Hills Mallee Southern Aged Care Facility

Performance Report

Parker Street
MANNUM SA 5238
Phone number: 08 8569 0200

**Commission ID:** 6178

**Provider name:** Riverland Mallee Coorong Local Health Network Incorporated

**Site Audit date:** 21 February 2022 to 23 February 2022

**Date of Performance Report:** 12 April 2022

# Performance report prepared by

Michelle Glenn, 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** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-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) | Non-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) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-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) | 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 consumers, representatives, staff and others; and
* the provider’s response to the Site Audit report received 17 March 2022.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team recommended Requirement (3)(d) in Standard 1 Consumer dignity and choice not met. The Assessment Team found the service was unable to demonstrate each consumer is consistently supported to take risks to enable them to live the best life they can. Specifically, in relation to food choices for one consumer.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(d). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers sampled 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 following feedback was provided by consumers during interviews with the Assessment Team:

* they are treated with dignity and respect by staff and their personal privacy is always respected;
* staff know what is important to them and feel their identity, culture and diversity is valued;
* they are encouraged to maintain their independence and live the life they choose and said they have been supported to make decisions about their care, who is involved and maintain relationships of choice; and
* communication is clear, easy to understand and enables them to exercise choice.

Care files sampled included information relating to each consumer’s identity, culture and diversity and goals, interests, and matters of importance. Staff interviewed spoke about consumers in a respectful manner and showed compassion and an understanding of their personal circumstances and life journey. Organisational documents define what it means to treat consumers with respect and dignity and describe how consumers are to be at the centre of decision making and care. Consumers indicated they are supported to exercise choice and independence, are encouraged to maintain relationships and make decisions about their own care.

Information provided to consumers is current, accurate and timely and made available to consumers through newsletters, care review processes and noticeboards. Staff described how information is effectively communicated to consumers of varying levels to ensure it is understood and enables them to make informed choices. Staff were observed to deliver care in a way which promoted and respected consumers’ privacy and personal information is kept confidential.

Based on this evidence, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hills Mallee Southern Aged Care Facility, to be Compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(e) and (3)(f) in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

The Assessment Team were not satisfied the service demonstrated each consumer is consistently supported to take risks to enable them to live the best life they can. Specifically, the service had not shown how one consumer’s choice relating to consuming food contrary to their recommended diet was being supported. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* Consumer A is described as having a severe cognitive impairment, swallowing difficulties, at high risk of choking and requires a modified diet. Progress notes since December 2021 indicate Consumer A has been observed requesting, taking and consuming food from another consumer which is not in line with their dietary requirements. Staff were aware of Consumer A’s desire to consume food not in accordance with their assessed needs, and said they provide frequent reminders about the risk.
* The service did not demonstrate the risk had been formally identified, documented, or actions taken, such as arranging a consultation with the consumer and their representatives to identify strategies or solutions to enable them to live the life they choose. Management confirmed there are no current strategies, other than supervision, for supporting Consumer A’s risk taking practices and said they had not considered completing a Dignity of risk form or developing further strategies.

Consumers B and C

* Consumers B and C were involved in separate incidents in December 2021 where meals were observed to be provided which were not in accordance with their assessed needs. The service did not demonstrate either consumer was involved in a discussion or supported to understand and manage such risks.
	+ Both incidents were reported and resulted in review and clarification of policies. Incident data indicated both families were satisfied with the outcome of the incident investigation.

The provider did not dispute the Assessment Team’s recommendation. The provider’s response consisted of a Plan for continuous improvement and included a description of planned actions and progress, planned completion date, evidence of outcomes and associated risk. Actions planned and/or completed include allocating a staff member to the dining area during mealtimes to supervise consumers; review of Dignity of risk forms for all consumers on modified diets; and initiating a new referral to the Speech pathologist for Consumer A and defining a new Dignity of risk form.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not demonstrate each consumer was supported to take risks to enable them to live the best life they can. I have specifically placed weight on information included in the Assessment Team’s report relating to Consumer A.

In coming to my finding, I have considered that while management indicated, and documentation demonstrated, the service was aware the consumer was consuming food which was not in line with their dietary requirements, discussions with the consumer and/or representative relating to these known activities and associated risks had not been undertaken, nor had strategies to minimise and/or mitigate the risks been implemented, in line with the service’s processes, placing the consumer at risk.

In relation to Consumers B and C, I have considered that the evidence presented indicates meals provided to the consumers, which were not in line with their assessed needs, were identified and appropriate actions initiated at the time of identification. As such, I consider that as this was noted to have only occurred on one occasion, formal processes in line with the service’s Dignity of risk procedures were not warranted. Both consumers were noted to have returned to their assessed diet and representatives were satisfied with outcomes of investigations.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hills Mallee Southern Aged Care Facility, to be Non-compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team recommended Requirements (3)(a) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers not met. The Assessment Team found the service was unable to demonstrate:

* assessment and planning, including risks to the consumer’s health and well-being, consistently informs the delivery of safe and effective care and services; and
* care and services had consistently been reviewed for effectiveness following an incident or when circumstances had changed which impacted on the needs, goals and preferences of sampled consumers.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirements (3)(a) and (3)(e). I have provided reasons for my findings in the specific Requirements below.

In relation to Requirements (3)(b), (3)(c) and (3)(d), the Assessment Team found overall, consumers sampled considered that they felt like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* the consumer, or a person of their choosing, are involved in care planning and have a say in the delivery of care and services;
* representatives are informed about incidents and are provided frequent updates regarding outcomes of assessment and planning;
* are aware of care plans, consumers or their representatives are involved in discussions regarding consumers’ care and services and are satisfied the process is based on ongoing partnership; and

Assessment and planning documentation sampled identified each consumer’s current needs and preferences, and outlined individualised strategies for meeting such needs. Advance care plans and end of life wishes were clearly documented in care files sampled. Staff described what was important to individual consumers in relation to how their personal and clinical care is delivered and how end of life and advance care planning discussions are approached, including on entry, when needs arise/change and at care plan reviews. Care files sampled for two consumers who had recently passed included a palliative care plan and an End of life care pathway, identifying end of life wishes, goals and preferences which had been used to inform delivery of care and services.

Care files demonstrated assessment, planning and review processes occur in partnership with consumers and/or representatives and others on entry, at four monthly reviews and in response to changes. Additionally, care files included regular review by Medical officers and allied health specialists; changes to care plans and management strategies were noted to have been implemented in response to Medical officer and allied health recommendations.

Consumers and representatives confirmed the outcomes of assessment and planning are communicated to them. Such outcomes were documented in care plans which were available to consumers and representatives on request and to staff to assist in the provision of care and services.

Based on this evidence, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hills Mallee Southern Aged Care Facility, to be Compliant with Requirements (3)(b), (3)(c) and (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

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

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

The Assessment Team were not satisfied the service demonstrated assessment and planning, including risks to the consumer’s health and well-being, consistently informs the delivery of safe and effective care and services. The Assessment Team’s report provided the following evidence relevant to my finding:

Risk assessments

* Consumer D had opted to consume food not in accordance a diet recommended by the Speech pathologist. While a summary of the discussion had been documented and management strategies implemented, a Dignity of choice/risk or restraint form and current dietary arrangements were not reflected clearly in the Dietary assessment form.
* Consumer A continually takes and consumes food not in accordance with their recommended diet and was reported by staff to be continuously coughing. Staff had not considered using a risk assessment to identify, assess and document management strategies for the risk.

Infection reports

* Infection reports were not completed in line with the service’s processes for Consumers E, F and G. Staff sampled were unfamiliar with consumers’ infection status and personal protective equipment requirements.

Pain assessments

* Consumer E commenced a pain medication in January 2022 with a stronger medication commenced in February 2022. A pain assessment was not conducted following medication changes in February 2022 and the pain assessment/management plan had not been updated to reflect changes to medication management.
	+ Progress notes during February 2022 document at least six occasions where Consumer E was described as ‘restless’ or ‘unsettled’. While the consumer denied pain, progress notes do not show staff formally assessed for pain or documented in the pain assessment/management chart.
* A pain assessment was not completed for Consumer G following an incident in February 2022 which resulted in a burn. Progress notes did not make any further reference to the injury, including comments regarding pain.
* Consumer A did not have a pain assessment following an incident in which staff observed their groin to be red, bleeding and sore in February 2022.
	+ Consumer A requested pain relief medication twice in February 2022 for right shoulder pain, however, the pain assessment/management chart has only one entry since January 2022. The pain assessment identifies pain in the left shoulder and has not been formally assessed and planned to reflect recent episodes of pain in his right shoulder.
* Consumer C was not assessed for pain following identification of a skin tear sustained in February 2022. There was no further reference in progress notes relating to the wound or to indicate if they experienced pain.

Behaviour assessments and support plans

* For Consumer E, a psychotropic medication was noted to be administered twice in the Resident activity at risk/restraint use chart. Progress notes record a further four episodes of administration and behaviour charting two episodes. In relation to responsive behaviours, the behaviour chart did not capture all behavioural episodes.
* Behavioural episodes were recorded in Consumer C’s progress notes on two occasions in January and February 2022, however, the behaviour assessment/management chart documented 2 different incidents.

Skin assessments

* Consumer G’s progress notes do not demonstrate a burn sustained in February 2022 was assessed or a wound management plan and/or skin assessment initiated.
* Consumer D sustained a blister following an incident in February 2022. A wound/skin management plan was not initiated until three days later and excluded management strategies.
* A skin assessment and wound/skin management plan was not undertaken following Consumer E developing a rash in February 2022.

The provider did not dispute the Assessment Team’s recommendation. The provider’s response consisted of a Plan for continuous improvement and included a description of planned actions and progress, planned completion date, evidence of outcomes and associated risk. Actions planned and/or completed include, but are not limited to:

* Review of Dignity of risk forms for all consumers on modified diets, infection reports for highlighted consumers and pain assessments.
* Education to be provided in relation to pain management, infection control, diabetes, wound care, risks, skin, behaviour and restrictive practices.
* Director of nursing to review progress notes daily.
* Review Behaviour support plans and Dignity of choice/risk or restraint plans to ensure restrictive practice requirements are included.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, assessment and planning processes did not effectively inform the delivery of safe and effective care and services, specifically in relation to infection reports, pain and behaviours. I have considered that this has not ensured each consumer’s care plan is tailored to their specific needs or informs how, for each consumer, care and services are to be delivered. I have considered that the deficits highlighted in relation to assessment and planning have the potential to impact on the effective delivery of care and services, particularly where staff delivering care are not familiar with consumers’ care and service needs.

In relation to infections, I have considered that reporting processes were not consistently initiated in line with the service’s processes for Consumers E, F and G. For Consumers E and G, care planning documentation did not include information relating to infections. Additionally, not all staff were aware of consumers’ infection status or the additional precautions, including personal protective equipment, required when delivering care.

In relation to management of pain for Consumers E and A, I have considered assessment and planning has not effectively informed the delivery of safe and effective care and services. For Consumer E, assessment of pain was not initiated following changes in pain medication to monitor effectiveness and ensure current care strategies were effective. Likewise, for Consumer A, current pain assessment documentation was not reflective of the consumer’s current needs as they related to location and management of pain.

In relation to commencement of pain assessments for Consumers G, A and C following incidents, I have considered that there was no indication the consumers were experiencing pain as a result of the incidents. I have considered evidence relating to assessment, planning and review in response to incidents for these consumers in my finding for Requirement (3)(e) in this Standard.

In relation to behaviour assessments, I have considered that behaviour episodes and/or administration of psychotropic medication for Consumers E and C was not consistent across charting and progress notes. I find that this does not ensure care is effectively assessed and planned for to ensure care being provided is in line with consumers’ assessed needs.

In relation to risk assessment for Consumer D, I have considered that while management strategies had been implemented, the service’s own processes have not been followed with a Dignity of choice/risk not being completed and the consumer’s current dietary need not clearly reflected in assessments. For Consumer A, I have considered the evidence in other Requirements which reflect the core deficiency associated with the evidence, that is supporting consumers to take risks and review of care and services. I find the evidence provided aligns with Standard 1 Consumer dignity and choice Requirement (3)(d) and Standard 2 Ongoing assessment and planning with consumers Requirement (3)(e) and, as such, have considered it with my finding for those Requirements.

In relation to skin integrity for Consumers G, D and E, I have considered the evidence in other Requirements which reflect the core deficiency associated with the evidence, that is review of care and services. I find the evidence provided aligns with Requirement (3)(e) in this Standard and, as such, have considered it with my finding for this Requirement.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hills Mallee Southern Aged Care Facility, to be Non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

### 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) Non-compliant

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

The Assessment Team were not satisfied the service demonstrated care and services had consistently been reviewed for effectiveness following an incident or when circumstances had changed which impacted the needs, goals and preferences of sampled consumers. Care and services had not been consistently reviewed following identification of wounds, consumption of food contrary to consumers’ recommended diet and following a burn. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer G

* Review of care and services did not occur following an incident in February 2022 which resulted in a burn. The incident was not reported in incident management system, the injury was not assessed by a Registered nurse and a wound management plan and/or skin assessment was not initiated. There was no further reference to the injury in care documentation.

Consumer D

* The consumer sustained a blister as a result of an incident in February 2022. While staff identified the blister, took a photo and informed the Medical officer, care and services were not reviewed to prevent re-occurrence.
* The incident was not reported in the incident management system, a review of skin and/or mobility assessment was not conducted and the wound/skin management plan was not initiated until three days later and excluded management strategies.

Consumer E

* Following development of a rash in February 2022, care and services were not reviewed, including a skin assessment. Care documentation did not demonstrate the rash was assessed or management strategies considered or implemented to prevent further breakdown and promote skin healing.

Consumer A

* Consumer A has been assessed as having a swallowing deficit and has been observed taking and consuming food items not in accordance with recommended diet and frequently coughing.
	+ Whilst care and clinical staff confirmed this is a frequent, near-daily occurrence, the incidents of coughing and consuming inappropriate food have not been consistently documented, none have been reported in incident management system and the service was unable to demonstrate care and services had been reviewed following each occasion or in relation to the risk-taking practice.
* Progress notes in February 2022 describe an incident where the consumer’s groin was observed to be ‘red, bleeding and sore’. Whilst staff documented the wound was reviewed and treatment attended by nursing staff, it was not reported in the incident management system and a skin assessment and wound management plan was not initiated.

The provider did not dispute the Assessment Team’s recommendation. The provider’s response consisted of a Plan for continuous improvement and included a description of planned actions and progress, planned completion date, evidence of outcomes and associated risk. Actions planned and/or completed include the Director of nursing to review progress notes daily and ensure incidents in progress notes are documented in the incident management system and appropriate follow up initiated.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, care and services were not regularly reviewed for effectiveness, specifically in response to incidents impacting on the needs, goals or preferences of consumers. In relation to Consumers G, D, E and A, assessment, monitoring and/or review processes were not initiated following incidents to determine if care and services being provided continued to meet consumers’ needs, goals and preferences.

In relation to incidents not being reported through the incident management system, I have considered this evidence in my finding for Standard 8 Organisational governance Requirement (3)(d).

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hills Mallee Southern Aged Care Facility, to be Non-compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team recommended Requirement (3)(a) in Standard 3 Personal care and clinical care not met. The Assessment Team found the service was unable to demonstrate each consumer gets safe and effective clinical care that is best practice and optimises health and well-being, specifically in relation to wound care and diabetes management.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers sampled considered that they receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* consumers get the care they need and are satisfied with the personal and clinical care provided;
* expressed satisfaction with management of aspects of clinical care, including pain and falls; and
* consumers have access to Medical officers and/or allied health professionals as and when they need it.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes, and individualised management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate management of high impact or high prevalence risks, including pressure injuries, falls, malnutrition and unplanned wight loss/gain and behaviours. Staff were knowledgeable about consumers’ high impact or high prevalence risks and described how these risks are identified, assessed and managed.

Care files sampled demonstrated expressed needs, goals and preferences of consumers’ nearing the end of life had been recognised and addressed. Care files for two consumers outlined care provided at the end stage of life, including pain and comfort checks, mouth care and repositioning. Where pain, discomfort or agitation was identified, staff had responded promptly and arranged for pharmacological and non-pharmacological interventions. Frequent discussion and engagement with consumers, their representatives and the Medical officer was evident and continual monitoring and review of care and services had occurred. Staff described care provided to consumers in the palliative phase of life to ensure their comfort is maximised and dignity preserved.

Care files demonstrated that where changes to consumers’ health are identified, additional charting, assessments and monitoring processes are implemented and referrals to Medical officers and/or allied health specialists initiated. Staff were knowledgeable about their roles and responsibilities for identifying and reporting signs of deterioration.

The service has embedded infection prevention and control measures, in addition to antimicrobial stewardship principles, into service care and delivery. Staff were familiar with antimicrobial stewardship principles and described practical strategies to minimise the spread of infection. The service has a dedicated Infection prevention and control lead and organisational policies and procedures are available to guide staff. A COVID-19 outbreak management plan outlines planned strategies and preventative measures to be used in the event of an outbreak. Sufficient supplies of personal protective equipment, cleaning products and waste management capacity in the event of an outbreak were observed and stocktaking processes ensure supplies are maintained.

Based on this evidence, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hills Mallee Southern Aged Care Facility, to be Compliant with Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team were not satisfied the service demonstrated each consumer gets safe and effective clinical care that is best practice and optimises health and well-being, specifically in relation to wound care and diabetes management. The Assessment Team’s report provided the following evidence relevant to my finding:

Wound care

* Care documentation for Consumers D, F, G and E demonstrated staff were not consistently documenting wound measurements, management strategies or photographing wounds to enable effective identification, management and monitoring of wounds according to the service’s policies and procedures.
	+ Consumer D has a stage 2 pressure injury to the toe identified in March 2021.
	+ Consumer F has a chronic stage 3 pressure injury to the heel identified four years prior to entry to the service.
	+ Consumer G sustained a burn to the finger in February 2022. An incident report, wound/skin management plan and skin assessment were not completed to support assessment and monitoring of the wound.
	+ Consumer E was identified with a rash in February 2022. Documentation did not show the rash was assessed nor management strategies considered or implemented to prevent further breakdown and promote skin healing.
* Policies and procedures in relation to skin integrity contain minimal information to guide staff practice in relation to documentation.
* Two clinical staff were not aware of the frequency for photographs as per the service policy.
* Clinical management advised there is no formal monitoring process in relation to wound care.

Diabetes management

* Diabetes management plans for Consumers A and E outline plan of care, including actions to take when blood glucose levels are out of range. However, staff had not consistently followed the directives where blood glucose levels were out of range in February 2022. Neither consumer had experienced adverse outcomes as a result of the elevated blood glucose levels.
	+ Clinical management stated the Medical officer has been contacted on occasion following out of range blood glucose levels and requested staff withhold insulin, however, acknowledged this directive had not been recorded.
* The organisation has a Treatment of hypo management in residential aged care to guide staff practice procedure, however, this focuses on treatment of hypoglycaemia and does not outline management of hyperglycaemia or general documentation and reporting requirements.

The provider did not dispute the Assessment Team’s recommendation. The provider’s response consisted of a Plan for continuous improvement and included a description of planned actions and progress, planned completion date, evidence of outcomes and associated risk. Actions planned and/or completed include providing education to staff relating to wound care and diabetes management; review of all diabetic management plans and daily review of progress notes, resulting in prompt identification of wound care issues.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service had not ensured each consumer was provided safe and effective personal and/or clinical care that was best practice, tailored to their needs and optimised their health and well-being, specifically in relation to wound management and diabetes..

In relation to Consumers D and F, I have considered that wounds were not adequately monitored, wound characteristics consistently documented or photographs consistently taken. Considering the nature of the wounds, consumers should expect their wounds to be monitored at each treatment, including measurements of the wound undertaken. Such practices would ensure wound progression is monitored, wound deterioration is identified in a timely manner and actions taken accordingly.

In relation to Consumers A and E, I have considered that staff were not consistently following Diabetes management plan directives in response to out of range blood glucose levels, including notification to the Registered nurse, administration of insulin and informing the Medical officer. I have also considered that monitoring processes have not been effective in identifying issues relating to diabetes management. An audit conducted in February 2022 indicated 100% compliance, including that blood glucose levels were all within range and appropriate action was documented where out of range. Deficits highlighted by the Assessment Team were not identified.

In relation to Consumers G and E, I have considered the evidence in other Requirements which reflect the core deficiency associated with the evidence, that is review of care and services. I find the evidence provided aligns with Standard 2 Ongoing assessment and planning with consumers Requirement (3)(e) and, as such, have considered it with my finding for that Requirement.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hills Mallee Southern Aged Care Facility, to be Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

### 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) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*

*practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 NON-COMPLIANTServices 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

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

The Assessment Team recommended Requirement (3)(d) in Standard 4 Services and supports for daily living not met. The Assessment Team found the service was unable to demonstrate consumers’ needs and preferences are effectively communicated from nursing staff to the hospitality services team to ensure meals provided to consumers are in accordance with their assessed needs and meal preferences.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(d). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements within this Standard, the Assessment Team found overall, consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* they are satisfied with the activities and services provided and are supported to do the things they want to do that optimise their well-being and quality of life;
* they are satisfied with the variety, quality and quantity of meals provided; and
* they are able to participate in the community, do things of interest to them and maintain social and personal relationships.

Initial and ongoing assessment processes identify each consumer’s emotional, spiritual, cultural and social needs, life story, and supports required. Care plans are developed from the information gathered and identify consumers’ specific interests and preferences. Care plans sampled included strategies to support management of consumers’ emotional needs and information relating to how consumers like to spend their time, both within and outside of the service environment, and maintain social and personal relationships. Consumers are referred to other organisations and providers of care where appropriate and in a timely manner.

The activity program has been adjusted to meet the needs of the current consumer group. Most consumers prefer one-to-one activities and these are facilitated by care staff. An activity calendar is in place and outlines consumers who have been allocated a one-to-one activity and what the activity involves. The activity calendar is flexible and can change dependent on what the consumer might like to do on the day.

All consumers and representatives sampled indicated the meals are enjoyable, there is enough variety and meal sizes are adequate. Assessment processes assist to identify each consumer’s dietary needs preferences, including allergies, likes and dislikes. A rotating monthly menu is in place and meals are prepared fresh onsite. Consumers are provided opportunities to provide feedback on the menu, including through surveys and feedback processes.

There are processes to ensure equipment provided to consumers is safe, suitable and well maintained. Preventative and reactive maintenance processes ensure servicing and maintenance of equipment is undertaken as required. Staff sampled indicated equipment used for consumers’ care and service provision is cleaned after use.

Based on this evidence, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hills Mallee Southern Aged Care Facility, to be Compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(e), (3)(f) and (3)(g) in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

### The Assessment Team were not satisfied the service demonstrated consumers’ needs and preferences are effectively communicated from nursing staff to the hospitality services team to ensure meals provided to consumers are in accordance with their assessed needs and meal preferences. The Assessment Team’s report provided the following evidence relevant to my finding:

* The Hospitality services manager commenced in their role three weeks prior to the Site Audit and is responsible for ensuring kitchen staff provide meals according to consumers’ needs and preferences.
* The Hospitality services manager said consumers’ relevant dietary information is contained in the Consumer dietary needs folder. All relevant meal preferences and assessed needs are contained in this folder and this is what kitchen staff are to refer to.
	+ The folder was unable to be located the during the Site Audit.
	+ Two kitchen staff were not sure where the Consumer dietary needs folder was and said they are aware of consumer dietary requirements as there are only a small number of consumers but would refer to the whiteboard located in the kitchen for any changes.
* A number of Individual client folders were found which contained a dietary needs assessment and any associated meal preferences. However, management indicated the folders were redundant. Management said the Hospitality services manager should check the electronic management system and update the whiteboard. However, management acknowledged the Hospitality services manager does not currently have access to the electronic system.
* For Consumer A, information in the individual client folder was not consistent with care file documentation and the whiteboard did not reflect all of the consumer’s dietary requirements. Meals observed to be provided to Consumer A were consistent with recommendations from 29 June 2020 and not consistent with the current care planning documentation.
* Information on the whiteboard for Consumer E was not consistent with care planning documentation.
* The whiteboard had not been updated to remove dietary information for two consumers who no longer reside at the service.
* A clipboard on the tea and coffee trolley outlined consumer drink preferences and thickness requirements. There was no information recorded regarding textural requirements for meals or snacks. Management said hospitality staff are responsible for providing all meals to consumers, including snacks and drinks.

The provider did not dispute the Assessment Team’s recommendation. The provider’s response consisted of a Plan for continuous improvement and included a description of planned actions and progress, planned completion date, evidence of outcomes and associated risk. Actions planned and/or completed include review and refinement of communication processes and consumers to be surveyed to ensure food preferences are being met, documented and communicated.

### I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service had not ensured information about consumers’ condition, needs and preferences was effectively communicated.

I have considered that up-to-date information relating to consumers’ dietary requirements was not available to catering staff to assist them to provide and coordinate services in line with consumers’ assessed needs. While catering staff indicated they were aware of consumers’ dietary requirements due to the small number of consumers residing at the service, meals provided to Consumer A were noted to not be in line with care planning documentation. Additionally, I have considered that the Hospitality services manager, who had commenced three weeks prior to the Site Audit, did not have access to current information relating to consumers’ dietary needs and preferences, including through the electronic care system.

### For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hills Mallee Southern Aged Care Facility, to be Non-compliant with Requirement (3)(d) in Standard 4 Services and supports for daily living.

### 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

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

The Assessment Team found overall, consumers sampled considered that they feel they belong in the service, can move freely both indoors and outdoors and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* they find the service environment welcoming and easy to navigate and are able to personalise their rooms with items, furniture and photographs;
* they feel safe and the environment, including their bedrooms, are clean and well maintained; and
* furniture, fittings and equipment are maintained and suitable to their needs and they feel safe when staff use equipment.

The service is comprised of one fully-secure unit within a community hospital, with access via the main hospital reception. The Assessment Team observed the service environment to be welcoming, homely and calm. There was adequate lighting, sufficient space for consumers to mobilise and pictures, signs and posters were at a comfortable eye level. Handrails are located along the entirety of corridors to assist consumers to mobilise safely around the environment. The service environment was observed to be safe, clean, well maintained and comfortable and enabled consumers to freely access both indoor and outdoor areas. Consumers were observed moving freely indoors and outdoors. While doors to outdoor areas are locked at 3:00pm, consumers sampled confirmed they were satisfied with this arrangement.

There are preventative and reactive maintenance processes in place and staff described how maintenance tasks are reported, actioned and resolved. Cleaning processes are in place ensuring the environment is clean and well maintained.

Furniture, fittings and equipment were noted to be safe, clean and well maintained. Contracted services are utilised to maintain and inspect aspects of the service environment and equipment. There are monitoring processes to ensure a safe and comfortable service environment is maintained.

Based on this evidence, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hills Mallee Southern Aged Care Facility, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

**Assessment of Standard 5 Requirements**

**Requirement 5(3)(a) Compliant**

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

**Requirement 5(3)(b) Compliant**

*The service environment:*

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

**Requirement 5(3)(c) Compliant**

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

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team recommended Requirement (3)(c) in Standard 6 Feedback and complaints not met. The Assessment Team found the service was unable to demonstrate appropriate action is taken when consumers and representatives provide complaints and feedback to staff.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(c). I have provided reasons for my finding in the specific Requirement below.

In relation to Requirements (3)(a), (3)(b) and (3)(d) within this Standard, the Assessment Team found overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is generally taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* indicated they do not often need to raise complaints about the care and services provided, however, feel comfortable to do so and are aware of mechanisms for providing feedback;
* described how representatives advocate on behalf of consumers; and
* where they have provided feedback, it has mostly been used to improve the quality of care and services provided.

Information in relation to feedback mechanisms and advocacy was observed to be available throughout the service. Consumers are encouraged and supported to provide feedback through a range of avenues, including surveys, and suggestion boxes were noted to be available at reception and in communal areas of the service. Consumer and representative meeting forums have not been held since August 2021 due to visiting hour restrictions and a decrease in consumer participation due to preference and cognitive capacity. However, representatives have been encouraged to contact management or set up meetings to discuss any concerns and provide feedback.

Feedback and complaints are reviewed and monitored regularly to ensure concerns are actioned and trends identified. Data gathered is used to identify improvement opportunities to the care and services provided to consumers. The feedback and complaints register, survey results and Continuous improvement plan demonstrated how the service addresses feedback and how the quality of care and services are improved as a result.

Based on this evidence, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hills Mallee Southern Aged Care Facility, to be Compliant with Requirements (3)(a), (3)(b) and (3)(d) in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The Assessment Team were not satisfied the service demonstrated appropriate action is taken when consumers and representatives provide complaints and feedback to staff. Of eight consumers and representatives sampled, one consumer and one representative indicated they had utilised the complaints process to submit concerns regarding care and services and both claimed their feedback had not been responded to appropriately. The Assessment Team’s report provided the following evidence relevant to my finding:

* There were no complaints recorded for either Consumer H or the representative on the complaints register from July 2021 to January 2022.
* All staff confirmed most feedback received is verbal. None of the three care staff sampled demonstrated familiarity with the service’s policy regarding the incident management system, instead, all said they would refer to management or the hospitality team.

Consumer H

* Consumer H indicated they had made regular complaints about a staff member. The consumer said whilst they have made a formal complaint and spoken to previous and current management, they are unsure if the staff member has been spoken to about the allegations.
* The representative indicated Consumer H had spoken with management about the staff member on a number of occasions over the past one to two years and was not aware of any action being taken.
* One care staff said Consumer H had voiced concerns on multiple occasions about the staff member and has referred the complaint to management.
* Management indicated a formal complaint was not made by Consumer H, however, the consumer discussed their concerns regarding the staff member with management in January 2022. The conversation was informal and not documented.
	+ Following the conversation in January 2022, management spoke to staff who had worked at the service long-term, and were advised it is a long-standing complaint. They are unsure whether a complaint was lodged previously or whether an investigation into the allegations occurred. There is nothing documented on the system that suggests a formal complaint has been lodged or conversations had with the staff member.

Representative feedback

* The representative indicated they made one verbal complaint in the past six months regarding a staff member’s involvement in family matters. The representative described two instances in which a staff member had acted inappropriately.
* The representative stated they had raised the concerns about the staff member at the time with the ‘head nurse’ who responded, ‘nursing staff would not behave in that way’. The representative stated they had received no further follow up and there has been no change in the staff member’s behaviour.

The provider did not dispute the Assessment Team’s recommendation. The provider’s response consisted of a Plan for continuous improvement and included a description of planned actions and progress, planned completion date, evidence of outcomes and associated risk. Actions planned and/or completed include providing education to staff relating to capturing verbal complaints and conducting ‘What matters to you’ fortnightly to gain additional feedback from consumers and families.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not demonstrate appropriate action is consistently taken in response to complaints, specifically verbal complaints.

In coming to my finding, I have considered feedback from both Consumer H and the representative indicating they were not satisfied that appropriate action had been taken in response to feedback they had provided. For Consumer H, evidence suggests the issues relating to a staff member had been occurring for a long period of time. However, while staff were aware of the issues and the consumer had discussed their concerns with management, including as recently as January 2022, this feedback was not formalised or managed in line with the service’s processes. In relation to the representative, while they had raised concerns with a member of staff, this feedback was not managed in line with the service’s processes and follow up actions or outcomes in response to the feedback have not been provided to the representative.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hills Mallee Southern Aged Care Facility, to be Non-compliant with Requirement (3)(c) in Standard 6 Feedback and complaints.

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

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

# STANDARD 7 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 Quality Standard is assessed as Compliant as five of the five Requirements have been assessed as Compliant.

## The Assessment Team found overall, consumers sampled considered that they get quality care and services from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are satisfied with the number of staff and said consumers did not have to wait long for staff to attend their care needs;
* most indicated staff are kind, caring and respectful;
* staff are responsive to consumers’ needs and know their preferences and interests; and
* consumers feel safe and feel staff are knowledgeable and competent in their roles.

## The service has a system for planning and managing the workforce, which is continually reviewed. The Director of nursing has responsibility to ensure staffing across the service is appropriate to meet fluctuations in consumer care and service needs. Consumer acuity, number of consumers accessing the service and nursing hours are taken into account when assessing the appropriateness of the staffing model. There are processes to manage planned and unplanned leave. Staff sampled said there are enough staff rostered each day to enable them to perform their duties and attend to consumers’ needs in a timely manner.

## Staff interactions with consumers were observed to be kind, caring and respectful. Feedback and complaints data for an eight month period in 2021/2022 demonstrated there had been no complaints recorded relating to staffing.

## Recruitment and initial onboarding processes ensure staff have the relevant knowledge and qualifications to perform their roles. Duty statements and policies and procedures are available to guide staff practice and outline roles and responsibilities. Staff were able to describe their roles and responsibilities and indicated they felt confident to conduct their duties. A training schedule is in place and includes mandatory training components. Staff competency is monitored through incidents, feedback, audits and observation. Additional training is provided where deficiencies are identified.

## There are processes to regularly assess, monitor and review the performance of the workforce to identify, plan and support training and developmental needs. Annual performance appraisals are undertaken by all staff and used are as an opportunity to identify areas for training or development.

## Based on this evidence, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hills Mallee Southern Aged Care Facility, to be Compliant with all Requirements in Standard 7 Human resources.

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

The Assessment Team recommended Requirement (3)(d) in Standard 8 Organisational governance not met. The Assessment Team found the service was unable to demonstrate effective incident management systems are in place to manage and record incidents or consumers are supported to live their best life.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(d). I have provided reasons for my finding in the specific Requirement below.

In relation to Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in this Standard, the Assessment Team found overall, consumers sampled considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers are supported to engage in the development, delivery and evaluation of services through a number of avenues, including care and service reviews, informal discussions with management, surveys and feedback mechanisms. The Board aims to visit the service a couple of times a year to engage with consumers and receive their feedback directly.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The governing body comprises of a Board of directors which is supported by sub committees, a Chief executive officer and leadership team. Monthly reports are provided to the Board and include various governance and clinical information. The Board has recently requested weekly COVID-19 briefings for each of the organisation’s services addressing ‘pain points’ in relation to workforce, logistics of opening and closing services and any other concerns specific to each service.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the Board is aware and accountable for the delivery of services.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff sampled stated they had been educated about the policies relating to these aspects and described how they implement these within the scope of their roles.

Based on this evidence, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hills Mallee Southern Aged Care Facility, to be Compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

### Requirement 8(3)(d) 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 demonstrated effective risk management systems and practices in relation to identifying and responding to abuse and neglect of consumers and managing high impact or high prevalence risks associated with care of consumers. However, the Assessment Team were not satisfied the service demonstrated effective incident management systems are in place to manage and record incidents or consumers are supported to live their best life. The Assessment Team’s report provided the following evidence relevant to my finding:

Managing and preventing incidents, including use of an incident management system:

* Seven incidents in February 2022 had not been reported through the incident management system for four consumers. The incidents were not analysed for trends and opportunities for improvement were not identified.
* The Incident management and open disclosure policy does not to include guidance to staff in managing reportable incidents under the Serious Incident Response Scheme (SIRS). Training records did not include incident management training for staff.
* Staff are aware of the incident reporting system and described reporting processes. Staff identified management as being responsible for assessing whether an incident is reportable under SIRS and recalled training being provided.

Supporting consumers to live the best life they can:

* There are processes to identify and assess risky activities, and staff are guided in relation to supporting consumers take risks through policy documents. However, this was not effective to formally identify or document possible risks and mitigating strategies for Consumers A, B and C who choose to eat food contrary to their recommended diet.
* The Dignity of risk and duty of care policy does not outline documentation requirements for staff to complete when assessing risks associated with consumer choices.

The provider did not dispute the Assessment Team’s recommendation. The provider’s response consisted of a Plan for continuous improvement and included a description of planned actions and progress, planned completion date, evidence of outcomes and associated risk. Actions planned and/or completed include providing education to staff on ensuring incidents are reported through the incident management system.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not demonstrate effective risk management systems and practices, specifically in relation to managing and preventing incidents, including the use of an incident management system.

In coming to my finding, I have considered that staff have not demonstrated an understanding and application of incident reporting and escalation processes. Not all consumer incidents are being documented, escalated or reported. I find this has not ensured that all incidents are identified or analysed to assist to identify trends and opportunities for improvement or risks to consumers’ health and well-being are being identified, minimised and/or eliminated.

In relation to supporting consumers to live the best life they can, I have considered that the evidence presented does not indicate a systemic issue with the organisation’s risk management systems and practices as they relate to this aspect of the Requirement. I find the evidence relating to Consumers A, B and C aligns with Standard 1 Consumer dignity and choice Requirement (3)(d) . As such, I have considered the evidence with my finding for that Standard and Requirement.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hills Mallee Southern Aged Care Facility, to be Non-compliant with Requirement (3)(d) in Standard 8 Organisational governance.

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

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

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

# Areas for improvement

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

**Standard 1 Requirement (3)(d)**

* Ensure consumers are supported to take risks and the consequences of those risks are discussed and agreed management strategies implemented in consultation with consumers and/or representatives.
* Ensure policies and procedures relating to supporting consumers to exercise choice and independence and take risks to enable them to live the best life they can are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to supporting consumers to exercise choice and independence and take risks to enable them to live the best life they can.

**Standard 2 Requirements (3)(a) and (3)(e)**

* Ensure assessment and planning processes are effectively undertaken, this includes identifying and planning for risks to consumers’ health and well-being.
* Ensure consumer care plans are reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
* Ensure consumer care plans are updated in response to consumers’ changing condition and clinical incidents.
* Ensure care plans are reviewed in response to changes in consumers’ care and service needs.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

**Standard 3 Requirement (3)(a)**

* Ensure staff have the skills and knowledge to provide appropriate care, including in line with directives, and complete required documentation in relation to wounds and diabetes.
* Ensure policies, procedures and guidelines in relation diabetes and wound management are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to diabetes and wound management.

**Standard 4 Requirement (3)(d)**

* Ensure staff have the skills and knowledge to communicate changes to consumers’ care and service needs, specifically nutrition, hydration and dietary requirements, and information is effectively communicated within the service, specifically catering services.
* Ensure documentation available to catering staff relating to consumers’ dietary requirements is accessible and up-to-date.

**Standard 6 Requirement (3)(c)**

* Ensure feedback and complaints, specifically those received verbally, are captured and appropriately actioned and followed up with the complainant.

**Standard 8 Requirement (3)(d)**

* Review the organisation’s risk management processes in relation to managing and preventing incidents, including use of an incident management system.
* Ensure policies, procedures and guidelines in relation to the incident management system, including reporting are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to in relation to the incident management system, including reporting.