Juniper Riverslea

Performance Report

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**Commission ID: 7099**

**Provider name:** Uniting Church Homes

**Review Audit date:** 25 – 27 November 2019

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | 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) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | 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) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-Compliant |
| Requirement 4(3)(g) | Non-Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | 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) | 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 provider’s response to the Review Audit report received 19 December 2019.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The organisation did not demonstrate each consumer is treated with dignity and respect. 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, interviewed staff, observed staff interaction with consumers and examined relevant documents.

Eight consumers were identified for whom the service’s failure to effectively manage their continence causes them embarrassment, distress and affects their dignity. Staff gave examples of providing continence care for consumers which was not undertaken in a manner which supports the consumers’ dignity.

Consumers interviewed provided feedback indicating that although the service’s own staff generally deliver services in a manner which demonstrates the organisation is inclusive and supports individual cultural diversity, this is not the case when agency staff are working. The organisation did not demonstrate it has effectively understood and applied cultural safety to care and services delivered.

The service did not demonstrate care and services are planned to meet the needs and goals of consumers while reflecting their personal preferences. The service did not enable consumers’ choice or deliver care in accordance with the daily living preferences of consumers. Communication of decisions was not documented in consumers’ individual care plans to guide staff in the actions to be taken to meet the needs goals and preferences of the consumer.

Consumers provided feedback indicating they are not supported to take risks to enable them to live the best life they can. Staff were unable to identify where consumers are supported to take risks and gave examples which indicate the organisation has a risk-averse culture and management does not monitor or review the application of this requirement.

Consumers and representatives also provided feedback indicating they do not always get information about care and services that is accurate, timely or communicated in a way that enables them to exercise choice. Staff were not able to describe systems which ensure the timely transmission of information to consumers or their representatives or support them to make choices about their care.

Consumers, representatives and staff interviewed said the organisation maintains and respects the privacy of consumers and their personal information is kept confidential. However, observation by the Assessment Team did not always support the confidential management of consumers’ private information regarding medications.

## 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.

The Assessment Team found the service failed to ensure that each consumer has had their care delivered in a way that supports the consumer’s dignity. The Assessment Team provided the following evidence relevant to my decision:

* Eight consumers have not had their continence needs managed effectively, this has caused them embarrassment, distress and has affected their dignity.
* Two consumers reported being left in continence aids overnight and frequently waking up wet and no action being taken even though they had reported it or made complaints.
* One consumer’s representative reported that their grandmother often changes her own sheets as she is embarrassed of and does not want people to know she has wet the bed.

The Approved Provider’s response provides evidence that the consumers identified in the Assessment Team’s report had their continence management aids and strategies reviewed and care plans updated in the weeks following the Review Audit and the service has committed to continued monitoring of these. There are education sessions by external consultant which are being delivered in January and the service will continue to monitor staff practice to ensure consumers’ dignity is respected.

Based on the information contained in the Assessment Team’s report and Approved Provider’s response, I have come to the view that, at the time of the Review Audit, the service’s staff practices have not supported consumers’ dignity.

For the reasons detailed above, I find that the Approved Provider does not comply with this Requirement.

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

Care and services are culturally safe.

The Assessment found the service could not demonstrate that care and services that are delivered are inclusive and support individual cultural diversity, specifically in relation to the use of agency staff, including information being available to guide how care should be delivered. The Assessment Team provided the following evidence relevant to my decision:

* A consumer was not satisfied their concerns regarding the delivery of personal care by agency staff was taken seriously by the service. Specifically, that they have repeatedly asked to be showered by the service’s own staff who she knows and is comfortable with, and not by agency staff. However, the consumer continues to be showered by agency staff they do not know making them feel unsafe and uncomfortable.
* A consumer said that agency staff are used on most shifts and they do not know them and are not aware of what is important to them. They said as a result of this they do not always feel their cultural needs are understood. They said they have discussed this with the service’s staff regularly, but nothing changes.
* Lifestyle care plans do not reflect individualised information regarding specific cultural and spiritual safety needs for each consumer.
* The service advised that a generic series of policies and procedures which includes a section regarding ‘Cultural Safety of Consumers’ but stated these have not yet been implemented at the service.

The Approved Provider’s response outlines the actions taken to date including advertising of vacant positions to reduce the use of agency staff and commencing a review of lifestyle care plans to identify specific cultural and safety needs of consumers are captured. Additional training on cultural safety and culture of care and Quality Standards is planned, however has not yet been conducted.

Based on the information contained in the Assessment Team’s report and Approved Provider’s response, I have come to the view that the service has not demonstrated that that it has effectively understood and applied cultural safety to the care services being delivered.

For the reasons detailed above, I find that the Approved Provider does not comply with this Requirement.

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

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

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

The Assessment Team found the service did not demonstrate care and services are planned to meet the needs and goals of consumers while reflecting their personal preferences, specifically in relation to the clothing choices and delivering care in line with the daily living preference of some consumers. Communication of decisions was not documented in consumers individual care plans to guide staff in the actions to be taken to meet the needs goals and preferences of the consumer The Assessment Team provided the following evidence relevant to my decision:

* Consumers said that they have a preference to wear pants, however staff dress them in a skirt daily, the preference for wearing pants has not been documented. Staff have said they are aware of the preference however consumers continue to be dressed outside of their preferences.
* Consumer and representatives said preference in relation to daily activities, like watching TV in their room or being alone their room have not been followed and the reasons why has been explained as there is a requirement or staff observations being undertaken in communal areas.
* Consumers and representative said that they are not always consulted about when family, friends, carers or others should be involved in their care.

The Approved Provider’s response outlines the actions taken to date including a review of consumers care plans to ensure that consumers decisions about their care are included and delivered by staff. The Approved Provider’s response advised that they will be updating policies and procedures in relation to decision making, including additional staff training. An additional review the activities programs will be conducted and a review of consumers care plans to understand how consumers would like to make decisions about their care and how other should be involved are planned, however these have not yet been conducted.

Based on the Assessment Team’s report and Approved Provider’s response I have come to the view that this Requirement is not met. While the service has implemented some actions to address the deficits in the Assessment Team’s report, there is still additional work to be completed as advised in the Approved Provider’s action plan to ensure the service can ensure that each consumer is supported to exercise choice and independence.

For the reasons detailed above, I find the Approved Provider does not comply with this Requirement.

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

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

The Assessment Team found that the service was unable to demonstrate an understanding of this Requirement or provide examples of assisting consumers to take risks to enable them to live the best life they can. Staff expressed it is their duty of care to protect consumers, therefore consumers are not encouraged to undertake activities that may be risky. The Assessment Team provided the following evidence relevant to my decision:

* Consumers said they would like to go out on the balcony to enjoy the fresh air and the view but are told by staff that they cannot as it is not safe, and they might fall off.
* One consumer said they would like to be taken for walks along the riverbank, but staff have told them it is too dangerous, and they cannot go.
* One representative said they have been told they are no longer able to take their family member out of the facility as ‘it is too hard to get them into the car’.
* Consumer representatives said they would like the family member to spend time in their own room, however staff do not support them to do this as they are both at risk of falling and staff prefer to monitor them in the communal area.
* Consumers who smoke are not supported to take risks with regard to their smoking in a safe manner.
* Interviews undertaken with staff indicate that staff do understand this requirement.

The Approved Provider’s response includes an action to address the deficits identified in the Assessment Team’s report, including engaging with consumers to understand their choices and preferences in relation to taking risks and decision making. The Approved Provider’s response acknowledges a risk adverse culture and has planned training for staff on Culture of Care to address this. The response also provides the actions planned to address the risk to consumers who choose to smoke including purchasing of suitable equipment and reviewing risk assessments.

Based on the Assessment Team’s report and Approved Provider’s response, I find the service has not provided sufficient evidence to demonstrate that each consumer is supported to take risks to enable them to live the best life they can.

For the reasons detailed above, I find that the Approved Provider does not comply with this Requirement.

### Requirement 1(3)(e) Non-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.

The Assessment Team found the service was unable to demonstrate that information about care and services is accurate, timely or communicated in a way that enables consumers to exercise choice. The Assessment Team provided the following evidence relevant to my decision:

* Representatives are not always notified, or notified in a timely manner, when there has been a change in the consumer’s condition or following an incident. This has impacted their ability to make informed choices in relation to care.
* Consumers said they are not informed about changes to the way services are delivered and have little input into activities or food.
* Staff were not able to describe systems which ensure timely transmission of information to consumers or representatives to support them to make choices about their care.

The Approved Provider submitted a response to the Assessment Team’s report which includes actions that are planned to mitigate the recommendation of non-compliance in this Requirement. This includes engaging with consumers to understand how information can be communicated effectively, training and education for staff and consumer in involvement in planning and undertaking activities at the service.

The action plan submitted by the Approved Provider demonstrates that further planned improvements are required to ensure the service can comply with this Requirement.

For the reasons detailed above, I find that the Approved Provider does not comply with this Requirement.

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The organisation did not demonstrate consumers are partners in ongoing assessment and planning, and assessment and planning does not focus on optimising consumers’ well-being or identify their needs, goals or preferences for care. 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 relevant documents.

The Assessment Team found the service does not re-assess consumers following changes to care needs or effectively review consumers’ care when deterioration in health occurs, weight loss occurs or when changes in continence occur impacting on the consumers’ needs.

The organisation did not demonstrate each consumer has their current needs, goals and preferences identified and documented in assessments and plans. Further to this the services monitoring processes are not effective to ensure assessments and plans are reflective of consumer’s current needs, goals and preferences. The Assessment Team found regular reviews are not effective or completed in a timely manner.

Consumers and representatives interviewed stated they were not consulted and involved in assessment and planning when consumers’ needs changed. While the service demonstrated an annual review with consumers and representatives occurs at the service, it could not demonstrate planning was in partnership with consumers at other times.

Documentation viewed by the Assessment Team showed consumer needs are discussed during yearly care conference. However, the organisation could not demonstrate consumers or representatives had been supported to understand their care plans or had been made aware they could request a copy of their care plans.

## 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 the service was unable to demonstrate that assessment and planning inform the delivery of safe and effective care. The service does not re-assess consumers following changes to care needs or consider environmental, history and personal impacts to inform the development of care plans to deliver safe and effective care. The Assessment Team provided the following evidence relevant to my decision:

* Assessments including assessment of risks associated with consumers self-medicating, increase in falls risk and smoking are not completed to ensure care plans inform safe and effective care.
* Planning and assessment in relation to decreases in mobility, changing transfer needs and increased risk of falls is not effectively undertaken.
* The services policy for regarding care plans being reviewed every six months or as required are not consistently followed.

The Approved Provider submitted a response to the Assessment Team’s report including an action plan to address the deficits identified in the Assessment Team’s report. The action plan outlines the service will be undertaking a comprehensive review of all consumer care plans, in partnership with the consumer. The Approved Provider plans to deliver training and education for staff regarding assessment and care planning in February 2020. A new suite of policies will also be implemented by June 2020.

Information contained within the Assessment Team’s report and Approved Provider’s response demonstrates that further improvements are required to ensure the service is able to effectively plan and assess consumers’ care needs to inform the delivery of safe and effective care.

For the reasons detailed above, I find that the Approved Provider does not comply 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 was unable to demonstrate each consumer has their current needs, goals and preferences identified and documented in assessments and care plans. The service’s monitoring processes are not effective as regular reviews are not effective or completed in a timely manner. The Assessment Team provided the following evidence relevant to my decision:

* Consumers said they have not been asked if they have any goals and staff confirmed appropriate goals are usually determined by the service.
* Consumers’ preferences, including clothing choices and seating choices are not always delivered nor are they documented in care plans.
* Consumers’ care plans include information in relation to consumers’ clinical needs, however consumers’ goals and preferences have not been included.
* Consumers’ care plans are not always reviewed in line with the service’s current policy.

The Approved Provider submitted a response to the Assessment Team’s report including an action plan to address the deficits identified in the Assessment Team’s report. The action plan outlines the service will be undertaking a comprehensive review of all consumer care plans and consumers and/or representatives are included in planning and consumers’ goals and preferences are agreed upon.

Information contained within the Assessment Team’s report and Approved Provider’s response demonstrates further improvements are required by the service to ensure that the service has effective assessment and planning processes that address consumers’ current needs, goals and preferences.

For the reasons detailed above, I find that the Approved Provider does not comply with this Requirement.

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

The organisation demonstrates that assessment and planning:

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

The Assessment Team found that the service could not demonstrate that consumers and representatives are consulted and involved in assessment and planning when consumers’ needs changed.

The Assessment Team make specific reference to representatives’ dissatisfaction with the service’s consultation and coordination of care where the consumers’ needs had changed or deteriorated.

I have considered the information provided by the Assessment Team’s report and Approved Provider’s response and I have come to the view that the evidence provided in this Requirement is more relevant to Standard 2 Requirement 2(3)(e) and Standard 3 Requirement 3(3)(d) and I have considered them when making findings in relation to those relevant Requirements.

As I have considered this evidence elsewhere in my decision as outlined above. Based on this information, I have come to the view that this Requirement is met.

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

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

The Assessment Team found that the service could not demonstrate consumers or representatives had been supported to understand their care plans or had been made aware they could request a copy of their care plans if they want it. The evidence relevant to my decision includes:

* Consumers and representatives are not aware of what a care plan is, and that they can ask for their care plan if they want it.
* Clinical staff interviewed reported they were not sure if they could give consumers or their representatives a copy of consumers’ care plans.
* Care plans are currently locked away for privacy reasons. Staff were not aware of the requirements for consumer access within the Quality Standards.

The Approved Provider submitted a response to the Assessment Team’s report including an action plan to address the deficits identified in the Assessment Team’s report. The action plan outlines the service will be undertaking a comprehensive review of all consumer care plans in consultation with consumers and representatives and ensure that they are aware that they can be accessed at any time. Summary care plans will be relocated to carer offices and into discreet locations in the consumers’ rooms. The service will also be provided education and training to staff.

Information contained within the Assessment Team’s report and Approved Provider’s response demonstrates further improvements are required to ensure the service effectively communicates the outcomes of assessment and planning to consumers and representatives and that care plans are readily available.

For the reasons detailed above, I find that the Approved Provider does not comply with this Requirement.

### 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 the service was unable to demonstrate that they effectively review consumers’ care when a deterioration in health occurs, including weight loss, changes in continence needs and clinical deterioration. The Assessment Team provided the following evidence relevant to my decision:

* Consumers’ care plans have not been reviewed when there is clinical deterioration identified.
* Care plans for consumers who are experiencing ongoing concerns with incontinence are not reviewed for effectiveness.
* Staff interviewed were unsure whose responsibility it was to refer and/or review care plans.
* Care plans are not reviewed when requested by consumers.

The Approved Provider submitted a response to the Assessment Team’s report including an action plan to address the deficits identified in the Assessment Team’s report. The action plan outlines the service will be developing a Deteriorating Resident policy and a Stop and Watch early learning tool for staff. Education and training will also be provided to staff, including training in continence management. Consumers with issues identified in the Assessment Team’s report will have a review of their care plans conducted.

Information contained within the Assessment Team’s report and Approved Provider’s response demonstrates further improvements are required to ensure the consumers care and services are effectively reviewed when a change in circumstance or incident occurs.

For the reasons detailed above, I find that the Approved Provider does not comply with this Requirement.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Consumers and representatives provided feedback indicating consumers do not receive personal care and clinical care that is safe and right for them. 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 relevant documents.

It was identified at an Assessment Contact on 13 November 2019 and during this Review Audit the service did not provide personal care tailored to the needs of consumers*.* Consumers did not receive safe clinical care that is best practice in relation to implementation of falls risk prevention strategies, safe medication management and providing best practice care to consumers with diabetes. The service does not manage consumers’ continence needs in line with best practice or consumers’ needs impacting on the wellbeing of consumers.

The service does not effectively manage high impact or high prevalence risks associated with consumers’ care including risks associated with weight loss, falls, behaviours, medications and pain. The service does not identify and respond appropriately when changes in consumers’ clinical needs occur and do not implement effective strategies to minimise and prevent impact from risks associated with the consumers’ changed needs.

The service has a process to consult and complete end of life wishes for consumers and staff demonstrate an understanding of how to support consumers at the end of life. Feedback from consumers indicates end of life care has been provided in an appropriate manner.

The service did not demonstrate significant deterioration of consumers was recognised or responded to in an appropriate or timely manner leading to negative outcomes for consumers. Monitoring and review of consumers’ condition did not occur and staff do not follow policies and procedures regarding care documentation. Staff did not demonstrate an understating of the organisation’s process for communicating and escalating concerns with regard to consumers’ condition.

The organisation could not demonstrate that information about the consumers’ condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

The service does not refer consumers to appropriate specialists where required and consumer representatives interviewed are not satisfied referrals occur appropriately or in a timely manner.

The service has systems for the surveillance and management of infection including processes to monitor anti-biotic usage at the service.

### 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 that the service does not provide clinical care that is best practice or tailored to consumers’ needs, consumers and representatives are not satisfied that personal and clinical care is delivered in line with their needs and this has impacted on consumers’ health and wellbeing. The Assessment Team provided the following evidence relevant to my decision:

* Consumers do not always receive safe and effective clinical care, specifically in relation to the management of falls risks and falls prevention strategies, safe medication management, diabetes management and catheter care.
* Consumer continence needs are not managed effectively or in line with consumers’ needs, which has impacted the wellbeing of some consumers.
* The service’s policies and procedures for the delivery of safe and effective personal and clinical care are not always followed by staff.

The Approved Provider’s response includes an action plan to ensure that all consumers at the service have their care plans reviewed, including the consumers named in the Assessment Team’s report. The Approved Provider’s response outlines a commitment by the service to complete these actions with the assistance of the senior nurse that has recently been appointed. The Approved Provider acknowledges that imbedding these improvements will take additional time.

Information contained within the Assessment Team’s report and Approved Provider’s response demonstrates that further improvements are required to ensure each consumer gets safe and effective personal care and/or clinical care.

For the reasons detailed above, I find that the Approved Provider does not comply 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 that the service does not effectively identify and respond when changes in consumers’ clinical needs occur and does not implement effective strategies to minimise and prevent impact from the risks associated with consumers’ changed needs associated with weight loss, falls management, behaviour management, medication management and pain management.

* Consumers with known falls risks were not provided with call bell access, falls mats were not in place for the consumers in their rooms to alert staff of consumers who may have fallen.
* Consumers’ medications were not administered in a timely manner causing a delay of three weeks for one consumer.
* The risk of malnutrition for a consumer was not identified in a timely manner.
* One consumer’s risk of severe dehydration was not managed.
* Risks associated with consumers not sleeping and wandering at night into other consumers’ rooms is not managed effectively.
* The service has not demonstrated effective management of consumers with challenging behaviours and the high impact and risks associated with those behaviours including refusal of personal and clinical care, management of continence, aggressive behaviours causing injury to themselves and others, and inappropriate sexual behaviours.

The Approved Provider submitted a response to the Assessment Team’s report including an action plan to address the deficits identified in the Assessment Team’s report. Actions taken to date include the appointment of a senior Registered Nurse to provide appropriate leadership and guidance to staff in the delivery of care. Further actions planned by the service include Early Warning Guide training and education for staff, a schedule of regular meeting to review consumers’ care and review all care plans for the consumers named in the Assessment Team’s report.

The Assessment Team’s report and Approved Provider’s response demonstrates that further improvements are required to ensure the service is able to effectively manage the high impact or high prevalence risks associated with the care of each consumer.

For the reasons detailed above, I find that the Approved Provider does not comply with this Requirement.

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

The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

### Requirement 3(3)(d) 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 Assessment Team found that the service was unable to demonstrate that the deterioration of consumers is identified and responded to in a timely manner, specifically in relation to diabetes management, continence management and mobility. The evidence the Assessment Team provided relevant to my decision include:

* The service failed to identify significant clinical deterioration of a consumer with diabetes when their blood glucose levels were continuously above acceptable levels.
* The service failed to take appropriate actions to respond to a consumer with diabetes showing signs of deterioration, including dehydration, vomiting, diarrhoea and decline in consciousness.
* The service failed to monitor a consumer with diabetes during an illness.
* The service failed to identify and respond to consumers’ deterioration in continence needs.
* The service failed to identify and respond to a consumer’s deterioration in mobility.
* The service could not demonstrate an understanding by staff of their roles and the service’s process for communication and escalating concerns.

The Approved Provider submitted a response to the Assessment Team’s report including an action plan to address the deficits identified in the Assessment Team’s report. Actions taken to date include an adverse event review of the consumer with diabetes and the appointment of a senior Registered Nurse. Further actions planned by the service include the implementation of a Deteriorating Resident Policy including Early Warning Guide training and education for staff and a schedule of regular meetings to review consumers’ care and respond and prevent deterioration.

The Assessment Team’s report and Approved Provider’s response demonstrates that further improvements are required to ensure the service is able to effectively identify, escalate and respond effectively to consumers’ deterioration.

For the reasons detailed above, I find that the Approved Provider does not comply with this Requirement.

### Requirement 3(3)(e) 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.

The Assessment Team found that the service could not demonstrate that information about consumers’ condition, needs and preferences is documented and communicated effectively within the service. The evidence relevant to my decision includes:

* Consumers said they do not feel their needs and preferences are effectively communicated between staff.
* Consumers said they have to repeat their needs and preferences to agency staff.
* Care documents including progress notes and handover documentation do not provide adequate information to support effective and safe sharing of the consumers’ care.
* Handover processes have not been effective in the sharing of changes in consumers’ needs, preferences and condition.
* Information regarding ineffective management of continence matters for seven consumers was not shared with the services continence nurses for re-assessment.

The Approved Provider submitted a response to the Assessment Team’s report including an action plan to address the deficits identified in the Assessment Team’s report. Actions taken to date include implementation of new handover methodology, education and training for staff on information management and a review of consumer care plans in consultation with consumers and representatives.

Based on the Assessment Team’s report and Approved Provider’s response, I find the service has not provided sufficient evidence to demonstrate that, at the time of the Review Audit, information about consumers’ condition, needs and preferences were documented and communicated effectively.

For the reasons detailed above, I find that the Approved Provider does not comply with this Requirement.

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

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

The Assessment Team found that the service could not demonstrate the timely or appropriate referral of consumers to specialists where required. The evidence relevant to my decision includes:

* Consumer representatives are not satisfied referrals occur appropriately or in a timely manner.
* The service’s referral system does not have a tracking system for staff and does not have clear guidelines for referrals.
* Consumers and representatives are not kept informed on the progress of referrals.
* Consumers are not seen by specialists when required in a timely manner.

The Approved Provider provided information to the Assessment Team during the Review Audit and in their response to the Assessment Team’s report to advise that the referral system, processes and guidelines for staff are currently being reviewed and there are plans for an improved system to be implemented.

Based on the Assessment Team’s report and Approved Provider’s response, I find the service has not provided sufficient evidence to demonstrate that, at the time of the Review Audit, the service had an effective referral system.

For the reasons detailed above, I find that the Approved Provider does not comply with this Requirement.

### 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-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The service did not demonstrate supports for daily living to meet the needs and goals and preferences for all consumers. 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, interviewed staff, observed staff interaction with consumers and examined relevant documents.

The service does not support each consumer to participate in their community within and outside the organisation, have social and personal relationships or do things of interest to them. However, feedback from consumers and representatives indicated emotional, spiritual and psychological well-being needs are met.

Documents sampled and staff and consumer/representative feedback regarding information about the consumers’ condition, needs and preferences, demonstrated information is communicated within the organisation, and referrals made to relevant people, and with others where responsibility for care is shared.

The service did not demonstrate meals provided are varied and of suitable quality and quantity for all consumers, or demonstrate equipment provided for non-ambulant consumers is safe and suitable for their use.

Consumer feedback indicates equipment for non-ambulant consumers is not always safe or suitable for their use.

## 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.

The Assessment Team found that the service was unable to demonstrate effective supports for daily living that meet the needs, goals and preferences of all consumers. The Assessment Team provided the following relevant evidence:

* Consumers whose preference is to be alone in their rooms, watch musicals and/or TV or only engage in one-to-one interactions are not supported to engage in these activities and are generally taken to the communal lounge room area for the purposes of easier staff observation.
* A consumer who enjoys family outings, outside of the service is not permitted to do so as it considered a safety concern, however no supports have been considered to allow this to continue.
* A consumer who wishes to attend activities is unable to as the service has not effectively managed her continence needs – and because she smells – offends other consumers.

The Approved Provider has advised they will review the supports for daily living for the consumers named in the Assessment Team’s report. The Approved Provider’s response has not provided any additional information or evidence that persuades me not to support the Assessment Team’s findings.

For the reasons detailed above, I find that the Approved Provider does not comply with this Requirement.

### 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) Non-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.

The Assessment Team found that the service does not support each consumer to participate in their community both inside and outside of the service, have social and personal relationships and do what is of interest to them. Evidence relevant to my decision includes:

* A consumer who wishes to participate in the outside community is not permitted to as the service has identified it as a safety risk. There has been no consultation with the consumer or representative about how the consumer can be supported to continue to engage with the outside community.
* A consumer who wishes to engage in group activities within the service is not assisted by the service to do so as the service has failed to effectively manage her continence and behaviour needs.

The Approved Provider has advised they will review, in partnership with consumers, support to assist in community participation. The Approved Provider has not provided any additional information that dissuades me from the Assessment Team’s findings.

For the reasons detailed above, I find that the Approved Provider does not comply with this Requirement.

### 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 found that the service was unable to demonstrate that meals provided are varied and are of a suitable quality and standard. The Assessment Team provided the following evidence relevant to my decision:

* Consumers report that meals served are frequently not the meals on the menu.
* Staff interviewed said that meals served are not always the meals on the menu.
* A consumer said that food is not always to their cultural preferences.
* Consumers are not engaged or consulted about reviewing the menu or menu choices.
* Lunch service observation showed multiple consumers appearing to be unhappy with the menu, commenting that it was cold and not nice and tasted funny.

The Approved Provider responded to the Assessment Team’s report advising that they are going to review the food menu and roll out a consumer survey to collect feedback on the meal service. The Approved Provider did not provide any additional information or evidence to dissuade from the Assessment Team’s findings.

For the reasons detailed above, I find that the Approved Provider does not comply with this Requirement.

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

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

The Assessment Team found that the service could not demonstrate that equipment provided for non-ambulant consumers is safe and suitable for their use. The Assessment Team provided the following evidence relevant to my decision:

* The service does not provide wheelchairs for sitting in, they only provide wheelchairs suitable to transport.
* Representatives reported that they have been asked to provide wheelchairs for their family member to be used during the day.
* Consumers are left in wheelchairs that have no padding and are uncomfortable.
* The service only has one comfort chair that has been donated and is not suitable for current consumers.
* The physiotherapist reported the service does not have suitable equipment to meet the needs of consumers with poor trunk strength.

The Approved Provider has responded to the Assessment Team’s report advising that all consumers who require wheelchairs will receive appropriate information with the regard to wheelchair provision. Wheelchair requirements be reviewed, in partnership with the consumers to understand the need for customisation of the wheelchair and equipment will be ordered. The Approved Provider did not provide any additional information or evidence to dissuade from the Assessment Team’s findings.

For the reasons detailed above, I find that the Approved Provider does not comply with this Requirement.

# STANDARD 5 NON-COMPLIANTOrganisation’s services environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The organisation did not demonstrate it provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment. 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.

The service environment has signage to assist consumers and others to navigate their way around. Furniture in dining rooms and lounges optimises independence for mobile consumers when transferring from a sitting to standing posture. Consumers are accommodated in single rooms with ensuite bathrooms and are able to personalise their rooms. Covered courtyard areas are provided for consumers who wish to sit outdoors.

Consumers are not satisfied the service is always maintained in a clean condition. Equipment is left in corridors creating a trip hazard for consumers and visitors. Consumer feedback and observation by the Assessment Team indicate the service environment does not always assist consumers to move freely both indoors and out.

The smoking area does not provide consumers who smoke with easy access to call bells or emergency equipment should they require it.

The service could not demonstrate all furniture and equipment is safe and suitable for consumers. Management said the wheelchairs provided are not suitable for consumers to sit in for long periods of time, however consumers who have not been provided an alternative are required to use equipment not suitable for their needs. Equipment used to assist staff in the toileting of consumers is not always provided in line with consumers’ needs.

## 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) 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 Assessment Team found consumers are not satisfied the service is always maintained and clean, consumers are not always assisted to move freely both indoors and outdoors and a safe environment has not been provided for consumers who choose to smoke. The evidence relevant to my decision includes:

* Representatives said that the cleaners do not mop the floors properly, there is a build-up of dirt in corners and around objects in the room.
* A consumer said they prefer to clean their own room or have to do additional cleaning as rooms are not cleaned properly by the cleaners.
* A consumer who wishes to access the balcony is not allowed to as staff have advised it is not safe.
* Urine soaked sheets are not changed in a timely manner causing an unpleasant odour.
* The smoking area does not provide consumers easy access to call bells, emergency equipment or entry back into the service.

The Approved Provider has responded to the Assessment Team’s report advising that a review of the cleaning schedules, roster and practices will be undertaken, and training provided if required. The doors to the balcony will be unlocked during the day. Risk assessments will be undertaken for consumers who smoke, and the service will explore an appropriate mechanism or system to enable consumers who smoke to request assistance.

The Assessment Team’s report and Approved Provider’s response demonstrates further improvements are required to ensure the service is able to provide a safe clean environment where consumers are enabled to move freely inside and outside.

For the reasons detailed above, I find that the Approved Provider does not comply with this Requirement.

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

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

The Assessment Team found the service was unable to demonstrate furniture and equipment are clean or that equipment is suitable for consumer’s requirements. The Assessment Team provided the following evidence in relation to my decision:

* Wheelchairs provided are not suitable for consumers to sit in for long periods of time, however consumers who have not been provided an alternative are required to use equipment not suitable for their needs.
* The service does not provide toileting slings for consumer care, consumers who are immobile and require staff assistance with toileting need to wear skirts, staff said this is so the staff can easily access the continence aid.
* There are not enough recliners in the communal area for all consumers.
* Consumers who require transfer with a lifter are left in the wheelchairs all day.
* Cleaning staff said they do not clean upholstery when urine has been deposited on it.

The Approved Provider has responded to the Assessment Team’s report advising the service is implementing a furniture and equipment review, inspection and cleaning schedule and a review of the spot cleaning procedure. Assessments of all consumers requiring equipment is also being undertaken.

The Assessment Team’s report and Approved Provider’s response demonstrates further improvements are required to ensure the service is able to provide furniture and equipment are clean and equipment that is suitable for consumer’s requirements.

For the reasons detailed above, I find the Approved Provider does not comply with this Requirement.

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The organisation could demonstrate consumers are supported to give feedback or make complaints. However, where feedback is provided the organisation did not demonstrate it is appropriately responded to or feedback informs continuous improvements for individual consumers or the whole organisation. 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, interviewed staff, observed staff interaction with consumers and examined relevant documents.

Consumers and representatives are dissatisfied with how their concerns are managed by the service. Consumers and representatives interviewed were not satisfied with the way feedback was managed by the service. Consumers and representatives also said they were not encouraged or supported to provide feedback and where feedback is provided the service does not respond in a timely manner.

Consumers interviewed said although they are aware of the service’s internal feedback system, not all consumers are aware of external systems or advocacy services which may be accessed to raise and resolve concerns. Observations by the Assessment Team indicate the service has not updated information regarding external complaint systems.

Consumers were not satisfied concerns which may initially be addressed, were followed up by management on an ongoing basis with respect to staff practice ensuring the consumer remains satisfied with the outcome of actions taken. Evidence was not provided by the service supporting timely action taken to address concerns raised by consumers or identified by previous audits. The service has a recently implemented process for open disclosure and examples were provided to evidence the organisation’s understanding of this requirement.

## 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.

The Assessment Team found the service is unable to demonstrate consumers, their families or others are encouraged and supported to provide feedback and make complaints. The Assessment Team provided the following evidence relevant to my decision:

* Consumers interviewed were not satisfied feedback was responded to in a timely manner.
* Consumers said they are dissatisfied with how their concerns are managed by the service. Where concerns are initially addressed, follow up does not occur to ensure the consumer is satisfied with the outcome.

The Approved Provider submitted a response to the Assessment Team’s report including seeking feedback from consumers on the location for feedback boxes and relocating them accordingly and the addition of feedback to the agenda for the residents and representatives’ meetings. Further actions planned include training to be delivered to staff on Customer Service and Complaints Management.

The Assessment Team’s report references the deficiencies identified by the Assessment Team from the Assessment Contact undertaken on 13 November 2019. In response the Approved Provider provided evidence all consumers and representatives had been contacted by the service in writing and advised of the internal and external mechanisms available to provide feedback and complaints and staff education was completed. Actions taken by the Approved Provider following the Assessment Contact on 13 November 2019 also include a review of open complaints, conduct of a face-to-face consumer satisfaction survey and meetings with all consumers with open complaints.

While the Assessment Team’s report demonstrates consumers continue to be dissatisfied with the timely and appropriate response to complaints, I have come to a view the evidence contained in this Requirement was more relevant to Standard 6 Requirement 6(3)(c) and I have considered this evidence in my findings in relation to that Requirement in this decision.

Based on the Assessment Team’s report and Approved Provider’s response, I have come to the view the actions implemented at the service following the Assessment Contact undertaken on 13 November 2019 have been sufficient to demonstrate consumers at the service are supported to provide feedback and make complaints.

For the reasons detailed above, I find the Approved Provider complies with this Requirement.

### 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.

The Assessment Team found that the service was unable to demonstrate access to advocates and other methods for raising and resolving complaints are effectively communicated to consumers. The Assessment Team provided the following evidence relevant to my decision:

* Two consumers said they are not aware of external systems or services that could assist with complaints.
* One consumer said they were not aware of how to access advocacy services.
* The Assessment Team observed the service has not updated information regarding external complaint systems on noticeboards at the service.
* Staff at the service were aware of how to assist consumers with information on complaints and advocacy services and the use of interpreters, if required, by giving them information pamphlets.

The Approved Provider has responded to the Assessment Team’s report advising of the actions taken immediately following the Assessment Contact undertaken on 13 November 2019, these actions include all consumers and representatives have been contacted by the service in writing and advised of the internal and external mechanisms available to provide feedback and complaints, and noticeboards at the service were updated with relevant information on 25 November 2019. The Approved Provider’s response outlines further written communication will be provided to consumers.

Based on the Assessment Team’s report and Approved Provider’s response, I have come to the view the actions implemented at the service following the Assessment Contact undertaken on 13 November 2019 have been sufficient to demonstrate consumers are aware of and have access to advocates, language services and other methods for raising and resolving complaints. Where consumers are not aware, staff have been trained to understand how to provide this information to consumers.

For the reasons detailed above, I find that the Approved Provider complies with this Requirement.

### 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 the service was unable to demonstrate appropriate action is taken in response to complaints. Consumers are not satisfied their concerns are adequately addressed when raised and changes implemented are not sustained. The Assessment Team provided the following evidence relevant to my decision:

* A consumer who has asked repeatedly to be showered by the service’s own staff who she knows and is comfortable with, and not by agency staff says she has continued to have agency staff attend to her for showers.
* Concerns raised regarding the safety of the smoking area have not been addressed.
* Consumers and representatives have raised multiple concerns regarding poor continence management and nothing has been done to address those concerns.

The Approved Provider submitted a response to the Assessment Team’s report including an action plan to address the deficits identified in the Assessment Team’s report. Actions taken to date include a review of the complaints of the database for follow up and action. Future actions planned include implementation of new complaints processes.

Information contained in the Assessment Team’s report and Approved Provider’s response demonstrated that further improvements are required to ensure the service is taking appropriate action in response to consumer and representative complaints.

For the reasons detailed above, I find that the Approved Provider does not comply with this Requirement.

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

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

The Assessment Team found the service was unable to demonstrate feedback and complaints are reviewed or used to improve quality of care and services, including but not limited to the areas of continence management, safety of the smoking area and use of agency staff. The evidence provided relevant to my decision includes:

* Ongoing concerns have been raised by consumers, their representatives and staff regarding staffing levels at the service.
* Ongoing concerns have been raised by representatives regarding continence management for the consumers named in the Assessment Team’s report. However, a continence review was not initiated on receipt of those complaints and no improvements to services have been implemented in response to complaints.
* Ongoing concerns have been raised regarding the high use of agency staff. However, these concerns have not been addressed by the service.

The Approved Provider submitted a response to the Assessment Team’s report including an action plan to address the deficits identified in the Assessment Team’s report. The actions planned include identification of complaint trends and provision of staff training in Customer Service and Complaints Management.

The Assessment Team’s report and Approved Provider’s response demonstrates further improvements are required to ensure the service is able to effectively manage complaints and in turn use the feedback and complaints mechanisms to improve the quality of care at the service.

The Approved Provider did not provide any additional information or evidence to dissuade me from the Assessment Team’s findings.

For the reasons outlined above I find the Approved Provider does not comply with this Requirement.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers do not receive quality services from staff who are knowledgeable, capable or caring. The organisation did not demonstrate it has a workforce that is sufficient, skilled or qualified to provide safe, respectful and quality care and services. 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, interviewed staff, observed staff interaction with consumers and examined relevant documents.

#### Consumers are not satisfied with staffing, providing feedback indicating there are insufficient care staff, and the service utilises too many agency staff affecting the continuity of care. Call bells are not answered in a timely manner or monitored effectively, and staff are rushed and disinterested in providing care. It was also identified that the mix of clinical and care staff did not ensure safe and quality clinical care was provided, and agency staff are not aware of the service’s systems and processes.

Management did not demonstrate rostering practices ensure adequate staff are rostered and all shifts are appropriately covered by qualified staff in line with industry best practice. Staff feedback indicates they are not able to adequately supervise consumers undertaking high risk activities such as smoking and do not have sufficient time on some shifts, particularly at night to undertake regular toileting for consumers leading to poor outcomes for consumers. High agency usage leads to poor continuity of care, and agency staff are utilised on night shift with no staff employed by the service on shift to guide or support them.

Staff interactions with consumers are not always kind or respectful. Consumer feedback indicates staff are rushed, sometimes disinterested and do not always engage with consumers when providing care. Incidents of poor staff performance reported by consumers are not always followed up by management.

The organisation did not demonstrate the workforce is competent or has sufficient knowledge to undertake their roles effectively. Examples included infection control, medication management, assessment and planning of care, timely referral to internal and external specialists, or documentation and consultation requirements.

The organisation did not demonstrate training provided is effective or staff are equipped or supported to deliver the outcomes of these standards. Staff feedback indicates they are not confident in undertaking their roles safely.

The service did not demonstrate all staff undertake performance appraisal in accordance with the organisation’s policy and did not demonstrate how staff performance across any area of care or service provision is monitored or reviewed to ensure best practice outcomes for consumers. The service did not demonstrate assessment and review of medication credentialled staff or clinical staff occurs in accordance with the organisation’s mandatory training or medication incident management process. The service did not demonstrate monitoring of staff to ensure the provision of safe medication administration to consumers.

## 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 Assessment Team found the service was unable to demonstrate there are sufficient staff to ensure the delivery of safe and quality care that meets the needs of consumers at the service. The Assessment Team provided the following relevant evidence:

* The service could not demonstrate effective systems and processes to enable them to understand numbers and skill of staff required at the service.
* The service could demonstrate continuity of care for consumers as there is a high use of agency staff.
* Staff do not have sufficient time to enable them to supervise consumers who smoke.
* Staff are unable to assist consumers to use the toilet during the night shift as there are insufficient numbers of staff, resulting in wet beds.
* The service was unable to demonstrate the mix and level of staff during night shift could effectively or appropriately respond in the event of an emergency.
* The service could not demonstrate the action plan developed in response the Assessment Contact undertaken on 13 November 2019 had been implemented.

The Approved Provider submitted a response to the Assessment Team’s report including an action plan to address the deficits identified in the report. The response advised action was taken on the first day of the Review Audit to implement an allocation sheet for staff rostering. Additional actions taken include the recruitment of additional casual staff and the trialling of a Registered Nurse on evening shifts.

Future actions outlined in the response include the ongoing review of staffing numbers, skills and mix across shifts, ongoing monitoring of agency staff usage and the commencement of daily call bell monitoring.

The Assessment Team’s report and Approved Provider’s response demonstrates further improvements are required to ensure the service has the systems and processes in place to ensure there are sufficient and appropriate staff to ensure care is able to be delivered that meets the Requirements of the Quality Standards.

For the reasons outlined above I find that the Approved Provider does not comply with this Requirement.

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

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

The Assessment Team found the service does not ensure staff interactions are kind, caring and respectful or it monitors staff performance in relation to this Requirement. The Assessment Team provided the following relevant evidence:

* One consumer said a staff member was ‘mean to me, she turns the light off when I am sitting in my room, tells me what I can and cannot do’.
* Staff do not treat consumers in a dignified way during toileting and continence care:
	+ Two consumers are made to wear skirts when they prefer pants as it is easier for staff to assist them to toilet.
	+ The service does not provide toileting slings as it takes too long to transfer and position a consumer on the bed to change their continence aid. Staff said they lean the consumer forward and push the continence aid through, and then tilt the consumer back and pull the aid from the front when changing aids for consumers who are in wheelchairs or dependent on a sling hoist transfer.
* Staff were observed to be rushing, not smiling and not engaging with consumers and not taking time to listen to consumers’ needs.
* The service could not demonstrate it had investigated incidents of alleged verbal abuse by staff reported by consumers.

The Approved Provider submitted a response to the Assessment Team’s report including an action plan to address the deficits identified in the report. The service has appointment a Registered Nurse to lead and monitor staff interactions with consumers, investigation into alleged verbal abuse are being conducted and consumers will be advised of outcomes.

Future actions include the provision of training to staff in Customer Service and Complaints Management. Staff will also be asked to observe the Juniper code of conduct and values.

The Assessment Team’s report and Approved Provider’s response demonstrates that further improvements are required to ensure the service delivers care and services that are kind, caring and respectful.

For the reasons outlined above I find the Approved Provider does not comply with this Requirement.

### 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.

The Assessment Team found the service was unable to demonstrate the workforce is competent and has the knowledge to effectively perform their roles. The service could not demonstrate the application of this Requirement with particular regard to infection control, medication management, assessment and planning of care, and timely and appropriate referrals to specialists. The Assessment Team provided the following evidence:

* The Assessment Team observed a staff member undertaking a medication round not using appropriate infection control measures, including use of alcohol gel and hand washing after blowing their nose.
* The service has failed to appropriately manage staff when medication incidents occur, including failure to undertake appropriate competencies after three or more medication incidents. Nor does the service have a process to remove staff who are not competent to administer medications.
* Staff were observed to use unsafe practices when conducting medication rounds, including leaving medication trolleys unattended and with medication accessible on the trolley.
* Clinical staff did not initiate re-assessments or continence charting following verbal reports from staff and consumers and/or representatives of having wet beds, linen and clothes for eight consumers.
* Clinical staff have not consistently referred consumers to specialist services in a timely manner.

The Approved Provider’s response includes actions planned to address the deficits contained in the Assessment Team’s report including a review and assessment of mandatory competencies and training in infection control, medication management, assessment and care planning, internal and external referral systems, and residential documentation.

I acknowledge the service’s planned training program for staff to assist in addressing the deficits identified by the Assessment Team, however I note that this is yet to be delivered. The Approved Provider did not provide any additional information or evidence to dissuade me from the Assessment Team’s findings.

For the reasons outlined above I find that the Approved Provider does not comply with this Requirement.

### 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 the service could not demonstrate staff are effectively trained and supported to deliver the outcomes required by these standards. Nor have staff been effectively trained and supported to understand the Requirements of the Quality Standards. The Assessment Team provided the following evidence relevant to my decision:

* Two consumers said although there are some good staff not all staff are sufficiently trained and do not understand their needs when it comes to providing care.
* One consumer said she gets tired of having to constantly tell staff how to assist her with her shower and other aspects of personal care. This is particularly the case when it is agency staff working, to the point she has asked not to have agency staff attend to her care.
* Care staff who are responsible for administering medications, do not recall the last time they completed a medication competency. The staff said they do not feel confident doing the medications because there have been a lot of mistakes made, including some they made themselves, but there is no support to learn how to do things the right way as the nursing staff are also busy.
* The staff said they do not have opportunity to ask for specific training they think would be of use to them. Four staff interviewed said they have not received any training on the Quality Standards.
* Training reports show overdue mandatory training for multiple staff members, including fire and evacuation training, hand hygiene refreshers, manual handling refreshers, no-lift competency and food safety training.

The Approved Provider submitted a response to the Assessment Team’s report including an action plan to address the deficits identified in the report. The service’s planned actions include monitoring staff practice, reinforcing staff practice on the safe delivery of care and services, provision of additional training for staff in the Quality Standards and Culture of Care, and ensuring all staff attend all mandatory training competencies.

I acknowledge the service’s planned actions and training program, however I note this is yet to be completed. The Approved Provider did not provide any additional information or evidence to dissuade me from the Assessment Team’s findings.

For the reasons outlined above I find the Approved Provider does not comply with this Requirement.

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

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

The service did not demonstrate all staff undertake performance appraisal in accordance with the organisation’s policy and did not demonstrate how staff performance across any area of care or service provision is monitored or reviewed to ensure best practice outcomes for consumers:

* The service does not assess and review medication credentialled staff or clinical staff in accordance with the organisation’s mandatory training or medication incident management processes.
* The service did not demonstrate monitoring of staff to ensure the provision of safe medication administration to consumers.
* Clinical staff interviewed said although they are responsible to some extent for monitoring care staff practice they do not have time to do this.
* Two care staff interviewed said they did not feel the performance appraisal process they undertook was valuable, as management did not listen to their concerns about not having enough time to do their work and were not supportive.
* Management advised eight staff continue to have outstanding performance appraisals.
* While incident data is analysed for medication incidents, a review of performance is not undertaken as there is no time for re-education, practical competencies or supervision and staff are required to perform medication administration as part of their role.

The Approved Provider submitted a response to the Assessment Team’s report including an action plan to address the deficits identified in the report. Actions taken to date include implementing and maintaining a schedule for staff appraisals, including completing the eight outstanding staff appraisals.

Future actions planned include the implementation of a process to address staff where multiple medication incidents occur and ensure all staff completed mandatory training competencies.

I acknowledge the service’s planned actions and training program. However, I note this is yet to be completed. The Approved Provider did not provide any additional information or evidence to dissuade me from the Assessment Team’s findings.

For the reasons outlined above I find that the Approved Provider does not comply with this Requirement.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Consumers are not engaged in the development or delivery of care and services and are not supported in the evaluation or care of services. Consumers’ and representatives’ feedback do not support the organisation being inclusive of their participation in this Requirement.

The organisation did not demonstrate its governing body promotes a culture of safe inclusive and quality care and services and did not demonstrate its application of this Requirement. Examples include: Consumers interviewed are not satisfied the organisation has enough active oversight to ensure quality care and services.

Organisational governance systems regarding information management, continuous improvement, workplace governance, regulatory compliance and feedback and complaints are not effective. Information management systems do not support effective clinical care systems. Workforce governance does not ensure sufficient qualified and competent staff are engaged by the service to provide care that is safe and best practice. The discharge of a consumer from the service did not align with the User Rights Principles of the *Aged Care Act 1997*. The service’s continuous improvement and feedback systems are not effective.

While the organisation has a risk management framework it is not effective in managing high impact or high prevalence risks associated with consumer care and is not effective in identifying or responding to abuse and neglect of consumers. Risk management systems are not effectively used by staff to inform care and direct the implementation of strategies to reduce the impact of high prevalence and high impact risk consumers.

## 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 Assessment Team found the service was unable to demonstrate consumers are effectively engaged or supported to participate in development or delivery of care and services and not supported in the evaluation of care services. The Assessment Team provided the following evidence relevant to my decision:

* Three consumers and two representatives said they do not feel they have a say in the way the service operates.
* Two consumers and one representative said feedback they provide about quality of service is not responded to, for example the high use of agency staff and concerns with care delivery.
* Two consumers said they do not feel like their feedback is valued or that it is worthwhile making suggestions.
* Two consumers said there are no committees or other avenues to enable them to participate in development or delivery of services.
* Feedback mechanisms used by the service are not effective in capturing consumer feedback and have not led to the improvement of service delivery.

The Approved Provider submitted a response to the Assessment Team’s report including an action plan to address the deficits identified in the report. Future actions outlined in the response include the implementation of a Consumer Engagement Group to provide input on recommended solutions to the deficits raised in the Review Audit report.

The Assessment Team’s report and Approved Provider’s response demonstrates further improvements are required to ensure the service is effectively engaging consumers in the development, delivery and review of care and services.

For the reasons outlined above I find the Approved Provider does not comply with this Requirement.

### 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 Assessment Team found while the board has sufficient experience and qualifications, is aware of their accountabilities and is supported by various governance committees, staff and consumers at the service do not feel they are supported to deliver safe and quality care. The Assessment Team provided the following evidence relevant to my decision:

* Consumers interviewed said they are not sure the organisation has enough oversight to ensure quality care and services and that if the board were aware of the high level of agency staff they would have done something about it.
* Two consumers said they consistently provide feedback that there are not enough staff and the services are not always safe, but no one listens.
* Two staff members said the service does not support them to work safely, including not having enough time, interruptions during medication administration and not being able to know the consumers well enough to provide good service.

The Approved Provider submitted a response to the Assessment Team’s report including an action plan to address the deficits identified in the report. The response advised that a new Residential Manager was employed in December 2019 to provide hands-on leadership. The service has ongoing actions planned, including monitoring the new leadership changes and staff practices to ensure effective change has been made, including surveying consumers.

The Assessment Team’s report and Approved Provider’s response demonstrates further improvements are required to ensure there is sufficient accountability for the promotion of a culture of safe, inclusive and quality care at the service.

For the reasons outlined above I find that the Approved Provider does not comply with this Requirement.

### 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 Assessment Team found the service was unable to demonstrate effective organisational wide governance systems, specifically in relation to information management, work place governance, regulatory compliance and feedback and complaints. The Assessment Team provided the following evidence:

* Information management systems are not effective in alerting staff in consumers’ changing needs and the need for re-assessment, for example eight consumers whose continence management was not effectively managed.
* Staff are not entering information correctly into the information management systems.
* Workforce governance systems and processes are not effective in ensuring sufficient and qualified staff are engaged at the service, as evidenced in the failures elsewhere in this report.
* The discharge of a consumer from the service did not align with the User Rights Principals of the *Aged Care Act 1997*.
* The system for capturing feedback and complaints received has not been effective in informing continuous improvement of the service’s care and a service delivery.

The Approved Provider submitted a response to the Assessment Team’s report including an action plan to address the deficits identified in the report. The response advised action was taken on the first day of the Review Audit to implement an updated handover tool and an allocation roster. In relation to regulatory compliance, the service will be using the consumer named in the report as a case study to deliver education and training to staff.

Future actions outlined in the response include training and education of staff and the implementation of new policies and procedures that reflect the Quality Standards by June 2020. In relation to workforce governance the Approved Provider is reviewing staff numbers, skills and mix across all shifts and reviewing the use of agency staff. In relation to feedback and continuous improvement systems, the Approved Provider has planned a review to identify complaint trends and initiate improvements.

Based on the Assessment Team’s report and Approved Provider’s response I am not satisfied the service has effective organisation wide policies, processes and governance systems to support the service, monitor and review its performance against the Requirements of Quality Standards or identify trends to guide continuous improvement strategies.

For the reasons outlined above I find that the Approved Provider does not comply with this Requirement.

### 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 Assessment Team found while the service has a risk management framework, it has not been effective in managing high impact or high prevalence risks, including falls. The service has not effectively supported consumers to live the best life they can, nor is it effective in identifying or responding to abuse and neglect of consumers. The Assessment Team provided the following relevant evidence:

* Systems and processes do not direct clinicians to use the risk assessment information to plan strategies to reduce the risk of falls or harm to consumers.
* The service did not adequately manage risks to consumers using the internal courtyard, the service’s smoking area.
* Consumers provided feedback they have been verbally abused by staff. However, the service had not investigated incidents despite them being reported to care/nursing staff or management.

The Approved Provider responded to the Assessment Team’s report from the Review Audit as well as the Assessment Contact undertaken on 13 November 2019. The response includes actions taken immediately to address the deficits identified in the Assessment Team’s reports including reminders to staff on logging incidents and hazards, upgrades to safety of the smoking area, reviewing of risk assessments for the consumers named in the report and education training for all staff in elder abuse.

Future actions planned include a review of the risk management framework, specifically in relation to the issues identified in the Assessment Team’s report.

The Assessment Team’s report and Approved Provider’s response demonstrates further improvements are required to ensure the service’s risk management framework is effective in the management of high impact and high prevalence risks.

For the reasons outlined above I find that the Approved Provider does not comply 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.

The Assessment Team found the service does not comply with this Requirement as while the service has a clinical governance framework in place it has not been effective in mitigating negative clinical and personal care outcomes for the consumers identified in the Assessment Team’s report. I have considered the evidence contained within the report in relation to the service’s ability to effectively manage risks to consumers in the delivery of their personal and clinical care in Standard 8 Requirement 8(3)(d).

The additional evidence provided by the Assessment Team in this Requirement demonstrates the service has an effective clinical governance framework for the management of issues relating to antimicrobial stewardship, minimising the use of restraint and open disclosure.

For the reasons outlined above, I find that the Approved Provider does complies with this Requirement.

# 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.

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| **Standard 1 Consumer dignity and choice** |
| Requirement 1(3)(a) |
| Requirement 1(3)(b) |
| Requirement 1(3)(c) |
| Requirement 1(3)(d) |
| Requirement 1(3)(e) |
| **Standard 2 Ongoing assessment and planning with consumers** |
| Requirement 2(3)(a) |
| Requirement 2(3)(b) |
| Requirement 2(3)(d) |
| Requirement 2(3)(e) |
| **Standard 3 Personal care and clinical care** |
| Requirement 3(3)(a) |
| Requirement 3(3)(b) |
| Requirement 3(3)(d) |
| Requirement 3(3)(e) |
| Requirement 3(3)(f) |
| **Standard 4 Services and supports for daily living** |
| Requirement 4(3)(a) |
| Requirement 4(3)(c) |
| Requirement 4(3)(f) |
| Requirement 4(3)(g) |
| **Standard 5 Organisation’s service environment** |
| Requirement 5(3)(b) |
| Requirement 5(3)(c) |
| **Standard 6 Feedback and complaints** |
| Requirement 6(3)(c) |
| Requirement 6(3)(d) |
| **Standard 7 Human resources** |
| Requirement 7(3)(a) |
| Requirement 7(3)(b) |
| Requirement 7(3)(c) |
| Requirement 7(3)(d) |
| Requirement 7(3)(e) |
| **Standard 8 Organisational governance** |
| Requirement 8(3)(a) |
| Requirement 8(3)(b) |
| Requirement 8(3)(c) |
| Requirement 8(3)(d) |