Japara Noosa

Performance Report

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**Commission ID:** 5972

**Provider name:** Japara Aged Care Services Pty Ltd

**Review Audit date:** 27 October 2020 to 31 October 2020

**Date of Performance Report:** 14 December 2020

# 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** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Non-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) | Non-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) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-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** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-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) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-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 Review Audit; the Review Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved provider’s training and education planner received by the Commission 3 November 2020
* The Approved provider’s plan for continuous improvement dated 3 November 2020
* referral information received by the Commission.

# STANDARD 1 NON-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 Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Generally, consumers/representatives interviewed said they felt that they are treated with dignity and respect, they can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers/representatives generally confirmed the service supports the consumer to be independent and encourages them to exercise choice about the care and services they receive. They confirmed staff mostly know the consumers’ needs and preferences and support them to maintain relationships with friends and family members, both inside and outside of the service.

Personal privacy for consumers is generally respected by staff, and consumers are mostly satisfied with the way their care and services are undertaken to ensure their privacy is respected. The Assessment Team observed staff not treating consumers with dignity, respect and privacy. While consumers, representatives said they were generally treated with dignity and respect, the Assessment Team found this did not always occur.

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

## Assessment of Standard 1 Requirements

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

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

Consumers are not treated with respect and dignity. Feedback from representatives to the Assessment Team confirmed consumers are not always treated respectfully, including during assistance with meals and provision of continence cares. The Assessment Team observed staff members raise their voice to consumers, use disrespectful language and ignore a consumer requesting assistance.

A training plan submitted by the Approved provider indicates education relating to privacy and dignity will commence in November 2020 for staff and will be evaluated by ongoing observation of staff practice.

While I acknowledge the actions taken by the Approved provider to educate and train staff, at the time of the Review audit, consumers were not treated with dignity and respect and therefore it is my decision the Requirement is non-compliant.

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

*Care and services are culturally safe.*

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

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

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

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

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

Consumers are not supported to take risks to live the best life they can. Consumers/representatives said that they are not always consulted about risks within the service that may impact on them including the aggressive behaviours of other consumers. Management at the service do not act to reduce the risk to consumers, staff or visitors, despite risks being identified.

Incident reports are not consistently recorded to identify risks. Consumer risks are not identified or reviewed, and risk management strategies are not discussed with the consumer or representative or implemented.

A training plan submitted by the Approved provider indicates incident reporting education will be completed between November 2020 and January 2021. There is no consideration to risk assessments or training in risk identification. It is my decision this Requirement is non-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) Non-compliant

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

Consumers’ privacy is not respected. The Assessment Team observed a consumer received hygiene cares with their bedroom and bathroom doors open. Staff were over heard by the Assessment Team speaking inappropriately about consumer care needs in a communal area.

A training plan submitted by the Approved provider indicates education relating to privacy and dignity will commence in November 2020 for staff and will be evaluated by ongoing observation of staff practice.

While I acknowledge the actions taken by the Approved provider to educate and train staff, at the time of the Review audit, consumers’ privacy was not respected and therefore it is my decision the Requirement is non-compliant.

# 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.

Consumers did not consider that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives identified they are involved in care planning at entry but are not involved when there are changes to consumers’ care needs. Consumers confirmed they are not informed about the outcomes of assessment and planning and are not aware they have access to their care and services plan if they wish. Consumers and their representatives were able to provide examples of how other providers of care are involved in meeting consumers’ healthcare needs.

The service has processes to direct assessment and care planning, however, these are not consistency followed by staff to ensure they inform safe and effective care delivery. While staff review the care needs of consumers; consumers and representatives are not involved in the care planning review processes or are aware they can access the consumer’s care plan. While staff demonstrated awareness of general consumer preferences and consumers are generally satisfied that their preferences and goals for their daily care are achieved, the service does not have an effective system to ensure monitoring and delivery of assessment and planning that captures consumer goals, preferences and end of life care planning.

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

## Assessment of Standard 2 Requirements

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

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

Assessment and planning processes did not inform the delivery of safe and effective care and services. A review of care plans and clinical documentation reflected individual care needs, are not consistently determined, assessed and documented in care and service plans to guide staff practice. Assessments and care planning processes are not guiding staff in the delivery of safe and effective care. Assessments of risks such as pain, skin, malnutrition, falls for each consumer were not individualised to each consumer, accurate or completed when required.

While the service had identified a consumer at risk due to them leaving the service without informing staff, strategies initiated by the service to minimise the risk were not effective or implemented.

The training plan submitted by the Approved provider includes education to be delivered in relation to falls and clinical assessments, to be delivered in November and December 2020.

It is my decision this Requirement is Non-complaint as during the Review audit assessment and planning processes were not inclusive of risks to the consumer.

### 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.*

Assessment and planning processes does not capture consumers’ needs, goals and preferences including end of life planning. Consumers’ preferences were incorrectly identified, consumers’ needs, goals and preferences for palliative care are not assessed or documented to guide staff practice.

Consumers’ preferences are not always identified accurately, including hygiene preferences. End of life planning processes had not identified the care needs of consumers. Consumers interviewed by the Assessment Team could articulate their preferences, however this information was not reflective in their care plans.

The training plan submitted by the Approved provider includes education to be delivered in relation to developing end of life care pathways, to be delivered in January 2021.

It is my decision this Requirement is Non-compliant as assessment and planning processes failed to identify consumers’ current needs and preferences*.*

### 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.*

Care planning is not based on an ongoing partnership approach as consumers and their representatives’ input is not sought to determine if the ongoing care provided to consumers is meeting their needs. Care planning documentation reviewed by the Assessment Team did not demonstrate that the consumer, or their representatives are involved in assessment or care planning processes.

Consumers and representatives are not involved in ongoing assessment, care planning or reviews of care that would constitute an ongoing partnership. Consumers and representatives confirmed they generally have access to Medical officers and other health professionals when they need.

This Requirement is Non-compliant as assessment and planning has not been developed in partnership with the consumer or others that are involved in the care of the consumer.

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

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

Consumer and representatives were not aware of the care plan or that the care plan was available to them, or that they could request a copy of the care plan. Care plans are not readily available where care and services are provided.

For two areas of the service, staff do not have access to care planning information in the particular area and staff are required to leave the area to review care planning documentation when providing care to the consumers in the two areas of the service.

The service’s assessment and care planning process describe how consumers and their representatives are to be involved with the consumer or the representative signing the document. The Assessment Team identified there was minimal evidence to demonstrate this had occurred for sampled consumers.

It is my decision this Requirement is Non-complaint as outcomes of care planning have not been communicated or readily available to the consumer. Care planning documents are not readily available to staff.

### 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.*

Consumers have not received prompt and timely review in response to a change in their condition or when incidents impact their care needs. Processes to monitor consumer care needs have not been effective. Strategies which have been identified as ineffective have not been reviewedfollowing incidents, including incidents of aggressive behaviours and altered sleep patterns.

Registered staff informed the Assessment Team the recording of incidents prompts the review of care; however, incidents are not recorded consistently. A monthly review of consumers’ care needs is required to be undertaken, the Assessment Team identified this is not consistently completed by registered staff.

This Requirement is Non-compliant as care and service are not reviewed regularly for effectiveness.

# 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 Assessment Team also examined relevant documents.

Consumers have not received personal care and clinical care that is safe and right for them. Consumer and/or representative feedback included inappropriate continence care, wound care and pain management.

The service has not demonstrated that it consistently and effectively manages the risks related to the personal and clinical care of each consumer in the areas of challenging behaviours, pressure injuries, medication management, weight loss and falls risk. The Assessment Team has identified consumers have not been provided with the personal care or clinical care which meets their individual needs.

The service has not demonstrated that consumers nearing the end of their life are provided with a therapeutic environment and interventions that maximised their comfort and preserved their dignity.

The service did not have effective processes in place to ensure that when a consumer’s condition changes or deteriorates that this is escalated, and consumers receive timely and appropriate medical review and intervention.

Information transferred within the service, organisation and other parties involved in consumer care, has not improved the safety, effectiveness and consistency of care and reduced risk of harm.

The service has not demonstrated that consumers are consistently being referred to other appropriate health professionals when their condition deteriorates or when behavioural management strategies have not been effective in keeping consumers safe.

The service is unable to demonstrate that consumers’ antibiotic medications are consistently being administered safely and in accordance with their prescription by staff. The service’s processes to monitor consumers’ medications, including antibiotic medications, such as medication audits and incident reporting processes have not been effective in identifying deficiencies in staff practices.

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

### Assessment of Standard 3 Requirements

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

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

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

The service has not demonstrated that each consumer gets safe and effective personal care, or both personal and clinical care, which is best practice, is tailored to their needs and optimises their health and well-being. Consumers have not consistently received care which maintains the integrity of their skin, or that when skin injuries occur these are appropriately managed.

The Assessment Team observed consumers were not provided with interventions to promote their skin integrity. Review of wound documentation indicates that staff are not appropriately completing wound management plans or following consumers’ individual wound treatment plans.

The Assessment Team identified for one consumer, pain management processes were ineffective, and the consumer was not kept comfortable for a month preceding their death.

Management are not effectively monitoring those consumers who have been prescribed psychotropic medications. The service was not effectively reviewing overall psychotropic medication usage at the service or working towards minimising its’ prescription where possible. Management and staff do not have a shared understanding relating to chemical restraint, data is inaccurate and therefore does not inform decisions regarding chemical restraint usage. The service was unable to demonstrate consent and/or risk assessments for consumers receiving chemical restraint had been undertaken. Review of sampled consumers’ care documentation confirmed the service had not undertaken an assessment of the consumer, discussed with the consumer/representative the associated risks, and has evidenced a documented consent and/or authorisation for restraint use.

The training program submitted by the Approved provider includes education and training in relation to wound management and pain management to be delivered in November 2020.

This Requirement is Non-compliant as consumers have not received safe and effective care.

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

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

The service has not demonstrated that it consistently and effectively manages the risk related to the personal and clinical care of each consumer in the areas of challenging behaviours, pressure injuries, medication management, weight loss and falls risk.

The Assessment Team identified consumers have not received care interventions which optimises their health and safety, and therefore ensured the safety of other consumers.

The service has not demonstrated effective management of a consumer’s challenging behaviours including physical aggression which have resulted in injury to other consumers and staff. The service has not effectively explored and/or responded to possible triggers for the consumer’s physical aggression such as disturbed sleep patterns. The recommendations of medical and other health professionals have not always been communicated, trialled or implemented in a timely manner for the consumer with challenging and aggressive behaviours.

The Assessment Team identified for a different consumer, appropriate behaviour management strategies to maintain their sense of safety and dignity. The Assessment Team observed the consumer to frequently call out for assistance, that the consumer could not access their call bell and there was a delay in staff attendance following the consumer activating their call bell.

For a third consumer, the Assessment Team identified they had not been reviewed by a medical officer since they entered the service in May 2020. The consumer had several behavioural episodes which appeared to be escalating, however, they were not reviewed by their medical officer.

The Assessment Team identified three consumers with a propensity for leaving the service without staff knowledge. A review of their documentation, staff interviews, and observation of staff practices identified that interventions to minimise the risk of the above three consumers leaving the service unnoticed by staff, are not consistently being implemented by staff for these consumers.

For a consumer with complex wound care needs, progress notes and wound management documentation identified they were not provided with the appropriate wound care for the pressure injuries on their left and right heels. This included staff not following wound care directives, failing to escalate when the wound deteriorated and delays in review by a wound care specialist.

Medications had not been administered safely or correctly for consumers. Incorrect Morphine medication was given to one consumer, the consumer received three times the dose they were prescribed. The consumer was receiving end of life care and passed away 90 minutes after the incorrect dosage of Morphine was administered. One consumer has not been reviewed by a medical officer since they entered the service including a review of their medication needs. Antibiotics medication was not documented as provided for a consumer with an infection. Incident processes did not identify these medication errors.

The nutritional intake for two consumers with identified weight loss had not been monitored effectively. There was no evidence to support the monitoring of the consumers’ nutritional intake despite the identified weight loss and the need for assistance in consuming their meals.

Minimizing falls risk for each consumer and ensured consumers’ living environment optimises their safety and supports their independence while mobilising was not effective. This included for one consumer who experienced six falls in seven months, a lack of falls prevention interventions or consideration given to medication usage as a causative factor to their falls.

The training program submitted by the Approved provider includes education to be provided in wound care, pain management and falls assessment to be delivered in November 2020.

It is my decision this Requirement is Non-compliant, based on the evidence above there has not been an effective management of high-impact or high-prevalence risks for consumers.

### 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.*

Consumers nearing the end of their life were not provided with a therapeutic environment and provided with interventions that maximised their comfort and preserved their dignity.

For one consumer whose preference was to be kept comfortable and pain free, this did not occur. The consumer experienced frequent unrelieved pain and when pain relief was given it was not always effective. A review of the consumer’s pain was not undertaken to assess the frequency of pain medications administered, their overall effectiveness, recommendations of alternative pain minimising interventions which could be trialled, or possible contributing factors.

Despite the consumer requiring palliative care, no assessment or care plan was developed to guide staff practice in providing palliative care. A therapeutic environment was not provided to the consumer, including the provision of music was not initiated by the service.

The training program submitted by the Approved provider includes education to be provided in palliative care to be delivered in December 2020 and January 2021.

It is my decision this Requirement is Non-complaint as the needs, goals and preferences for a palliative consumer was not recognised or addressed and their comfort and dignity was not preserved.

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

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

#### The service did not have effective processes in place to ensure that when a consumer’s condition changes or deteriorates that this is escalated, and consumers receive timely and appropriate medical review and intervention. The Assessment Team identified four consumers who have not had their changed condition effectively escalated to their Medical officer.

These consumers experienced clinical symptoms including infections, pain, developed pressure areas, challenging behaviours, disturbed sleep patterns, aggressive behaviours. Despite the severity and seriousness of these clinical symptoms timely recognition and response did not occur for these consumers.

The training program submitted by the Approved provider includes education to be provided in recognising deteriorating consumers to be delivered in November 2020.

This Requirement is Non-compliant as evidenced above consumers who have deteriorated have not been recognised or responded to in a timely manner.

### Requirement 3(3)(e) Compliant/Non-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.*

Information transferred within the service, organisation and other parties involved in consumer care, has not ensured the safety, effectiveness and consistency of care and reduced risk of harm for consumers. This was evidenced by medical officer and nurse practitioner directives not being followed, visual observations not carried out with sufficient frequency, and incidents not being recorded.

The Assessment Team identified staff have not consistently followed or have a shared understanding of the procedures. This has resulted in consumers not receiving care which meets their needs in pain management, palliative care, nutrition and hydration, sleep, skin care and pressure injury management, falls and behaviour management.

The training program submitted by the Approved provider includes education to be provided in the service’s electronic care system to be delivered in November 2020 through to January 2021.

It is my decision this Requirement is Non-compliant as the sharing of information regarding consumers was not effective.

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

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

Consumers have not been referred to other appropriate health professionals when their condition deteriorates or when behavioural management strategies have not been effective in keeping consumers safe.

This included a consumer with aggressive behaviours whereby recommended strategies were ineffective not being referred to alternate specialists following the ineffectiveness of previous strategies. This consumer continued to assault other consumers and staff.

One consumer at the service was not reviewed by a medical officer for their duration of their time at the service, despite displaying escalating behaviours, disturbed sleep and pain. The consumer passed away in hospital five months after entering the service.

A third consumer with significant weight loss was not referred to a dietitian for review.

The training program submitted by the Approved provider includes education to be provided in recognising deteriorating consumers to be delivered in November 2020.

Consumers have not been referred to other providers of care despite the need to do so, therefore it is my decision this Requirement is Non-compliant.

### Requirement 3(3)(g) Non-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.*

Consumers did not received medication to treat infections in accordance with prescribed orders. Monitoring processes were not effective in identifying deficits in staff practice relating to infection control.

Antibiotic medication was not administered to a consumer with an infection. The consumer experienced a deterioration in the status of their wounds.

Processes to manage and prevent a potential COVID 19 outbreak were not effective. Visitors were observed to enter the service without screening. Contractors had not signed in or completed an assessment of their health status.

The training program submitted by the Approved provider includes education to be provided in antimicrobial stewardship to be delivered in November 2020 through to January 2021.

A plan for continuous improvement was submitted by the Approved provider which evidenced actions taken to rectify deficits identified at a previous Assessment Contact where this Requirement was found to be Non-compliant. While I acknowledge the actions taken and planned in relation to the service’s preparedness for a potential COVID 19 outbreak, I note the Assessment Team observed inappropriate entry and screening processes during the Review Audit.

This Requirement is Non-compliant as minimisation of infection-related risks did not occur.

# 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 Assessment Team also examined relevant documents.

Consumers receive 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. Consumers are able to participate in individual and group activities of interest to them. The privacy of couples living in the service was respected. Consumers have been encouraged during COVID-19 visiting restrictions to keep in touch with family by telephone or the use of technology where they are able to see family members on screen.

The Lifestyle team provided a range of group activities and some individual activities. Lifestyle staff identified the decline of consumers both cognitively and physically and said that no increase in staffing resources had impacted their ability to provide individual support to consumers. The Assessment Team identified that some consumers were not provided with safe and effective supports for daily living.

Consumers were satisfied with food service in relation to recent improvements and access to food forums.

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) Non-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.*

Not all consumers received safe and effective services and supports for daily living.

For one consumer with challenging and aggressive behaviours, lifestyle care planning documentation did not represent an individual approach to support staff practices. The specific interests of the consumer were not documented to assist staff to distract the consumer when aggressive or exhibiting challenging behaviours. Lifestyle strategies were not reviewed for the consumer following aggressive episodes.

Lifestyle staff stated due to the noise and crowded space in the secure needs unit it was difficult to provide meaningful activities.

It is my decision this Requirement is Non-compliant as supports for daily living did not optimise the quality of life for each consumer.

### 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 NON-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 Assessment Team also examined relevant documents.

Not all consumers considered felt they belonged in the service or felt safe and comfortable in the service environment. Consumers were not satisfied maintenance issues.

The organisation has not provided a safe and comfortable service environment as there have been multiple assaults between consumers causing injury and death.

The service is not well signed to support consumers to navigate their way around the buildings and this does not support consumer independence.

The service environment does not support people living with dementia in a homely environment, with furnishings and decorations that may remind consumers of home.

Most outside areas that consumers freely access do not provide shelter from the sun or inclement weather, which restricts the ability of consumers to enjoy the outdoor areas. Overall carpeted areas within the service are in poor repair. Some furnishings require replacement.

The Assessment Team observed no smaller quiet areas for consumers to rest or have a private space with family or friends. The service’s buildings have keypad coded doors and the code is available to certain consumers.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Non-compliant

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

#### The service did not demonstrate that service environment is welcoming and easy to understand and optimises consumers’ sense of belonging.

The Assessment Team identified the service environment was not welcoming and easy to understand. There was no signage at the front of the service to direct consumers or representatives to different areas of the service. The walls had little or no decoration that makes the environment feel homely.

Not all consumers were satisfied with their living environment.

The memory support unit had little decorations on the walls, walls were painted in one colour and there were few objects that could make a consumer feel at home such as cushions, throw blankets, ornaments or items consumers have made during lifestyle activities. There were no smaller quieter sitting areas were identified where consumers could sit in a quite space either alone or with others. The outside areas have inadequate shade or weather protection for consumers to access and enjoy being outside.

This Requirement is Non-compliant as the service environment is not welcoming for consumers.

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

The service environment was not safe, well-maintained and comfortable. Consumers were unable to freely move between the indoor and outdoor spaces of the service. The Assessment Team identified consumers were unable to leave the service without being aware of the keypad code to exit the buildings. There was no evidence of discussion or consent from consumers who are unable to use the keypad.

Despite incidents of consumers ingesting chemicals the Assessment Team observed the utility room in one wing or the service to be unlocked during the Review Audit. The garden courtyard areas within the service had inadequate shade and weather protection for consumers to enjoy outside areas. There had been falls reported in the garden area of one wing and rooms have doors opening to the outside areas with an approximately 10cm step down, the Assessment Team identified the step as a potential falls risk for consumers, the service had not identified this risk factor. There have been documented falls in bathrooms with no analysis of possible causative factors or action to address an identified cause, identified by the Assessment Team as slippery tiles.

Consumers were not satisfied with the ability to move freely indoors and outdoors. For one consumer the key padded entry code has restricted their ability to independently access the outdoor areas.

Staff advised the Assessment Team hot water was not readily available in one wing of the service inhibiting their use of hot water for cleaning. While maintenance staff were aware of the issue it has not been rectified.

The absence of quiet areas in the memory support area was identified by care staff as causing an increase in noise contributing to escalating behaviours.

Care staff said there are no quiet areas in Douglas wing, when all consumers are in the common areas this leads to increased noise levels which can also lead to escalating behaviours.

While the service had identified some of the issues identified by the Assessment Team in relation to the safety of the environment, actions had not been taken to address these concerns.

While the service has identified a number of issues in the Continuous quality improvement plan, at the time of the Review audit the service was not clean and well maintained, the outside areas are not conducive for consumers to access and there are a number of outstanding maintenance issues impacting o consumers and the environment. Therefore, it is my decision this Requirement is Non-compliant.

### Requirement 5(3)(c) Non-compliant

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

Furniture, fittings and equipment were not safe, well-maintained and suitable for consumers. The Assessment Team observed stained chairs, stained carpet including faecal staining and the malodorous smell of urine. Consumers were not satisfied with the cleanliness of the environment including stained carpets and slippery bathroom tiles. Staff were not satisfied with the maintenance or sufficiency of equipment including hoists and shower chairs.

Documentation did not support that furniture, fittings and equipment are safe, well-maintained or suitable for consumers. This included delays in actioning identified maintenance issues relating to cleaning of cushions, steam cleaning of floors, lounge and dining chairs and the task of vacuuming and mopping of bathrooms.

The Service was unable to demonstrate a regular program for cleaning and replacement of furniture and fittings within the service. While this has been identified in the Continuous quality improvement plan for rectification, actions are still outstanding. Therefore, it is my decision this Requirement is Non-complaint.

# 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 Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Some consumers and representatives did not consider appropriate action is taken when they gave feedback to staff or management. Consumers have previously lodged complaints to the service and have had no response or an inappropriate response was given.

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

Appropriate action has not been taken in response to complaints. Consumers have raised concerns with the service regarding consumer care and no action was taken. While as apology was provided to a complaint for a representative, no further action was taken, as a result the representative advised the Assessment Team they no longer raise concerns with the service. For one representative the response from the service was perceived as unreasonable and disrespectful.

Staff did not feel comfortable raising concerns due to the lack of response in addressing their concerns. These concerns included lack of staffing impacting on their ability to address severe behaviours of a consumer. The physical aggression of one consumer had not been addressed resulting in safety concerns for staff and consumers.

Based on the feedback from consumers, their representatives and staff, my decision is that appropriate action was not taken in response to complaints, and therefore my decision is this Requirement is Non-compliant.

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

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

Feedback and complaints from staff have not been used to improve the quality of care and services. Consumer concerns relating to slippery bathroom tiles was not addressed to improve the quality of care. Care staff advised the Assessment Team they had provided feedback about the incidents of assault in the memory support unit, however, but no action had been taken to improve the quality of care or reduce the episodes of assault on consumers or staff.

While the service demonstrated through a revised plan for continuous improvement actions to be taken including communication on progress of continuous improvement activities, staff training relating to managing information for timely and appropriate response, education relating to open disclosure, the inclusion of open disclosure at consumer meetings and the provision of meeting minutes to consumers and representatives, these processes were not effectively implemented at the time of the Review audit. Therefore, it is my decision, this Requirement is Non-compliant.

# 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 a sample of consumers about their experiences with staff, interviewed management and staff and reviewed a range of records including staff rosters, training records, call bell response data and performance reviews.

The numbers of staff and management and the skill mix of staff was not planned to enable the delivery and management of safe and quality care and services. There were significant deficiencies in the quality and safety of care delivered which contributed to deficiencies in the workforce, including sufficiency and skill mix.

Consumers were not satisfied with the quality of care services delivered, the consistency of care delivered or the responsiveness of staff to requests for assistance.

Care staff were not satisfied that the number and skill mix of staff rostered enabled them to meet consumers’ care and service needs. The skills of staff were observed to be inconsistent with the knowledge or skills taught through education provided. The performance of management and staff was not effectively reviewed and monitored. Observations of staff performance made by the Assessment Team did not evidence the delivery of respectful care.

The Quality Standard is assessed as Non-compliant as five 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 number and skill mix of management and staff was not planned in a way that enables the delivery and management of safe and quality care and services. Consumers and representatives were not satisfied with the quality of care and services and staffing.

Feedback from consumers and representatives included insufficiency of staff, inconsistent staff skills and knowledge, delays in requests for assistance including medication requests and rough handling by staff,

Registered staff did have time to attend to all their duties and they were unable to maintain documentation of consumers’ care needs. There was insufficient staff in the memory support unit which affected continuity of care for consumers and there was a high staff turnover. Registered staff were unable to complete wound care and the Assessment Team have identified deficiencies in wound care delivery.

There was a reduction in care staff hours, resulting in consumer receiving rushed and incomplete care. There was no increase in staffing or training despite challenging behaviours identified in the memory support unit. Staff were unable to complete observations of consumers and complete relevant records and the Assessment Team identified gaps in the completion of consumer documentation. Lifestyle staff were unable to provide one to one interaction with consumers, but did not have the staffing levels required.

While management advised the Assessment Team staff rosters are based on factors such as the needs of consumers and the care wing they reside in and that the staff mix is adjusted according to consumer acuity, no evidence was provided to demonstrate that this process provides sufficient staff to enable the delivery and management of safe and quality care and services. While records evidence a high proportion of critical incidents have occurred in the service’s memory support unit on night shift, the night shift roster has not been reviewed or altered. Records also evidenced delays in call bell response.

The Assessment Team identified the analysis of critical events was not effective as a review of progress notes compared to incident reports identified that incident reports were not completed for all incidents, including incidents of assault or falls. An analysis of critical events by the Assessment Team identified 30 percent of the critical incidents in the memory support unit between 8:30pm and 6:30am, however, this did not prompt a review of staffing levels in the memory support unit. Critical events which occurred in the memory support unit included six assaults on other consumers by an aggressive consumer occurring on night duty. Consumers have needed to move their accommodation for their care needs to be accommodated.

Staffing levels were not in accordance with best practice staffing levels, as the skill mix at the service was heavily skewed toward non-clinical assistants in nursing and away from registered staff. Call bell response times were excessive and the Assessment Team identified at times this contributed to falls for consumers.

Management stated that the organisation had not completed an assessment of the service’s performance against the Quality Standards. Service management had completed the Aged Care Quality Standards self-assessment tool and rated their performance in this Requirement as ‘Developing’.

While management had identified there was a lack of sufficient planning in workforce arrangements in care and service delivery to consumers through their plan for continuous improvement and had commenced actions to address staffing levels including a revised model of care and the provision of additional clinical and care staff sourced from a labour hire company to support the service’s staff, these actions had not been fully implemented or assessed as effective. Therefore, it is my decision this Requirement is Non-compliant.

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

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

Interactions between staff and consumers were not kind, caring or respectful. Consumers were not satisfied they are treated with respect. Care staff did not consistently treat consumers with respect and provide appropriate care. Consumers were not satisfied with the kindness and respect shown by staff.

The Assessment Team observed staff interactions which were not kind, caring or respectful. This included deliberately ignoring a consumer’s request for assistance, yelling at consumers, removing call bells and the provision of hygiene cares without shutting doors.

The Assessment Team identified five incidents of allegations made against staff, including rough handling. While the Assessment Team identified one incident was reported to the police and the Commission, no evidence was provided management about how incidents such as this are used to understand the service’s performance in this requirement. The organisation had not completed an assessment of the service’s performance against the Quality Standards. Service management had completed the Aged Care Quality Standards self-assessment tool and rated their performance in this Requirement as ‘Developing’.

While management had identified issues in the culture of staff and were actively recruiting new staff and providing them with training in the expectations of the organisation, this was not evidenced by staff practices during the Review audit and therefore, this Requirement is Non-compliant.

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

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

All members of the workforce were not competent. The Assessment Team identified significant deficiencies in assessment, care planning, care delivery and clinical monitoring. Consumers are not satisfied with the competence and knowledge of staff. Staff did not demonstrate they have the competence and knowledge to affectively perform their roles.

The Assessment Team identified staff competence and knowledge issues in relation to the delivery of safe and quality care including medication management, wound care, pain management, weight loss and behaviour management.

The organisation had not completed an assessment of the service’s performance against the Quality Standards. Service management had completed the Aged Care Quality Standards self-assessment tool and rated their performance in this Requirement as ‘Developing’.

While the service has identified staff lack skills in a range of skills and actions were in progress to address this, these actions have not been completed or assessed as effective and at the time of the Review audit staff skills were incompetent and staff lacked knowledge to perform their roles. Therefore, it is my decision this Requirement is Non-compliant.

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

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

The service did not demonstrate that the workforce is recruited, trained, equipped and supported to deliver quality and safe care and services.

**Consumer feedback:**

Consumers were not satisfied that all staff were trained, equipped and supported to meet their care and service needs. Not all staff have received training in behaviour management. Review of consumers’ records identified that training was ineffective as staff skill deficiencies were identified.

The Assessment Team identified deficiencies in staff practices relating to medication management, incident reporting, the completion of monitoring charts, wound care, behaviour management, the escalation/reporting of deteriorating consumers, palliative care, pain management and skin care/pressure area care.

The organisation has not completed an assessment of the service’s performance against the Quality Standards. Service management have completed the Aged Care Quality Standards self-assessment tool and rated their performance in this Requirement as ‘Developing’.

The plan for continuous improvement plan identified actions are in progress or are planned to provide more staff training to improve skills and knowledge. Training to be provided includes, behaviour management, wound and skin care, person centred care, dementia, assessment and care planning, consultation, cleaning, incident reporting, infection control, workplace behaviour and leadership.

While management had plans to educate and train staff in the above topics, this has not been completed or evaluated for effectiveness, deficits in staff practice had been identified, therefore it is my decision this Requirement is Non-complaint.

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

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

The performance of each member of the workforce was not regularly assessed, monitored and reviewed. Consumers were not satisfied with the performance of all staff.

Management stated that the organisation had not completed an assessment of the service’s performance against the Quality Standards. Service management had completed the Aged Care Quality Standards self-assessment tool and rated their performance in this Requirement as ‘Developing’.

There was no evidence to support annual performance appraisals are up to date. The Assessment Team identified deficiencies in staff practices

While the service has identified through their plan for continuous improvement performance appraisals were not completed as per the organisation’s schedule and action is in progress to address this, this has not been completed or assessed as effective, Therefore, it is my decision this Requirement is Non-compliant.

# STANDARD 8 NON-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 felt the service did not delivery quality and safe care and services or the quality of care and services was dependent on individual staff.

The organisation had not completed an assessment of the service’s performance against the Quality Standards. Service management have completed the Aged Care Quality Standards self-assessment tool and rated their performance in this Standard as ‘Developing’.

Management said they have identified governance issues at the service and have commenced action to address these issues.

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

## Assessment of Standard 8 Requirements

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

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

The service did not demonstrate that the organisation’s processes designed to engage and support consumers in the development and evaluation of care and services are effective. The consumers at the service did not partner in improving the delivery of care and services.

While management stated there are processes to support consumer engagement in the development, delivery and evaluation of care and services. A review of records confirmed that while these processes exist, they are not effective as they have not informed the governing body about consumer dissatisfaction and the service’s failure to meet the Quality Standards.

Review of the minutes of regional meetings and the minutes of meetings of the governing body identified that there is no information demonstrating the engagement of consumers at Japara Noosa; there is no reference to the service. The minutes of consumer meetings for 2020 did not include an entry in relation to feedback or comments from the consumers who attended those meetings. Review of a sample of assessments and care and service plans identified limited involvement of consumers and consumer representatives.

Management stated that the organisation has not completed any assessment of the service against the Quality Standards. Service management have completed the Aged Care Quality Standards self-assessment tool and rated their performance in this Requirement as ‘Developing’.

While management stated they have identified governance issues at the service and have commenced action to address these issues, and actions are documented in the service’s plan for continuous improvement. These actions have not been completed or tested for their effectiveness, therefore, this Requirement is Non-compliant.

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

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

The organisation’s governing body did not promote the delivery of safe, inclusive and quality care and services.

While the organisation’s governing body’s intention is to promote a culture of safe, inclusive and quality care and services, it was not accountable for their delivery because it was unaware of the performance of the service. This is due to the mis-reporting of incidents, delays in the review of and consideration of critical incidents and a failure to proactively monitor the service’s performance measured against the Quality Standards, particularly in relation to care assessment, care planning, care delivery, reporting and staffing.

Management stated that the organisation had not completed any assessment of the service against the Quality Standards. Service management have completed the Aged Care Quality Standards self-assessment tool and rated their performance in this Requirement as ‘Developing’.

While the plan for continuous improvement identified there was an action in progress to improve communication by providing regular updates to consumers about improvements, these actions have not been completed and therefore this Requirement is Non-compliant.

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

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

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

The service did not demonstrate that there are effective organisational wide governance systems.

Management stated that the organisation had not completed an assessment of the service against the Quality Standards. Service management have completed the Aged Care Quality Standards self-assessment tool and rated their performance in this Requirement as ‘Developing’.

The plan for continuous improvement identified the service had identified a lack of effective governance systems for information management, continuous improvement, feedback management, workforce governance and regulatory compliance.

The governing body was not aware of performance issues at the service and actions to address these issues have not occurred in a timely manner.

**Information management**

Incident reporting and the process to monitor or assess the service’s performance do not support effective organisation wide governance. The Assessment Team identified the misreporting of incidents, investigations and recommendations inconsistent with the circumstances of the incident and incident trends not identified or acted on. The organisation did not proactively monitor the service’s performance to inform the governing body and facilitate service and organisational improvements. Information was not effectively transferred within the service, organisation and other parties and therefore has not improved the safety, effectiveness and consistency of care or reduced the risk of harm. Care and service plans were not always located where care and services were delivered and if registered staff were not available, care and service plans were not accessible to staff.

**Continuous improvement**

While the organisation had established a continuous improvement system, the Assessment Team identified this system is not capable of identifying all opportunities for improvement, nor is it capable of using critical incidents and incident data to drive continuous improvement. Management said that the organisation satisfied itself that the Quality Standards were being met by completing the Aged Care Quality Standards self-assessment tool. Management assessed the service’s performance in each Standard as ‘Developing’.

**Financial governance**

Management stated there were processes to enable management to seek changes to budgets and expenditure. There is evidence that demonstrates that increases in expenditure in areas such as staffing and the service’s environment has not occurred.

**Workforce governance, including the assignment of clear responsibilities and accountabilities**

While the organisation had assigned responsibilities and accountabilities to managers and staff, it did not monitor and respond to incidents involving members of the workforce, including incidents where staff have been injured at work. Incident reports show that between April 2020 and October 2020 there were at least 11 incidents of staff being assaulted, and in some cases, requiring medical attention.

**Regulatory compliance**

The service was not meeting the current requirements for the management of restraints. The management of restraint has been listed as an action of the Continuous quality improvement plan.

The Assessment Team identified that care reviews post incident were overall broad, not representative of an individualised approach and lacked specific detail to appropriately guide staff practices. A review of the service’s Compulsory reporting register identified that not all incidents of assault were listed. A role of the Zero Harm committee was to review/monitor reportable assaults. However, this committee meets quarterly and there were no records provided to demonstrate actions taken in response to the specific incidents at the service.

The service did not meet the directive of the Chief Health Officer that all persons entering or remaining in a residential aged care facility were to have an up to date vaccination against influenza.

**Feedback and complaints**

A role of the Zero Harm committee was to review/monitor complaints. However, this committee meets quarterly and there were no records provided to demonstrate actions taken in response to the specific complaints at the service.

The organisation did have effective organisational systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance or feedback and complaints, therefore, this Requirement is Non-compliant.

### 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.*

The service did not demonstrate there are effective risk management systems and practices. Not all incidents were reported and those that are reported were not analysed to identify the risks associated with the care of individual consumers. Management stated that the organisation had not completed any assessment of the service against the Quality Standards. Service management have completed the Aged Care Quality Standards self-assessment tool and rated their performance in this Requirement as ‘Developing’.

The organisation did not provide a documented risk management framework, including policies describing how: high impact or high prevalence risks associated with the care of consumers are managed, the abuse and neglect of consumers are identified and responded to and consumers are supported to live the best life they can.

While management stated a new clinical governance framework was being developed and the new framework would have a greater focus on risk management, this was not in place at the time of the Review Audit.

The plan for continuous improvement had identified that the management of high impact and high prevalence risks was an issue. The plan states that the care needs of high impact/high prevalence consumers has not been met at a level that allows them to live the best life they can. Actions to address this issue included improving assessments and additional staff training.

While I acknowledge the actions the organisation plans to put in place to rectify deficits in this Requirement, they have not been implemented or tested for effectiveness and therefore, it is my decision this Requirement is Non-compliant.

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

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

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

The service did not demonstrate it had a functional clinical governance framework.

Management stated that the organisation had not completed any assessment of the service against the Quality Standards. Service management have completed the Aged Care Quality Standards self-assessment tool and rated their performance in this Requirement as ‘Developing’.

While the organisation had a policy for antimicrobial stewardship, a policy relating to minimising the use of restraint and policy for open disclosure, these policies were not being adhered to by management and staff.

The plan for continuous improvement confirmed the service had identified that staff lack knowledge of antimicrobial stewardship, the use of restraint and open disclosure. Actions to address this issue include training, providing fact sheets and other information and discussion at meetings, however, these actions have not been completed or evaluated for their effectiveness. It is my decision therefore, this Requirement is Non-compliant.

# Areas for improvement

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

* Staff are to treat consumers with dignity and respect
* Consumers need to be supported to take risks
* Staff are required to respect consumers’ privacy
* Assessments are to be inclusive of risks to consumers
* Assessments and planning processes need to be current and inclusive of end of life planning
* Consumers and other relevant individuals need to be partnered in assessment and planning
* A care and service plan needs to be documented and readily available to the consumer and providers of care
* Regular review of care and services is required when circumstances change
* Consumers are to be provided with safe and effective personal and clinical care
* High-impact and high-prevalence risks are required to be effectively managed
* Consumers nearing the end of life require their needs, goals and preferences to be recognised and addressed
* Consumers who have deteriorated are required to be recognised and responded to in a timely manner
* The needs and preferences of consumers are required to be documented and shared
* Consumers need to be referred as required in a timely manner
* Infection control processes and appropriate antibiotic prescription are required to minimise infection-related risks
* Consumers are to receive safe and effective supports for daily living
* The service environment is required to be welcoming to optimise consumers’ sense of belonging, independence, interaction and function
* Consumers need to be able to move freely both indoors and outdoors in a safe, clean well-maintained environment
* Suitable safe, clean and well-maintained furniture, fittings and equipment must be available for consumers
* Action following a complaint is to be appropriate
* The review of feedback and complaints needs to be utilised to improve the quality of care and services
* Staffing numbers need to enable the delivery of care and services
* Staff are required to treat consumers in a kind and respectful manner
* Staff are required to be competent to perform their roles
* Training and support of staff is required to deliver the outcomes of the Standards
* Staff performance needs to be regularly assessed and reviewed.
* Consumers are to be engaged in the development, delivery and evaluation of care and services
* A culture of safe, inclusive and quality care needs to be promoted
* Effective organisational governance systems need to be implemented
* Effective risk management systems and practices need to be implemented
* A clinical governance framework is required.