clinical staff. Additionally, staff did not follow escalation procedures to ensure the consumer received timely care.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the service was unable to demonstrate that deterioration in the consumers condition is recognised and responded to in a timely manner.

I find this requirement Non-compliant.

### 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 thatthe service is unable to demonstrate that information about the consumer’s condition, needs and preferences are documented and communicated within the organisation and with others where responsibility for care is shared. The service did not include all relevant information in a referral to a behaviour support service in relation to the consumers condition and presentation. For a consumer who deteriorated this information was not communicated to the treating medical officer or the palliative care team.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the service was unable to demonstrate that information about the consumers condition is documented and communicated effectively to others where responsibility for care is shared.

I find this requirement Non-compliant.

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

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

The assessment team found that referrals to external services are limited and the service attempts to manage consumer needs without seeking input from external organisations for guidance and support. Despite one consumer entering the service with behavioural symptoms it was not until several months later that the consumer was reviewed by a behaviour support service which does not constitute a timely referral. For two other consumers who present with behavioural symptoms there have been no referrals to specialist services to guide staff or to provide strategies to manage continence needs.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the service was unable to demonstrate that timely referrals are made to external services.

I find this requirement Non-compliant.

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

*Minimisation of infection related risks through implementing:*

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

The assessment team found that staff interviewed were unable to provide any examples or strategies they use to reduce the use of antibiotics at the service. Additionally, the service was unable to provide any evidence of antimicrobial strategies to support the appropriate administration of antibiotics and to minimise the need for antibiotics. The clinical care manager confirmed that one of the registered nurses is the infection control lead for the service and that they would be addressing minimising infection related risks in the future although could not provide a commencement date for this. For a consumer where infection control precautions are in place, a box of gloves were located outside of the room, however there was no bin and no signage on the door to alert consumers, staff and visitors that infection precautions are required in entering the room.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the service was unable to demonstrate effective processes and practices in place to minimise infection related risks.

I find this requirement Non-compliant.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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.

Overall sampled consumers considered 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. Consumers said the service assists them to engage in activities they enjoy, spend time with their families and friends, engage with the outside community and do things that are meaningful to them and improve their quality of life. Consumers said they are supported to maintain their faith and are provided with meals that are freshly cooked on site and are generally of reasonable quality.

Whilst staff said they don’t use the care planning information to get to know consumers and develop lifestyle programs they talk to consumers and record their information separately within the lifestyle team records.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-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

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.

The service has scheduled and reactive maintenance and cleaning programs to ensure the service environment is clean and maintained. However, there are some areas of the service that require some maintenance that has not been completed. Management acknowledged that some areas did need some improvements to make the areas more comfortable for consumers.

The secure area of the service does not reflect dementia enabling principles. A recent audit by an external company identified several deficits the service needs to fix to ensure service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function for those with cognitive impairment.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Non-compliant

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

The assessment team found the service consists of three areas and while parts of the service environment are welcoming and optimises consumers sense of belonging, independence, interaction and function this could not be demonstrated in all areas. Two secure areas of the service do not promote a dementia enabling environment as there is limited signage and pictures to assist consumers to identify toilets and no personalisation of rooms or doors. The service recently had an environmental review which found may deficits and management confirmed they have reviewed the recommendations and are currently working on a plan to make improvements.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the service was unable to demonstrate that all areas of the environment are easy to understand and promote consumer independence, interaction and function.

I find this requirement Non-compliant.

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

The assessment team found consumers can move freely both in and outdoors in all areas of the service. However, while the new area and hostel section were observed to be clean and comfortable, other areas require maintenance which has not been completed. The assessment team found that one area does not have an efficient fire alarm that goes to staff pagers and management advised the service has attempted to have it fixed but has not been able to. Additionally, floors in several consumer rooms are worn and one area of the service was observed to be dark with an unpleasant odour that was also evident in the common areas.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the not all areas of the service environment were observed to be safe, clean and well maintained.

I find this requirement Non-compliant.

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Most consumers and representatives interviewed said that they could make complaints and felt safe to do so and said the service has made changes as the result of feedback, suggestions and complaints.

One consumer’s representative said they would not be comfortable in raising any concerns to management although the representative was aware of the many ways they could complain both internally and externally to the service should they wish to. Complaints are managed by the care manager and most responses, contact with representatives or consumers and agreed actions are implemented quickly.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The service was not able to demonstrate the workforce is planned to enable the delivery and management of safe and quality care and services. Whilst the staffing numbers are sufficient in the service staff are not distributed evenly if a shortage occurs or directed to assist in areas of shortage.

Whilst the service could demonstrate the workforce has the qualifications required for their role, they could not demonstrate the workforce was competent and have the knowledge to effectively perform their role. The service could not demonstrate staff understand restraint, manage the responsive behaviours of consumers or provide safe delivery of medication.

Staff receive training to deliver care and services although gaps in knowledge is not identified to ensure care is delivered in line with the Quality Standards. The service does not monitor individual staff performance and conduct performance appraisals each year.

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

## Assessment of Standard 7 Requirements

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

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

The assessment team found consumers and staff reported there are not enough staff in the service and this has resulted in delays for consumers in having their needs met. Although the service was able to demonstrate there are sufficient staffing numbers overall to ensure quality care and services are delivered to consumers, a culture of shortage of staff has been created with staff not assisting in areas when there is a vacant shift. Additionally, staff are not directed to provide assistance to another area they are not rostered. Allocation of staff is not done when staff arrive for their shift and if staff are rostered to a specific area they stay there rather than being directed to another area where there may be a shortage.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the service was unable to demonstrate the workforce is planned to enable the delivery of safe and quality care and services.

I find this requirement Non-compliant.

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

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

The assessment team found that most consumers and representatives said that staff are kind and caring however other information and observations did not support this. Two representatives said their consumers reported that staff have informed them they will have to wait for assistance with toileting and this resulted in a consumer having and adverse outcome when they attempted to toilet themselves. The assessment team observed staff tell a consumer they would have to wait too have their incontinence aid changed and closed the door of this consumers room which does not demonstrate respectful interaction.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit, the service was unable to demonstrate that all interactions with consumers are kind, caring and respectful.

I find this requirement Non-compliant,

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

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

The assessment team found thatwhile the service does have a system in place to identify the workforce has the skills, qualifications and knowledge to competently complete their role, the service does not always identify gaps in the knowledge and competency of staff or provide adequate training to ensure staff use best practice in clinical care. The assessment team identified that clinical and care staff are not competent in their knowledge of how to manage responsive behaviours. They also did not demonstrate they competently manage chemical restraints consistent with legislation. Furthermore, despite medications being delivered by clinical care who are deemed competent, four staff members were identified as not consistently providing safe and effective administration of medication.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the service was unable to demonstrate that all staff have the knowledge to effectively perform their respective roles.

I find this requirement Non-compliant.

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

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

The assessment team found thatthe service was unable to demonstrate they recruit, train and support staff to deliver care as required by these standards. The service has a system in place to recruit and provide orientation to staff. However, the assessment team identified there were deficiencies in the training system to equip staff to identify and manage risks and to meet the ongoing needs of staff to allow them to deliver care in line with the Quality Standards. Staff advised that since the training officer left in 2020 they have not had any face to face training and have completed all training via an online training system. Staff advised that the online system is not the same as face to face due not being able to ask questions and clarify areas of doubt. The assessment team found that many staff have completed the serious incident response scheme (SIRS) training although staff said this was basic and it was not clear what they need to do apart from referring to the nurse manager.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the service was unable to demonstrate that the training program sufficiently equips the workforce to deliver the outcomes required by the Quality Standards.

I find this requirement Non-compliant.

### 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 found that the service was unable to demonstrate that regular assessment, monitoring and review of each member of the workforce is undertaken. Management has commenced a formal performance process following training on how to conduct effective performance appraisals, but it is yet to be implemented. Staff said they do talk about their performance however they do not recall how it assisted them to develop and improve their skills. Additionally, while the human resource team are assisting the service to implement the performance management framework and have commenced providing self-appraisal forms the documentation demonstrated only one has been completed.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the service was unable to demonstrate that performance appraisals of all staff are undertaken.

I find this requirement Non-compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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).

The service could demonstrate that consumers are engaged in the development of care and services provided. However, the service does not have a clinical governance system to guide the board, management and staff in their roles to underpin the policies related to clinical governance. Management and staff did not demonstrate they understand restraints, use open disclosure on all occasions or track infections as required by antimicrobial stewardship.

The service could not demonstrate the organisation risk management systems are effective to ensure high prevalence and high impact risks are identified and responded to appropriately. Staff are not recognising and reporting risks which may be placing consumers in peril and it does not result in consumers receiving effective care and services. Continuous improvement is completed but critical incidents are not always analysed, and improvements added to the continuous improvement system.

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

## Assessment of Standard 8 Requirements

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

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

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

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

The assessment team found the service was unable to demonstrate the governing body promotes a culture of safe inclusive and quality care and services. The governing body is not provided with complete information from the service which does not allow them to understand risk in the service and make changes where appropriate. The board are not made aware of the details of complaints and other information provided to them including minutes from quality and governance meetings only includes information about skin tears and falls and there is no information on behavioural incidents, restraints or the use of antibiotics.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the service was unable to demonstrate that the governing body is accountable for promoting a culture of safe, inclusive and quality care.

I find this requirement Non-compliant.

### 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 foundthe service did not demonstrate they have effective governance in all elements as prescribed by this requirement. Information management is not effective in supplying staff the information they need to complete their duties in a satisfactory manner. Whilst there is a continuous improvement system and continuous improvement items are added from complaints and feedback, critical incidents are not always analysed to look for continuous improvement items.

Additionally, although staff have received training in restraints, it was not demonstrated that staff understood the requirements as set by the changes in restraint requirements that took effect on 1 July 2019. Furthermore, although staff have received training in SIRS, it was not demonstrated that staff understood reporting arrangements with one incident not being appropriately reported.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit, the service was unable to demonstrate that there are effective governance systems in place.

I find this requirement Non-compliant.

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

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

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

The service did not demonstrate it has an effective overarching risk management framework to underpin the clinical policies in relation high prevalence high risks associated with the care of consumers. There is not a separate policy for staff to follow in relation to behaviour management of consumers and staff do not follow policies and procedures when providing care with pain management and skin integrity. The service’s internal monitoring systems have not been effective in reducing the risk to consumers. Management said they are aware of their responsibility to report incidents to the SIRS. However, incidents are not always recorded accurately and on the appropriate forms which makes it difficult to track the number of incidents and what is being done to mitigate the risks.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the service was unable to demonstrate that there are effective risk management systems and practices in place.

I find this requirement Non-compliant.

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

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

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

The assessment team found the service does have individual policies in antimicrobial stewardship, minimising restraint and an open disclosure. Staff said they are aware of the policies, although it was not evidenced they always follow them. The assessment team found the service does not have a published clinical governance framework in place and is currently in draft form only. The board, management and clinical team do not have this framework available to them to guide them on their roles and responsibilities to ensure good clinical governance is maintained.

The approved provider response acknowledged the assessment teams’ findings and expressed a commitment to rectify the gaps identified.

At the time of the audit the service was unable to demonstrate that there is an effective clinical governance framework in place.

I find this requirement Non-compliant.

# Areas for improvement

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

### Requirement 1(3)(a)

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

The approved provider must:

* Ensure that staff understand what it means to treat consumers with dignity and respect and implement this in practice
* Deliver care which is respectful of consumer needs and ensure that continence aids are changed in a timely manner to promote dignity
* Ensure staff implement respectful communication with consumers which reflects that the consumer is being listened to

### Requirement 2(3)(a)

*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 approved provider must:

* Develop and implement a process to ensure that assessment and planning is comprehensive and considers risks to the consumers health and well-being
* Ensure staff use the assessment tools available when completing assessments with consumers

### Requirement 2(3)(b)

*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.*

The approved provider must:

* Develop and implement a process to ensure that consumer wishes are incorporated into advanced care and end of life planning
* Ensure that care plans are updated to reflect the consumer’s current care needs and that this information is accurate to guide staff practices

### Requirement 2(3)(c)

*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 approved provider must:

* Develop and implement a process to ensure that consumers and representatives are provided the opportunity to have input into their care and services plan
* Ensure that any input from other services and organisations is captured in assessment and planning documentation

### Requirement 2(3)(d)

*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 approved provider must:

* Ensure that consumers are offered a copy of their care plan or that this is made available to them
* Discuss the outcomes of assessment and planning with consumers and their nominated representatives

### Requirement 2(3)(e)

*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 approved provider must:

* Complete a review of all consumer care plans to ensure that information is current, relevant and reflects the needs of consumers
* Review consumer care needs when any incident occurs which has the potential to alter care delivery
* Develop and implement a process to ensure that each consumer’s care and services are regularly

### Requirement 3(3)(a)

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

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

The approved provider must:

* Review staff practices to ensure that staff are implementing care consistent with best practice guidelines available at the service
* Review wound management and medication practices of staff to ensure that these clinical areas are being delivered to optimise consumer health and well-being
* Review the use of chemical restraint at the service to ensure the psychotropic register meets legislative requirements
* Consider engaging with medical practitioners to implement a process for minimising the use of chemical restraint

### Requirement 3(3)(b)

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

The approved provider must:

* Seek external input to assist in developing effective management strategies for consumers who present behavioural symptoms of dementia
* Review current management strategies for consumers with behavioural symptoms for effectiveness and ensure that staff document interventions trialled and outcome of intervention
* Facilitate training for staff on managing consumers with behavioural symptoms

### Requirement 3(3)(c)

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

The approved provider must:

* Seek input from palliative care services if indicated to ensure that the comfort for consumers nearing the end of life are maximised
* Ensure that consumers’ needs, goals and preferences are followed for consumers who are nearing the end of life
* Review staff practices to ensure that they are competent in using pain administration devices

### Requirement 3(3)(d)

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

The approved provider must:

* Ensure that staff understand and implement the services policies and procedures for responding to deterioration in the consumers condition
* Ensure that staff are aware of appropriate escalation processes when there is a change in the consumers condition

### Requirement 3(3)(e)

*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 approved provider must:

* Ensure that information about the consumers condition is accurate and that there are effective processes in place for communicating this information with other services
* Review information when making referrals to ensure that it is comprehensive and includes all relevant information related to the consumers condition

### Requirement 3(3)(f)

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

The approved provider must:

* Develop and implement a process to ensure that appropriate referrals are made to external services to enhance consumer well-being
* Ensure that when referrals to other services are indicated that these referrals are made in a timely fashion

### Requirement 3(3)(g)

*Minimisation of infection related risks through implementing:*

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

The approved provider must:

* Develop and implement processes to support the administration of appropriate antibiotic prescribing and to minimise the need for antibiotics
* Review current infection control precautions to ensure that they are appropriate to meet standard and transmission- based precautions
* Provide staff with appropriate training and resources to enhance their understanding of strategies to reduce the need for antibiotics

### Requirement 5(3)(a)

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

The approved provider must:

* Consider implementing recommendations from the environmental audit into the secure area of the unit to improve dementia enabling principles if practicable to do so
* Consider using signage and other navigational aids along to assist consumers with cognitive impairment with way-finding

### Requirement 5(3)(b)

*The service environment:*

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

The approved provider must:

* Ensure that all areas of the service are kept clean and well maintained to promote consumer comfort
* Consider rectifying maintenance issues identified
* Attempt to eliminate odours from the service environment

### Requirement 7(3)(a)

*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 approved provider must:

* Ensure that staff are provided with direction to cover vacant shifts to ensure adequate staff coverage across all areas of the service
* Review staff rosters and consider including more flexibility in the roster which includes covering vacant shifts

### Requirement 7(3)(b)

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

The approved provider must:

* Provide updated training to staff to reinforce the principles of caring and respectful interactions
* Review staff understanding and competence of caring and respectful care and provide ongoing training to reinforce this if indicated

### Requirement 7(3)(c)

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

The approved provider must:

* Review staff knowledge and competencies to identify gaps in knowledge and implement additional training as indicated
* Provide updated training for all staff in relation to best practice care, managing responsive behaviours and safe medication administration
* Ensure that staff have updated knowledge in relation to legislative requirements around the use of restraint

### Requirement 7(3)(d)

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

The approved provider must:

* Review orientation and training processes to ensure it is meeting the ongoing training needs of staff to deliver the outcomes required be the Quality Standards
* Consider implementing face to face training or an avenue for staff to ask questions and seek clarification following on-line training sessions
* Seek input from staff and review their knowledge in relation to SIRS and provide additional training if indicated

### Requirement 7(3)(e)

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

The approved provider must:

* Develop and implement a process for completing performance appraisals for staff and provide and opportunity for staff to develop their skills
* Consider initiating performance management of staff if they are not meeting the expectations of their respective roles

### Requirement 8(3)(b)

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

The approved provider must:

* Ensure that governing body is actively involved promoting a culture of safe, inclusive and quality care of services to consumers, their representatives and staff
* Review reporting practices to the board to ensure the board are kept informed of incidents and critical matters concerning care and services which impact on performance against the Quality Standards

### Requirement 8(3)(c)

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

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

The approved provider must:

* Develop key governance documents which reflect and understanding of the Quality Standards
* Ensure that staff are provided with education in relation to key policies and procedures and they understand the relevance of these to their work practices
* Review information management systems to ensure it meets the needs of staff to perform their roles effectively

### Requirement 8(3)(d)

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

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

The approved provider must:

* Ensure there is a system for the effective management of high impact or high prevalence risks associated with the care of consumers at the service
* Develop and implement an incident management system which includes investigation of the incident to identify causes and develop preventative measures to reduce the risk of re-occurrence
* Ensure that staff are provided with training in relation to key documents and they understand the relevance of policies and procedures and how they related to their work practices

### Requirement 8(3)(e)

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

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

The approved provider must:

* Ensure there is a system for antimicrobial stewardship and this is understood and implemented by staff
* Ensure there is a system for the identification and minimisation of restraint of all types across the service and that this reflects changes in legislation which came into effect 1 July 2021.