Glenlyn Aged Care Facility

Performance Report

34 Finchley Avenue   
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**Commission ID:** 4178

**Provider name:** Kincsem Pty Ltd

**Site Audit date:** 10 November 2020 to 13 November 2020

**Date of Performance Report:** 9 December 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **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) | 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) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-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) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | 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 3 December 2020.

# STANDARD 1 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 consumers and representatives considered that they are treated with dignity and respect, can maintain their identity, culture and faith, make informed choices about their care and services and live the life they choose.

Consumers and representatives discussed the support provided by staff to help them settle into the service, help them make and communicate decisions, discuss who will be involved in their care and how they maintain relationships of choice.

Consumers and representatives described how the service supports consumers to take risks to enable them to live the best life they can.

The Assessment Team observed warm, kind interactions between staff and consumers.

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

## Assessment of Standard 1 Requirements

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

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

The service contains a diverse mix of consumers including frail aged, consumers with mental and physical disabilities and former homeless consumers.

Overall consumers and representatives were satisfied that consumers are treated with dignity and respect, recognising their identity, culture and diversity.

Staff spoke about consumers in respectful and kind ways and understood their backgrounds, what they liked to do and consumers’ diverse needs.

The Assessment Team observed warm, kind interactions between staff and consumers.

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

*Care and services are culturally safe.*

Consumers and representatives sampled were satisfied care and services were culturally safe.

Staff advised they have access to bilingual staff at the service and interpreters if required.

Leisure and lifestyle care plans include the cultural backgrounds of consumers, interests, language requirements and aids to assist consumers. Culturally significant events are celebrated and a range of religious services are held at the service.

Consumers’ culturally specific dietary information is collected at assessment and provided to catering staff.

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

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

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

Consumers and representatives discussed the support provided by staff to help them settle into the service, help them make and communicate decisions, discuss who will be involved in their care and how they maintain relationships of choice.

One consumer described how staff have been helping then keep in contact with their family using electronic formats during the pandemic and a staff member discussed support provided to a consumer with complex needs to reconnect with a friend with whom they had lost contact.

A number of consumers have National Disability Insurance Scheme plans which fund support workers to assist consumer to engage in social and community activities outside the service.

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

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

Consumers and representatives indicated in various ways they felt supported and that staff support consumers to take risks to enable them to live the best life they can.

Risk assessments are undertaken for identified risk and staff supervise consumers engaging in risky activities if required. For example, a consumer who likes to play pokies, was provided with a tablet device and encouraged to play games that did not require money to be gambled. The consumer continues to enjoy the games, without the loss of money.

### 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.*

Overall consumers and representatives indicated they received the information they required and were supported to understand the information.

While representatives provided positive feedback around information provision during the COVID-19 outbreak, one representative was dissatisfied with the lack of detail of information when discussing the care of their consumer.

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

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

Consumers and representatives indicated in various ways they have the privacy they require, and staff are considerate of this need. A consumer commented that her privacy is respected and her preference for a female staff to assist with showering is always respected. Staff were able to discuss how they maintain consumers’ privacy needs and how personal information is kept confidential. Staff practice was observed to be respectful of consumer’s privacy.

# 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 Assessment Team found that care plans sampled, did not always include consideration of risk(s) or information to ensure the safe delivery of care in relation to unplanned weight loss and refusal of medication. The service does not apply a nutritional risk screening tool or have a process to establish optimal/healthy weight range for each consumer.

The service was unable to demonstrate that assessment and care planning includes discussion and recording of end of life wishes. Interventions recorded in consumers’ care plans are often generic and do not address specific and individual requirements in relation to pain management and nutritional requirements.

The service was unable to demonstrate that assessment and care planning is based on ongoing partnership with consumers and/or their representatives and care plans are not readily available to the consumer and/or their representative.

Reviews and monitoring implemented post an incident are not always effective in preventing further incidents and ensuring the safety of other consumers. Regular reviews are not always effective in identifying changes or ensuring follow up actions are taken and congruency with care plans. For the consumers sampled reviews of psychotropic medications do not demonstrate review of current reasons for the prescribed medications, opportunities to reduce or cease medication(s) or discussion about this class of medications to consumer/representatives.

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.*

### While the service has a suite of assessments and validated risk assessment tools, sampled care plans did not always include consideration of risk(s) or information to ensure the safe delivery of care in relation to unplanned weight loss and refusal of medication. The service does not apply a nutritional risk screening tool or have a process to establish optimal/healthy weight range for each consumer. Consumers had not yet been fully reassessed following the recent COVID-19 outbreak to ensure all changed care needs have been identified.

The approved provider responded that a nutritional assessment tool has been adopted for consumers over the age of 65 years, and that the dietician is investigating an appropriate tool for younger consumers. Weight charts have been amended to include optimal healthy weight range. Care Plan updates have been completed to incorporate the revised assessments.

The approved provider is in the process of reviewing and updating consumer’s care plans, however, the response did not indicate when this would be completed. In the absence of evidence as to the number of completed reviews, and timeframe for completion of those yet to be done.

The service does not comply with this requirement.

### 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.*

Whist the service has identified challenges gathering end of life wishes and advance care planning information from consumers, the service did not demonstrate strategies to manage these challenges. Consumers’ end of life planning is not consistently recorded. Consumers’ care plan interventions to address other needs such as pain and nutritional requirements are generic and do not address individual needs.

The approved provider responded that nine consumers have completed advanced care directives, and the general practitioners of consumers who lack capacity have have been asked to complete Goals of Care – Medical Treatment Orders for their patients. The next of kin monthly update checklist, completed as part of the resident of the day process includes questions in relation to advance care planning.

The approved provider further responded that a review of care plans is underway to personalise and individualise consumer’s care plans, however the response did not indicate when this would be completed nor include examples of changes made to individual plans.

The service does not comply with this requirement.

### 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.*

While the service has processes for both monthly resident of the day review and annual case conferencing and these processes include consultation with the consumer and others the consumer wishes to have involved in assessment, planning and review, not all consumers at the service have representation or their representative does not wish to be involved. A representative said while their consumer has been at the service for a number of years, they have only had one case conference with staff. The service has not completed any annual case conferences in 2020.

The approved provider responded that a schedule has been developed for urgent completion of consumer and representative case conferences and that four had been completed. However, the response contained no timeframe for completion.

The service does not comply with this requirement.

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

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

The service’s annual case conferencing process which offers consumers and their representatives an opportunity to discuss assessment and planning and access to their care plan has not occurred for any consumers in 2020. Representatives interviewed confirmed they did not have access to their consumers care plan.

For each consumer sampled there was a care plan available in their file and these were readily available to staff. While the care plans were written in plain English some care plans had multiple hand-written changes and information crossed out. Management of the service indicated that not all consumers were aware of their documented diagnoses or challenging behaviours and that management can “filter information” in care plans so as not to offend consumers.

The approved provider responded that the family case conference record has been updated to include additional topics to be discussed including assessment and care planning and access to the care plan. No examples of completed case conference records were provided.

The approved provider responded that handwritten amendments to care plans were made during the COVID19 outbreak by temporary staff. Care plans are currently being reassessed, appropriately updated and reprinted. The response did not include a timeframe for the completion of the care plan reviews.

The service does not comply with this requirement.

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

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

Regular reviews are not always effective in identifying changes to consumers’ care needs, ensuring follow up actions are taken or maintaining congruency between assessments and care plans.

While care plans sampled evidenced review following a behavioural incident, the review and monitoring implemented were not always effective in preventing further incidents and ensuring the safety of other consumers.

For the consumers’ sampled, reviews of psychotropic medications do not demonstrate review of current reasons for the prescribed medications, opportunities to reduce or cease medication(s) or discussion about this class of medications with consumer/representatives.

The approved provider responded that internal auditing would be developed to evaluate the effectiveness of behaviour management and weight monitoring strategies, and the clinical care co-ordinator would be responsible for ensuring specialist follow-up for consumers with changed care needs. Nursing staff have been reminded to complete all aspects of the resident of the day process.

The approved provider further responded that the assessment team findings in relation to psychotropic medications had been discussed with consumer’s medical practitioners, who stated that they would contact representatives in the event that a medication had been commenced, ceased or altered. Medication changes are also discussed as part of the resident of the day process.

The approved provider response did not contain timeframes for the planned improvements.

The service does not comply with this requirement.

# 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.

While consumers and representatives interviewed were generally satisfied with the care provided, representatives raised concerns regarding a lack of information about a consumer’s bruising, a lack of clear information about medications given and lack of information about the status of a consumer’s wound.

The Assessment Team found that the service was unable to demonstrate safe and effective management of consumers on psychotropic medications. The service did not adequately demonstrate monitoring of consumers’ pain post falls.

Actions taken in response to high impact and high prevalence risks are not always effective in preventing further incidents and ensuring the safety of other consumers. Documentation shows representatives and medical practitioners are not always informed of falls. Neurological observations are not always completed in line with services policy or medical practitioner recommendations. While consumers’ weight is monitored, and unplanned weight loss is identified, charting to monitor food and fluid intake is not always evaluated. Staff did not demonstrate understanding and application of dietitian recommendations.

The service was unable to demonstrate effective review and monitoring processes are in place to respond to changes in consumers’ needs, particularly in relation to behavioural incidents. Referral to other health professionals are consistently completed or followed up in a timely manner.

Following the recent COVID-19 outbreak the service was unable to demonstrate effective staff practice in the use of personal protective equipment, hand hygiene and other prevention strategies.

The service was able to demonstrate that appropriate palliative care is provided.

The Quality Standard is assessed as Non-compliant as five 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 service did not demonstrate that the use of psychotropic medication is effectively reviewed or recognised and properly authorized when used as chemical restraint. Representatives of consumers prescribed antipsychotics are not advised about the potential side effects. For the majority of consumers, the psychotropic register does not record the practitioner’s decision to use restraint or that the consumer representative was informed prior to restraint use.

The service did not demonstrate consistent monitoring of consumers’ pain following falls. Management advised that where the initial assessment does not identify pain, or a consumer reports no pain, including consumers with challenges communicating, the service does not initiate process to monitor for pain.

The service has a suite of policies and procedures developed by an external consultant. Current practice and assessment tools used at the service did not always reflect the purchased policies. For example, the skin integrity policy identifies a ‘Braden’ risk assessment tool is used however the service uses a ‘Waterlow’ risk assessment. A nurse advisor is currently reviewing policies and procedures to align with best practice, changes in legislation and the service’s practices.

The approved provider responded that a revised process would be used for future reviews of psychotropic medications which would include evidence of consultation with consumers and representatives. Two consumers prescribed “as required” psychotropic medications during the COVID 19 outbreak have had these medications ceased. Falls management procedures have been updated and a directive has been added to incident reports for seven day pain charting to be completed after all falls.

Notwithstanding the improvements outlined in the approved provider response, these have not been fully implemented or evaluated.

The service does not comply 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.*

Actions taken in response to high impact and high prevalence risks are not always effective in preventing further incidents and ensuring the safety of other consumers. The assessment team identified consumers who had been involved in multiple incidents of sexually inappropriate or physically aggressive behaviour toward other consumers. No effective strategies had been implemented to address the behaviour, and there had been repeated incidents involving the same consumers.

Representatives and medical practitioners are not always informed of falls. Post-fall, neurological observations are not always completed in line with service’s policy or medical practitioner recommendations.

While consumers’ weight is monitored, and unplanned weight loss is identified, charting to monitor food and fluid intake is not always completed or evaluated. Senior staff did not demonstrate understanding and application of dietitian recommendations.

The approved provider responded that it would develop education and auditing tools in relation to appropriate and more specific documentation of incident follow-up. The approved provider noted that follow-up of some incidents reported during the COVID 19 outbreak had not been properly documented by temporary staff.

The service does not have an effective system for monitoring trends in relation to high impact or high prevalence risk, nor is there a system to ensure all incidents are followed-up.

The service does not comply 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.*

There were no consumers receiving palliative care at the time of the audit. The service has a palliative care policy and procedure and utilises hospital in-reach and other specialist services if required. Consumer deaths are communicated within the service and remaining consumers are supported to mourn the deceased consumer.

### 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 service uses incident reports, monthly resident reviews and change of shift handover for staff to communicate deterioration or changes in consumer health and wellbeing. Staff interviewed were able to describe current challenges for consumers and actions they take to manage current challenges.

However, as evidenced by information contained in Standard 2 and other requirements within Standard 3 many of the service’s assessment, monitoring and review process are not effectively applied to recognise and respond to changes in consumers’ condition in a timely manner. Assessment and baseline observations are not always completed after incidents, and charting of observations post-incident are often not completed.

For example, consumers discharged from hospital following a COVID 19 diagnosis were not comprehensively reassessed on return to the service, nor were observations of their health status consistently documented, making it difficult to recognise any deterioration or relapse.

The approved provider responded that a schedule has been compiled for urgent completion of care plan reviews and representative/consumer case conferences to address changes to consumers’ condition. The approved provider further responded that temporary staff working at the service during the COVID 19 outbreak, did not always record their observations in the correct manner.

The service does not comply with this requirement.

### 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.*

The organisation has written and verbal handover processes to document and communicate information about consumers’ conditions, needs and preferences. Staff and allied health professions confirmed they are provided and have access to the information they need. The service’s handover document contains a coloured photograph of each consumer along with their diagnosis, mobility, diet/fluid and continence needs. The comments section of the document contains information about behaviours, sighting charting requirements and smokers. The handover identifies consumer’s preferences for female or male assistance with personal care. Care staff describe how information about consumers’ care and services are communicated via handover and how a carer to carer communication book has recently been implemented.

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

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

While consumers’ care planning documentation evidenced referrals to individuals and other organisations, these referrals were not always completed or followed up in a timely manner. The service does not have a system for recording or monitoring the follow-up to referrals. A consumer referred to a geriatrician in July 2000 had not been reviewed at the time of the audit in November. There was a delay of almost a month in actioning consumer referrals to a dietitian following unplanned weight loss during the COVID 19 outbreak in August 2020.

The approved provider responded that the COVID19 outbreak restricted it’s ability to access appointments with allied health and specialist services. The consumers identified as requiring assessment by providers of specialised medical or allied health services had now been seen by relevant health providers.

The service does not comply with this requirement.

### 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 service has a current COVID 19 outbreak management plan, an infection policy and procedure which includes an infection and pathology register, an anti-microbial stewardship policy and staff and consumer vaccination lists. These have recently been reviewed by the nurse advisor appointed under the Notice to Agree issued during the August 2020 COVID 19 outbreak at the service. Sufficient supplies of PPE were available and within reach of those who require them.

However, the service has not implemented any formal processes to monitor staff infection prevention and control practices and the Assessment Team observed multiple breeches of infection control practice by staff.

While all staff were observed to be wearing face masks and face shields during the visit the Assessment Team observed multiple staff adjusting the front of their N95 masks and not washing or sanitising their hands afterwards. A staff member was observed donning personal protective equipment without sanitising their hands at any stage during the process. A kitchen staff member was observed providing morning tea to consumers in their rooms. The staff member was wearing gloves but did not change their gloves or wash/sanitise their hands at any point during the observation.

Staff and consumers were not always following social distancing protocols. While density signage was displayed in communal areas for example; lounge areas, the Assessment Team observed on multiple occasions more staff and consumers in this area than signage directed.

The approved provider responded that it was in the process of appointing an infection control representative in accordance with government directives. Kitchen staff received training on proper personal protective equipment use during the audit, and a memorandum was issued to nursing and care staff about correct hand hygiene, the proper use of gloves and density limits.

The service does not comply with this requirement.

# STANDARD 4 NON-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.

Most consumers and representatives sampled provided positive feedback in relation to meals and meal services.

The Assessment Team observed a consumers engaged in a variety of group and individual activities at the service. Group activities encouraged participation and connection, and staff were observed to engage in positive and respectful ways with consumers. Consumers were observed moving freely around the service and engaging with other consumers.

A National Disability Insurance Scheme coordinator attends the service to supervise and train NDIS support workers who help eligible consumers participate in activities in the community outside the service.

However, while the lifestyle social, cultural, spiritual and lifestyle assessments and care plans reviewed by the Assessment Team were comprehensive and identified the consumers’ needs and preferences, this information was not always reflected and communicated across other related care plans shared by staff with responsibility for care. Personal care plans are largely generic and do not consistently reflect individual preferences, or cultural considerations.

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

## Assessment of Standard 4 Requirements

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

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

Overall consumers and their representatives expressed satisfaction with supports for daily living, stating that these meet the consumer’s needs and preferences and optimise their independence and quality of life.

Leisure and lifestyle staff complete a social, cultural, spiritual and lifestyle assessment when consumers arrive at the service, complete three-monthly reviews and annual assessments.

Leisure and lifestyle staff discussed care during the COVID-19 outbreak and how staff supported consumers during isolation requirements. Staff provided individual activities, talk and sensory items and following clearance, small group activities have now recommenced.

The Assessment Team observed activities at the service including a concert, a Remembrance Day ceremony and consumers’ games. Individual consumer activities were observed such as nail painting and drawing.

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

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

Consumers and representatives provided feedback that consumers’ emotional, spiritual and psychological wellbeing is supported. Care file review showed consultation with family in relation to strategies to support emotional wellbeing. Staff discussed emotional, spiritual and psychologicalcare for consumers with varying levels of functional and cognitive abilities.

Religious services are provided for different faiths at the service and lifestyle assessments and care plans include consumers’ preferences. Progress notes summarise activities consumers have attended and the level of participation.

### 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.*

Overall consumers and representatives described how services and supports assist them to participate within or outside the service, maintain social relationships and do things of interest to them.

A proportion of consumers have access to National Disability Insurance Scheme support workers who assist them to participate activities in the community outside the service.

Consumers were observed moving freely around the service and engaging with other consumers. Group activities encouraged participation and connection, and staff were observed to engage in positive and respectful ways with consumers.

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

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

The lifestyle social, cultural, spiritual and lifestyle assessments and care plans reviewed by the Assessment Team were comprehensive and identified the consumers’ needs and preferences, however this information was not always reflected and communicated across other related care plans shared by staff with responsibility for care. Personal care plans are largely generic and do not consistently reflect individual preferences, or cultural considerations.

The approved provider responded that care plans had been revised for two consumers for whom the Assessment Team had identified information not being adequately communicated to care staff. However, it did not indicate how it intended to address the systemic issue identified by the team in relation to ensuring personal care plans were informed by relevant cultural, spiritual and lifestyle assessments

The service does not comply with this requirement.

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

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

Consumers and representatives indicated they are assisted to attend appointments and connect with other organisations and services that provide activities of interest to the consumer.

An NDIS coordinator attends the service to supervise and train ten NDIS support workers who help eligible consumers with outings and socialisation.

Other consumers are supported by the service to attend appointments and participate in activities outside the service. Examples provided by consumers and their representatives included a consumer who has participated in a local gardening group and another who has participated in a community art project.

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

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

Overall consumers and representatives sampled provided positive feedback in relation to meals and meal services.

Staff discussed how they accommodate consumers’ meal preferences and offer alternatives to consumers. Staff advised during the COVID-19 outbreak meal services and meals were modified to accommodate consumers with decreased appetites and deconditioning. Catering staff seek daily feedback from consumers about meals and discuss consumers’ preferences for the following day. Dietitian input is sought to review seasonal menu changes.

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

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

The Assessment Team observed equipment used to support lifestyle services to be clean and well maintained. Lifestyle staff clean shared equipment after each use and attend to high touch cleaning such as tables, chairs and other equipment. Staff have access to equipment they need for activities for consumers including a bus for outings.

# 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.

Overall sampled consumers considered that they feel they belong in the service and feel comfortable in the service environment. Consumers interviewed expressed satisfaction with their room environment. A representative said that although the service building is old it is well maintained.

The Assessment Team observed the service to be welcoming clean and well maintained and that consumers can move freely indoors and within outdoor courtyards.

However, the service does not provide a safe environment to physically protect vulnerable consumers from other consumers. A number of consumers expressed concerns about their own and other consumers’ safety due the behaviour of other consumers. The service has not taken appropriate action to ensure the environment is safe, where serious incidents have occurred.

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

## Assessment of Standard 5 Requirements

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

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

The service environment is welcoming for consumers. Consumers may decorate their rooms with personal items such as furniture and photographs if this is their preference. Communal areas for consumers include two lounge areas, a dining area and outdoor courtyards. Navigational signage and information on noticeboards is available for consumers.

Two consumers expressed satisfaction with their room environment which included photographs, access to reading material and commented on the comfort of their beds. One representative said although the service building is old, it is well maintained.

### 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 service environment is clean and well maintained and consumers can move freely indoors and within outdoor courtyards. However, the service does not provide a safe environment to physically protect vulnerable consumers from physical and sexual assaults from other consumers.

The service environment does not protect the safety of vulnerable consumers. Consumers live in shared or single rooms with shared bathrooms in corridors. Both accommodation wings of the service have a mix of vulnerable frail aged care consumers and younger consumers with a range of mental health conditions and associated behaviours.

While consumers able to be interviewed did not express concerns for their own welfare one consumer did express concerns for a vulnerable fellow consumer, in relation to the behaviour of a consumer residing in their wing. Intrusive behaviour is not managed appropriately and there have been a number of recent assaults, including an alleged sexual assault by a consumer, and multiple physical assaults by other consumers at the service. Several consumers have been the subject of multiple assaults by the same consumer, or multiple assaults by more than one consumer at the service.

Where the service has exercised its discretion not to report assaults, due to cognitive impairment of the aggressor, it has not taken appropriate actions to provide a safe environment for victims or other consumers.

The approved provider responded by providing information in relation to the follow-up to recorded incidents of aggression, however the response did not include any evaluation of whether the actions taken had addressed the concerns raised by consumers in relation to minimising the impact intrusive behaviours on frail, elderly consumers.

The service does not comply with this requirement.

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

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

The Assessment Team observed the furniture, fittings and most equipment to be safe, clean and well maintained. Staff described how the physiotherapist assesses consumers and then appropriate equipment is provided. Representatives indicated equipment provided is suitable for their consumer’s needs.

The service has preventative and routine servicing schedules for equipment and service environment fittings. Staff document any maintenance repairs in a folder in the staff room and repairs are completed in a timely manner.

# STANDARD 6 NON-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.

Most sampled consumers and representatives were aware of feedback and complaint processes. However, one consumer expressed concern that the action taken in response to a complaint raised did not address their issue. A representative reported concern about repercussions for the consumer if they ever needed to raise a complaint.

The Assessment Team observed internal and external complaints and Advocacy information on display within the service. However, these were only available in English.

The Assessment Team found that the service was unable to demonstrate how consumers, particularly those from CALD backgrounds, those living with mental health conditions, and those experiencing challenges in communication are encouraged to provide feedback and complaints.

The Assessment Team also found that the service was unable to demonstrate that complaints are acted on appropriately and that open disclosure is used when things go wrong. The service was unable to demonstrate that feedback and complaint information is used to improve the quality of care and services.

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

The service’s consumer handbook provided to consumers on moving into the service contains information on the Charter of Aged Care Rights, complaints information and advocacy services. Management said that it informs stakeholders of their right to provide feedback or make a complaint during one to one discussions, newsletters and meetings. Consumers are assisted by staff to complete feedback forms and consumer surveys if required.

During the period of visitor restrictions due to COVID 19, the service commenced attaching a ‘comments, complaints and suggestions’ form to their weekly newsletter which is emailed to representatives. Representatives were aware of the avenues for providing feedback or making complaints, but none of the interviewed representatives had utilised these avenues.

### Requirement 6(3)(b) Non-compliant

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

The service has a large number of consumers who experience challenges communicating, live with mental health conditions, are from a culturally and linguistically diverse background with limited English language, and consumers without family or other representation. The service did not demonstrate how these consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

The service’s consumer handbook, information about external advocacy services and the Aged Care Quality and Safety Commission’s complaints process are not available in languages other than English.

The approved provider responded that it had acquired and now displays information about advocacy services and external complaint services, including in languages other than English. Revision of the consumer handbook has been added to the service’s plan for continuous improvement. Consumers with limited communication capacity were supported by staff to complete the annual consumer survey in October 2020.

While consumers now have access to information about advocacy and language services and external complaints mechanisms, the service did not demonstrate that consumers have been made aware of these supports, or how they can access them.

The service does not comply with the requirement.

### Requirement 6(3)(c) Non-compliant

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

The service did not demonstrate appropriate action is taken in response to complaints or that stakeholders are offered an apology when things go wrong. The service logs complaints, staff suggestions for improvements and feedback from consumers and representatives on a continuous improvement register. Complaints raised via the Commission are logged onto a general complaint register.

Actions taken in response to feedback and complaints, and the outcomes are recorded in the register. The register does not record when/if an apology has been offered. The register contained a number of entries where actions or improvements, including repairs to fixtures and fittings, had not been finalised.

The service has an open disclosure policy; however, staff were unable to articulate what the policy was, or how it applied to complaints processes.

The approved provider responded that the items on the complaints and continuous improvement register identified by the assessment team as not being completed in accordance with the service’s policies and procedures were in fact still open and unresolved. This included a repair to a shared consumer bathroom logged in January 2020 and still not completed in November 2020. The approved provider cited COVID 19 restrictions as the reason the repairs had not been made. Repairs commenced on 12 November 2020.

The approved provider advised that information had been provided to staff in relation to open disclosure, and an online training unit added to the education calendar.

The service does not comply with this requirement.

### Requirement 6(3)(d) Non-compliant

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

The service did not adequately demonstrate that feedback and complaints result in the improved quality of care and services. While solutions are sought, and actions are implemented, actions do not always address the ongoing impact for others. Management reported that suggestions to the approved provider to improve the care and services provided to consumers have not been considered. Recommendations by management to the business operations manager/approved provider to improve the safety the environment for consumers have not been supported.

The approved provider responded that feedback and suggestions are welcomed. Consumers whose behaviour has adversely impacted other consumers have been reviewed and revised strategies are being used to address the behaviours of concern.

The service does not comply with this requirement.

# 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.

Most sampled consumers and representatives spoke positively about staff’s availability, abilities and the delivery of care and services. Consumers commented that there are staff available when they need assistance, and representatives commented that staff were available to provide them with information during the COVID 19 outbreak and visitor restrictions.

A registered nurse is onsite for all shifts and with the exception of cleaners, all staff are employees of the service. Planned and unplanned leave is replaced with employed staff.

The service experienced a COVID19 outbreak between August and October 2020. A large number of staff and management were furloughed during the outbreak, with replacement staff required from outside the service.

The Assessment Team found that staff demonstrated a familiarity with consumers and their individual personalities. Staff discussed how they get to know the consumer’s family to understand care needs of consumers particularly those who may not be able to verbalise their needs.

Consumers and representatives expressed confidence in staff interactions with consumers. The Assessment Team observed staff interactions with consumers and discussions with representatives (via telephone) were kind and respectful. Staff were observed to be patient and responsive to concerns raised by consumers and seen to offer calm reassurance to a consumer who was distressed.

The service was unable to demonstrate that it provides ongoing and mandatory training for all staff and that staff receive formal mental health training. The service was also unable to demonstrate effective monitoring and review of staff members’ performance.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

Overall consumers and representatives spoke positively about staff numbers, availability, abilities and the delivery of care and services. Consumers commented that there are staff available when they need assistance, and representatives commented that staff were available to provide them with information during the COVID 19 outbreak and visitor restrictions.

A registered nurse is onsite for all shifts and with the exception of cleaners, all staff are employees of the service. Planned and unplanned leave is replaced with employed staff.

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

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

Consumers and representatives expressed confidence in staff interactions with consumers.

The Assessment Team observed staff interactions with consumers and discussions with representatives (via telephone) were kind and respectful. Staff were observed to be patient and responsive to concerns raised by consumers and seen to offer calm reassurance to a consumer who was distressed.

Staff demonstrated a familiarity with consumers’ needs, preferences and their individual personalities. Staff discussed how they get to know the consumer’s family to understand care needs of consumers particularly those who may not be able to verbalise their preferences.

### 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.*

Consumers and representatives did not express any concerns around staff competency and knowledge.

Staff qualifications, nursing registrations and police checks are checked and monitored by the service and a register is maintained.

New staff attend a three-monthly review and all staff have annual performance evaluations. Management seek input from staff to provide feedback about the capability and suitability of new staff.

NDIS workers who assist eligible consumers with external outings and social support have an orientation to the service and are supervised by a NDIS coordinator.

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

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

#### Staff have not been supported to complete all education or training in 2020. Mandatory training was last completed August 2019. Despite the large number of consumers with complex mental health diagnoses, no formal training on mental health is provided for new staff.

Personal Protective Equipment and infection control training including competencies was provided to all staff during and immediately after the COVID 19 outbreak. This training was provided as part of the support offered to the service to manage the outbreak, and was not initiated by the approved provider.

#### Management advised that due to the COVID-19 outbreak they were unable to organise external trainers to attend and following this, an outbreak in the local area further restricted visitor access to the service. Online training was undertaken across a range of topics in August-October 2020.

#### Management could not recall when staff had last received training in the Aged Care Quality Standards.

The approved provider responded that all staff had received mental health training in November 2019. They did not advise what training had been provided to staff who had commenced at the service after that date.

The approved provider submitted records of completed online training in a number of topics. However, the records show that the amount of time spent undertaking the training was, in most cases a only few minutes per topic.

The service does not comply with this requirement.

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

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

Management said that nursing staff monitor staff performance throughout shifts and annual staff performance reviews occur.

Staff discussed orientation to the service, ‘buddying’, performance reviews and meetings with staff.

The Assessment team observed, throughout the three-day audit, staff repeatedly failing to adhere to infection control protocols or social distancing guidelines. There was no evidence that staff practice in relation to infection control was being monitored.

Contracted service providers supply management with an annual list of current police check numbers. Contactors’ agreements include a requirement to provide contracted staff with training relevant to their role. However, management could not evidence whether this occurs, relying on the contractor to abide by the signed contract.

The approved provider responded that the director of nursing conducted infection control training for kitchen staff during the audit. One to one infection control and PPE training has been provided to staff throughout the period May-October 2020. The observed breeches of density limits were attributed to consumers not complying with signage. A sample of contracted services will be asked to provide evidence of staff qualifications and training.

The service does not meet this requirement.

# 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).

Overall sampled consumers and representatives considered that they have opportunities to contribute to the development, delivery and evaluation of care and services through regular consumers’ meetings.

A consumers’ group meeting chaired by a consumer meets fortnightly and provides another avenue for consumers to raise items of concern and any areas for improvement. Following the meetings, the chair presents feedback to management. Meeting minutes were provided by the service and include suggestions ranging from a men’s group and a culture club to increase consumers awareness of diversity and culture.

The Assessment Team found that the service’s management do not promote a culture of safe, quality care and services and is not accountable for their delivery. In particular the leadership group were not aligned in relation to the management and protection of high-risk consumers.

The organisation was unable to demonstrate that it has organisation wide governance and risk management systems that contribute to improved outcomes for consumers at the service.

The organisation was unable to demonstrate that it has a clinical governance framework to support the provision of safe, quality clinical care.

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.*

Consumers and representatives have opportunities to contribute to the development, delivery and evaluation of care and services through regular consumers’ meetings. Meetings minutes are provided for consumers and representatives.

A consumers’ group meeting chaired by a consumer meets fortnightly and provides another avenue for consumers to raise items of concern and any areas for improvement. Following the meetings, the chair presents feedback to management. Meeting minutes were provided by the service.

Newsletters are provided to consumers and representatives with a recent newsletter providing current visitor access information highlighting window and courtyard access visits.

### 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 service is a privately owned and operated service. Decisions are made by the Approved Provider, who is also the business operations manager.

The management group includes the business operations manager, a director of nursing (commenced May 2020), an acting continuous improvement manager and an acting clinical care coordinator.

The Assessment Team reported that the leadership group were not aligned in relation to aspects of the service’s management in particular the management of consumers with challenging behaviour and the protection of vulnerable consumers.

The leadership group receives reports at leadership meetings on service changes, risk management, infection control, quality, safe environment and staffing. However, the analysis of information such as clinical data, psychotropic medication use, chemical restraint and ongoing consumers’ assaults does not lead to improvements to prevent or lessen occurrences and promote safe, care and services for consumers.

The approved provider responded that many of the strategies usually used to decrease episodes of consumer aggression, were not possible during the COVID 19 outbreak. Lockdown, and isolation in rooms, or sections of the service also contributed to an increase in incidents. It did not provide any evidence of analysis to support this response, nor did it describe any alternate strategies implemented in response to the identified increase in incidents.

The service does not comply with this requirement.

### 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 organisation was unable to demonstrate that it has organisation wide governance systems that contribute to improved outcomes for consumers at the service. Information management systems do not support effective service delivery. Consumers’ annual care planning consultations have not been completed for 2020. The plan for continuous improvement does not consistently evidence evaluation of results and ongoing improvements for consumer care. Information on incidents is not always recorded, reported and used to improve care and services. Staff have not been supported to complete all of the service’s mandatory education requirements in 2020. Management could not evidence whether training occurs for contracted service staff. Feedback and complaints data is not used to identify trends or improve the quality of care and services.

The approved provider responded that annual care plan reviews have commenced, with four having been completed since the audit. The items on the plan for continuous improvement that had not yet been evaluated are not yet completed and will be evaluated upon completion. Incidents for the previous three months are being reviewed to ensure that all incidents have been followed up. The service was unable to bring external trainers into the service due to COVID19 restrictions; online training was provided instead. Feedback and complaints data will be analysed and brought to monthly management meetings.

The service does not comply with this requirement.

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

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

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

The service’s management could not demonstrate effective risk management systems and practices in relation to managing high impact, high prevalence risks, identifying and responding to abuse and neglect of consumers and demonstrate how they support consumers to live the best life they can.

The service failed to develop a COVID-19 specific emergency response plan. The service experienced a significant outbreak in the period August-October 2020. As a result of the COVID-19 outbreak, changes were made to the service’s emergency response plan and infection control protocols to include COVID-19 specific information and reflect current COVID-19 guidelines.

Staff have access to incident reporting mechanisms however, incidents are not consistently reported and actioned and information does not consistently lead to improvements in consumer care. Incidents of consumer to consumer aggression and/or sexual assault are not consistently recognised, reported and managed effectively to ensure a safe environment for all consumers or minimise the recurrence of assault by the same consumers.

The approved provider responded that incident data from the previous three months is being reviewed. The process was delayed due to the COVID-19 outbreak and the absence of the responsible staff. The significant decrease of regular staff during the outbreak made it challenging to complete data entry and assess trends. Replacement staff who were unfamiliar with the service’s incident reporting system did not always record incidents correctly. Consumers involved in recent incidents have been assessed by specialist services and revised strategies are being implemented to manage the behaviour and protect other consumers from harm.

The service does not comply with this requirement.

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

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

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

The service does not have a clinical governance framework that supports safety and quality in the clinical care delivered to consumers. The service does not have systems to effectively identify and monitor risks to consumers, or respond to aspects of clinical care that are not working well. The clinical leadership team are either newly appointed or acting in their roles, and do not have clear responsibilities or authority to implement clinical improvements at the service.

Clinical care processes do not consistently identify pain post falls and investigations such as neurological observations are inconsistently completed. Clinical deterioration including unplanned weight loss, is not identified or actioned in a timely fashion. Referrals to specialist and allied health professionals are not followed up in a timely manner.

While the service has completed a self-assessment tool of consumers receiving psychotropic medications this has not identified consumers for whom the use of these medications constitutes chemical restraint or opportunities to reduce or cease these medications. The service does not have a system to obtain informed consent for the use of these medications, or other forms of restraint. The service has not identified the use of chemical restraint or actions to minimise the use of restraint or use as a least restrictive option. The service’s self-assessment tool for recording consumers receiving psychotropic medications identifies 85% (46 of 54) consumers are prescribed psychotropic medications on a regular and/or ‘as required’ basis. Management reported there is no physical or chemical restraint at the service.

Whilst an open disclosure policy was formulated in July 2020 management were unable to evidence open disclosure at the service.

The approved provider responded that the episodes in which post-falls pain and neurological observations were not completed occurred during the recent COVID 19 outbreak, with documentation completed by replacement staff. A subsequent audit, by the approved provider, of post fall and injury reports made by the replacement staff indicates that proper follow up including appropriate neurological observations was conducted. These reports were not submitted as part of the response.

The approved provider response described some improvements already made to resident of the day forms such that they now capture consumer consultation in relation to change in assessed needs and use of psychotropic medications. While these changes will improve the documented use of these medications, the provider did not say how they would minimise the use of restraint within the service.

The service does not comply with this requirement.

# Areas for improvement

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

### Requirement 2(3)(a)

The approved provider must:

* Review and update consumers’ care plans, using validated risk assessment tools to ensure that all changed care needs have been identified, and care plans revised to reflect any changes since the August-October COVID 19 outbreak.
* Identify, in consultation with a dietitian, an appropriate nutritional assessment tool for younger consumers.

### Requirement 2(3)(b)

The approved provider must:

* Review and update where possible, consumers’ end of life wishes and advance care planning preferences.

### Requirement 2(3)(c)

The approved provider must:

* Complete annual care plan reviews, ensuring that the consumer and where possible their representatives are involved in assessment, planning and review.
* Where consumer representatives are unwilling or unable to participate in care planning and assessment, or representation arrangements are no longer in place, demonstrate an alternate representative has been sought.

### Requirement 2(3)(d)

The approved provider must:

* Communicate the outcomes of care plan reviews and assessments to consumers and representatives, as they occur.
* Ensure that care plans are available to consumers and representatives

### Requirement 2(3)(e)

The approved provider must:

* Ensure that all necessary assessments have been undertaken and care plans amended if required following incidents.
* Review care plans and rectify any inconsistency between assessed care needs and the care plan.
* Evaluate strategies implemented following incidents for effectiveness including in relation to preventing further incidents and ensuring the safety of other consumers.

### Requirement 3(3)(a)

The approved provider must:

* Ensure the use of psychotropic medication is effectively reviewed or recognised and properly authorized when used as chemical restraint.
* Ensure consumers’ pain following falls is consistently monitored.
* Review clinical care policies and procedures to ensure consistency.

### Requirement 3(3)(b)

The approved provider must:

* Implement systems to monitor trends in relation to high impact or high prevalence risk.
* Implement a system to ensure that all incidents are followed-up.
* Implement effective strategies to address the behaviour of consumers involved in sexually inappropriate or aggressive behaviour.
* Implement effective falls prevention and management strategies.
* Implement effective strategies to identify and address unplanned weight loss.

### Requirement 3(3)(d)

The approved provider must:

* Implement systems to ensure that changes in consumers’ condition are identified and responded to in a timely manner.

### Requirement 3(3)(f)

The approved provider must:

* Implement a system to record and monitor follow-up and completion of referrals to providers of medical and other care services

### Requirement 3(3)(g)

The approved provider must:

* Monitor staff practice in relation to the use of personal protective equipment.
* Monitor staff and consumer compliance with public health directives, including in relation to social distancing and density limits within the service

### Requirement 4(3)(d)

The approved provider must:

* Ensure that personal care plans reflect assessed cultural and spiritual needs and personal preferences.

### Requirement 5(3)(b)

The approved provider must:

* Ensure the environment is safe and protects vulnerable consumers from physical and sexual assaults from other consumers.

### Requirement 6(3)(a)

The approved provider must:

* Demonstrate that consumers are encouraged and supported to provide feedback and make complaints.

### Requirement 6(3)(b)

The approved provider must:

* Demonstrate that consumers who experience challenges communicating, live with mental health conditions, are from a culturally and linguistically diverse background with limited English language, and consumers without family or other representation are made aware of and have access to advocates, language services and other methods for raising and resolving complaints

### Requirement 6(3)(c)

The approved provider must:

* Ensure staff receive training in relation to open disclosure as it is applied to complaints processes.

### Requirement 6(3)(d)

The approved provider must:

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

### Requirement 7(3)(d)

The approved provider must:

* Ensure staff at the service are provided with appropriate training to deliver safe, quality care to consumers.
* Monitor the effectiveness of the training program to ensure that staff apply the training to their practice.

### Requirement 7(3)(e)

The approved provider must demonstrate that:

* Nursing staff monitor staff performance throughout shifts to ensure compliance with relevant internal and external policy and procedure, for example, in relation to infection control and correct use of personal protective equipment.

### Requirement 8(3)(b)

#### The approved provider must demonstrate that:

* The governing body promotes safe, inclusive and quality care and is accountable for ensuring their delivery.
* The governing body receives and acts upon information and advice to meet its responsibilities under this requirement.

### Requirement 8(3)(c)

#### The approved provider must demonstrate that:

* It has organisation wide governance systems that contribute to improved outcomes for consumers at the service.
* Information management systems support effective service delivery.
* Consumers’ annual care planning consultations for 2020 have been completed.
* The plan for continuous improvement shows evidence of evaluation of results and ongoing improvements for consumer care.
* Information on incidents is recorded, reported and used to improve care and services.
* Feedback and complaints data is used to identify trends or improve the quality of care and services.

### Requirement 8(3)(d)

#### The approved provider must demonstrate:

* The service has risk management systems and practices in relation to managing high impact, high prevalence risks.
* Incidents of consumer to consumer aggression and/or sexual assault are recognised, reported and managed effectively to ensure a safe environment for all consumers.

### Requirement 8(3)(e)

#### The approved provider must demonstrate that :

* The service has a clinical governance framework that supports safety and quality in the clinical care delivered to consumers.
* The service has systems to effectively identify and monitor risks to consumers or respond to aspects of clinical care that are not working well.
* The clinical leadership team have clear responsibilities or authority to implement clinical improvements at the service.
* Where restraint is clinically necessary to prevent harm, the service has systems in place to minimise the use of restraint or use as a least restrictive option, in accordance with legislation.