Horton House

Performance Report

1A Ravenswood Avenue
GORDON NSW 2072
Phone number: 02 8886 2100

**Commission ID:** 1037

**Provider name:** Twilight House

**Site Audit date:** 14 December 2021 to 16 December 2021

**Date of Performance Report:** 3 February 2022

# Performance report prepared by

G Cherry, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | 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) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-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) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | 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 conducted 14-16 December 2021; 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 23 January 2022

# STANDARD 1 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

Overall sampled consumers consider they are treated with dignity, feel respected and valued as individuals, staff support them to maintain their identify, make informed choices about their care and services to live the life they choose. Specifically, consumers expressed satisfaction that staff are courteous, respectful when communicating with them, and of their personal privacy, they (and their representatives) are provided with information to enable expression of choice and have input into care.

Consumers expressed satisfaction staff ask them of their preference before providing care and consistently strive to include them in communicating their choice. Representatives said they observe staff treating consumers with respect and dignity. Consumers and representatives generally felt consumers are supported to take risk to enable them to live their best life.

Staff said they are aware of consumers’ preferences and are encouraged to discuss and support consumers individual needs and preferences when providing care to ensure they remain current. Staff gave examples of how this is achieved. Staff expressed awareness of addressing misconceptions, bias and other barriers which may impact delivery of culturally safe care and services and gave examples of strategies employed to ensure consumer’s needs and preferences are met. Staff described important relationships for several consumers and how they facilitate and support consumers to maintain these. Staff interviews, and care plan review demonstrated consumers are supported to undertake activities that may involve risk. The home uses a risk assessment tool to recognise and respond to individual consumer risks.

Review of documentation detailed most care and services plans reflect relevant individual needs and preferences important to each consumer. Risks are assessed and documentation details minimisation strategies. The service demonstrates policies, handbooks and guidelines focus on topics related to this standard including consumers dignity, respect, ensuring identify, culture and diversity is valued. The service has diversity and inclusion policies based on a family model of care.

The Assessment Team observed interactions between consumers and staff to be dignified, respectful and demonstrating an understanding of consumers preferences, culture and choice.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

The service demonstrates processes to support consumers to exercise choice and independence. Some sampled consumers said they had involvement in their care planning and are supported to maintain relationships within and external to the service. The service implemented alternative methods of supporting consumers to maintain relationships through the Covid-19 pandemic which impacted access to and from the service. Consumers said they have a choice of services they receive, when they are provided and are encouraged to spend time with family and friends.

Staff gave examples of supporting consumers to make day-to-day choices and communicate decisions to others. They described important relationships for several consumers and how they facilitate/support them to maintain these, including visiting partners in other services.

The Assessment team observed documented evidence that most consumers and/or representatives, receive information to make informed choices and decisions about aspects of care and services. The Assessment Team bought forward feedback some consumers could not recall discussions relating to care planning requirements and inconsistencies in documentation detailing substitute decision makers. These aspects are considered within Standard 2 and 3 requirements.

In their response, the approved provider demonstrated processes to support consumers and representatives in making decisions about care and services and involvement of others.

Consideration is given to the volume of positive feedback received from consumers regarding the support received from the service to exercise choice and independence.

I find this requirement is compliant.

### 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 has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Whilst most consumers and representatives said they had involvement in ongoing assessment and planning, some consumers said they did not feel like partners in their care and services. Many consumers provided satisfaction with the care and services however did not feel they had involvement in determining care.

Assessment and planning processes generally identify consumers current needs, goals and preferences taking into consideration risks to consumers’ health and wellbeing. The service demonstrated effective systems to identify, assess and meet consumer needs relating to advance care and end of life planning.

Interviewed clinical staff described assessment and care planning processes, including identification of risk through recording incidents and discussions with consumers/representatives and care staff and, how this process informs consumer care delivery. Allied health staff explained the process of assessment via electronic evidence-based tools which automatically transfers to electronic care planning documentation.

The service demonstrated consumer’s representatives are involved in assessment, care planning and review of consumers’ needs, goals and preferences, plus inclusion and involvement of other service providers was also demonstrated. Some representatives provided positive feedback of involvement in assessment discussion/planning, however, some expressed frustration that strategies to address consumers’ needs, goals and preferences were not consistently utilised by staff without input by them.

Most representatives advised knowledge of care planning documentation, and had viewed this and provided feedback and input, however some consumers were not aware of care planning documentation, and/or that it was accessible to them.

The service demonstrated a system of regular care plan review including contemporaneously when consumers’ needs changed, however superseded strategies were not consistently removed from files. A system to ensure care planning documentation details current strategies to meet consumers’ needs was not consistently demonstrated.

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.*

Assessment and planning processes generally identify consumers current needs, goals and preferences taking into consideration some risks to consumers’ health and wellbeing. The service did not demonstrate an effective system of assessment and appropriate documentation in relation to some restrictive practices. The service did not consistently identify some medication and use of a bed-to-floor strategies for safely as a possible restrictive practice (refer to requirement 3(3)(a) for the impact of this).

Interviewed clinical staff described assessment and care planning processes, including identification of risk through recording of incidents, discussion with consumers/representatives and care staff, and how this process informs consumer care delivery. Allied health staff explained the process of assessment via electronic evidence-based tools which automatically transfers to electronic care planning documentation.

Via documentation review the Assessment Team bought forward evidence, that while staff utilise validated assessment tools to identify needs, goals and preferences, care planning documentation contained some inconsistent/conflicting notations between assessment and care planning documentation.

In their response, the approved provider demonstrated some evidence to support documentation reflected most consumer’s current needs, however acknowledged the use of bed-to-floor use and some medications were not initially documented as a possible restrictive practice. They advised documentation had been updated to reflect this.

I acknowledge actions implemented by the service, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

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

The service demonstrated effective systems to identify, assess and meet consumer needs relating to advance care and end of life planning. Management advised the approach utilised for end of life planning was reinforced by inviting an external organisation to address consumers and representatives to enhance their understanding/awareness. The organisation has an end of life care policy and procedure to provide staff guidance.

Some representatives provided positive feedback of involvement in assessment discussion/planning. The Assessment Team bought forward evidence of representative involvement in several case conferencing discussions regarding strategies to manage complex behaviours however, one representative expressed frustration staff did not consistently implement known strategies without contacting them.

The Assessment Team bought forward evidence care planning documentation for a consumer requiring complex clinical care, did not provide guidance to staff in relation to monitoring of care and equipment change timings however clinical and care staff demonstrated knowledge of these requirements. The Assessment Team observed equipment did not consistently reflect settings as detailed within the consumer’s care plan directives. The Assessment Team bought forward evidence review of care planning documentation contained conflicting information due to historical and current information within the same document.

In their response the approved provider acknowledged some consumers documentation contained current and historical information however maintain the benefits in demonstrating each consumer’s journey without impacting on care delivery. They advised of a new electronic documentation system to be implemented which would address this and committed to updating care plans to reflect current strategies/care needs to guide staff in providing care.

I acknowledge implemented and planned actions by the approved provider however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

### 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.*

The service demonstrated consumers and representatives are involved in assessment, care planning and review of consumers’ needs, goals and preferences, plus inclusion and involvement of other service providers was also demonstrated. The service demonstrated regular input from medical officer, allied health professionals and specialist organisations to ensure consumers’ current needs are met. Not all interviewed consumers demonstrated awareness of the assessment process and plans of care and/or expressed an understanding of involving others of their choice.

The Assessment Team bought forward inconsistencies in documentation detailing nominated decision maker and/or lack of decision maker signature displaying informed consent in relation to medications. In their response the approved provider acknowledged not all documentation contained decision maker signature however demonstrated documented evidence of processes implemented to ensure informed consent was obtained by the general practitioner before prescribing/administering medications.

I find this requirement is compliant

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

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

The service did not demonstrate an effective system to ensure outcomes of assessment and planning are consistently communicated to the consumer, representative or nominated decision maker.

Management advise the service’s electronic care planning systems accessible to staff can be printed for consumers and representatives in either summary or an extended detail format.

The Assessment Team bought forward evidence most representatives advised knowledge of care planning documentation, and had viewed this, enabling their feedback and input, however most interviewed consumers said that they were not aware of care planning documentation, and/or that it was accessible to them. It was noted by the Assessment Team some consumers were provided with a copy of the care planning documentation after communicating this feedback to management.

In their response the approved provider advised copies of care plans are offered to consumers. They advised a Partnership in Care initiative recently implemented to further engage consumers and representatives in assessment and care planning and committed to communicating with all consumers to ascertain if they would like a copy of their most recent care plan.

I acknowledge implemented and planned actions, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with this requirement.

I find this requirement is non-compliant.

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

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

The service demonstrated a system of regular care plan review including contemporaneously when consumers’ needs change and demonstrated regular input from medical officer, allied health professionals and specialist organisations.

Representatives and some consumers said staff discuss changes in consumers’ needs on a regular basis. Interviewed care staff demonstrated understanding of their role/responsibility for reviewing and updating monitoring documentation and communicating changes to clinical staff. Clinical staff explained the regularity of care planning review including when consumer circumstances change. The organisation has an assessment and care planning policy.

The Assessment Team bought forward evidence care planning documentation contained conflicting information due to historical and current information within the same document and inconsistencies in incident reporting.

In their response, the approved provider demonstrated evidence of incident reporting and acknowledged some documentation contained current and historical information however did not impact on consumer care. They maintain the benefit of chronicling consumer’s journey and advised of a new electronic documentation system to be implemented which would address this.

Consideration is given to assessment and care planning processes generally demonstrated by the service, clinical and care staff knowledge of the process plus medical officer and allied health specialist involvement in review processes.

I find this requirement is compliant.

# 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

Most sampled consumers and representatives consider the home provides personal and clinical care that is safe and right for them. They gave examples of general satisfaction in relation to wound, pain and behaviour management outcomes for consumers.

The service demonstrated a system to manage needs, goals and preference of consumers nearing end of life. Representatives provided feedback in relation to the service’s palliative care management. Palliative care specialists are included in plans of care to manage and improve end of life care for consumers.

The service demonstrated identification of high impact high prevalence risks for consumers and care planning documentation detailed information relating to identified risks and demonstrated referral to external services and other health care providers occurs.

Representatives expressed satisfaction they are contacted when consumers needs’ change and are kept informed of care requirements including when consumers experience deterioration in their cognitive or physical function/condition. Care staff demonstrated knowledge of escalating changes in consumers condition and reporting incidents and clinical staff demonstrated knowledge of managing a change and/or deterioration in consumers condition.

The service demonstrated an effective system in relation to minimisation of infection related risks. Generally, management and staff demonstrated appropriate infection control practices and understanding of practices and procedures to minimise transmission of infections. Appropriate COVID-19 pandemic preparedness procedures have been implemented.

Through documentation review and management and staff interview the service did not consistently demonstrate each consumer gets safe and effective care based on best practice and/or tailored to consumer needs in relation to some care provision deemed as restrictive practice.

The Quality Standard is assessed as Non-compliant as one 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.*

Most sampled consumers and representatives consider the home provides personal care and clinical care that is safe and right for them. They gave examples of satisfaction in relation to wound, pain and behaviour management outcomes for consumers.

Clinical staff detailed education and training provided to maintain knowledge and ensure consumer’s receive appropriate clinical and personal care needs.

However, through documentation review, management and staff interview the service did not demonstrate that each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs or optimises their health and wellbeing in relation to processes deemed as restrictive practice.

The Assessment Team bought forward evidence some consumers beds are lowered to the floor at night which restricts them from independently getting out of bed. The service did not demonstrate discussion occurred to ensure informed consent was consistently given by consumers and/or substitute decision makers. In their response the approved provider claims some consumers require staff assistance to get out of bed, however acknowledged consent documentation had not been in place for all relevant consumers and gave assurance relevant documentation had been updated.

The Assessment Team bought forward evidence some consumers were prescribed psychotropic medications without a clinical diagnosis for its use. In their response, the approved provider claims all psychotropic medication is prescribed by a medical officer for a diagnosed reason and gaps in relevant documentation have now been updated. The service demonstrated medical officer and specialist involvement had resulted in a reduction of psychotropic medication for some consumers.

The Assessment Team bought forward evidence care planning documentation for a consumer requiring complex clinical care, did not provide guidance to staff in relation to monitoring of care and changing of equipment however clinical and care staff demonstrated knowledge of these requirements. The Assessment Team observed the equipment did not consistently reflect settings contained within care plan directives. In their response the approved provider evidenced documentation updated to reflect required care.

Evidence bought forward by the Assessment Team related to environmental access/egress to the building (due to Covid-19 pandemic restrictions) resulting in consumers unable to freely exit. In their response the approved provider acknowledged changes to the building access/egress as a method of ensuring Covid-19 screening requirements are adhered to, however consumers who wish to exit the building are enabled to do so.

Documented policies and procedures provide broad guidance on the use of restrictive practice, identification of deterioration, nutrition and hydration, skin integrity and pain management. Polices include links to evidence-based resources.

The Assessment Team bought forward evidence of gaps in documentation in relation to continence management, complex behavioural needs, wound and pain management. In their response the approved provider detailed evidence of recent specialist review, pain and wound management care and demonstrated appropriate and timely actions taken to ensure consumers clinical needs are identified and managed appropriately.

I acknowledge immediate actions implemented by the service and evidence supplied by the approved provider in their response, however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with all aspects of this requirement.

I find this requirement is non-compliant.

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

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

The service demonstrated identification of high impact high prevalence risks for consumers and care planning documentation detailed information relating to identified risks. Interviewed clinical and care staff described high impact and high prevalence risks for consumers and the strategies implemented to minimise risk.

The Assessment Team bought forward evidence of inconsistent documentation relating to use of bed-to-floor strategies for some consumers not identified as a possible risk [refer to requirement 3(3)(a)].

The Assessment Team bought forward inconsistent documentation relating to the use of restrictive practice for one consumer however in their response the approved provider evidenced the practice was not in use within the service.

Staff described high impact and high prevalence risks for consumers as being falls risk and infection-related risks and knowledge of strategies used to mitigate risks.

I find this requirement is compliant.

### 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.*

The service demonstrated a system to manage needs, goals and preferences of consumers nearing end of life. Representatives gave feedback in relation to the service’s palliative care management. Palliative care specialists are included in plans of care to manage and improve end of life care for consumers. Protocols are in place to guide and support staff in recognising when consumers are entering the terminal phase of their lives.

Allied health specialist interview detailed plans of care are implemented to ensure consumers pain management and comfort needs are met, and staff demonstrated knowledge of individualised consumer care needs. Documentation review demonstrated medical officer, palliative care specialist and allied health professional involvement to ensure management of consumers comfort and pain needs.

The Assessment Team identified some inconsistencies in documentation between advanced care directive and palliative care plans and gaps in documented details relating to funeral arrangements. In their response the approved provider detailed monitoring plans in place to ensure consumers comfort needs are met.

I have given weight to representative feedback, staff and allied health specialist knowledge of individual needs and practices demonstrated for those consumers requiring palliative care.

I find this requirement compliant.

### 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.*

Representatives interviewed expressed satisfaction they are contacted when consumers needs’ change and are kept informed when consumers experience deterioration in their cognitive or physical function and condition.

Care staff demonstrated knowledge of the reporting process and escalation of concerns including incident management and changes in condition and gave examples when this occurred. Clinical staff demonstrated knowledge of the process in managing a change and/or deterioration in consumers condition.

The organisation has a policy and procedures for supporting staff to recognise and respond to deterioration or changes in a consumer’s condition.

The Assessment Team bought forward evidence of gaps in documentation in relation to continence management, complex behavioural needs, wound and pain management. In their response the approved provider supplied evidence of timely specialist review, pain and wound management care and demonstrated appropriate and timely actions taken to ensure changes in consumers clinical needs were identified and addressed.

I find this requirement compliant.

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

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

The home demonstrated that information about the consumer’s condition, needs and preferences is documented. Care planning documentation for consumers exhibiting behavioural changes demonstrated involvement of specialist and other organisations. Interviewed consumer representatives generally expressed satisfaction with the communication received from staff.

Clinical and care staff described communication methods including escalation of concerns, referral processes and allied health members described the process for their engagement in reviewing consumer’s needs. Staff described how changes in consumers’ needs are communicated within the service and with external organisations.

Documentation review detailed care planning and consumer documents evidenced input from medical officers, psycho-geriatricians, allied health professionals, dementia specialists, the geriatric rapid acute care evaluation team and outpatient palliative care teams.

The Assessment Team bought forward evidence of gaps in documentation in relation to behavioural management needs. In their response the approved provider supplied evidence of recent specialist review, implementation of suggested strategies, engagement of representatives in relation to effectiveness of strategies and demonstrated actions taken to ensure changes in consumers clinical needs are communicated to those involved in care.

I find this requirement is compliant.

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

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

The service demonstrated referral to external services and other health care providers occurs in a timely manner. Documentation review detailed care planning and consumer documents evidenced input of medical officers, psycho-geriatricians, allied health professionals, dementia specialists, the geriatric rapid acute care evaluation team and outpatient palliative care teams.

Consumer representatives gave examples of when consumers were referred to specialists and other appropriate services and clinical staff gave examples of consultation with external service providers and professionals.

The Assessment Team bought forward evidence of gaps in documentation in relation to referral outcomes not being implemented. In their response the approved provider detailed evidence of timely medical officer and specialist review, implementation of suggested strategies, and demonstrated actions taken to ensure referral directives are communicated and implemented.

The service demonstrated policy and procedure documentation detailed when referral was required.

I find this requirement is compliant.

### 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.*

The service demonstrated an effective system in relation to minimisation of infection related risks.

Most interviewed representatives expressed awareness of infection control protocols and satisfaction with the approach taken by the service during the pandemic and restrictions to ensure consumer safety; including communication of changes to practices and visit access.

Generally, management and staff demonstrated appropriate infection control practices and understanding of processes to minimise infection transmission. Appropriate COVID-19 pandemic preparedness procedures have been implemented. Consumers and representatives conveyed actions implemented by the service in response to the pandemic.

Clinical staff demonstrated knowledge of how infection related risks are minimised including hygiene practices, monitoring of symptoms of COVID-19 for consumers (and staff), avoidance of cross contamination, appropriate use of personal protective equipment and isolation precautions.

Documentation review detailed processes to identify, manage, minimise infections, including appropriate use of antibiotics and review of effectiveness. Specialist intervention is sought to ensure consumers’ needs are met.

The Assessment Team bought forward evidence of gaps in documentation in relation to wound management for one consumer. In their response, the approved provider supplied evidence of recent specialist review, pain and wound management care and demonstrated appropriate and timely actions taken to ensure changes in consumers clinical needs are identified and addressed.

The organisation has policies and procedures relating to antimicrobial stewardship including processes to minimise the use of antibiotics and outbreak management processes.

I find this requirement is compliant.

# 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

Consumers sampled consider they get the services and supports to daily living that are important for their health and well-being and enable them to do things they want to do. The service has a range of methods for ensuring consumers provide input into the services and supports they choose and are important to them.

Consumers expressed positive feedback in relation to staff supporting them to keep in touch with those of importance; they are supported to attend activities of choice within and external to the service; spiritual services are accessible via several methods; staff support them to meet emotional, spiritual and psychological needs; there is a variety and sufficiency of foods and staff have awareness of their preferences and dietary needs. Consumers and representatives are satisfied with the cleanliness of well-maintained equipment to support them in optimising independence and their quality of life.

Interviewed staff demonstrated knowledge of consumers individual preferences/needs including important life events which shaped their current choices. Staff gave examples of supporting consumers to participate in leisure and lifestyle activities within and external to the service and described how they support/promote emotional, spiritual and psychological wellbeing. There are processes to seek consumer feedback/input into the lifestyle program. Staff gave examples of a range of activities suitable to consumers’ physical and emotional needs and detailed adjustments made to individualise activities and for those who prefer not to participate in group settings.

Management and staff describe emotional, spiritual and psychological supports, including pastoral support, attendance at church services, access to a spiritual lounge area for meditation, aromatherapy sessions and spending one-on-one time with consumers.

Care planning documentation for sampled consumers generally detailed information relevant to their needs and includes information about life history, spiritual, emotional and psychological needs, family and social connections. Review of documentation demonstrated regular adjustment to the lifestyle program via consumer/representative input. Care planning documentation generally detailed dietary preferences and needs. Policies and procedures are available to guide staff in services and supports that optimise consumer’s independence, health, well-being and quality of life.

The Assessment Team observed consumers, with varying levels of mobility, moving throughout the service and staff providing support as needed. Consumers were observed to be engaged in activities and partaking of meals; staff were assisting and engaging consumers in conversation. The Assessment Team observed the environment and furniture/fittings to be clean, well-maintained and suitable for consumer use.

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

## Assessment of Standard 4 Requirements

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

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

### 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) Non-compliant

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

Consumers and representatives have input into menus and food delivery via focus committees. Some sampled consumers gave positive feedback in relation to the quantity of meals including availability between mealtimes, however some expressed dissatisfaction relating to meal temperature for those consumers who choose to eat in their room.

The Assessment Team bought forward evidence of actions taken by management to address consumers concerns, however the service did not demonstrate evaluation of actions had occurred to ensure effectiveness and satisfaction.

Catering staff advised of methods used between clinical staff and consumers to ensure nutritional requirements and meal preferences are communicated. Review of care planning documentation detailed nutrition and hydration information including needs and preferences are generally consistent with records used to guide meal preparation and serving.

The Assessment Team bought forward inconsistencies in documentation relation to some consumer’s nutrition and hydration needs. The Assessment Team observed the meal service and staff assisting consumers when required. The kitchen and servery areas were observed to be clean and tidy.

In their response, the approved provider advised new technologies and staff training had not dissipated consumer dissatisfaction relating to inconsistent food temperature. The approved provider demonstrated strategies implement to address this issue however acknowledged ineffectiveness, dissatisfaction remains, and further strategies need to be implemented to ensure required improvements are achieved.

Consideration is given to actions implemented by the service, however at the time of the site audit they did not demonstrate appropriate systems to ensure compliance with this all aspects of this requirement.

I find this requirement is non-compliant.

### 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

Sampled consumers consider they belong, feel safe and comfortable within the service environment. Consumers reported a range of feedback including visitors are welcomed, there are communal areas to interact with others plus areas for solitude; satisfaction with cleaning of equipment and the environment; furniture and fittings assist independence and add to their comfort; they can access other floors within the building and outside.

Staff described the process for ensuring equipment is cleaned and maintained. The service environment maximises support for consumer’s independence via navigational aids, railings along pathways, mobility aids, seating areas and lighting. Pictures, room identification and signage is strategically located to assist wayfinding.

There is a preventative and routine maintenance program. Maintenance staff described mitigation strategies when contractors were unable to access the service as a result of Covid-19 restrictions. Each consumer’s room contains a call alert and floor sensor system to alert staff when consumers alight their bed and may require assistance.

The Assessment Team observed the service environment to be clean; pathways equipped with handrails, chairs strategically placed to enable rest; furniture/fittings observed to be clean, well-maintained and suitable for consumer use. Consumers, family members and staff were observed to be utilising communal areas.

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 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

Most sampled consumers and representatives consider they are encouraged and supported to give feedback and complaints, and appropriate and timely action is taken should they do so. There are several mechanisms available to capture feedback/complaints and to inform improvements within the service.

Consumers and representatives provided a range of feedback, most expressed confidence they felt safe to do so, are familiar with the ways in which to communicate feedback and gave examples where their concerns were responded to. Consumers described management and staff as approachable and supportive.

Staff gave examples of how they manage the process when consumers or their representatives approach them with concerns about care and services. Documentation detailed policies and procedures to guide the process of complaint management. Information is displayed throughout the service detailing complaints mechanisms available.

The service demonstrated some improvement actions as a result of complaints raised. Inconsistencies were identified relating to completion of complaint documentation. Review of documentation demonstrated actions taken to close complaints however did not consistently detail if actions were effective.

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.*

The service demonstrated some improvement actions as a result of complaints raised.

The Assessment Team bought forward evidence of inconsistencies relating to complaints documentation resulting in the service not being able to demonstrate feedback/suggestions/complaints consistently led to improvement outcomes. Documentation review demonstrate actions taken to close complaints however did not consistently detail if actions were effective in resolving the complaint.

The Assessment Team bought forward evidence of the actions in place to bring about improvement in relation to meal temperature feedback (refer to requirement 4(3)(f). In their response the approved provider committed to review of documentation to ensure clarity in improvement outcomes.

Consideration has been given to this evidence, the service’s actions in their challenge to address this issue, the minimal number of complaints, plus consumer and representative feedback relating to support received from management and staff regarding complaints processes.

I find this requirement is compliant.

# 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

Overall consumers and representatives expressed satisfaction that staff are kind, caring and respectful, know consumers well and they feel confident when staff are assisting them. Most sampled consumers consider they get quality care and services in a timely manner from management and staff who are knowledgeable, capable and caring.

Most consumers and representatives expressed satisfaction of a competent workforce with qualifications and knowledge to effectively perform their role. Some consumers and representatives gave positive examples relating to staffing numbers/mix of appropriately skilled staff resulting in the delivering of safe, quality care and services, however others expressed concerns a lack of staff sufficiency resulted in negative outcomes for some consumers.

Staff spoke about consumers in a manner demonstrating care and respect and observation by the Assessment Team identified staff interactions with consumers to be kind, caring/respectful of consumer’s identify, culture and diversity. Review of documentation demonstrated respectful language when referring to consumers.

Management representatives described the processes for staff recruitment, orientation and training. Overall, the service demonstrated a planned workforce approach, staff are recruited, trained, equipped and supported to deliver care. Management explained the process to ensure recruitment of staff with appropriate qualifications for the role; competency assessments required and the monitoring system to ensure completion.

The organisation has a staff performance framework; management described the process of monitoring staff performance and addressing issues. Staff said they are provided with equipment and supports to carry out duties of their role and receive ongoing support, training, professional development, supervision and feedback from managers.

Management personnel advised of a family model of care approach used to guide staff in the delivery of dignified, respectful and culturally safe care. Education, training, policies and procedures detail organisational expectations relating to consumer interactions and provision of care. Education and training records demonstrate examples of training provided to staff regarding the Aged Care Quality Standards and relevant competencies for designated roles.

Inconsistencies in relation to the service’s management of restrictive practices was identified (refer to requirement 3(3)(a).

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

## Assessment of Standard 7 Requirements

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

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

Most consumers and representative’s express satisfaction of a competent workforce with qualifications and knowledge to effectively perform their role. Some consumers and representatives gave positive examples relating to staffing numbers/mix of appropriately skilled staff resulting in the delivering of safe, quality care and services, however others expressed concerns a lack of staff sufficiency resulted in negative outcomes for consumers.

The Assessment Team bought forward evidence of consumer and representative feedback relating to insufficient staffing numbers resulting in staff being rushed when providing care, delays in care provision as per preferences, lack of timely response to requests for assistance relating to continence and hygiene needs. Consumers and representatives added lack of staff results in a lack of conversation between consumers and staff when attending cares, hygiene needs provided later than preferred times and experiencing distress due to not meeting continence needs. Via review of documentation the Assessment Team bought forward evidence of delays in staff responding to call bell/sensor monitoring alerts.

Interviewed clinical and care staff said while management attempt to replace unplanned leave this is not always achieved, however due to teamwork they mostly deliver personal and clinical care albeit later than usual. Management advised due to pandemic restrictions they had experienced some difficulty in accessing staff to fulfill all planned shifts and advised of recruitment activity to increase staff availability when unplanned leave occurs.

In their response the Approved Provider reasons the service’s documentation does not differential between consumer’s requests for assistance and sensor alerts notifying when consumers alight from their beds, therefore not a true indication of unmet needs. They further contend they strive to replace unplanned leave however recent Covid-19 pandemic restrictions impacts ability to do so.

I acknowledge the Approved Provider’s response and recruitment plans. Consideration is given to the Approved Provider’s perspective and the positive feedback received from some consumers and representatives. I have placed weight on the negative impact and emotional distress experienced by consumers when continence and hygiene needs are not met in a timely manner.

At the time of the site visit the service did not demonstrate appropriate systems to ensure compliance with this all aspects of this requirement.

I find this requirement is non-compliant.

### 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.*

Most consumers and representatives expressed satisfaction of a competent workforce with qualifications and knowledge to effectively perform their role.

Management demonstrated processes to ensure staff are recruited with appropriate qualifications, the suite of competency assessments requiring staff completion and the monitoring processes to ensure effectiveness. Staff gave examples of training, education and competency assessments they complete.

The service provided documentation which detailed information and training for management and staff about supported decision-making, restrictive practice, behaviour support planning and the Serious Incident Response Scheme (SIRS). The Assessment Team bought forward evidence management and staff did not demonstrate consistent understanding and knowledge relating to these topics.

In their response, the approved provider detailed processes and practices which demonstrated management and staff have overall knowledge in relation to supported decision-making, restrictive practice, behaviour support planning and the Serious Incident Response Scheme (SIRS) and actions implemented to address these (refer to requirement 3(3)(a).

Consideration is given to the overall knowledge demonstrated by management and staff and the processes to ensure members of the workforce have the qualifications and knowledge to effectively perform their roles.

I find this requirement is compliant.

### 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

Consumers and representatives consider the organisation is well run, they can partner in improving delivery of care and services. The organisational governing body ensures consumers and representatives are engaged in aspects of the business relating to consumer care.

The service demonstrated organisation-wide governance systems are effective in relation information management, continuous improvement, finance, escalation and reporting pathway however did not demonstrate a consistently effective system relating to some aspects of workforce governance and regulatory compliance.

Governing body involvement in the overarching running of the service was evident as the clinical governance framework includes Board member involvement. The clinical governance framework includes evidence relating to the management of antimicrobial stewardship, open disclosure and actions to minimise restraint use.

The service provided examples of consumer and representative engagement in decisions relative to consumer care and services and demonstrated methods to ensure involvement. Improvement examples include implementation of a bespoke person-centred model of care.

Staff demonstrate knowledge of systems, regulatory requirements, feedback and complaints processes, risk management systems, incident management and the process for escalating issues of concern.

The Assessment Team observed documentation in relation to the organisation’s clinical governance and risk management frameworks, noting a variety of policies and procedures to support both.

The Quality Standard is assessed as Non-compliant as one 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 service demonstrated organisation-wide governance systems are effective in relation to most aspects of this requirement however did not demonstrate a consistently effective system relating to some aspects of workforce governance and regulatory compliance.

Staff said they have access to the information needed to provide care and consumers and representatives are satisfied with information management systems. Staff advised of appropriate resources and equipment to conduct their duties and education and training provided.

There are organisational reporting lines and responsibilities/accountabilities of provider responsibilities, policy and procedural guidance and the service demonstrated organisational board member involvement. Some consumers and representatives provided dissatisfaction with workforce sufficiency to ensure consumers needs are consistently met in a timely manner.

There are organisational policies and procedures relating to new regulatory requirements and management and staff have received training in relation to these. The Assessment Team bought forward evidence relating to deficits in processes and documentation related to some aspects of regulatory requirements. In their response, the approved provider detailed responses which were implemented to address these deficits.

The Assessment Team bought forward inconsistencies in documentation relating to the service’s Plan for Continuous Improvement (PCI) resulting in ambiguity between planned and completed actions and/or improvement outcomes. However, the service demonstrated processes and implementation of improvement activities across several Quality Standards.

In their response the approved provider referred to their Partners in Care initiative aimed to gain increased input from consumer’s representatives regarding consumers individual needs.

I acknowledge actions implemented by the service however at the time of the site audit the service did not demonstrate appropriate systems to ensure compliance with all aspects of this requirement.

Non-compliance is identified in relation to requirements across five Quality Standards.

I find this requirement is non-compliant.

### Requirement 8(3)(d) Compliant

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

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

The organisation has a risk management framework which is consistent with the Australian Standard and systems and process for all requirements including COVID-19 outbreak management. The service demonstrated identification of high impact high prevalence risks for consumers and care planning documentation detailed information relating to identified risks. Interviewed clinical and care staff described high impact and high prevalence risks for consumers and the strategies implemented to minimise risk.

The Assessment Team bought forward evidence of inconsistent documentation relating to use of bed-to floor strategies for some consumers not identified as a possible risk [refer to requirement 3(3)(a)].

The Assessment Team bought forward inconsistent documentation relating to the use of restrictive practice for one consumer however in their response the approved provider evidenced the practice was not in use within the service. The Assessment Team bought forward inconsistencies in documentation relating to the reporting and management of risks. In their response the approved provider demonstrated actions taken in relation to incident, reporting, management and analysis processes.

Staff described high impact and high prevalence risks for consumers as falls and infection-related risks and demonstrated knowledge of strategies used to mitigate risks.

Policies and procedures guide staff in relation to this requirement.

I find this requirement is compliant.

### 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.*

The organisation has a clinical governance framework which reflects relevant external guidance materials and resources. A bespoke person-centred model of care has been developed and implementation has commenced at the service.

Effectiveness was demonstrated in relation to antimicrobial stewardship, open disclosure and actions to minimise restraint use. Review of documentation detailed in general the service demonstrated open disclosure practices occur.

The Assessment Team bought forward evidence in relation to lack of appropriate processes and documentation in relation to use of bed-to floor strategies for some consumers and lack of consistent documentation relation to psychotropic medication use [refer to Requirements 3(3)(a) and 8(3)(c)].

The approved provider demonstrated examples of reduction in psychotropic medications for some consumers. In their response the approved provider demonstrated processes to monitor medication use, utilising bed-to floor strategies as a method of safety and substantiated claims of a restraint free environment.

Policies and procedures guide staff in relation to this requirement.

I find this requirement is compliant.

# Areas for improvement

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

* Ensure assessment and care planning documentation consistently reflects consumers current needs
* Implement an effective monitoring system to ensure consumers care provision is reflective of assessed needs
* Ensure outcomes of assessment and planning are consistently communicated to consumers and they have access to care planning documentation
* Implement an effective system to ensure consumers and/or substitute decisions makers are aware of risks involved with medications and/or equipment use and provide informed consent
* Implement an effective method to ensure meal temperature is consistent with consumers preferences
* Ensure the number and mix of the workforce enables the delivery of safe, quality care and services to meet consumer’s needs in a timely manner
* Implement effective governance systems in relation to all aspects of workforce governance and regulatory compliance.