Ira Parker Nursing Home

Performance Report

16 War Memorial Drive
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**Commission ID:** 6004

**Provider name:** Yorke and Northern Local Health Network Incorporated

**Site Audit date:** 10 March 2021 to 15 March 2021

**Date of Performance Report:** 18 May 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-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** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | 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) | Compliant |
| Requirement 8(3)(d) | Non-Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 13 April 2021
* other information and intelligence held by the Commission in relation to the service.

# 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

To understand the consumer’s experience and if the organisation understood and applied the Requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the Requirements, reviewed their care planning documentation (for alignment with the feedback from consumers) and tested staff understanding and application of the Requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers were treated with kindness and respect, staff knew the cultural preferences of consumers and explained how this informed care and services provided and care planning documentation supported staff to provide respectful tailored care to consumers.

Consumers confirmed their cultural needs were met. Staff demonstrated they knew the consumers, their interests and cultural backgrounds, which aligned with consumers’ feedback.

The service demonstrated how consumers were supported to exercise choice and independence regarding their own care and the way services were delivered; when family, friends, carers or others should be involved in their care; communicating their decisions; and making connections with others and maintaining relationships of choice.

The Assessment Team identified deficiencies for one named consumer in relation to a risk assessment relating to smoking. I have considered this information alongside the Approved provider’s response and have decided the Approved provider took reasonable steps to ensure the safety of the consumer when they were made aware of the situation.

The service demonstrated understanding and application of this Standard as consumers considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they choose. Consumers said staff treated them kindly and respectfully. Consumers gave examples of how staff maintained their privacy, such as knocking before entering their room. Consumers explained how they were supported to maintain their independence, including leaving the service independently to visit family or the shops. Consumers said they attended Resident and Representative meetings where they were informed about upcoming events and they were able to provide feedback and raise issues.

Staff demonstrated an understanding of consumers life history, their personal preferences and how consumers liked their care to be provided. Staff were able to explain how they incorporated cultural activities into the monthly schedule to promote diversity and inclusion.

Resident and Representative meeting minutes documented feedback sought from consumers and information provided to them about activities, catering, improvements, clinical and administrative updates. Care planning documentation used respectful language and recorded the consumer’s life story, preferences, interests and spirituality.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

The Assessment Team identified deficiencies in relation to risk assessment processes to support a named consumer in relation to the risk of smoking cigarettes. I have considered the Assessment Team’s findings alongside the response from the Approved provider, and it is my decision the Approved provider took reasonable steps to support the consumer’s social needs while also ensuring assessments were undertaken to reduce the risk of the consumer assisting another consumer to smoke cigarettes.

I note the consumer did not smoke cigarettes on entry to the service and was known to assist their partner to smoke by lighting their cigarettes. The Approved provider was unaware the consumer was physically lighting the cigarettes for their partner. Once this risk was identified, assessment processes were undertaken, and consent received from the consumer was provided by the consumer in the timeliest manner available. I also note supervision is provided by a staff member to all consumers who choose to smoke cigarettes. It is my opinion the consumer is now supported to take risks in a task that is important to their social well-being and connection with others. Therefore, my decision is this Requirement is Compliant.

### 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 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

To understand the consumer’s experience and if the organisation understood and applied the Requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asking consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

Consumers felt like partners in the ongoing assessment and planning of their care and services. Consumers had an in-depth, personalised care plan which identified actual and potential risks to their health and well-being. Consumers were satisfied the service assessed potential risks associated with their health and wellbeing to ensure they were provided with safe and effective care and service.

The service demonstrated their assessment and planning identifies and addressed consumers’ current needs, goals and preferences. Consumers were satisfied the service met their current needs. Consumers and representatives were satisfied the service had discussed and documented the consumers’ advance care planning and end of life goals and requests. Staff were able to describe each consumers’ preferences and needs.

The service demonstrated consumer’s assessment and care planning was undertaken in conjunction with each consumer and/or their representatives. These choices were recorded in consumers’ care plans and documentation. Assessments and care plans demonstrated input from other allied health professionals and external specialists to ensure all aspects of consumer’s care needs were documented. The service was able to demonstrate the outcomes of assessment and planning were effectively communicated to the consumer and documented in a care and services plan which was readily available to the consumer, and where care and services were provided.

The Assessment Team identified deficiencies in relation to inclusions of potential risks to consumers in risk assessment documentation. I have considered this information alongside the Approved provider’s response and note that the Assessment team have included information that support consumers had accurate care planning which identified their actual and potential risks to their health and well-being and consumers were satisfied with the assessment of risks associated with their care and services. I have considered this information in depth in Requirement 2 (3) (e).

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

The Assessment Team identified deficits in risk assessment documentation for four named consumers. The Assessment Team identified risk assessment documentation did not consistently identify the individual risks for consumers in relation to smoking or medications considered to be chemical restraint. For one named consumer who sustained a burn to their finger while smoking, the Assessment Team identified a dexterity risk assessment had not been completed following this incident.

I have given weight to the Approved provider’s response which articulated risk assessments were updated following feedback from the Assessment Team during the site audit. For the named consumer who sustained a burn to their finger, an incident report and investigation was completed, and a dexterity risk assessment had been completed 16 days prior to the incident. I also note two smoking risk assessments were completed for the consumer in the month when the incident occurred.

I have also considered other information in this and other Standards as reported by the Assessment Team including each consumer has a care plan which identified actual and potential risks to consumers and their well-being. In relation to restraint a comprehensive assessment was undertaken to identify possible causes for changed behaviour, and alternatives to restraint were identified and trialled and all other attempts to manage the behaviour have been exhausted, prior to the use of restraint.

Consumers were satisfied with the assessment process relating to risks involved in their care and services. Consumers stated they were aware of the risks to their health and well-being from their chosen activity of risk and had discussed the risks and benefits with staff at various times and understood the potential risks. Staff were able to describe each consumer’s preferences and needs.

It is my decision that care and services are reviewed regularly, care plans contain information and strategies to address risks for consumers, and therefore 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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Generally, consumers received personal care and clinical care that is safe and right for them. While the needs of consumers were met, consumers, representatives and staff stated care was often delayed due to insufficient staffing levels to enable care to consistently be provided in a timely manner. This information has been considered further under Standard 7.

Consumers with high-impact or high-prevalence risk associated with their care were not managed effectively. This includes the management of weight loss, wound care, medication management and clinical observations.

The service demonstrated the needs, goals and preferences of consumers nearing the end of life were recognised and addressed, their comfort maximised and their dignity preserved. Consumers’ care plans reflected their end of life goals and wishes and what was important to each consumer when they reached this phase. Staff were able to describe comfort measures they undertook when a consumer becomes palliative and/or end of life.

The service has a process to review and reassess consumers who display signs of physical or psychological deterioration. However, consumer care files viewed showed the staff did not consistently identify and respond to changes in consumer’s health or physical condition and respond in a timely manner. One consumer with weight loss was identified, however, the service did not provide effective management of their weight loss when referrals to allied health professionals continued to be unanswered. One consumer’s weight loss was not identified and responded to, in a timely manner. One consumer who experienced changes to their mental health were referred to mental health supports in a timely manner.

The service was able to demonstrate consumer’s assessment and care planning generally provides in-depth information to ensure consumer’s condition, needs and preferences is documented and communicated within the organisation. All allied health and visiting specialised have access to the service’s electronic system to view any information relative to their health and well-being when required. Staff confirmed they receive sufficient information from the care plans and nursing handover to allow them to have the information required to provide safe and effective care.

Consumers were generally referred to individuals, other organisations and providers of other care and service when required, in a timely manner. Although two consumers with weight loss had deficits in relation to their weight loss management. Consumer care files reflected referrals to other allied health professionals including medical practitioners, speech pathologists, palliative care teams, physiotherapists, Dementia Support Australia, counsellors and geriatricians when required.

The service demonstrated they minimised infection related risks through various measures including the safe and appropriate prescribing of antibiotics when needed. Staff were able to describe additional measures they implemented to ensure consumers were supported when antibiotics were not required. Staff described appropriate precautionary measures undertaken when a consumer was suspected of or had an infectious condition.

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) 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.*

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

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

The Assessment Team identified for four named consumers the risks associated with their care delivery were not effectively managed. These risks included weight loss management, wound care delivery, blood pressure monitoring and administration of medication. The Approved provider has refuted the Assessment team’s findings in this Requirement.

For one named consumer a significant weight loss of 9.2kgs occurred a twelve-and-a-half-week period. Referrals to a dietitian while made by staff at the service, these did not occur, and the service’s monitoring processes failed to identify the referrals had not been actioned until December 2020, almost three months since the consumer sustained a weight loss of 9.2kgs. The Assessment Team noted in one month (July to August 2020) the consumer lost seven kgs, a dietitian consultation did not occur despite this dramatic weight loss.

The Approved provider has noted in its response the consumer was assessed by a dietitian on entry to the service whereby their weight was considered stable. The consumer was considered to be on a palliative care approach following an assessment by their Medical Officer in August 2020. Progress note entries from September 2020 indicate the consumer’s tastebuds and appetite was improving and as a precaution double desserts and as required nutritional supplements were to be utilised. The Approved provider has also noted the consumer’s Medical Officer ordered the nutritional supplements in August 2020, due to fluctuations in the consumer’s weight.

In reviewing the above information, I note staff at the service were aware of issues relating to the consumer’s weight including weight loss, nausea, dislike of eating meat, feels sick when eating, impairment to tastebuds and appetite, however it was not identified that despite five referrals sent to the dietitian between August and December 2020 the consumer’s risk of malnutrition were not effectively managed. The Approved provider notes in its response the consumer remained in a healthy/ideal weight range, consideration has not been given to the sudden weight loss of the consumer and the potential for muscle wastage caused by the rapid weight loss. The Approved provider also noted the consumer’s Medical Officer prescribed nutritional supplements to be provided to the consumer twice daily on 4 December 2020, a prescription not altered by the dietitian when the consumer was eventually reviewed on 9 December 2020. The Approved provider did not evidence how often the consumer had received the nutritional supplements prior to this date, despite medication charts containing an as required order for nutritional supplements. The Approved provider has documented despite the delay in the consumer receiving a dietitian review, this did not affect the consumer adversely. I disagree with this assumption for a consumer considered to be on a palliative approach who sustained a 9.2kg weight loss in twelve-and-a-half-week period.

Following concerns raised by the consumer’s wife regarding weight loss, as documented in progress notes, the consumer was reviewed by a dietitian on 9 December 2021. Following reviewed by the dietitian it was noted food and fluid charts were not consistently completed, volumes recorded were limited, nutritional supplements were inconsistently recorded. This does not support the effective management of a consumer with the high-impact risk of weight loss and malnutrition. The Approved provide has committed to education for staff to utilise the malnutrition screening tool and food charting to maximise information gained regarding consumer’s nutritional status.

The Assessment Team noted for a second named consumer a weight loss of 4.8kgs over an eight-month period. I have considered the Approved provider’s response including the consumer was experiencing a medical condition which may have impacted on the weight loss for the consumer, and the consumer’s weight is within a range set by their Medical Officer. I also note food charting for the consumer was inconsistently recorded, education regarding food charting has been identified as required by the Approved provider.

For a third named consumer who sustained a fall with a small head laceration, it was identified by the Assessment Team the consumer had low blood pressure readings recorded on the day following the consumer’s fall which were not reported to the Medical Officer. While the Approved provider has documented the consumer’s Medical Officer gave permission for the consumer to leave the service, it has not been documented if the Medical Officer was notified of two blood pressure readings which were below the parameters set by the Medical Officer. This does not support the effective management of the risks involved for a consumer with altered vital signs who had recently sustained a fall.

For a named consumer with a chronic wound, documentation does not support the consumer received daily wound care as prescribed. Wound care documentation indicates the consumer had wound care provided every third or fourth day on six occasions between August 2020 and March 2021. The Approved provider has noted in its response the consumer’s wound is a long term and complicated wound, that requires the involvement of a specialist team at a hospital. The Approved provider has acknowledged the deficits in wound care documentation, which the Approved provider considers has not contributed to any adverse effects for the consumer or their wound. The Approved provider also notes the consumer is fully cognisant and would ensure the daily wound care would occur. It is my decision a consumer should not need to ensure their wound care is completed as prescribed and considering this wound is described as chronic and complicated, the risk to the consumer of changes to their wound was not effectively managed.

The risk relating to the administration of controlled medication was not managed by the service. Registered staff were not following safe medication administration practices which led to missing medication and the administration of incorrect medication. Registered staff due to time constraints were administering multiple controlled medications at a time, despite the risk involved. Registered staff contributed the location of the controlled drug safe in an area separate to the service and time constraints as a cause for the unsafe practices.

The Approved provider in its response has acknowledged the medication incidents relating to poor staff practice regarding controlled drug administration. Following the second incident which occurred February 2021, an additional controlled drug safe has been approved to be installed inside the service. While I acknowledge the Approved provider’s actions in considering the installation of a controlled drug safe inside the service, it is my decision this action should have been commenced following the first medication error in November 2020.

It is my decision high-impact and high-prevalence risks to consumers had not been effectively managed and therefore this Requirement is Non-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.*

### 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.*

The Assessment Team brought forward deficiencies for four consumers under this this Requirement. It is my decision these deficiencies have been addressed in Requirement 3 (3) (b) and my decision relating to compliance in that Requirement is sufficient to address these concerns.

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they liked to do and how these things were enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Consumers received the services and supports for daily living that were important for their health and well-being and that enabled them and supported them to do the things they wanted to do and of interest to them. Consumers were informed about what was happening in the service and they received an activities planner to let them know what activities they may like to attend.

Consumers confirmed they were supported to maintain friendships with each other, their family and friends. Consumers remarked about the recent COVID restrictions and what it meant for them and their family, and how staff supported them to maintain contact with their family. Consumers enjoyed the variety and choice of food and it was what they would usually eat. Consumers and representatives confirmed equipment was safe and well maintained.

The service demonstrated consumers received safe and effective services and supports for daily living.

Lifestyle documentation viewed demonstrated information was collected over time in partnership with consumers and used to develop a care and lifestyle plan based on their individual preferences. Staff knew about consumers’ likes, personal choices preferences. Referrals to other support services were actioned as needed.

Meals provided were cooked fresh on site, and consumers were consulted at regular Resident and Representative Meetings. The meals provided were culturally appropriate, and the nutritional content was regularly reviewed to ensure it meets all legislative requirements.

Equipment was safe, suitable, clean and well maintained. New equipment is discussed and demonstrated at Resident Meetings.

Staff interviewed confirmed they knew and understand about who was important to consumers, what they liked to do and about their care and lifestyle care needs.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

### Requirement 4(3)(d) Compliant

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The Assessment Team also examined relevant documents.

Consumers felt they belonged in the service and felt safe and comfortable in the service environment. Consumers confirmed their family and visitors were made to feel welcome, and they could personalise their rooms. Consumers confirmed the living environment was clean and well maintained, that furniture and equipment they used was kept clean and safe for their use and they could freely access outdoor area.

Observations of the living environment confirmed it was clean and well maintained with appropriate signage and adequate natural light. The service was easy to navigate within the service, and the outside garden areas and patio has secure fencing, which provide an abundance of rural views.

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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – asked them about how they raised complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Consumers considered they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken. Most consumers and representatives said they knew how to give feedback and felt comfortable to do so, without fear of retribution. Consumers explained they could provide feedback to staff or during Resident and Representative Meetings. Consumers were aware of and had access to advocates and other methods for raising and resolving complaints

Care staff said they helped to address the issue raised by the consumer if they can, and they will inform the Registered Nurse and if needed and have also helped consumers to document their concerns. Staff had a shared understanding of their role in the open disclosure process.

The Assessment Team viewed documentation demonstrating the organisation’s application of the Requirements in the standard. The Resident Handbook contained information about internal and external complaints mechanism. Consumers and representatives were encouraged during the Resident and Representative meeting to provide feedback. Communication by the organisation after adverse events was open, honest and timely.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and if the organisation understood and applied the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Consumers were not satisfied with the sufficiency of staff at the service to provide safe, quality care and services. Staff did not have sufficient time to complete their daily tasks, and this has impacted on their ability to provide consumer care. Shifts were not consistently filled when unplanned leave occurred. Staff were required to work in the acute-care section of the service which impacted on care delivery for consumers residing in the aged care sector of the service.

Consumers confirmed workforce interactions with staff were kind, caring and respectful of each consumer’s identity, culture and diversity. The service demonstrated how they supported staff with training to be respectful of consumers with diverse cultural needs.

The service demonstrated their recruitment and monitoring processes ensured their workforce was competent with the necessary qualifications and knowledge to effectively perform their roles. The service demonstrated how the workforce was recruited, trained, equipped and supported to deliver the outcomes required by these standards

The Assessment Team identified deficits in the performance management of one staff member following feedback from a consumer relating to the staff member’s care practices. It is my decision this does not reflect a systemic deficiency in the performance assessment of the workforce.

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.*

The workforce was not planned to enable the delivery and management of safe and quality care and services to consumers. Consumers and representatives were not satisfied there were adequate staff to meet their needs. Staff are unable to complete their workload which has impacted on care delivery to consumers. Shifts were not consistently replaced when staff were unable to attend the service and roster information confirmed the service did not always have the full compliment of staff to deliver care to consumers.

Consumers provided feedback regarding the insufficiency of staffing and the impact this had on their care and service needs. This impact included the consumer’s ability to remain continent due to delays in call bell response times when they required toileting. Consumers were retiring early due to staffing levels and the inability of staff to transfer them to bed at their desired time. Consumers did not receive their preferred hygiene cares and were required to perform hygiene tasks due to a lack of staffing.

The Approved provider refutes the findings of the Assessment Team and notes there has not been any feedback brought forward by consumers or their representatives prior to the site audit and considered their feedback processes were sound as per information contained under Standard 6. While I acknowledge the service has an effective complaints and feedback mechanisms in place, I do not dismiss the levels of concerns raised by consumers to the Assessment Team at the site audit.

The Assessment Team placed significant evidence on an incident whereby a consumer fell in their room when staff were attending to an emergency in the acute sector of the service and were unavailable to support or supervise consumers in the aged care sector of the service. The Approved provider has refuted the information there were no staff in the aged care sector at the time of the incident and provided evidence a registered staff member was working in the aged care sector and attended to the consumer who fell in a timely manner. This information contradicts feedback given by staff to the Assessment Team in relation to a lack of staff present at the service due to an emergency in the acute care sector of the service.

The Assessment Team have given consideration to call bell response times as evidence to a lack of staff at the service. While I considered the information brought forward by the Assessment Team in relation to call bell response times, I have also considered evidence brought forward by the Approved provider which recognises 93 percent of call bells had been answered within the service’s preferred response time.

Staff across different service platforms provided feedback they were unable to complete their workload, and this impacted on care delivery to consumers. Staff confirmed they complete or start their shifts not in accordance with the roster to enable them to complete their work tasks. Staff stated when staff are required to attend emergency situations in the acute sector of the service this impacted on care delivery for aged care consumers, including for consumers who require two staff to mobilise or transfer. Staff were also required to supervise consumers who prefer to smoke cigarettes, this was confirmed by the Approved provider, staff stated this process may be up to six times daily dependant on the consumers’ wishes and directly impacted their ability to deliver care.

The Approved provider has acknowledged unplanned urgent care may cause delays in care provision. While I acknowledge the service shares roles between an acute care setting and an aged care residential service, it is my decision the impact of staff attending the acute care sector of the service impacts care and service delivery to consumers in the aged care sector. A review of the roster by the Assessment Team identified the full compliment of staff was not always rostered to deliver care and services.

It is my decision this Requirement is Non-compliant as there was insufficient staff to deliver care and services to consumers during the site audit and consumers were not satisfied with the availability of staff to attend to their care needs.

### 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.*

The Assessment Team identified deficits in the performance management of one staff member following feedback from a consumer relating to the staff member’s care practices. It is my decision this does not reflect a systemic deficiency in the performance assessment of the workforce. The service had a process of performing annual performance reviews and development meetings as well as six-monthly check-ins with staff to discuss achievements, work priorities, training and knowledge and behaviour development opportunities. It is therefore my decision this Requirement is Compliant.

# 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

To understand if the organisation understood and applied the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Consumers considered the organisation was well run and they can partner in improving the delivery of care and services.

While the service promoted a culture of safe, inclusive and quality care and service, management and clinical staff did not identify, manage and respond to high impact or high prevalence risks associated with the care of consumers in a timely manner. This included consumers requiring dietetics referral not being seen by a dietitian, wound care provision, monitoring of clinical observations and medication management. The risk of altered staffing levels when staff are required to attend emergency situations had not been considered in relation to the impact for consumers in the aged care sector.

The service demonstrated and described their systems in relation to information management, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service also demonstrated it had a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and an open disclosure framework.

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) 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.*

While the service had a documented risk framework in relation to the abuse and neglect of consumers and supporting consumers to live the best life they can, the service did not demonstrate they identified and effectively managed high impact or high prevalence risk associated with the care of each consumer in relation to sufficient staffing levels, monitoring of clinical observations, safe administration of controlled medication, weight loss and wound management.

The risk management system did not identify the risk to adequate staffing levels due to the combined responsibility of staff to work across the acute sector and aged care sector of the service. While this may only impact the care delivery to consumers in the aged care sector when emergencies occur, this risk has not been mitigated with contingency plans to support the staff and consumers in the aged care sector.

Effective risk management practices did not identify the risks to consumers who had lost weight and had not been seen by a dietitian despite several referrals. Wound care for one consumer was not documented as provided as prescribed which was not identified by the service’s monitoring processes. Clinical observations for one consumer were not reported to their Medical officer despite readings recorded outside parameters set by the Medical Officer. Medication management was not identified as a risk factor despite medication errors relating to the administration of controlled medication.

It is my decision this Requirement is Non-compliant based on the summary of evidence listed above.

### 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.

* Effective management of high-impact or high-prevalence risks associated with the care of each consumer.
* 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.
* Effective risk management systems and practices, including but not limited to the following:
	+ managing high impact or high prevalence risks associated with the care of consumers;
	+ identifying and responding to abuse and neglect of consumers;
	+ supporting consumers to live the best life they can.