James Thomas Court

Performance Report

117 Morgan Street   
SEBASTOPOL VIC 3356  
Phone number: 03 5335 0504

**Commission ID:** 3273

**Provider name:** Ballarat Health Services

**Site Audit date:** 29 June 2021 to 1 July 2021

**Date of Performance Report:** 13 August 2021

# 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) | Non-compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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 30 July 2021 and 5 August 2021

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation for alignment with the feedback from consumers, and testing staff understanding and application of the requirements under this Standard. The team also examined other relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers were satisfied they are treated with respect by staff and feel valued as an individual.
* Consumers described how they are supported to exercise choice and independence and said staff respect their choice to balance their lifestyle choices with health outcomes.
* Consumers and representatives described instances of being supported by staff to maintain relationships with people important to them.
* Consumers were satisfied their personal privacy is respected and information about them is treated confidentially.

While consumers felt confident their personal privacy is respected and staff said they ensure sensitive documents are kept locked away the Assessment Team observed some folders containing consumer information not securely stored during the site audit.

Staff described how they provide culturally safe care to consumers and described how each consumer is supported to make informed choices about their care and services. Where a consumer’s choice involves risk, staff said they assess the risk and try to reduce it through appropriate strategies. Staff said they are supported by the service through training, to support an inclusive and respectful culture at the service.

Consumers’ care planning documents were individualised and reflected consumers cultural needs and preferences. Care files demonstrated the service supports consumers to take risks.

Staff were observed interacting with consumers in a respectful manner. Activity schedules and menus were observed in consumer rooms and displayed on notice boards throughout the service.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Not all consumers and representatives considered they feel like partners in the ongoing assessment and planning of the consumer’s care and services. Although there is a range of health professionals contributing to consumers’ care, there is little evidence of consumer or representative involvement in the process.

The service did not demonstrate that assessment and care planning is appropriate for all consumers. Potential risks are not consistently identified and considered in care planning, particularly in relation to pain, ‘bed sticks’ and skin integrity.

The service did not demonstrate assessment and planning effectively identifies the preferences of consumers, including those on an end of life pathway.

The service demonstrated there is an electronic care and services plan available at the point of care for all consumers.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found:

* Care planning documents do not demonstrate comprehensive assessment and planning and consideration of risks to the consumers health and well-being. For example, Consumers with bed sticks did not have current assessments, consumers and staff did not understand and/or were unaware of the risks associated with bed sticks. Staff did not understand how to monitor and manage consumers with bed sticks.
* Several deficiencies and inconsistencies were identified in consumers’ documentation including lack of consultation with consumers/representatives about the risks associated with bed sticks.
* While management said all wounds and skin integrity issues are required to have a wound chart/assessment completed, wound assessments and charts for consumers with wounds and skin integrity issues were not consistently completed. Staff said they do not have equipment to photograph wounds.

While the approved provider disputes some of the Assessment Team findings, it accepts that some areas require improvement. The approved provider’s response included action since the audit:

* risk assessments have been completed and care plans updated for all consumers with bed sticks, resulting in two consumers having bed sticks removed
* introduction of a new consent form for bed sticks which has been added to the organisation’s bed stick policy
* education has been delivered to all staff on risk assessment and consent process for bed stick usage
* all wounds have been reviewed and wound charts updated. The approved provider advised wound charting will be completed as part of the wound chart function on the services electronic care planning system and education will be provided to relevant staff.
* internal training has been scheduled for all staff on wound management. Staff have access to additional wound management training delivered by external providers.
* while a camera has been available at the service since August 2020, training will be provided to staff on its use.

While I acknowledge the action taken by the approved provider since the audit to address the deficits, these steps have not been fully implemented and evaluated. I find the service Non-compliant with this Requirement.

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

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

The Assessment Team found:

* the service did not demonstrate that current self-medicating assessments were completed for consumers self-medicating. For one consumer the recent self-medication assessment was completed in 2018
* end of life documentation in a palliating consumer’s file were not complete and the Advance care directive was not signed by a medical officer.

The Assessment Team also identified deficits in pain management. I have considered this information under Standard 2, Requirement 2(3)e.

The approved provider disputes the Assessment Teams findings. The approved provider’s response included further clarification and action since the audit:

* end of life documentation has been completed. An Advanced care plan signed by the consumers General Practitioner has been in place since April 2021
* self-medication assessments and medication care plans have been updated for relevant consumers.

While I acknowledge the consumer receiving palliative care had regular reviews by their General Practitioner and was reviewed by the Palliative Care Nurse Practitioner and Residential In Reach, at the time of the site audit the consumer’s end of life planning documentation were incomplete.

In making my decision I have considered the Assessment Team report and the information in the response from the approved provider. While I acknowledge the actions taken by the approved provider, I consider at the time of the site audit the approved provider did not demonstrate compliance with the Requirement. I find the service is Non-compliant with this Requirement.

### Requirement 2(3)(c) Non-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 Assessment Team found:

* all consumers and representatives interviewed were not satisfied they are involved in the assessment and care planning process. Some stated that consultation and communication from the service had occurred in the past but was no longer occurring
* management could not explain why consultation processes had lapsed and indicated they would investigate and reinstate the process
* nursing staff described how they contact representatives to inform of changes and incidents but could not demonstrate how they involve consumers and representatives in assessment, planning and review process
* management could not provide documentation or examples of consumers who had input into their care or who the service worked in partnership with when developing their care plan.

The approved provider’s response included action since the audit:

* The service has consulted and provided care plans to consumers and representatives named in the Assessment Teams report. The consultation process is intended to continue moving forward for all consumers.

The approved provider disputes the Assessment Teams findings. The approved provider provided a sample of progress notes to demonstrate that consumers have input into their own care. I am not persuaded this evidence demonstrates effective and ongoing consultation with consumers and representatives in assessment, planning and review of consumers care and services.

In making my decision I have considered the Assessment Team report and the information in the response from the approved provider. While I acknowledge the actions taken by the approved provider, I consider at the time of the site audit the approved provider did not demonstrate compliance with the Requirement. I find the service is Non-compliant with this Requirement.

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

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

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

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

The Assessment Team found:

* while some consumers receive complex pain management programs delivered by general practitioners and allied health staff, pain assessment and pain charting were not always completed in response to consumer’s changing needs or increased administration of “as required” pain relief
* reassessment of pain and a review of pain management strategies has not occurred when consumers have presented with pain
* while consumers with bed sticks have regular care plan reviews, recent care plan reviews did not consider bed stick use. Assessment of a consumer with a bed stick post fall did not consider their use of and safety relating to the bed stick
* for a consumer identified with extensive bruising, assessment and charting were not commenced to monitor the bruise
* care plan reviews did not identify wound assessments, and charts were not completed as required.

The Assessment Team found deficits in pain charting for a consumer experiencing pain. While the approved provider acknowledges the deficits in pain charting it has provided evidence to demonstrate charting was completed several times prior to the site audit and over a five day period after the site audit in July 2021. However, the approved provider did not provide sufficient evidence to demonstrate that clinical staff are completing pain assessments when providing care and administrating pain relief to consumers.

While I acknowledge the service has consulted with consumers and made some adjustments to consumers pain management, at the time of the site audit a consumer who experiences ongoing pain and their representative advised the Assessment Team, and the Assessment Team observed the consumer was in pain. It is my view the approved provider has not provided sufficient evidence to dispute this finding and the consumer/representative feedback and observations made by the Assessment Team at the time of the site audit demonstrates the consumers pain is not effectively managed.

While the approved provider has demonstrated care plans have been updated for the consumer with bruising, it did not specifically respond to the Assessment Team’s evidence under this Requirement. However, I note the service’s response and actions commenced in relation to bed sticks, care planning, wound management and charting and pain management, under Standard 2, Requirements 2(3)a, 2(3)b, 2(3)c and Standard 3, Requirement 3(3)(a) and have considered this when evaluating the Assessment Team’s evidence regarding effective review of care and services.

While I acknowledge the actions taken by the approved provider, I consider at the time of the site audit the approved provider did not demonstrate compliance with the Requirement. I find the service is Non-compliant with this Requirement.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies 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 ensure the delivery of safe and effective care for consumers. The team also examined other relevant documents.

The service did not demonstrate that each consumer receives clinical and personal care tailored to their individual care needs. Care documentation and observations demonstrated that not all consumers receive clinical and personal care in accordance to their assessed needs and care plan, including supporting consumers’ nutritional intake.

Staff did not demonstrate an awareness of risks associated with bed sticks and were not monitoring their use.

While consumers and representatives were generally satisfied with most interventions of staff and other health professionals, consumer and representative feedback included concerns about ineffective pain management and complex care interventions not being delivered.

The Assessment Team found staff generally identify and respond to changes in consumers’ health in a timely manner, however a delay was identified for a follow up referral and consultation for a palliative care team to review the pain management of a consumer receiving palliative care.

Consumers and representatives were satisfied that consumers have access to visiting medical officers, allied health staff and other specialists.

The service has appointed an infection prevention control lead and has infection control policies in place including antimicrobial stewardship.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found:

* the service did not demonstrate effective management of all consumers pain, with some consumers and/or representatives expressing dissatisfaction in relation to pain management
* not all consumers receive clinical and personal care in accordance to their assessed needs and care plan. For example, a consumer with documented dietary requirements, who also requires full assistance from staff with meals was observed to receive neither during the site audit
* consumers and staff confirmed that consumers identified as requiring continuous positive airway pressure treatment nightly are not receiving this treatment. Staff advised they have not been trained in the equipment and the organisation does not have a policy or procedure to guide staff practice.

During the site audit the Assessment Team observed care staff attending a consumer with pain. When the consumer declined to get out of bed due to pain the care staff proceeded to assist another consumer instead of immediately escalating the pain. When followed up by the Assessment Team the pain relief was administered some time later.

While the approved provider disputes some of the Assessment Team findings, it accepts that some areas require improvement. The approved provider’s response included action since the audit:

* pain management and charting has been reviewed and commenced with relevant care planning documents updated
* staff have been reminded to document evidence of trials of non-pharmacological pain management in consumers progress notes
* introduction of meal time supervision by an Enrolled Nurse
* consumers with continuous positive airway pressure treatment have been reviewed and care plans updated
* the organisation is currently developing a policy for the use of continuous positive airway pressure treatment to guide staff practice.

The approved provider did not specifically respond to the Assessment Team’s evidence relating to wound management under this Requirement. However, I note the service’s response and actions commenced in relation to wound management and charting and pain management, under Standard 2, Requirements 2(3)a and 2(3)b and have considered this when evaluating the Assessment Team’s evidence regarding the management of consumers wounds and pain.

In making my decision I have considered the Assessment Team report and the information in the response from the approved provider. While I acknowledge the actions taken by the approved provider, I consider the impact to consumers reported in interviews and observed by the Assessment Team at the time of the site audit is sufficient reason to consider the approved provider has not demonstrated compliance with the Requirement. I find the service is Non-compliant with this Requirement.

### 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 found:

* the service did not demonstrate it effectively manages, monitors or minimises the risk associated with bed sticks to ensure the safety of consumers who use them
* staff did not understand and/or were not aware of the risks associated with the use of bed sticks and were not aware of the services bed stick checklist. Staff confirmed they had not received any information or training in relation to bed sticks
* while management said unwitnessed falls require neurological observations to be completed for 48 hours, particularly where there is known head strike, this was not happening in practice.
* The approved provider’s response included action since the audit:
* The approved provider acknowledged the gaps in neurological observations for the consumer post fall and has issued a memo to staff as reminder of their obligations relating neurological observation completion.

While the approved provider disagrees with the Assessment Teams findings, the approved provider did not specifically respond to the Assessment Team’s evidence relating to bed sticks under this Requirement. However, I note the approved providers response and actions commenced in relation to bed sticks under Standard 2, Requirement 2(3)(a) and have considered this when evaluating the Assessment Team’s evidence regarding the services management of the risks associated with consumers with bed sticks.

On the balance of the evidence available to me, I find the service is Non-compliant with this Requirement.

### Requirement 3(3)(c) Non-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 Assessment Team found:

* the service did not demonstrate pain is effectively minimised or managed for a consumer receiving palliative care
* while evidence documented the referral and consultation with an external specialist palliative care team, management and staff could not explain why the palliative care team had not returned to re-assess the consumer since that initial review of their pain management some two months earlier.

The Assessment Team identified a consumer currently receiving palliative care. While the approved provider has addressed the document issues under Standard 2, Requirement 2(3)e, the Assessment Team interviewed the consumer and their representative who were generally satisfied with the actions of staff, however reported concerns with pain management. Staff confirmed the consumer is often in pain, sometimes every shift. Review of documentation demonstrated ongoing and unresolved pain. During the Site Audit the consumer told the Assessment Team and the Assessment Team observed the consumer to regularly be in pain.

While the approved provider disagrees with the Assessment Teams findings, the approved provider did not specifically respond to the Assessment Team’s evidence under this Requirement. However, I note the service’s response and actions commenced in relation to palliative care and pain management under Standard 2, Requirements 2(3)(b) and 2(3)e and have considered this when evaluating the Assessment Team’s evidence with regard to the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

In my view, consumer/representative and staff feedback, documentation review and Assessment Team observations demonstrated the consumers pain is not managed and their comfort is not maximised. On the balance of the evidence available to me, I consider at the time of the site audit the approved provider did not demonstrate compliance with the Requirement. I find the service is Non-compliant with this Requirement

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANT Services 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 understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Most consumers considered they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers and representatives provided positive feedback on the lifestyle program and said they feel supported to do the things they want to do
* Overall, consumers stated that staff are attentive to their moods and emotional wellbeing. They described how staff check in and ask how they are feeling and chat with them when they are feeling low
* Consumers said they feel safe using equipment.

Most consumers were not satisfied with the quality and variety of meals. Staff advised there is no consumer input into the menu. While care planning documents include consumers’ needs and preferences, not all consumer dietary requirements are met. The service did not demonstrate meals are varied and of suitable quality and quantity.

Care planning documents reflected consumer preferences in relation to activities, significant relationships and lifestyle choices.

The service demonstrated lifestyle activities cater for group and individual needs. For consumers who prefer to spend time in their rooms, lifestyle staff provide one on one support and resources. Staff were observed encouraging and supporting consumers to engage in individual or group activities.

The Assessment Team observed not all consumers needing support from staff to eat during the dining service received this assistance.

A range of equipment used support lifestyle services was observed to be suitable, clean and well maintained.

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.*

The Assessment Team’s found:

* most consumers were dissatisfied with the quality and variety of the food provided by the service
* several complaints have been made by consumers about the food at the service, however, catering management advised they have not received any feedback from the service regarding food
* two consumers with specific dietary requirements were observed being provided meals which did not reflect their dietary needs. Both consumers require staff assistance at meal times and neither consumer was observed to be assisted by staff
* while kitchen staff said they seek feedback from consumers to know if they enjoyed the food or get enough, they have not been involved in meetings with consumers to discuss food at the service
* staff said the menu is received from the catering department and consumers do not have any input into the menu
* care planning documents included consumers’ needs and preferences, however not all consumer dietary requirements are being met

While the approved provider disputes some of the Assessment Team findings, it accepts that some areas require improvement. The approved provider’s response included action since the audit:

* consultation with consumers and the implementation of a food focus group
* consultation with kitchen and catering staff to discuss concerns with the menu and the dietician has been requested to review the menu to ensure it meets nutritional requirements
* implementation of a six-month review of the menu

While I acknowledge the action taken by the service since the site audit to address the deficits, these steps have not been fully implemented and evaluated. I find the service Non-compliant with this Requirement.

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies 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 team also examined relevant documents.

Overall, consumers considered they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers and representatives said that the service is welcoming, easy to move around and the environment helps them feel at home.
* Consumers said that the furniture, fittings and equipment at the service are clean and well maintained. Consumers expressed confidence in knowing that if repairs are required maintenance is prompt and responsive.

Staff said they have access to sufficient and appropriate equipment as required and were confident the equipment provided is safe and well maintained.

Maintenance staff described the preventative maintenance schedule for all furniture, fittings and equipment. Maintenance records are regularly updated with no outstanding maintenance requests identified.

The service provides a comfortable environment which enables consumers to move freely indoors and outdoors. The service environment was observed to be welcoming, clean and well maintained. Equipment was observed to be appropriately stored, in good repair and appropriate for use.

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 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall consumers considered they are encouraged and supported to give feedback and make complaints and that appropriate action is taken.

Most consumers and representatives felt safe providing feedback and making complaints and described staff and the service’s management as approachable and responsive.

Consumers were dissatisfied with actions taken regarding complaints made to the service about the quality and variety of food. Consumers described multiple complaints being submitted, and staff confirmed they had supported consumers to record complaints. Complaints have not been addressed.

The service did not demonstrate the complaints are communicated to the catering department to action change.

Consumers expressed confidence that their issues, other than feedback on meals, are treated seriously by the service. Consumers and staff provided examples of complaints being dealt with promptly and using an open disclosure process.

Management described how complaints feedback from individual consumers resulted in changes at the service. The service demonstrated it has a feedback management system in place.

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

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

The Assessment Team found:

* while consumers and representatives were generally satisfied the service was receptive to feedback and actions taken to resolve formal complaints, some consumers were not satisfied they are encouraged to provide feedback and that appropriate action is taken in response to complaints about food. Two consumers said that changes did not happen following their complaints regarding dissatisfaction with food
* staff did not demonstrate that consumer feedback and complaints relating to food has been actioned
* the complaints register included several complaints received and not actioned relating to food.

The approved provider did not specifically respond to the Assessment Team’s evidence. However, I note the service’s response and actions commenced in relation to quality and variety of food under Standard 4, Requirement 4(3)(f) and considered this when evaluating the Assessment Team’s evidence regarding appropriate action in response to complaints.

On the balance of the evidence available to me, I find the service is Non-compliant with this Requirement.

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies 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.

Overall consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers and representatives feel the service has sufficient staff numbers with a mix of skills most of the time
* All consumers and representatives were satisfied staff were kind, caring and gentle when providing care
* Most consumers and representatives were confident staff have the knowledge and skills to meet the consumer’s needs

The service demonstrated it has a system of education providing mandatory and professional development training for all staff. However, training documents demonstrated low compliance with the service’s mandatory education completion targets, including personal care assistant medication and elder abuse competencies.

While management understood training for the Serious Incident Response Scheme had been incorporated into the service’s elder abuse module, management were unable to provide records of staff being trained in the Serious Incident Response Scheme and the updated legislative requirements. As a consequence, no clinical staff had completed Serious Incident Response Scheme education. This was supported by senior clinical staff reporting they were unaware of Serious Incident Response Scheme.

Staff did not express any concerns about the number of staff or mix of staff skill sets and were aware of performance appraisal processes.

Management discussed the organisation’s recruitment and selection process, including a review of qualifications and registrations. Management demonstrated it conducts regular performance appraisals.

Roster documents demonstrated most shifts are filled and the call bell report demonstrated staff respond to consumers in a timely manner.

The service demonstrated it has a performance appraisal framework in place and outstanding staff performance appraisals have been scheduled.

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) Compliant

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

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

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

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

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

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

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

The Assessment Team found:

* staff have not been trained in how to monitor the risks associated with the use of bed sticks
* relevant staff were unable to demonstrate the use of equipment to support a consumer’s complex health care needs
* some clinical staff expressed concerns that care staff were not equipped to administer medication
* training records demonstrated not all staff had completed mandatory training in key modules such as personal care assistant medication administration
* clinical staff could not recall receiving training about the Serious Incident Response Scheme and were unaware of their accountabilities
* management were unable to provide records of staff being trained in the Serious Incident Response Scheme.

It is noted that during the site audit management provided the Assessment Team with an overview of the Serious Incident Response Scheme module it intended to rollout to clinical staff the week following the site audit.

While the approved provider disputes some of the Assessment Team findings, it accepts that some areas require improvement. The approved provider’s response included action since the audit:

* all outstanding mandatory competencies have been reviewed and reminders sent to staff to ensure competencies are completed
* mandatory competencies will be monitored by the Nurse Unit Manager and reminders sent to staff identifying which competencies are overdue and the time frame for completion
* all senior staff have received education on Serious Incident Response Scheme and elder abuse and education is scheduled to be delivered to staff for continuous positive airway pressure treatment

In its response the approved provider provided updated mandatory training completion rates since the site audit. While I note an improvement in completed mandatory competencies I also note the service still is yet to meet completion targets in key modules.

While I acknowledge the action taken by the service since the audit to address the deficits, these steps have not been fully implemented and evaluated. I find the service Non-compliant with this Requirement.

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies 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 are engaged in how the service is run and have several avenues to engage in the development and delivery of services.

The organisation’s governing body demonstrated it promotes safe, inclusive care and has mechanisms in place to monitor the quality of care and services delivered. This was supported by consumer and representative feedback who said they felt safe living in an inclusive environment which enables the delivery of safe and quality care.

The organisation has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance, and is aware of updates to legislation.

The organisation provided a documented risk management framework supported by policies and procedures to manage risk, demonstrating the service has risk management systems in place to effectively manage high impact and high prevalence clinical risks and abuse and neglect of consumers.

The service demonstrated there is a clinical governance framework in place that includes minimising the use of restraint, open disclosure and antimicrobial stewardship.

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

The Assessment Team found:

* consumer feedback indicated consumer meetings are no longer held and consumers do not have input into the menu
* while management advised the service conducts regular residential committee meetings, these meetings have been suspended due to COVID-19 restrictions.

The approved provider advised that while consumer meetings were not held due to COVID-19 restrictions, consumers were provided with other opportunities to be engaged in the development of services. These opportunities included consumers attending OH&S meetings, planning lifestyle activities and attendance in an information session in 2020 to discuss engaging a beauty therapist.

In making my decision I considered the Assessment Team’s report and the approved provider’s response. On the balance of the evidence available to me, I find the service is Compliant with this Requirement.

### 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) 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.*

While the Assessment Team identified some deficits in relation to the service’s implementation of Serious Incident Response Scheme education for clinical staff and the lack of Serious Incident Response Scheme knowledge at the senior clinical level, I am satisfied the approved provider has demonstrated it has effective risk management systems and practices.

The organisation provided a documented risk management framework supported by policies and procedures to manage risk, demonstrating the service has risk management systems in place to effectively manage high impact and high prevalence clinical risks and abuse and neglect of consumers.

The service has a risk management system being adapted to incorporate changes implemented under the Serious Incident Response Scheme. The service demonstrated it has a Serious Incident Response Scheme policy in place and has established a Serious Incident Review Committee.

The service demonstrated it has an incident management system and that incidents are recorded, trended and discussed at various committees.

The approved provider did not specifically respond to the Assessment Team’s evidence. However, I note the service’s response and actions commenced in relation to Serious Incident Response Scheme under Standard 7, Requirement 7(3)d and considered this when evaluating the Assessment Team’s evidence regarding effective risk management systems and practices.

In making my decision I have considered the Assessment Team’s report and the approved provider’s response. On the balance of the evidence available to me, I find the service is Compliant with this Requirement.

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

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

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

# Areas for improvement

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

**Requirement 2(3)a**

* Implement effective processes to ensure assessment and care planning, including consideration for risk, informs delivery of safe and effective care.
* Ensure staff have the knowledge and skills to support the processes.
* Ensure assessment and planning documentation is accurate, current and completed.

**Requirement 2(3)b**

* Implement processes to ensure assessment and care planning reflects the current needs, goals and preferences of consumers
* Implement processes to ensure advance care planning and end of life planning for consumers is current and completed

**Requirement 2(3)c**

* Implement processes to ensure ongoing involvement and partnership with consumers and others they wish to involve in assessment, planning and review of consumer’s care and services

**Requirement 2(3)e**

* Implement processes to ensure care and services are reviewed regularly, and when circumstances change or when incidents impact on the needs, goals and preferences of consumers
* Implement processes to ensure the reassessment and review of pain and pain management strategies for consumers with ongoing pain
* Ensure assessment, charting and care plans for bed sticks, pain and wound management are regularly reviewed, current and completed

**Requirement 3(3)a**

* Ensure effective pain monitoring and management
* Ensure staff have the skills and knowledge to manage, monitor and report pain
* Ensure staff have been trained in relevant equipment to ensure consumers get safe and effective clinical or personal care that is best practice and tailored to their needs
* Ensure assessment, charting and care plans for bed sticks, pain and wound management are regularly reviewed, current and completed.

**Requirement 3(3)b**

* Ensure effective identification and management of high impact and high prevalence risks associated with the care of each consumer
* Ensure staff have the skills and knowledge to manage high impact high prevalent risks relevant to consumers living at the service

**Requirement 3(3)c**

* Ensure effective monitoring and management of pain for consumers receiving palliative care to ensure comfort is maximised and dignity is preserved

**Requirement 4(3)f**

* Implement processes to ensure meals are varied and of suitable quality and quantity
* Implement processes to ensure consumers have input into the services menu
* Ensure consumer dietary requirements are being met in line with their needs and preferences

**Requirement 6(3)c**

* Ensure all complaints are actioned appropriately
* Ensure complaints are reviewed and escalated to the relevant parties to be actioned in a timely manner

**Requirement 7(3)d**

* Implement processes to ensure the workforce is recruited, trained, equipped and supported to deliver safe and quality care to consumers
* Ensure staff complete mandatory training modules, including personal care assistant medication administration, elder abuse and Serious Incident Response Scheme