Hawthorn Village

Performance Report

23A Wells Parade
BLACKMANS BAY TAS 7052
Phone number: 03 6229 1397

**Commission ID:** 8026

**Provider name:** Christian Homes Tasmania Inc.

**Site Audit date:** 30 November 2021 to 2 December 2021

**Date of Performance Report:** 01 February 2022

# Performance report prepared by

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# 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) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | 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) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-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) | 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; 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 12 January 2022

# 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

Overall consumers and their representatives considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The service has a range of policies including freedom of choice, culture diversity and inclusion, risk-taking, and diversional and cultural activities procedures, to guide and support staff.

Consumers and their representatives said the service provides care that is culturally safe and respects their identity and diversity. Staff described how they provide culturally safe care and recognised the difference of what is culturally safe for each individual. Staff recognised the importance of respecting the consumer’s privacy and consent where there is a communication barrier due to language or cognition.

Consumers and their representatives said they receive support from the service for pursuing activities that may have an element of risk. The service’s policies support consumers to take appropriate risks. Staff explained their approach to encouraging consumers to live their best life and how the service’s approach to risk management provides support and guidance to meet each consumer’s needs.

Consumers and their representatives said they receive regular communication from the service in a variety of ways to keep them informed. The service operates a range of communication methods including newsletters, a social media presence, meetings and personal consultation. Staff provided examples of the options available to consumers to ensure they receive information that is clear and easy to understand.

Consumers and their representatives said staff are respectful of their privacy and they had no concerns regarding the confidentiality of their personal information. The service has a policy that provides guidance on respecting consumer privacy and information. Staff described ways they respect consumer privacy and keep confidential information safe.

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Overall consumers and representatives considered that they feel like partners in the ongoing assessment and planning of care and services for optimising consumers’ health and wellbeing. However, the service did not adequately demonstrate that ongoing assessment and planning occurs with each consumer and that they considered risks associated with consumers care needs.

While the service maintains a range of assessments and care plans, there were gaps in relation to the use of these tools to identify or address each consumer’s current needs, goals or preferences. For example:

* Assessments and care plans were not evident or reflective of consumers current care needs related to pain management, medication management, wound management and behaviour management.
* Complex care needs related to oxygen therapy, diabetic management and catheter care were not documented on care plans.
* Assessments and care plans have not been regularly updated to reflect changes in consumers’ care needs or when incidents have occurred to assist with optimising consumers health and well-being.

Consumers said they are satisfied that care is based on an ongoing partnership with involvement from health care professionals.

Most consumers and representatives expressed satisfaction regarding communication-related to assessment and care planning, however not all consumers and representatives could confirm they had received a care plan or how they would access care plans if required.

The Quality Standard is assessed as Non-compliant as three 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 did not demonstrate that assessment and care planning always identify and consider each consumer’s risk associated with their health and well-being. Assessment and planning information does not always inform the delivery of safe and effective care and services.

For the consumers reviewed, assessments and care planning documents did not always consider or inform the delivery of safe and effective care for individual consumers. Staff do not always undertake care assessment and planning in accordance with the organisation’s clinical care assessments and planning policy and procedures.

One consumer, who has several wounds did not have a wound assessment chart in place for monitoring the progress of the treatment of the wounds.

One consumer who experiences severe leg pain did not have a formalised pain assessment or pain management care plan. Their pain was however monitored, and pain charts were completed.

Another consumer with stage 3 pressure injuries, had incomplete wound monitoring charts. The provider could not explain why these omissions had occurred.

In their response, the provider stated that staff knew the residents very well and individualised care was being delivered with dignity, however, care staff were not always engaged in the review process, so care needs were not always captured in the care plan document. The approved provider said this gap has now been addressed.

Based on the information, I find the service non-compliant 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.*

The service did not demonstrate assessment and planning identified and addressed consumer’s current needs, goals and preferences, including advance care planning and end of life planning. Eight of nine consumer’s files reviewed had assessments and care plans which were not reflective of consumers current needs, including in relation to urinary catheter management, personal hygiene, end of life care, challenging behaviours, skincare and pain management.

One consumer, whose health had recently deteriorated, has not had their care plan and assessments updated to reflect their change in needs, at the time of the site audit. Interviews with staff stated that the consumer was no longer mobile, no longer eating, requires frequent checking, monitoring for signs of discomfort, continence aid changes, repositioning and oral and mouth care. The care plan and assessments were not updated to these current needs and preferences. The provider acknowledged the care plan should have been updated.

One consumer, who stated they were independent with their diabetic management and catheter care did not have this noted in their care plan although care staff were aware of these preferences being independent in these specific areas.

The approved provider has stated that care planning documentation for all consumers reviewed by the Assessment Team has been updated. Further to this they will ensure care staff are involved in the review process to ensure all care needs are correctly updated as required.

Based on the information provided, I find the service is non-compliant with this requirement, as it is not evident that the service is consistentlydocumentingthe consumer’s current needs, goals, and preferences.

### 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) Non-compliant

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

The service did not demonstrate care and services are reviewed or monitored for effectiveness when changes occur, or when incidents impact the needs of the consumers. Five consumers were not reviewed, monitored or assessed appropriately following changes or incidents. Specifically pain and neurological observations were not appropriately completed following incidents with injury and assessments not updated or reviewed for effectiveness following significant incidents or changes.

One consumer had a change in condition requiring comfort care which did not result in a review of their care plan. The consumer had two falls which did not result in appropriate review or monitoring of their pain or neurological condition and an updated assessment or care plan was not documented.

One consumer had a significant change in oral and dental care needs which did not result in a review or update of their care plan to ensure the oral care plan was effective at meeting their changed needs. These changes were communicated to the nursing staff and facility manager both verbally and in writing, however, the oral and dental assessments and care plans were not reviewed or updated to reflect the changes.

Another consumer had two falls with injuries including significant head injury of abrasions, swelling, and bruising and abrasions and bruising to limbs and complaints of pain which did not result in appropriate review or monitoring of their neurological condition. Pain was not monitored in a planned and regular way to ensure pain management was effective. The service has procedures for completing neurological observations and pain monitoring following incidents that were not followed. When complaints of pain or signs of pain were reported it was documented in the progress notes and a pain entry completed. However, no planned approach to monitoring for signs of pain or injury was implemented following the fall.

In their response, the Approved Provider, acknowledged the gaps identified during the assessment visit and has since put strategies in place, including development of an interactive workshop program designed to support nursing staff in understanding their roles and responsibilities and have updated the relevant procedures to address the gaps identified. They have also updated their Palliation procedure, the Pain Management and Assessment procedure, Falls Risk Activity Management and Clinical Documentation and Accountability procedure to ensure improvements are made in the areas with identified gaps in processes.

Based on the information, I find the service non-compliant with this requirement at the time of the assessment.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

While the majority of consumers and representatives considered that consumers receive personal and clinical care that is safe and right for them, the Assessment Team identified the service’s processes and procedures for managing consumers’ care were not always completed in line with best practice or the service's guidelines.

For example:

* Consumers’ personal care is not attended to consistently and care needs, and preferences are not documented to ensure effective delivery of care.
* Consumers’ high impact/high risks are not managed effectively in relation to pain management, skin and wound management, diabetic management, falls injury, oxygen therapy, behaviour management, catheter management and oral care.
* Documentation does not always indicate timely identification, monitoring and appropriate care when changes occur to optimise consumers health and well-being.

The service has policies to ensure consumers receiving end of life care have their comfort and dignity maintained. Staff described how they recognise and respond to consumers end of life care and ensure their goals and preferences are respected.

Consumers and representatives confirmed that information is shared with others when necessary. The service has systems and processes for communicating information about consumers’ conditions, needs and preferences as required. Consumers and representatives confirmed that referrals occur to medical officers and other health professionals when their care needs require specialised input.

The Quality Standard is assessed as Non-compliant as three 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 consumers receive effective personal and clinical care which is in line with best practice or with each consumer’s needs to optimise their health and wellbeing. Two consumers were not receiving effective personal care, hygiene or showering support in line with their needs or to support their health and wellbeing. Five consumers or their representatives were not satisfied all staff provide effective support to consumers during personal care, showering and hygiene. Two consumers did not have neurological observations completed in line with best practice following incidents to monitor their wellbeing and one consumer did not have pain monitored in line with best practice following a change in pain management medication.

One consumer, with a very high potential for pressure injuries, did not have a skincare plan to reflect that the consumer required 2 to 4 hourly repositioning or the need to have a pressure relief cushion when seated in her chair and wheelchair

One consumer who was immobile and had a stage 3 pressure injury, did not have completed wound and assessment charts. Between March 2021 and December 2021, there was incorrect and incomplete information regarding wound measurements, the description of the wound, surrounding skin description, skin tissue state and whether there is exudate or odour.

One consumer lives with dementia and has known behaviours of refusing assistance for personal care, showering and hygiene. The consumer had not been receiving personal care, showering or hygiene assistance as required to optimise their health and wellbeing.

Hygiene records show that between 17 November 2021 and 2 December 2021 there have been 9 entries of the consumer’s refusal of shower and hygiene and 6 days where no information has been recorded at all of their hygiene being attended.

The consumer’s hygiene and personal care plan did not reflect the ongoing refusal of showers and washes. There is no information in relation to the consumer’s representative providing assistance in showering the consumer, which occurs frequently. The consumer’s representative stated the issue of staff not being able to shower or wash the consumer has been ongoing for a long time and they would frequently be in the same clothes or appear unwashed and unkempt when she visited.

In the provider’s response, there was an acknowledgement of the gaps identified by the Assessment Team and stated these would be addressed. An interactive workshop for nursing staff will be conducted by the provider which will cover topics including pressure injury prevention, wound assessment, wound care and documentation expectations. There will also be further education provided to staff in relation to updated policies on Restrictive Practices. Since the Assessment Team’s visit, clinical documentation and accountability have been updated with clarity around responsibilities for completing care plans.

Based on the information, I find the service non-compliant with this requirement at the time of the assessment.

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

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

Whilst consumers and representatives expressed satisfaction with the management of consumers’ high impact risks, the service did not demonstrate effective management of high impact or high prevalence risks. Not all staff demonstrated an understanding or knowledge regarding the identification of consumers’ high impact risks. The diabetes management falls management, wound management, catheter management and pain management did not always align with the service’s policies and procedures or were in line with best practice.

The Assessment Team reviewed 6 files where a range of high impact, high prevalence risks had been identified for consumers related to falls, pressure injuries, oxygen management and pain management.

Care planning documentation did not demonstrate the appropriate management of risks associated with consumers.

One consumer experiences shortness of breath and receives oxygen therapy related to their diagnosis of COPD. However, a specialised care plan was not developed to inform staff of their care needs.

One consumer experienced an unwitnessed fall and was transferred to hospital after vomiting a large amount of blood. On returning from hospital, the consumer was not monitored in line with the service’s post-fall protocol including the recording of neurological observations.

Another consumer had two falls with injuries, including significant head injuries of abrasions and bruising which did not result in monitoring or assessment of neurological observations or pain that is in line with best practice. There was inappropriate or inadequate monitoring of their neurological condition to identify any changes and pain was not monitored in a planned and regular way to ensure pain management was effective.

In the Approved Provider’s response, they have stated that they have added risk identification and management as a topic of discussion within the Nursing Interactive Workshop, planned for 2022, which will include the identification and documentation of high impact risks. This is referenced in the continuous improvement plan. In addition, they acknowledged that the gaps identified at the time of the assessment in care plans for the individual consumers have been addressed and updated as required.

Based on the information, I find the service non-compliant with this requirement at the time of the assessment.

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

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

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

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

The service did not demonstrate consumer’s deterioration and changes in a consumer’s physical function or condition are identified, assessed appropriately or adequately recognised and responded to in a timely manner.

One consumer who required supervision for mobility and uses a walking stick had an unwitnessed fall. The consumer who is on blood-thinning medication was found on the floor covered in large amounts of blood and had 2 episodes of vomiting that contained blood and blood clots and was transferred to hospital. On return from hospital, there were no further entries in progress notes or on charts to show that clinical staff continued to monitor vital and neurological observations according to the service’s falls protocol of ongoing assessment and monitoring for 3 days as part of ongoing post falls management.

In the provider’s response, the currency of information in care planning and care notes has been added as a topic of discussion to the Nursing Interactive workshop. The provider stated any gaps in care plans for those individual residents identified by the assessment team would be addressed and updated as required. Clinical staff will be required to set aside time at the end of each shift to update care plans and handover sheets to accurately reflect a consumer’s current status.

Based on the information, at the time of the assessment, I find the service non-compliant 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.*

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 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

Overall consumers and their representatives 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. For example:

* Consumers and their representatives said they are supported to do the things they want to do and are provided with care that meets their goals and supports their independence.
* Consumers said they can maintain relationships that are important to them with family and friends, and they are supported by the service to do this.
* Overall, consumers interviewed were satisfied with the quality of food and the choices offered at the service. All consumers said they get enough food and can always ask staff for extra if they would like more.
* Staff could describe consumers’ interests and important relationships with people inside and outside of the service.
* Consumers and their representatives provided positive feedback about the lifestyle program. The program offers a range of activities and services to support consumers social, physical, emotional and spiritual well-being and the lifestyle program and activities are reviewed regularly with input received through consumer feedback, surveys and the residents meeting.

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 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall consumers considered that they feel they belong in the service and feel safe and comfortable in the service’s environment.

The Assessment Team found the service environment to be welcoming, mostly clean and well maintained. There are a variety of communal spaces both indoors and outdoors. These included several small lounge areas, several dining areas and outdoor tables and chairs.

The service has multiple internal areas for consumers to socialise and enjoy group and independent activities. There were also several well-provisioned kitchenettes in the service for the use of consumers and their visitors. Disinfectant wipes and spray were available near where equipment was stored.

The Assessment Team observed consumers freely entering and exiting communal outdoor areas and enjoying a drink or meal whilst sitting in the sun.

Management stated that there is a regular resident meeting, which family members can attend, where consumers can discuss any issues about the service that may concern them.

Overall, furniture, equipment and fittings in the service appear clean and well maintained.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Most consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. The service has formal and informal mechanisms for stakeholders to make complaints and provide feedback.

Management demonstrated an understanding of open disclosure, while staff described how they would apply open disclosure.

The Assessment Team observed internal and external complaints information on display within the service, as well as advocacy and language services. Information was available in a number of languages.

Most consumers and representatives are satisfied appropriate action is taken in response to their feedback or concerns and said they saw improvements in care and services as a result of their feedback. However, some consumers and representatives expressed dissatisfaction with the lack of changes made in relation to feedback they have given in relation to personal and clinical care.

Feedback documentation and meeting minutes indicate comments and concerns are addressed and used to inform improvements.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The service did not demonstrate that all members of the workforce are competent or have the knowledge to effectively perform their roles. The service did not demonstrate that the workforce is trained and supported to deliver the outcomes required by these standards.

Staff did not demonstrate knowledge and skills to support some consumers with high impact and high prevalence risks, such as post-falls management, serious incident reporting, and provision of personal care. The service did not demonstrate how skills and knowledge acquired through competencies and training are embedded with staff.

Most consumers and representatives are satisfied there are sufficient staff and requests for assistance are mostly answered in a reasonable period of time. Staff, across different roles in the service, are satisfied there are sufficient numbers of staff to enable them to perform their duties. Roster documentation demonstrates shifts are filled, including unplanned leave.

Consumers and representatives interviewed expressed satisfaction with the way staff interact in a kind and caring manner.

The service has processes and procedures to monitor and review staff performance and staff confirmed appraisals of their performance were conducted.

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.*

### 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) Non-compliant

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

The service did not demonstrate that all members of the workforce are competent or have the knowledge to effectively preform their roles. Staff did not demonstrate knowledge and skills to support some consumers with high impact and high prevalence risks, such as post-falls management, serious incident reporting, and provision of personal care. The service did not demonstrate how skills and knowledge acquired through competencies and training are embedded with staff.

Two consumers stated staff did not know how provide personal care to them in the manner they required.

Two clinical staff said they did not understand the term ‘high impact/high prevalence risk’ and said they had not received training in relation to restrictive practices.

There was a medication incident where medication was disposed of incorrectly after the accidental opening of a medication pack and the incident was not disclosed by the staff member to management but it was discovered when the CCTV vision was viewed. This was not considered a systemic issue by management but a staff error and the staff member was disciplined accordingly. The provider stated there was no evidence that the actions or behaviour of this one staff member related to gaps in the organisation’s policy, procedure or practices.

Deficits were also noted in the area of post falls management in relation to not monitoring the neurological condition of consumers and completing neurological observations in line with best practice or the service’s falls protocol.

The approved provider was able to provide training records showing staff were qualified and had received training and completed and passed assessments in areas relevant to their roles. One on ones are also conducted with staff annually and each staff member is required to complete a self-assessment as part of this process The answers that are provided in the self-assessment provide supervisors and managers with an insight into the staff members skills and knowledge around resident care, practices and procedures. Feedback that is received from residents, staff and visitors is also monitored, considered and acted upon. The approved provider also stated observation and interaction by staff, coordinators, leaders and managers is a key method the service used to ensure that skills and knowledge are embedded within the workforce.

This did not however translate into practice in the areas of post-fall management of consumers and provision of personal care as evidenced in Standard 3 (3) (a) and 3 (3) (b).

The approved provider stated that further training will be provided to staff by registered training organisation TasTAFE, in a range of areas including personal and clinical care.

Based on the information I find the service non-compliant with this requirement but acknowledge the commitment to continuous improvement outlined by the approved provider.

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

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

The service did not demonstrate that the workforce is trained to deliver the outcomes required by these standards. The service did not demonstrate that their processes include an effective review of training delivered to staff, such as embedded knowledge in relation to the Serious Incident Response Scheme (SIRS) and restrictive practice.

Interviews with staff indicated that they would benefit from further training on restrictive practice, considering recent legislative changes. Three staff interviewed said that they had not received training on SIRS, however, in their response the Approved Provider stated all staff has received this training.

The staff however do not feel they have all the training required to carry out their roles in the areas of behaviour management, restrictive practices, and food textures. Although there was training in these areas the service needs to ensure that staff are able to put the training into practice.

One staff member who reported an incident that happened on the day prior to the Assessment Team visit failed to follow the service’s SIRS incident reporting protocols.

Staff failed to be able to provide personal care and clinical care in a manner to be able to deliver the outcomes required by consumers. Dental care is an area that requires improvement according to one representative.

Staff identified that they had training needs in the areas of behaviour management, restrictive practices and food staff required further training in food textures.

In their response, the approved provider demonstrated that training was provided by Dementia Australia in behaviour management. Training and assessments were also provided in ‘Dysphagia: Awareness and support of swallowing difficulties.’ All new and current staff would continue to undertake the appropriate training and that training will include an assessment with a view to ensuring knowledge is embedded.

However, although training records indicate staff had the required training, there is a need to ensure all staff fully understand and can put into practice what has been taught to them. Based on the information, I find the service non-compliant with this requirement at the time of the assessment.

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The service did not demonstrate effective systems in relation to continuous improvement and workforce governance systems. The service did not demonstrate how it understands and responds to high impact and high prevalence risks, or how incidents are managed and prevented.

For example:

The service’s auditing processes failed to identify opportunities for improvement in relation to personal care, clinical care, and the service environment.

The service does not have effective auditing and governance systems in relation to staff competency, knowledge and training to ensure embedded staff knowledge such as legislative requirements in relation to restrictive practices.

The service does not have robust systems to support the management of high impact or high prevalence risks such as consumers absconding from the service. The service did not demonstrate how it maintains a safe environment for all consumers.

The service’s incident management system does not support staff in understanding risk, preventing incidents from occurring, and taking actions to prevent the recurrence of incidents.

The service has a clinical governance framework that provides an overarching system for clinical care. This is led by the Clinical Governance Committee of the Board. An off-site consultant pharmacist conducts regular medication reviews and also provides data on antibiotic usage.

Most consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers described how they attend resident meetings and participate in ‘resident of the day’ care planning and review.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The Assessment Team noted that the service’s auditing processes failed to identify opportunities for improvement in relation to personal care, clinical care, and the service environment. Care plan and clinical documentation audits did not identify deficits in clinical assessment and care planning in relation to wounds, catheter care, personal care and pain as referred to in Standards 2 and 3. Environmental audits did not identify the broken items, unclean equipment or drains.

The service did not demonstrate effective auditing and governance systems in relation to staff competency, knowledge and training. The service did not demonstrate how its auditing systems test and ensure that skills and knowledge acquired through competencies and training are embedded with staff. For example, the service did not effectively review training delivered in relation to SIRS and restrictive practices to ensure staff understood their legislative responsibilities.

The service did not demonstrate how it used a high-risk incident involving medication management to ensure the incident was not a systemic failure of its competency processes.

In the provider’s response, they have committed to addressing gaps with the implementation of audit tools, processes, and education of nursing staff as documented in their continuous improvement plan. The approved provider states the medication incident was not systemic following their investigation, but the staff member did not follow organisational protocols and has been disciplined accordingly.

Based on the information, I find the service non-compliant 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The service did not demonstrate how it effectively manages high impact or high prevalence risks associated with the care of consumers, and how incidents are managed and prevented. Some consumers with a high falls risk do not have strategies to mitigate and prevent falls such as one consumer whose agitation and pain is a cause for their falls, but the care plan and charts did not show any plan or directives for regular monitoring of the consumer’s agitation and pain levels.

The service was unable to demonstrate how high impact or high prevalence risks associated with the care of consumers are effectively managed in relation to incident management.

Some clinical staff described high impact/high prevalence risks as falls. However, staff were unfamiliar with the term ‘high impact/high prevalence risks’ and said they had not received any training in relation to risk. The providers’ response stated this will be a topic covered in the Nursing Interactive Workshop.

Three representatives said that dental care was either poor or intermittent. One consumer had had a dental review where it was identified that there was a significant deterioration, including cavities. The care plan was not updated to align with new advice on dental hygiene. Personal hygiene is not always provided to optimise the health and wellbeing of consumers especially in the instances where refusal is common. Intervention strategies are not managed well according to representatives.

The management of issues such as falls, pressure injuries, oxygen management and pain management were not always reflected accurately in the care planning documentation. One consumer, who receives oxygen therapy, did not have a specialised care plan in place to inform care staff of their needs. Another consumer, who experienced an unwitnessed fall, was not monitored in line with the services post falls protocol, including the recording of neurological observations.

The service failed to ensure the care plan and assessments for one consumer included the risk of them wandering from the service. The consumer’s behaviour support plan does not describe any primary interventions or last resort interventions. . There was an incident with the consumer absconding from the service. This consumer was a swimmer in the past and the beach is within 250 metres of the service. The consumer was found at the beach later on the same day they went missing. The staff member reporting the incident failed to manage the incident according to policy and procedure including not completing an assessment, lodging an incident form and not reporting the incident to management, which was acknowledged by the provider in their response. The breach in protocol has been addressed with the staff member according to the provider.

The consumer’s care plan and assessments were not updated in relation to wandering risks and no new strategies were implemented in the care plan to manage these risks until three days later when half-hourly monitoring was implemented. The use of a wanderers bracelet was considered but there were none available for this consumer or another consumer who was also at risk of wandering. Management said they had not considered whether a bracelet could be transferred to the consumers and had not considered conducting a review of consumers with bracelets, to determine the level of wandering risk for each consumer.

In their response, the approved provider said the consumer was not considered a risk of going swimming at the beach and nor was the location of the facility considered a risk. The proximity of a beach and cliffs near the facility is well known to management however is not included in the organisation-wide Risk Register as provided to the Assessment Team, as this Risk Register records high level key strategic risks rather than site-specific risks. The service has commenced a falls prevention committee, but it was not clear how they were monitoring and discussing ways of improving falls management. The provider also stated individual site incidents are recorded and analysed and mitigation strategies are implemented to address the specific risk identified in the incident.

I have considered all of the information and I find the service non-compliant with this requirement.

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

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

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

# Areas for improvement

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

* Ensure that all staff are updating and reviewing care planning and assessment documents each time consumers' needs, goals, and preferences have changed in a timely manner.
* Update care plans that were identified by the Assessment Team as requiring amendment.
* Ensure neurological observations are conducted, in accordance with falls management protocols in cases of unwitnessed falls and head strikes.
* Ensure consumers receive effective personal care such as receiving personal hygiene and showering support, in line with their needs and aligning with best practices.
* Ensure all training programs for staff are appropriately designed to assess and reassess ongoing competence and implementation of skills into practice.
* Ensure that internal audits are improved to ensure that they identify gaps in clinical assessment and care planning, especially in relation to wounds, catheter care, personal care and pain management.
* Ensure that all staff are trained in SIRS and understand the requirements and procedures for reporting incidents under the Scheme.
* Ensure effective governance systems are in place in relation to continuous improvement and workforce governance.