Karlarra House

Performance Report

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**Commission ID:** 7297

**Provider name:** Western Australian Government

**Site Audit date:** 21 September 2021 to 23 September 2021

**Date of Performance Report:** 9 November 2021

# Performance report prepared by

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# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit conducted 21 to 23 September 2021; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report which was received 29 October 2021.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Sampled consumers said they are treated with respect, can maintain their identity, make informed choices about their care and services, are supported to take risks to enable them to live the life they choose, and their privacy is maintained. Consumers said staff generally make them feel accepted and valued and they are encouraged to participate in activities both within and external to the service.

Consumers said staff have an awareness of their history, heritage and the traditions associated with their culture; services are delivered in a manner which demonstrates respect of their culture and diversity and staff assist them to live their lives in accordance with the requirements of their culture. Consumers said community members regularly come to the service to assist consumers to have their voice heard and participate in decisions of choice. They said staff discuss consequences associated with their choices and gave examples of how they are supported to participate in a manner as safe as possible. Consumers said they are kept informed of changes to care and services and receive appropriate information to enable them to make informed decisions. Those family members who consumers choose to be involved in their care and decisions receive timely information.

The Assessment Team observed staff affording consumers’ privacy in aspects of their life, including when cares are being delivered and respectfully interacting with consumers. Staff described consumers’ personal life history and culture and how these aspects are considered when providing care and services and gave examples of maintaining consumers’ confidentiality and privacy when providing care and communicating with others. Clinical staff gave examples of supporting consumers to make informed choices relating to their care and involvement of medical, allied health professionals and other relevant stakeholders within the decision-making process.

Documentation details operational policies and procedures to direct staff in the delivery of care which aligns with organisational values. Documentation including feedback systems, handbooks and information pamphlets demonstrate the organisations approach to supporting consumers to make informed choices both within the service environment and the community. Care and services planning consider spiritual needs, personal beliefs, cultural and ethnic needs specific to each consumer and indicates discussion of mitigation strategies relating to risk. Consumer information is stored in a confidential manner.

However, the site audit report contained evidence the service did not demonstrate consumers are consistently receiving care and services to maintain their choice and dignity in relation to continence management. Not all consumers are afforded choices in relation to the timing of retiring to bed and continence management which affects their dignity and choice. Staff advised consumers are not always provided with choice in relation to meal service.

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

## Assessment of Standard 1 Requirements

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

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

Most consumers and representatives interviewed said staff treat consumers in a caring and respectful manner, demonstrating their culture and diversity needs are valued. Consumers who can independently undertake tasks are supported in their choices about the care and services they receive. Some consumers provided feedback they do not feel respected while staff are providing personal care delivery as some staff communicate with each other in a language consumers do not understand and staff seem rushed.

The Site Audit report detailed for consumers who require two or more staff to provide assistance, examples of staff not providing all consumers with an opportunity of choice in relation to the time of retiring to bed and meeting individual consumer’s continence needs. Staff said this resulted negatively on consumers’ dignity and choice. Staff advised consumers who require two or more staff to mobilise are transferred to bed soon after lunch when staff are available, despite consumers expressing a wish not to go to bed. Staff said while they understand the need to support consumers’ choice and dignity they are unable to provide care and services in a manner to do so due to insufficient staff numbers.

The Assessment Team observed on each day of the visit that over 50 per cent of consumers had been assisted to bed during the early afternoon in preparation to retire for the night, which is not aligned with their individual choice and/or care planning guidance.

In their response to the evidence in the Site Audit report, the approved provider demonstrated implementation of responsive actions such as providing all staff with education relating to the importance of consumers’ dignity and the appropriate way of providing assistance and, reassessment of consumers in relation to the number of staff and the most appropriate methodology of providing mobility assistance.

I acknowledge these responsive actions to the evidence bought forward within the site audit report, however at the time of the site audit visit consumers choices and dignity needs were not consistently met.

I find this requirement is non-compliant.

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and representatives interviewed said they are involved in care planning to the extent they wish, and they feel the organisation adheres to consumers’ needs and wishes and assists in optimising their health and well-being. They said they are informed of the outcome of assessment and planning through a variety of communication methods upon entry, on a regular ongoing basis, and/or when consumers’ needs change. Consumers and representatives are aware they have access to care planning documentation. Risk is considered during the assessment and planning process to ensure care and services are safe and effective.

Clinical and care staff described the assessment, care planning and review processes and how staff involve each consumer and others where required. Clinical risk assessments are completed. Medical officer and allied health professionals advised of their input into assessment and care planning and said staff refer consumers to the local hospital in a timely manner which contributes to the continuity and delivery of safe and effective care. An Aboriginal Liaison Officer (ALO) is available to discuss assessment and care planning processes with consumers and representatives to ensure consumer involvement and understanding. Analysis of clinical data results in continuous improvement actions where needs identify.

The organisation has a range of documented policies and procedures to guide staff practice in undertaking assessment, care planning, end of life discussions and topics relevant to this Standard. Staff demonstrated knowledge of their responsibilities in this process and gave examples of care and services planning outcomes for consumers.

The Assessment Team reviewed assessment, care and services planning documentation and identified reviews and case conferencing meetings are completed regularly with input from consumers and others they wish to be involved. Care planning documents are individualised, and the medical officer and clinical staff described process to ensure individualised care and services planning is achieved. There are processes to ensure staff have access to current and accurate information to meet consumers’ needs, goals and preferences.

Care and services plans contain information relative to risks to each consumer’s health and well-being and detailed agreed strategies to mitigate risk. Advance care and end of life planning wishes are reflected in documentation where consumers and or their nominated representatives agree to discuss this issue. The ALO advised the service has a range of resources developed in consultation with elders and members of the community, including appropriate communication methods such as using language interpreting services and communication tools to ensure effective input into assessment and care planning.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers and representatives interviewed expressed satisfaction with personal and clinical care and consider consumers receive quality care and services from staff who are knowledgeable and capable, and consumers are well cared for. Consumers and representatives advised of satisfaction with consumers access to doctors and other relevant health professionals.

The service demonstrated consumer care was safe, clinical staff manage consumer’s specific clinical needs, appropriate action is taken to a deterioration in consumer’s health and regular medical reviews occur in response to changing needs.

Viewed consumer files generally demonstrated effective management of high risk needs such as falls, pressure injuries, behavioural and psychological needs, catheter care, wound care, asthma management and infection control. High impact or high prevalence risk is identified through the assessment process and individualised strategies for effective management is documented to guide staff in addressing consumers’ needs. Clinical and care staff demonstrated knowledge of consumer’s personal and clinical care needs and individualised strategies for managing high impact or high prevalence risks, such as falls, weight loss, pain and behavioural management. Documentation review demonstrated staff general awareness of best practice principles relating to management of behaviours.

Consumers’ needs, goals and preferences for consumers when nearing end of life are recognised and addressed to ensure their comfort is maximised and their dignity preserved. Care planning documentation reflects end of life wishes and staff demonstrate knowledge of care required for consumers nearing end of life.

Deterioration of consumers’ cognitive or physical function, capacity or condition is recognised and generally responded to in a timely manner by registered staff and referral to medical officer or allied health specialists occur. Care planning documentation demonstrates tools used to assess and evaluate consumers’ changing needs and staff demonstrated knowledge of the processes to escalate changes in consumers’ needs.

Information about consumers’ condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. Consumers are generally referred to specialists and allied health services in a timely manner. Care plans detailed individualised personal and clinical care management strategies based on assessed needs, consultation with consumers and/or representatives and referral to medical officer and health professionals. The current information system includes a mix of paper and electronic documents and management advised they are researching the implementation of specific software appropriate to aged care.

Staff demonstrated understanding of infection control and antimicrobial stewardship principles. Policies and procedures are in place to guide staff in the provision of care relating to these requirements. There is a process to ensure staff are vaccinated in relation to Covid-19.

However, the Assessment Team brought forward evidence the service did not demonstrate each consumer gets safe and effective care tailored to their needs to optimises their health and well-being in regard to receipt of time critical and pain-relieving medications, staff observing consumer’s preference when to be transferred to bed to retire for the night, or providing appropriate continence care and following mobility care planning directives.

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

### Assessment of Standard 3 Requirements

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

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

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

Overall consumers and representatives advised they are satisfied with clinical care and access to medical officer and allied health specialists.

Documentation review detailed care plans, monitoring charts, clinical incident reports, medication charts and progress notes demonstrate consumers’ clinical care generally aligns with their assessed needs and care planning directives. However, the service did not demonstrate each consumer gets safe and effective care tailored to their need to optimises their health and well-being in regard to receipt of time critical and pain-relieving medications or staff observing consumer’s preference when to be transferred to bed to retire for the night. The service did not demonstrate staff are providing appropriate continence care and following mobility care planning directives. As a result, consumers’ health and well-being are compromised.

The Site Audit report detailed evidence of time sensitive medications not consistently being administered on time to relieve consumers’ pain and symptoms of Parkinson disease, due to insufficient registered nurses on shift to administer schedule 8 medications. While a process is in place to contact the local hospital for assistance, a response is not consistently received in a timely manner. As a result, medications are administered later than prescribed and pain levels increase due to the delay. Consumer feedback detailed when pain relieving medication is not administered on time it results in significant distress.

The Site Audit report detailed medical officer and registered nurse feedback that specialised clinical care supplies are not regularly ordered to ensure consistency of stocks. Regular toileting schedules are not in place and staff are not able to assist consumers to meet their continence needs due to limited staff on site. Consumers are being transferred and mobilised via lifting equipment without two staff in attendance, placing consumers at risk. Consumers who require more than one staff to assist in mobilising, are transferred to bed to retire for the night post lunch which does not align with their preference.

In their response to the evidence in the Site Audit report, the approved provider reiterated the process of contacting the local hospital for registered nurse support in administering schedule eight medications; advised a review of staffing allocation would occur and recruitment processes are underway to increase availability of registered and care staff. At the time of the site audit consumers’ clinical care was not consistently tailored to their needs to optimise their health and well-being.

I find this requirement is non-compliant.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers interviewed consider they are generally supported to do the things they like and engage in activities within and outside the service environment. Consumers and representatives said staff support consumers to remain in contact with their family through a variety of methods, including visual internet services. The service has a range of methods for ensuring consumers provide input into the services and supports they choose, and are important to their needs, goals and preferences.

Consumers expressed positive feedback they are generally supported to attend activities of choice within and external to the service including activities of cultural significance; spiritual services are available as per their choice; they are provided with foods they like plus staff have an awareness of their food preferences and dietary needs. Consumers expressed satisfaction with the cleanliness of equipment to support them in optimising independence, health, well-being.

Staff interviewed demonstrated knowledge of consumers’ individual preferences/needs and described services and supports to assist consumers’ independence in activities of daily living. Staff gave examples of supporting consumers to participate in leisure and lifestyle activities within and external to the service. Staff described services and supports to promote emotional, spiritual and psychological well-being, including those associated with palliative care needs and involvement with family. There are processes to seek consumer feedback and input into the lifestyle program and meal preferences. The lifestyle and activity program cater to include consumers with reduced functional, visual or cognitive deficits and for consumers who prefer not to participate in group settings. Staff gave examples of individual consumer’s activities of preference including independently leaving the service and engaging in meaningful activities and tasks within the service. Staff provided examples of consumers being referred to external services in support of providing additional emotional support, interpreting and language services.

Management and staff described emotional, spiritual and psychological supports available for consumers, including access to pastoral care teams from local communities, attendance at spiritual services, and spending individual time with consumers who prefer not to participate in communal activities. Management advised an independent organisation conducted a review of the service and made recommendations relating to supporting consumers’ cultural needs and ties to country – recommendations are yet to be implemented.

Care planning documentation for sampled consumers’ detailed information relevant to each consumer’s needs and included information about life history, spiritual, emotional and psychological needs and preferences, family and social connections and days of significance to each. Care planning documentation detailed dietary preferences and needs. Policies and procedures are available to guide staff in relation to safe and effective services and supports that optimises consumers’ independence, health, well-being and quality of life. The service’s vision documentation details guidance in relation to cultural awareness, cultural protocols and cultural safety principles and how these aspects are embedded into everyday practices. Communication books are available in differing dialects to support consumers’ engagement and participation.

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

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Sampled consumers consider they belong and feel safe and comfortable within the service environment. Consumers reported a range of feedback including they feel safe and at home, are encouraged to personalise their rooms and are supported by staff to complete tasks such as gardening and furniture making. They said family members and visitors are welcomed, there are several areas available to spend time with others and they are satisfied the service environment is comfortable.

Staff described the process for ensuring equipment is cleaned and maintained and demonstrated knowledge of hazard reporting. Preventative and routine maintenance occurs. Management advised consumers and representatives are actively involved in the design of the environment to ensure consumers feel at home.

The service environment maximises support for consumer’s independence via corridor handrail aids, clutter free areas, mobility aids and seating areas. Pictures, room identification and objects are located for improved wayfinding.

The Assessment Team observed the service environment to be clean and welcoming; corridors and common areas to be spacious and free of clutter to enable consumers to be moving through the environment. A garden area situated in the centre of the service enables consumers to freely access this area; consumers, their family members and visitors were observed utilising the garden area. Furniture/fittings were observed to be clean, well maintained and suitable for consumer use; staff were observed to be utilising safe manual handling techniques when assisting consumers with mobilising equipment. Staff said they receive training in the use of equipment. Consumers, family members and staff were observed to be utilising communal areas such as dining and activities rooms.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

### Requirement 5(3)(c) Compliant

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives interviewed consider they are encouraged and supported to give feedback and complaints which are responded to in a timely manner. There are several options available to capture feedback and complaints and to inform improvement within the service. Information relating to avenues available to make suggestions/complaints is provided to consumers and representatives on entry to the service and regularly discussed at meetings.

Consumers and representatives provided a range of feedback including, staff and management are open to them raising concerns, they feel comfortable when doing so, and issues are generally addressed in a timely manner. Consumers said they prefer to raise issues at meetings or directly with staff however are aware other options are available.

Staff gave examples of how they manage the process when consumers or their representatives approach them with concerns about care and services including providing an apology and changing processes to ensure similar issues do not reoccur. The service demonstrated actions taken in response to complaints, including an open disclosure process utilised when required and provided examples of feedback resulting in improvements for consumers.

Management advised most issues are dealt with as soon as verbal feedback is received, as a result there is limited documentation in relation to the quantity of feedback received or an analysis of topics, however advised review of this process would occur. They advised consumer meetings are conducted as an open forum to allow all to participate.

Documentation detailed policies and procedures to guide the management of feedback and complaints including an open disclosure process and subsequent outcomes to improve care and services. There is information for consumers and representatives regarding language services, advocates and external modes of complaint management. Documentation detailed and management advised an external Aboriginal leadership organisation plays a pivotal role in providing support and advocacy services on behalf of consumers, resulting in suggestions for improvement being presented to the management team on behalf of consumers and representatives.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers sampled consider they get quality care and services in a timely manner from management and staff who are knowledgeable, capable and caring. Consumers said staff are kind and respectful when providing care, know what they are doing, and they feel safe when staff are assisting them. The Assessment Team observed staff interactions with consumers to be kind, caring and respectful of each consumer’s identify, culture and diversity.

The service demonstrated generally the workforce is competent and equipped with knowledge to adequately deliver quality care and services. Staff are recruited with a values-based approach and the organisation ensures staff are supported, trained and equipped to perform their roles.

Demonstration of appropriate numbers of staff to ensure consumers’ clinical and personal care needs are met is lacking. Most consumers and representatives said there are insufficient staff to provide appropriate care.

Staff said they are provided with equipment and supports to carry out duties of their roles and receive ongoing support, training, professional development, supervision and feedback to enable them to perform their role and responsibilities.

Education, training, policies and procedures are based on ensuring staff have the knowledge to provide appropriate care to consumers. Management provided examples of how staff competency and professional registrations are monitored for currency and suitability to the role. Education and training records demonstrate examples of training provided to staff regarding topics withing the Aged Care Quality Standards and relevant competencies for designated roles, however staff have not been provided training in relation to the Serious Incident Response Scheme.

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

## Assessment of Standard 7 Requirements

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

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

The service was unable to demonstrate the workforce is planned, and the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services. Consumer, representative and staff feedback corroborated insufficiency of staff numbers and skills to meet consumer needs, negatively affecting the quality of clinical and personal care received.

The Site Audit report detailed evidence relating to a lack of staffing on site resulting in consumers’ continence needs not being met, consumers transferred to bed during mid-afternoon, lack of registered nurses on site resulting in consumers experiencing pain and distress while waiting for administration of schedule 8 medications.

Documentation review detailed not all shifts are filled, staff are not replaced when they take unplanned leave, and on occasions a registered nurse is not on site to enable administration of schedule 8 medications.

The Assessment Team observed on each day of the site audit that over 50 per cent of consumers had been assisted to bed during the early afternoon in preparation to retire for the night which is not aligned with their choice and/or care planning guidance. Staff advised this was due to a lack of staffing on later shifts.

In their response to the evidence in the Site Audit report, the approved provider acknowledged concerns relating to staffing levels and advised they are currently recruiting to increase workforce numbers. The response detailed contingency arrangements in place for future unscheduled leave. While I acknowledge the approved provider’s responsive actions, at the time of the site audit the service did not demonstrate the workforce is planned and the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services.

I find this requirement is non-compliant.

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

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

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

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

### Requirement 7(3)(d) Compliant

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

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and representatives interviewed generally consider the organisation is well run, they can partner in improving delivery of care and services through active participation via a variety of mechanisms. The organisational governing body ensures consumers and representatives are engaged in aspect of the business relating to consumer care.

The service demonstrated engagement of consumers, representatives and other organisations in the evaluation and delivery of care and services. There are several ways consumers can provide feedback about care and services which is used to develop and implement continuous improvement initiatives.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services, and is accountable for its delivery. They ensure a presence on site to promote the governing body’s values and inclusiveness among staff and consumers.

There are effective governance systems relating to information management, financial governance, continuous improvement, regulatory compliance and feedback and complaints, supported by a suite of policies and procedures which are reviewed as required. An effective clinical governance framework supports staff practice relating to escalation of clinical concerns, reporting of incidents, antimicrobial stewardship and exercising open disclosure practices. Staff demonstrated awareness of the clinical governance framework via their practice.

Demonstration of an effective risk management system supporting identification and management of high impact and high prevalence risks in relation to the use of restrictive practices was not evident. The service was unable to demonstrate systems and processes effectively identify, monitor and review the use of restrictive practices in line with legislative requirements. While management have an awareness of the legislative requirements, staff have not been provided training relating to the Serious Incident Response Scheme (SIRS); nor demonstrate an understanding of their reporting requirements under the new legislation.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

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

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Compliant

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

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

The service demonstrated an effective organisation wide governance system relating to information management, continuous improvement, financial governance regulatory compliance and feedback and complaints.

The service was unable to demonstrate its governance systems and processes are effective in relation to workforce governance relating to ensuring sufficiency of staff. The impact of this is considered in Requirement 7 (3)(a).

Management personnel demonstrated an understanding of legislative requirements in relation to the Serious Incident Response Scheme (SIRS) however staff have not been provided with training to ensure an understanding of their reporting requirements under the new legislation. Documentation review detailed a SIRS priority reporting process in place which guides staff in documenting and reporting incidents in line with legislative requirements. A review of documentation detailed no incidents meeting the threshold of a reportable incident under SIRS since April 2021.

On balance the Site Audit report demonstrated a system ensuring regulatory compliance with legislation. The lack of staff training in relation to SIRS has been considered under Requirements 7(3)(a).

I find this requirement is compliant.

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

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

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

The site Audit report detailed the organisation adequately demonstrated effective management of high impact and high prevalence risks associated with the care of consumers. Staff gave examples of consumer at risk and the strategies in place to address their needs. Clinical incident reports including medication, falls, skin injuries, behaviours and others are completed, investigated, collated, analysed on a quarterly basis and strategies put in place to reduce the incidents reoccurrence.

The Site Audit report detailed an incident management system in place to record and monitor all incidents, and an overarching process of review of incidents at an organisational level. Management personnel demonstrated an understanding of their legislative requirements in relation to the Serious Incident Response Scheme (SIRS) however staff have not been provided with training to ensure an understanding of their reporting requirements under the new legislation. Documentation review detailed a SIRS priority reporting process in place and an Incident Management System (IMS) to record other incidents. This guides staff in documenting and reporting incidents in line with legislative requirements. A review of documentation detailed no incidents meeting the threshold of a reportable incident under SIRS since April 2021.

Management advised that all reportable incidents are reviewed by representatives in head office who monitor their emails on a 24/7 basis. These representatives are required to review all incidents to confirm the incidents priority rating, ensuring that incidents are reported correctly and in accordance with the correct priority rating.

On balance the Site Audit report demonstrated effective risk management systems and practices. The lack of staff training in relation to SIRS has been considered under Requirements 7(3)(a).

I find the requirement is compliant.

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

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

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

The service was able to demonstrate that where clinical care is provided, it has an effective clinical governance framework in place that oversees practices in relation to antimicrobial stewardship and open disclosure.

The Site Audit report detailed systems and processes in place in relation to the minimisation of restrictive practices, the service did not demonstrate effective identification and management of psychotropic medication as a form of chemical restrictive practice. The service could not demonstrate an effective recording method to adequately monitor the use of restrictive practices and whether their use complies with relevant legislation. Documentation review evidenced psychotropic medication prescribed for consumers was not identified as a chemical restrictive practice; the service did not demonstrate appropriate decision making processes had occurred, alternative strategies were implemented prior to the use of medication and/or regular review relating to the current requirement for the medication had occurred.

In their response to the evidence in the Site Audit report, the approved provider acknowledged improvements were required to ensure appropriate documentation and monitoring of restrictive practices. They advised the implementation of a documented register to record all consumers receiving psychotropic medications and additional training to be provided to staff in relation to medications defined as chemical restraint. While I acknowledge the approved provider’s responsive actions, at the time of the site audit the service did not demonstrate an effective clinical governance framework relating to the use of psychotropic medication as chemical restraint.

I find this requirement is non-compliant.

# Areas for improvement

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

* Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:
  + is best practice; and
  + is tailored to their needs; and
  + optimises their health and well-being.
* The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.
* Effective risk management systems and practices, including but not limited to the following:
  + managing high impact or high prevalence risks associated with the care of consumers;
  + identifying and responding to abuse and neglect of consumers;
  + supporting consumers to live the best life they can;
  + managing and preventing incidents, including the use of an incident management system.
* Where clinical care is provided—a clinical governance framework, including but not limited to the following:
  + antimicrobial stewardship;
  + minimising the use of restraint;
  + open disclosure.