Haddington Nursing Home

Performance Report

126 Duncan Street   
TENTERFIELD NSW 2372  
Phone number: 02 6736 4444

**Commission ID:** 0569

**Provider name:** Tenterfield Care Centre Limited

**Site Audit date:** 15 February 2022 to 17 February 2022

**Date of Performance Report:** 5 April 2022

# Performance report prepared by

Tara Wurf, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | 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) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

This performance report details the Commissioner’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 conducted 15 to 17 February 2022; 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 25 March 2022;
* the Performance Report dated 24 February 2021 relating to an unannounced assessment contact visit conducted on 25 January 2021; and
* other information and intelligence held by the Commission regarding the service.

# 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

Consumers and their representatives said staff treat them in a kind and respectful manner, know them as individuals and value their culture and diversity. Consumers/representatives spoke positively of the service and provided examples of how the service supports them to be independent, exercise choice, take risks and make informed decisions about the care and services provided. Consumers said they are supported to maintain relationships and do the things they like to do. They provided examples of how their privacy is respected.

Staff demonstrated they know what is important to consumers and understand their background and personal circumstances and how these influence the care they provide. Staff said if they had concerns about how the treatment of a consumer, they would report to management. Staff described how they ensure consumer preferences are supported and respected, including to take risks and how risks are managed. Staff explained how they facilitate communication with those consumers who experience communication barriers, including for consumers with a cognitive impairment.

Care documentation was individualised and provided guidance illustrating what is important to consumers and recorded personal strategies, individual needs, goals and preferences in relation to care and services.

The service uses various mechanisms to ensure consumers are provided with information to make informed decisions, including via individual and consumer meetings and written materials such as the consumer information pack and monthly newsletters. Consumers are engaged in making decisions about their care and services in various ways, including during case conferences, consumer meetings and surveys.

Assessment and care planning documentation demonstrated that consumers’ background, religious, spiritual and cultural needs and preferences were documented. These were understood by staff. Consumers’ care documentation described the areas in which they are supported to take risks and relevant assessments and strategies for managing risks are included in care directives for staff to follow.

The Assessment Team observed staff interacting with consumers respectfully.

Policies and procedures relevant to Standard 1 were available to provide guidance to staff in areas such as cultural safety and diversity, risk, communication, privacy and confidentiality. Staff received training in these areas.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-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

Consumers and their representatives were satisfied with their involvement in assessment and care planning processes and said the service understood their care needs, goals and preferences. Consumers/representatives were satisfied with the way the service managed risks. Representatives reported that the service informs them about any changes or incidents. While consumers were not routinely provided a copy of their care plan, they were satisfied they could request a copy if they wished.

Consumers’ care documentation demonstrated that assessment and care planning is completed with consumers/representatives upon entry to the service and in response to changing care needs or preferences. Care planning documentation reflected consumer’s needs, choices and preferences, and included advance care planning and end of life planning. There was evidence of input from medical officers, allied health professionals and specialists. Care documentation (including care plans and progress notes) was available and accessible to staff and others involved in the care of consumers. Care documentation recorded regular review of care and services, including when there were changes or incidents.

Registered staff advised consumers are assessed upon entry to the service and where care needs change. Staff described what was important to the consumers in terms of how their personal and clinical care was delivered. Staff demonstrated an understanding of strategies to manage risks for individual consumers.

The service has an electronic suite of contemporary assessment tools to guide staff in assessment, planning and risk management. These cover management of areas such as falls, skin integrity, pain, nutrition, medication and complex care.

The service also has written guidelines, policies and processes relevant to this Quality Standard to guide staff in assessment and planning.

However, the service’s assessment and planning processes have not consistently considered risks to the consumer in relation to the use of restrictive practices.

The Quality Standard is assessed as non-compliant as one 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 service’s assessment and planning processes have not consistently considered risks to the consumer, specifically in relation to the use of bed rails and restrictive practices; chemical, mechanical (bed rails) and environmental (secure memory support unit).

Management and registered staff did not demonstrate a sound understanding of restrictive practices, including processes to assess and manage risks to consumers associated with the use of restrictive practices.

Care documentation for consumers subject to restrictive practices did not consistently evidence risks assessments were completed, informed consent and authorisations were obtained, alternatives were trialled prior to the use of the restrictive practice or monitoring occurred.

Risk assessments were also not completed for consumers who had bed rails in place, which were not considered a restrictive practice.

While the Assessment Team identified an incident in relation to the use of bed rails causing injury to a named consumer, the approved provider’s response to the Site Audit Report provided additional clarifying information and evidence about the date of an injury and service’s actions. I am satisfied the consumer’s injury was appropriately reported and managed. However, I remain concerned about the service’s general lack of assessment and management of risk associated with the use of bed rails and restrictive practices more broadly.

The approved provider’s response to the Site Audit Report acknowledged deficiencies identified in relation to the service’s management of restrictive practices and outlined improvement actions including:

* Implement a new suite of restrictive practice policies, processes, tools, documents and education materials.
* Complete risk assessments, informed consent and authorisations for consumers subject to restrictive practices in consultation with the consumer/representative.
* Updated and revised the service’s psychotropic register.
* In relation to bed rails:
  + Removal of bed rails not in use or not required by consumers.
  + Conducted risk assessments for consumers who continued to use bed rails.
  + Checked fitting of bed rails that remain in use and purchased new mattresses or applied mattress supports to remove the gap between the mattress and bed rails.

I also note the service has been non-compliant in this requirement since 24 February 2021, following an unannounced assessment contact visit conducted 25 January 2021. The non-compliance was, in part, due to the service’s failure to consistently consider risks to the consumers who had restrictive practices in place. While the approved provider responded at that time with proposed actions to address this issue, including reviewing all consumers with restrictive practices in place, the remedial action was either not implemented, effective or sustainable.

The approved provider’s response acknowledged the service’s improvement activities have not been effectively implemented in relation to the assessment and management of restrictive practices and stated that the service’s newly appointed clinical staff and compliance advisor would provide increased clinical and improvement activities monitoring to address this area.

While the approved provider has recommenced actions to address deficiencies identified, at the time of the site visit, the service’s assessment and planning processes were not consistently considering risks to consumers with bed rails or subject to restrictive practices.

Based on the above, I find this requirement non-compliant.

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-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

Consumers and their representatives were satisfied with the care and service consumers receive and considered their needs and preferences are met. Consumers felt engaged in decisions about their care and said staff explain risks that may impact their safety and wellbeing. Consumers/representatives said staff are responsive to their needs. They were satisfied timely and appropriate referrals occur when needed and that consumers have access to relevant medical officers and other health professionals as required. Consumers nearing the end of life received safe and appropriate care that maintained their comfort and dignity.

Care staff and registered staff described consumers’ individual needs and preferences and how these are managed. Staff understood risks associated with the care of each consumer and provided examples of how they minimised risks associated with the care of consumers, including in relation to falls, skin integrity, pain, and complex behavioural needs.

Staff said they have access to the information they need to care for consumers and the process to share information with other staff, medical officers and other health professionals as required. Care staff said they generally escalate changes or deterioration in a consumer’s condition to registered staff, however this does not always occur in a timely manner. Registered staff provided specific examples of when a deterioration or change in a consumer was recognised and responded to, including deteriorations that required hospitalisation

Consumer’s care planning documentation demonstrated consumers generally received care that was individualised, safe and effective. Information regarding consumers’ needs and preferences was communicated and documented within the service and with others as required. Consumers were referred to specialist services, including allied health services, in a timely manner. Care documentation demonstrated deterioration or changes in the consumer’s health needs were identified and responded to in a timely manner.

The service collects and analyses clinical data that is discussed at relevant meetings. The service had organisational guidelines, policies and procedures to guide staff in the safe and effective care of consumers, including in skin integrity and wound care, pain management, end of life care and clinical deterioration. Validated and specialised tools were included as an element of assessment and care planning processes.

However:

* The service was unable to demonstrate clinical care delivery was safe and effective in relation to the management of restrictive practices.
* Staff were not consistently escalating or reporting concerns, or commencing behaviour charting following behavioural incidents.
* The service’s processes to minimise infection-related risks were ineffective.

The Quality Standard is assessed as non-complaint as two 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’s personal and clinical care was not safe and effective in relation to the use of restrictive practices; chemical, mechanical (bed rails) and environmental (secure memory support unit). Also, staff were not consistently escalating or reporting concerns, or commencing behaviour charting following behavioural incidents.

Staff and management did not have a sound understanding of the legislative requirements for the use of restrictive practices.

Care documentation for consumers subject to restrictive practices did not consistently evidence risks assessments were completed, informed consent and authorisations were obtained, alternatives were trialled prior to the use of the restrictive practice, or that monitoring occurred.

Staff did not have a shared understanding of what constitutes chemical restraint. For those consumers subject to chemical restrictive practice, their care documentation did not evidence regular review by a medical officer or that informed consent from the consumer or their representative was obtained prior to commencing the chemical restraint.

While care and registered staff reported they monitor consumers with bed rails in place, monitoring was inconsistent and not documented.

Some care staff reported they did not consistently escalate concerns about consumers to registered staff in a timely manner or at all. Staff also reported that behaviour charting was not routinely commenced following incidents or changes in a consumer’s behaviour.

I have also considered information in the Site Audit Report under requirements 3(3)(d), 8(3)(c) and 8(3)(d), including references to two incidents and two named consumers, under this requirement. I have taken into consideration the additional clarifying information in the approved provider’s response to the Site Audit Report relating to information under those requirements and the two named consumers.

I am satisfied that, based on the approved provider’s response and additional documentary evidence provided, neither behavioural incident referred to in the Site Audit Report involving the two named consumers resulted in any injury/harm sustained by either consumer. Furthermore, the approved provider’s investigation and statements from staff found the second incident did not occur and related to a training/coaching exercise where a fictional scenario was accidentally recorded and saved into the service’s electronic care system.

The approved provider’s response acknowledged staff failed to report a consumer’s behavioural response and identified staff have been reminded about behaviour charting expectations. The approved provider also identified improvements needed in staff education in recording observations and use of the incident management system. The approved provider has engaged a new clinical support officer to conduct a training needs analysis and develop a training program.

In addition, the approved provider has identified improvement actions in response to deficiencies in the service’s management of restrictive practices, including:

* Implementing a new suite of restrictive practice policies, processes, tools, documents and education materials.
* Completing risk assessments, informed consent and authorisations for consumers subject to restrictive practices in consultation with the consumer/representative.
* Updating and revising the service’s psychotropic register, including to identify those consumers chemically restrained.

I have also considered that the service has been non-compliant in this requirement since 24 February 2021, following an unannounced assessment contact visit conducted 25 January 2021. The non-compliance was based on the service’s failure to adequately management restrictive practices in line with legislative requirements. While the approved provider responded at that time with proposed actions to address this issue, the remedial actions were either not implemented, effective or sustainable.

The approved provider’s response acknowledged the service’s improvement activities have not been effectively implemented in relation to the management of restrictive practices and stated that the service’s newly appointed clinical staff and a compliance advisor would provide increased clinical and improvement activities monitoring to address this area.

While the approved provider has identified actions to address deficiencies identified, at the time of the site visit, the service’s personal and clinical care was not safe and effective in relation to the management of restrictive practices and in staff responding to concerns or incidents.

Based on the above, I find this requirement non-compliant.

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

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

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

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

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

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

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

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

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

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

### Requirement 3(3)(g) 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’s processes to minimise infection-related risks, including a potential COVID-19 outbreak, were ineffective based on the service having an incomplete COVID-19 outbreak management plan, inadequate visitor screening processes and insufficient infection control staff training and monitoring. There were also deficiencies in the service’s medication storage practices.

While the service had a COVID-19 outbreak management plan in place, it had incomplete sections and site-specific information missing.

The service did not have a documented process for screening visitors to the service for COVID-19. Staff did not have a shared understanding of consumer or visitor screening, and screening processes were not occurring consistently.

While staff said they had received training on infection control related topics, they had not received training in the use of personal protective equipment (PPE) since January 2021 (over 12 months) and had not been assessed for competency in the use of PPE or hand hygiene practices. The service did not monitor staff PPE practices.

The service’s medication storage practices were poor. Medication temperatures were not routinely recorded nor were temperature irregularities and whether remedial action had occurred. The medication refrigerator contained expired medications and undated and unsealed food.

The approved provider’s response to the Site Audit Report noted that the service had a COVID management plan at the time of the site audit and that it was and remains under review. The response also provided evidence of a recent COVID-19 exposure at the service and advice from the state Public Health Unit that the exposure was effectively managed.

The approved provider acknowledged the other deficiencies identified in the Site Audit Report and advised staff education has been recently provided and will be reviewed for improvement.

While I note the service has recently experienced a COVID-19 exposure which was reported to have been managed effectively, at the time of the site audit, the service did not have effective process in place to minimise infection-related risks. Therefore, this requirement is non-compliant.

# STANDARD 4 COMPLIANT Services and supports 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

Consumers and representatives said consumers are supported by the service to undertake lifestyle activities of interest to them both within the service and in the wider community. Consumers described how they are supported to maintain social and emotional connections with those people who are of importance to them and said this occurs through visits, telephone calls, outings and through the use of electronic mobile devices. Representatives said they are made to feel welcome when they visit and that staff are available to discuss any concerns they may have.

Most consumers expressed satisfaction with the variety, quality and quantity of food they receive saying that staff will offer an alternative if they don’t like what is provided. A small number of consumers were not satisfied with meals and management staff explained the avenues for consumers to provide feedback about the menu which included direct discussion with catering staff, consumer meetings, surveys and through complaints mechanisms. The Assessment Team reviewed recent survey responses and noted that most consumers were satisfied with catering and where suggestions for improvement had been made, these were being addressed in order to improve consumer satisfaction.

Consumers and representatives said the service seeks their feedback through consumer meetings or through the provision of written and verbal feedback in relation to consumer preferences and activities provided.

Care planning documentation reviewed by the Assessment Team demonstrated that assessment and care planning processes capture important details about the consumer and strategies to promote the consumer’s well-being and quality of life. Care plans included details about relationships, independence, dietary preferences and those activities and routines that add meaning to the consumer’s life. Where appropriate, care planning documentation demonstrated referral to other organisations or specialist providers who support consumers well-being and quality of life.

Lifestyle staff described how they complete lifestyle assessments with the consumer on entry to the service and use this information to build a picture of the consumer including their likes and dislikes, former working life, their history and interests. This information then informs the development of a care plan in consultation with the consumer. Staff said they are alert to changes in the consumers’ mood and emotional well-being and report this to nursing staff and lifestyle staff so that additional support can be provided.

Staff provided examples of activities that are tailored to consumers’ interests such as growing vegetables, playing Scrabble and running cooking sessions. Other activities include engagement with the local library to source reading material including large print books, art and craft and jigsaw puzzles. Staff said the memory support unit has a modified activity program that focuses on assisting consumers to maintain cognitive capacity through puzzles designed to improve memory skill.

The Assessment Team reviewed the activity schedule which was displayed throughout the service and noted that it included various activities including garden walks, exercise classes, concerts, bowling and bingo. Photographs displayed on noticeboards illustrated consumer participation in a wide variety of activities. During the Site Audit, the Assessment Team observed consumers engaged in individual activities, attending musical events, reading, going for walks and hosting visitors. Staff were observed to be taking time to talk to consumers, engaging with them and participating in activities throughout the Site Audit.

Equipment used to provide laundry, cleaning and catering services was observed by the Assessment Team to be clean and in working order. Additional equipment and resources to support independence and engagement in leisure and lifestyle activities included mobility aids, art and craft equipment, board games, music and movies, books and magazines.

Organisational policies and procedures relevant to Standard 4 were in place to guide staff and included referral to external services. A preventative maintenance schedule ensured equipment was maintained appropriately and supported consumers’ needs and preferences.

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

Consumers and their representatives said consumers feel safe and at home within the service, and reported that the service is clean, comfortable and well-maintained.

The Assessment Team observed the service was clean, secure and well-maintained. The service was welcoming and easy to navigate, and consumers were able to move freely through indoor and outdoor areas. Communal and outdoor garden areas were clean and well-maintained. Consumers resided in individual rooms that were decorated with personal belongings.

Strategies to support the safety of the environment included wide, well-lit, unobstructed corridors, fire safety equipment available, and exit signage illuminated and evident throughout the service. Consumers had call bells within their rooms and some consumers were noted to be wearing call bell pendants.

Management said a schedule guides cleaning practices and that cleaning hours have been extended during the COVID-19 pandemic and include weekends. A preventative and reactive maintenance program ensures that equipment and the service environment is suitable for consumers’ use.

Generally, the furniture, fittings and equipment at the service was safe, clean, well-maintained, however, the service was utilising bed rails for some consumers that were unsafe, inappropriate and ill-fitted.

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.*

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

*The service environment:*

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

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

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

Generally, the furniture, fittings and equipment at the service was safe, clean, well-maintained. However, the service was utilising bed rails for some consumers that were unsafe, inappropriate and ill-fitted.

The Assessment Team observed some consumer’s beds with bed rails where there was a gap between the mattress and the bed rail ranging from seven to 20 centimetres. One bed rail appeared to have been attached backwards. Care or registered staff fitted bed rails to consumer’s beds but did not follow any guidelines to do this. The maintenance register did not include any reference to bed rails.

The approved provider’s response acknowledged the Site Audit Report findings and identified actions taken to address the issue with bed rails, including:

* removal of bed rails not in use or not required by consumers, and general removal of bed rail equipment from the service to avoid retro fitting;
* conducted risk assessments in consultation with consumers/representatives for consumers who continue to use bed rails; and
* checked fitting of bed rails that remain in use and purchased new mattresses or applied mattress supports to remove the gap between the mattress and bed rails.

While the approved provider has taken action to address the identified issue with bed rails, at the time of the site audit, the service was providing bed rails for some consumers that were unsafe. Therefore, this requirement is non-compliant.

# 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

Consumers and their representatives reported they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken by the service. Consumers/representatives gave an example of an improvement made by the service in response to feedback.

Consumers/representatives described the various avenues available to them should they wish to provide feedback, make a suggestion or raise a complaint. Consumers expressed that they were comfortable and felt safe providing feedback. Consumers/representatives said management at the service acknowledged and addressed their concerns, management and/or staff provide an apology during the resolution process, and their care and services improved following their feedback.

Management and staff described the various mechanisms available to consumers/representatives to provide feedback or make a complaint. Management advised feedback and complaints processes are discussed at consumer/representative meetings. Staff demonstrated understanding of the service’s complaints management system and open disclosure and receive training in complaints management.

Consumers/representatives have been provided, and were familiar with, information regarding advocacy services and how to raise a complaint via external organisations and regulatory bodies through brochures, feedback forms available within the service.

The service’s feedback and complaints register records consumer suggestions and complaints and actions taken to address the complaint. The register also recorded evidence of when the service had applied open disclosure and apologised. The service’s plan for continuous improvement (PCI) reflected improvements are made in response to feedback received. Feedback and complaints are reviewed at an organisational level.

The service has a documented complaints management framework, policies and procedures that guide staff in documenting, resolving and evaluating feedback and complaints.

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 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

Most consumers and representatives expressed satisfaction with staff and said they were kind, caring and knowledgeable and generally there were sufficient staff to meet their care and service needs.

Management said that the location of the service posed recruitment challenges and that these challenges were addressed by accessing agency staff, drawing on staff from other areas within the organisation, overseas recruitment processes, establishment of long term contracts and training staff to work across a variety of disciplines.

The service requires all care staff to have qualifications in aged care and orientation processes support new staff to transition into the workplace. New staff serve a six month probationary period and are provided with shifts where they work alongside an experienced colleague. Education and training is provided by the organisation with mandatory training including manual handling, the Aged Care Quality Standards, infection control, elder abuse, fire safety, food safety and compulsory reporting. Staff competency is confirmed by the organisation through direct observation, skills assessments and through discussions with supervising staff.

Staff confirmed they had completed mandatory training and provided examples of how they are supported to complete ongoing education to support career progression, knowledge and skills development.

Staff responsiveness is monitored through call bell response times with responses outside stablished timeframes investigated and through comments and complaints processes. Audits, clinical indicator data, performance appraisals and feedback from consumers and representatives are additional mechanisms for monitoring staff practice. The Assessment Team reviewed this documentation and identified that call bells were generally answered promptly and that workforce issues are not a regular issue raised by consumers or staff.

The organisation has a staff performance framework supported by policies and procedures that include workforce governance, probationary planning, performance appraisals and mandatory education.

The Assessment Team observed medications being administered as scheduled, meal services being delivered as planned, scheduled services occurring at designated times and staff members attending to consumers and assisting them as needed. Staff and management were observed engaging with consumers in a respectful manner and addressing consumers by their preferred name.

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

## Assessment of Standard 7 Requirements

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

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

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

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

### Requirement 7(3)(c) Compliant

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

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

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

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

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

# STANDARD 8 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

Consumers and their representatives said they believe the service is well run and reported satisfaction with the level of engagement they have with staff and management. They reported they have opportunities to provide feedback and be involved in the development of care and services through methods such as consumer meetings, direct discussion with staff and completing surveys and feedback forms.

Management gave specific examples of consumer input into development, delivery and evaluation of care and services, including for new air-conditioning, new development works and new garden areas.

Consumer meeting minutes demonstrated high levels of attendance and that consumers have participated in discussions concerning menu development and evaluation, lifestyle activities, cleaning and maintenance issues.

The organisation’s governing body promotes and is accountable for the delivery of safe, quality care and services. The Board meets regularly, sets expectations and reviews risks from an organisational and consumer perspective. The organisation has systems to monitor the performance of the service.

However, the organisation was unable to demonstrate:

* effective organisation-wide governance systems were in place in relation to continuous improvement and regulatory compliance;
* risk management systems and practices were effective, specifically in relation to restrictive practices; and
* clinical governance systems and processes were effective, specifically in relation to restrictive practices and infection control.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The organisation generally had effective information management, financial governance, workforce governance and feedback and complaints systems in place. However, organisational governance systems that related to the management of continuous improvement and regulatory compliance were ineffective.

While the service maintains a plan for continuous improvement, continuous improvement systems and processes have not ensured issues and areas of non-compliance were addressed in a timely manner. The service has had ongoing non-compliance since February 2021 in relation to the Quality Standards, requirements 2(3)(a) and 3(3)(a), and improvement actions identified to address areas of non-compliance have been ineffective. In addition, new areas of non-compliance were identified during the Site Audit conducted 15 to 17 February 2022.

Regulatory compliance systems and processes have not ensured the organisation meets its obligations, specifically in relation to assessment, authorisation and monitoring of restrictive practices.

While the Assessment Team identified two incidents that were not reported under the Serious Incident Reporting Scheme (SIRS), the approved provider in its response to the Site Audit Report provided additional clarifying information in relation to the incidents and I am satisfied they do not meet the criteria for a reportable incident under SIRS.

The approved provider’s response to the Site Audit Report identified improvement actions to address the deficiencies under this requirement, including:

* engaging an advisor and clinical support officer to build and support governance and monitoring processes;
* establishing new policies, processes and tools for restrictive practices; and
* establishing a governance meeting structure.

I have also considered the improvement actions identified relevant to other non-compliant requirements under this requirement relating to restrictive practices. While the approved provider has commenced rectification actions, at the time of the site audit, continuous improvement and regulatory compliance systems were ineffective. Therefore, 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 organisation has a documented risk management framework and associated policies and procedures in place. Staff are aware of the service’s policies and described their relevance to their work. Staff received mandatory training including on abuse, SIRS and incidents.

However, the service’s risk management systems were not effective in managing the risks to consumers who were subject to restrictive practices and consumers who used bed rails. Refer to requirements 2(3)(a), 3(3)(a) and 5(3)(c) for more information.

The Assessment Team also identified that while the service had an incident management system in place, it was not effective as there were incidents that had not been appropriately documented or reported. This has been addressed under requirement 3(3)(a).

The approved provider’s response to the Site Audit Report identified the following improvement actions, including

* Engaging a compliance advisor and implementing an auditing system to improve governance and monitoring processes.
* Establishing new policies, processes and tools, including for restrictive practices and SIRS.
* Implementing a best practice tool to monitor high impact and high prevalence risks.

At the time of the site audit, the service’s risk management system was not effective in ensuring risks to consumers were managed in relation to restrictive practices. Therefore, I find this requirement non-compliant.

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

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

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

The organisation has a documented clinical governance framework and associated policies, however, the service’s clinical governance systems were ineffective in relation to restrictive practices and infection control. Refer to non-compliant requirements in Standards 2, 3 and 5 for more information.

The approved provider’s response acknowledged the Site Audit Report findings and identified actions to improve the service’s clinical governance systems, including:

* engaging an advisor and clinical support officer to build and support governance and monitoring processes;
* implementing an audit system;
* establishing new policies, processes and tools including for restrictive practices;
* reviewing processes and staff education for infection control practices; and
* establishing a governance meeting structure.

While the approved provider has commenced action to address the identified deficiencies, at the time of the site audit, the service’s clinical governance systems were ineffective. Therefore, this requirement is 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 2(3)(a) – Assessment and planning processes consider risks to the consumer, specifically in relation to the use of restrictive practices.
* Requirement 3(3)(a) – Consumers receive safe and effective personal and/or clinical care, including in relation to the management of restrictive practices.
* Requirement 3(3)(g) – Infection control-related risks are minimised.
* Requirement 5(3)(b) – Equipment is safe and suitable for the consumer, specifically relating to the use of bed rails.
* Requirement 8(3)(c) – Effective organisation wide governance system are in place relating to continuous improvement and regulatory compliance.
* Requirement 8(3)(d) – Risk management systems are effective in managing risks to consumers, including those risks associated with restrictive practices and use of bed rails.
* Requirement 8(3)(e) – Clinical governance systems are effective, including in relation to restrictive practices and infection control practices.