Maranatha House

Performance Report

127 - 137 Whiteley Street   
WELLINGTON NSW 2820  
Phone number: 02 6845 3088

**Commission ID:** 0223

**Provider name:** Maranatha House

**Assessment Contact - Site date:** 6 July 2020 to 8 July 2020

**Date of Performance Report:** 31 August 2020

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 Assessment Contact - Site report received 12 August 2020

# 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

The Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

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

Consumers interviewed confirmed they felt their personal privacy is respected. However, observations by the Assessment Team were of staff entering rooms without knocking, and entering rooms interrupting conversations between the Assessment Team and the consumer without acknowledgement.

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

## Assessment of Standard 1 Requirements

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

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

The Assessment team provided information that sampled consumers felt they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Staff interviewed demonstrated knowledge of consumers’ identity, cultural and diversity needs and preferences. Staff could outline interventions for specific consumers including their leisure activity preferences and a range of alternative options.

Consumer care and services documents were sighted and included information regarding things identified as important to the consumer such as religious beliefs, activities of interest, celebrating special and/or cultural events and dietary preferences.

Staff were observed interacting with consumers respectfully however on several occasions the Assessment Team observed staff members entering consumer’s rooms without knocking or announcing themselves. This was discussed with management who advised they will follow this up with staff.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report including that Staff will be counselled and informed of the mandatory requirement to always knock on the doors of consumers’ rooms before entering the rooms.

I have considered the Assessment Teams report and the Approved Provider response and I find this requirement is compliant.

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

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

The Assessment team provided information that while issues relating to confidentially of consumer information had been addressed the Assessment Team identified and observed ongoing issues regarding staff not knocking on doors prior to entering consumers room. Observations by the Assessment Team were of staff entering rooms without knocking and entering rooms interrupting conversations between the Assessment Team and the consumer without acknowledgement. Consumers and representatives interviewed said they felt personal privacy is respected and did not raise any concerns regarding this. Consumers said staff close the door prior to assisting them with their personal hygiene requirements or activities of daily living.

Observations by the Assessment Team confirmed staff generally greet consumers first when approaching them to provide care (particularly in public areas).

The Assessment Team also raised concerns about the information system.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report including staff will be counselled and informed of the mandatory requirement to always knock on the doors of consumers’ rooms before entering the rooms. Also, a complete review is already in progress to implement an electronic recording system for medication signing charts and associated record keeping systems.

I have considered the Assessment Teams report and the Approved Provider response. I did not find there was sufficient information provided to indicate that consumers personal information was not being kept confidential. I have considered the feedback provided by the consumers in relation to their privacy, however I also acknowledge the observations from the Assessment Team. I also acknowledge that the Approved Provider is planning to counsel staff who are not respecting consumers privacy.

The observations from the Assessment Team of staff entering consumers rooms without knocking or interrupting private conversations indicates that the Approved Provider has not implemented sustainable processes to ensure consumers privacy is respected.

I find this requirement non-compliant.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Most sampled consumers considered they feel like partners in the ongoing assessment and planning of their care and services.

Consumers and representatives interviewed confirmed they are involved in the care planning process at the service.

Consumers and representatives interviewed confirmed they have a choice with regards to completion of advance care directives and advance care plans.

However, assessment and planning does not consistently identify and address consumer’s current needs, goals and preferences, including when a consumer’s condition changes or deteriorates. Omissions of care needs were also observed in care planning documents.

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

The Assessment team provided information that while assessment and planning includes consideration of risks to the consumer’s health and well-being. The Assessment Team found the delivery of safe and effective care and services did not occur due to inaccurate or omitted information contained in consumer’s care plans.

Care planning documents for the consumers sampled evidenced periodic assessment and planning. Each care domain told part of the consumer’s story, describing in part, their care needs. The Assessment Team did not consistently observe strategies for the management of consumers health concerns, for example in behaviour management and mobility domains.

For two named consumers, care planning documentation did not reflect the current care strategies being provided. However interviews with staff and observations from the Assessment team indicated that care was generally being provided as required.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report. They also provided information that for the named consumers there were support strategies in place, however the staff member responsible for this work, was not available for interview on the day of the audit. The Approved Provider indicated that clinical records had been updated to reflect matters raised by the Assessment Team.

I have considered the Assessment Teams report and the Approved Provider response. Whilst I acknowledge that for named consumers care planning documents have not been maintained to reflect the current care being provided, there was not sufficient information provided that indicate this had led to a delivery of unsafe or effective care to consumers. I accept that care planning documents must be maintained for currency and I have considered this under Requirement 2(3)(b).

### 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 provided information that assessment and planning does not identify and address consumer’s current needs, goals and preferences. This includes where a consumer’s condition has changed or deteriorated requiring updated care planning which has not occurred. Omissions of care needs were also observed in care planning documents. For the named consumers, care plans were found to not always reflect current needs, goals and preferences

The Approved Provider provided a response that included clarifying information to the Assessment Teams report. For one named consumer the approved provider indicated the consumer was exercising choice of their treatment, and that registered staff had actioned the requested change in treatment, the consumer choose to remain on the current treatment regime as such the care plan did not require updating. For another consumer the identified allergic reaction to medical tape was added to their care plan, and for another consumer the Approved Provider indicated that a treatment regime had been completed as director, however acknowledge that the pharmacy had not update the medication chart at the end of the treatment, the consumer did not continue the treatment beyond the time set by the medical officer. The another named consumer, the Approved Provider has not clarified if the Medical Officer fluid restriction has been added to the care plan and/or if it is being maintained. I acknowledge for this consumer, that the consumer has settled into the service and is choosing to participate in new activities, and having some meals in their room, this was previously not their preference, and this has been updated on their care plan.

Additional training has been provided to staff who were observed to be using incorrect manual handing techniques on a consumer. It was identified that the consumer has had a recent change in the physical function and care staff may not have been aware of this. The Approved Provider acknowledged they do not support unsafe manual handing practices. I have also considered this information under Requirement 2(3)(e) and Requirement 3(3)(d).

I have considered the Assessment Teams report and the Approved Provider response and I find that assessment and planning has not been effective in identifying and addressing consumers current needs. Consumers care plans have not been maintained to consistently reflect current care needs.

I find the requirement is non-compliant.

### 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 provided information that on review of care plans and other clinical documentation it was found care and services are not regularly updated for effectiveness. This includes when circumstances change or when incidents impact the needs, goals and preferences of the consumer. Care plans sampled showed evidence of review on a regular basis, but for named consumers not when circumstances change or incidents/events occur.

Registered nurses advised all care plans are reviewed for accuracy every three months. Registered nurses further advised care staff “check in” with consumers every month during their “resident of the day” review.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report. For one named consumer with current wound care needs, its was identified that one of the wounds was healed at the time of the audit and the other wound was being managed by the registered nurses as such care staff should not be expected to have working knowledge of the stage of the wound. For another consumer it is acknowledge they are on a fluid restriction, and the consumers preference for fluids has been added to their care plan, this same consumer has information related to additional external support networks stored in a separate folder to the one reviewed by the Assessment Team, reference to this additional folder has been added to the care plan. An allergic reaction to medical tape has been added to another consumers care plan.

In relation to a named consumer whose representative has taken control of the management of eye medications, the Approved Provider provided a different reasoning for this to be occurring. The Assessment Team indicated that the representative did not have confidence the service could manage the treatment regime, however the Approved Provider indicated that this was a personal preference of the representative to remain involved in the care of the consumer. The Assessment Team identified that no risk assessment had been undertaken for this change in circumstances, however the Approved Provider has indicated that staff have observed the representatives technique and support their continued involvement. I note a risk assessment was completed on day two of the audit after the matter was raised by the Assessment Team.

I have considered the Assessments Teams report and the Approved Provider response and I find that Care and services are not consistently reviewed regularly for effectiveness, particularly when circumstances change. Whilst I acknowledge that consumer representatives may wish to engage in the ongoing care of a consumer I am not convinced that a sufficient review has occurred for the changed circumstances related to the ongoing care of a consumer and staff were observed to be incorrectly manually handling a consumer who had experienced a recent decline in function that had not been reviewed with updated care information provided to staff.

I find this requirement non-compliant.

# 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

Most sampled consumers and representatives considered they receive personal care and clinical care that is safe and right for them.

However, consumers and representatives interviewed provided mixed information regarding whether they get the care they need. Two representatives advised they have concerns regarding the skills of medication administering staff.

Assessment and planning is conducted by registered nurses and finalised by a care coordinator. Care plans were found to not contain strategies for management of each identified problem, for example behaviour management, wound care, general skin integrity and hydration.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment team provided information that personal and clinical care delivered at the service is not always safe and effective. Best practice guidelines are not always followed particularly with regards to wound care. Delivery of care is not always tailored to consumer needs and does not always optimise their health and well-being. Staff are unaware of behaviour management strategies for consumers who have known aggressive tendencies. Documentation of change in care needs is hampered due to representatives not passing on information due to problems with trusting staff to deliver prescribed care. While care planning documents are individualised for the consumers sampled, they do not reflect care is safe, effective and tailored to their current needs.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report. For one named consumer with challenging behaviours, the Approved Provider has not addressed the matter raised by the Assessment Team in relation documented strategies to manage aggressive behaviours. I acknowledge that the care plan has since been updated to reflect some of the changes in management of the behaviours, particularly in relation to activities and engagement by external support agencies.

For another consumer I accept the consumer was exercising a choice in relation to the provision of their care, that alternate strategies were trialled, and the consumer chose to remain with the original treatment regime.

In relation to the representative engaged in the provision of care to their consumer, the Approved Provider has presented a different reasoning for this be occurring as presented by the Assessment Team and as outlined under Requirement 2(3)(e). It is noted that a risk assessment for this was completed during the audit after the matter being raised by the Assessment Team. The Approved Provider provided an explanation as to the documentation in the medication chart for this consumers eyes drops, that a recording of “no stock” indicated that no stock was required, as the representative was managing this care.

In relation to the practice of storing clinical information in separate locations, the Approved Provider has indicated they do not believe it is necessary for care staff to access registered nursing notes as the care staff may not understand this information.

In relation to wound care the Approved Provider indicated that staff were reasonably new (2 months employment) and did not understand the need to ensure records were contemporaneous, and that registered nurses conducted a 2-weekly review of wounds. It was also noted that the Approved Provider is upgrading their clinical records system to improve wound care records.

I have considered the Assessment Teams report and the Approved Provider response and I find consumers do not consistently gets safe and effective personal care, clinical care, or both personal care and clinical care. The Approved Provider has not demonstrated that wound care is best practice, including use of photography and frequency of review. Best practice in relation to documentation of behaviour management has not consistently occurred. I do not accept the Approved Providers response in relation management of medications, including the use of “no stock” to indicate no stock required, the use of “no stock” is an indication that no stock is available for administration, not that stock is not required.

I find this Requirement non-compliant.

### 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 provided information that review of the management of high impact and high prevalence risks associated with the care of consumers was found to be ineffective. While there are systems in place to trend incidents, there are no systems in place to equip staff with strategies for effective management of consumers. For named consumers this included effective management of behaviours and medication management.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report. In relation to behaviour management, for one named consumer, the Approved Provider indicated the strategy documented in the only strategy that is effective, therefor the only one needed to be documented. For another named consumer the Approved Provider has updated care records after the audit, once they received additional information.

In relation to medication management, a risk assessment for a representative to assist their consumer with medications was conducted on day two of the audit, after the matter was raised by the Assessment Team. For another consumer a pharmacy error had been identified in not removing the medication from the medication chart once the course was completed, however the consumer received the medication as directed.

In relation to an increase in falls and medication incidents, the Approved Provider indicated that this matter was discussed with the Assessment Team during the audit and education records were shown to the Assessment Team to confirm education has commenced in relation to the identified trends.

Risk assessments for consumers who smoke had been completed and a sample was shown to the Assessment Team.

I have considered the Assessment Teams report and the Approved Provider response and I find there is not consistent Effective management of high impact or high prevalence risks associated with the care of each consumer. Where representatives have become involved in the care of consumers, including providing assistance with medication, the service has not demonstrated that risks associated with the practice have been effectively managed. A risk assessment for this practice was only undertaken after the matter was raised by the Assessment Team. Medication records have not been accurately maintained to ensure effective review of risks.

### 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 provided information that deterioration or change of consumer’s health, cognitive or physical function, capacity or condition is not always recognised and responded to in a timely manner. While registered nurses and care staff can explain the processes established for assessment of consumers when things go wrong, this was not seen in the consumers sampled. When consumers are transferred to hospital, there was no evidence seen of management strategies to prevent repeated occurrence of the event in the care plans.

For named consumers care planning documents and progress notes did not always reflect identification of, and response to, deterioration or change in function, capacity or condition.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report. For one named consumer on fluid restriction, this consumer was in hospital at the time of the audit and clinical records would be updated with any changed information upon their return to the service.

In relation to the representative being engaged in the ongoing care of their consumer. I note the risk assessment conducted on day two of the audit, indicated a low risk.

I have considered the Assessment Teams report and the Approved Provider response and I find Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is not consistently recognised and responded to in a timely manner. The Assessment team observed staff to be incorrectly manual handling a consumer, it was identified by the Approved Provider that this consumer has had a change in condition that was not communicated to the care staff in a timely manner. Whilst I acknowledge that care records would be updated for changes upon a consumers return from hospital, it was not demonstrated that changes had been effectively responded to prior to the hospital admission.

I find this requirement is non-complaint.

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

*Minimisation of infection related risks through implementing:*

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

The Assessment team provided information that nursing, and care staff are aware of precautions undertaken to minimise the risk of infection at the service. Registered nurses could describe steps undertaken to screen consumers they are concerned are showing signs of urinary tract infection to avoid antimicrobial prescription if possible. All staff interviewed were aware of screening required to prevent possible COVID-19 entry, however there were some discrepancies found in staff sign in logs regarding temperature records. The thermometer used for visitor screening was also discovered to read very low body temperatures on multiple occasions throughout the visit.

Registered nurses interviewed stated measures taken to minimise the need for use of antimicrobials at the service include: the use of hand sanitiser, hand washing and use of aseptic technique during wound care.

Registered nurses and care staff advised they work to minimise infection related risks at the service by ensuring consumers are appropriately spaced during activities. All staff interviewed are aware they should regularly wash hands and use hand sanitiser before and after interactions with consumers.

The Assessment Team observed folders at nursing stations regarding COVID-19 and outbreak management. Consumers were observed seated for activities such as bingo equally spaced around tables in the activities area, observing some measure of social distancing.

The service maintains an outbreak kit in a store room in the front office and key personnel (including registered nurses) are aware of its location and how to access these supplies in the event of an outbreak.

The service was unable to demonstrate all contractors entering the service have current and valid influenza vaccinations.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report. The Approved Provider indicated that all staff do have current flu vaccination. They indicated that the thermometer had been left out in a cold area and was moved to café once this was identified, and that recording staff temperatures prior to commenced of a shift had not been standard practice, however they have implemented this practice post the audit.

I have considered the Assessment Teams report and the Approved Provider response and I find the Approved Provider has not been consistent in the Minimisation of infection related risks through implementing standard and transmission based precautions to prevent and control infections. Processes to manage and monitor staff practices and effective screening of visitors and staff has not consistently occurred during the current covid-19 pandemic.

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Some sampled consumers considered they feel they belong in the service and feel safe and comfortable in the service environment.

The service could not demonstrate consumers personal equipment is clean, safe and well maintained. The service does not have a process for recording consumers personal equipment on the asset register to ensure regular cleaning and maintenance is undertaken. The Assessment Team noted a number of issues with the fire safety system and the timeliness of maintenance involving external contractors.

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

## Assessment of Standard 5 Requirements

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

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

The Assessment team provided information that the service could not demonstrate consumers personal equipment is clean, safe and well maintained. The service does not have a process for recording consumers personal equipment on a register to ensure regular cleaning and maintenance is undertaken. The Assessment Team noted a number of issues with the fire safety system and the timeliness of maintenance involving external contractors.

There are a number of issues with the fire safety system including numerous egress (exit) signs are either not working or have no sign displayed. A double glass door fire/smoke door next to the main dining room is chocked open as the magnetic locks do not work. In doing this, the doors are not able to work as intended as a smoke/fire door. Emergency lighting is not working in the courtyard next to the administration building.

Consumers reported delays in getting items fixed when external contractors are involved. There is evidence to demonstrate when general maintenance is required, it is attended to appropriately however if other trades are required, this may take some time.

Staff could describe how they know the equipment used for moving and handling consumers is safe. They demonstrated an understanding that when multiple consumers use equipment and devices, they must be cleaned and disinfected between each use.

The service is in the process of replacing the pendant buzzers with new buzzers with a longer range. Staff are also able to cancel the buzzer on the pendant and will not have to go back to the room to do this therefore saving time.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report. This included an explanation of the rural setting for the service and the limited access to external contractors, and that this has been compounded during the current covid-19 pandemic. The service is in the process of upgrading the call bell system and this is also being impacted by the pandemic. Air condition units had been sourced and were waiting for the electrician to have sufficient staff available to do the installation.

An issue with chicken droppings outside a consumer room, was already registered on the services complaints log and additional fencing had been installed to restrict the chickens access to the area outside the consumers room.

In relation to a strong smell of urine in a consumers room, the Approved Provider advised that the consumer is currently under external provider management to assist with mobility aids in order to reduce incontinence. Equipment continues to be cleaned regularly.

Services (Fire and Electrical) attend the facility to complete jobs logged by the maintenance team and they also provide a monthly routine fire equipment check, which the fire contractors attend to as required. The Approved Provided indicated that ongoing efforts will be applied to ensure more timely completion of outstanding tasks and ongoing efforts will be applied to ensure more timely completion of routine checks.

I have considered the Assessment Teams report and the Approved Provider response and I find Furniture, fittings and equipment are not consistently safe, clean, well maintained and suitable for the consumer. Whilst I acknowledge the challenges faced by an Approved Provider with limited access to contractors and contractors and stock arrivals being affected by the current covid-19 pandemic, the Approved Provider has not demonstrated that the issues identified by the Assessment Team in relation to the fire systems equipment have been addressed.

I find this requirement non-compliant.

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

While some sampled consumers considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken, some representatives felt they were not supported and encouraged to make complaints.

The service is unable demonstrate they encourage and support consumers and their family, friends, carers and others to provide feedback or complain about the care and services they receive. Not all complaints received are recorded and some representatives say or indicated they feel ignored and it takes some time for complaints to be responded to.

Consumers and their representatives know how to access advocates and are aware of how advocates can help them raise and resolve complaints.

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

## Assessment of Standard 6 Requirements

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

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

The Assessment team provided information that the service is unable demonstrate they encourage and support consumers and their family, friends, carers and others to provide feedback or complain about the care and services they receive. Not all complaints received are recorded and some representatives say or indicated they feel ignored and it takes some time for complaints to be responded to.

Staff were able to explain how they respond and help if a consumer raises an issue or concern by assisting in filling out the feedback form, or if possible, fixing the complaint immediately.

The service had limited written materials about how to make complaints (including details for advocates and language services) and does not demonstrate best practice complaint handling. There were no posters promoting current internal or external complaints processes apart from the East wing near the main dining room, and some information in the main reception area.

Management advised they would ensure this information is updated and explained the current information regarding the complaints process was contained in a compendium inside each consumers room. When the Assessment Team reviewed the compendium, it was confirmed the information in the compendium is up to date.

Management advised the complaint register did not hold all complaints made as generally they are made verbally, and staff attend to the complaint. Management advised moving forward, all complaints no matter their origin, will be recorded on the register.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report. The Approved Provider indicated management has reviewed the issues raised by the Assessment Team. The Board of Directors has also been made aware of the issues raised in the audit report and both management and the Board are determined to address the issues raised and to implement appropriate measures to redress the position.

I have considered the Assessment Teams report and the Approved Provider response and I find Consumers, their family, friends, carers and others are not consistently encouraged and supported to provide feedback and make complaints.

I find this requirement non-compliant.

### 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 provided information that consumers and their representatives know how to access advocates and are aware of how advocates can help them raise and resolve complaints. Most consumer representatives interviewed were aware if they had a concern that was not addressed by management, they have an option to contact the Commission and raise the concern. Consumers interviewed said they would speak with their family if they had a complaint.

Staff were aware consumers and their representative could access advocacy and language services, although said all current consumers who are able to communicate, are able to do so well in English. Consumers with difficulty communicating, are assisted by staff to lodge a complaint internally. Management reported if family members visit the consumer, they usually contact management with the concerns identified.

The service has limited information available to consumers and representatives regarding advocacy services on display however information is available in a compendium supplied to all consumers.

I have considered the Assessment Teams report.

I find this requirement is compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Some sampled consumers did not consider that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Mixed feedback was received from consumers and representatives regarding staff members with some consumers indicating staff were kind and helpful. Whilst others expressed concerns that staff would rush out the door without making sure the consumer had no other requests.

Some consumers felt staff were competent. However, feedback from representatives and other consumers indicated they felt staff did not always know what they were doing. This included having to continually remind staff of the importance of having some medications on time or a lack of knowledge when assisting consumers when using lifting equipment. Staff members were also observed entering consumers rooms without knocking.

Consumers and representatives interviewed felt there were insufficient staff numbers at the service. Consumers reported waiting for extended periods of time for staff to respond to call bells and soiling themselves when staff did not attend in time.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment team provided information that consumers indicated they had concerns with the availability of staff when they called for assistance.

Mixed feedback was received from consumers and representatives regarding the adequacy of staff at the service. Some consumers reported have “accidents” waiting for staff.

The management team advised the call bell system was being upgraded. Currently call bells cannot be deactivated from the pendant. If the consumer was in other areas around the service and used their call bell staff needed to go to the consumers room to switch off the call. The Assessment Team observed the electrician arrive at the service with a bag of pendant call bells. The call bell report notes a total of 746 calls with the average response time of approximately 6 minutes.

Staff members did not indicate any issues with staffing levels and advised that management endeavoured to replace staff when they called in sick. Staff indicated they were generally able to get through their work during the shift.

The management team advised the service has increased the registered nurse coverage for the service. There is now a registered nurse on duty during the day and night during the week.

A review of the roster indicated that vacant shifts and replacement of staff on leave or sick leave over the period reviewed were being replaced.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report. They indicated that the issue of adequate staffing at all times is recognised as a priority by management and the Board of Maranatha. This is especially so in this time of Covid\_19 disruption. The Board has undertaken to review all aspects of staffing requirements and provision in order to increase the efficiency and quality of service provision. The Approved Provider is confident that measures to increase education, improve staff morale and reduce staff turnover will enable the issues identified by the Assessment Team to be rectified.

I have considered the Assessment Teams report and the Approved Provider response and I find the workforce is not consistently 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. I acknowledge the upgrade works to the call bell system, the current call bell response times and staff feedback about their capacity to complete tasks, however ongoing negative consumer feedback indicates the sustainability of the systems will require additional time to monitor to ensure their effectiveness.

I find the requirement is non-compliant.

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

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

The Assessment team provided information that consumers interviewed indicated that some staff members were very good and very helpful whilst others did not seem to know what they were doing. Concerns raised by consumers included delays with medication, administering medications as ordered, staff not being understood when speaking English, and a lack of training for staff.

The compliance officer advised the service is using the Australian Nursing and Midwifery Board competency standards for registered nurses. These are being done annually by the chief executive officer/registered nurse who is also an assessor.

The compliance officer advised all staff giving medications have a medication competency undertaken. Care tasks such as showering, dressing and toileting also have a practical component.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report. The Approved Provider acknowledge the Assessment Team has provided examples where staff competencies may be somewhat lacking, and these examples have been dealt with in previous sections of the response document. Recognition is given that some services need to be improved and it is management’s belief that these improvements have been made. Notwithstanding these previous improvements, it is recognised that there is always room for further improvement and management will continually assess where these improvements are required and how best they can be implemented.

I have considered the Assessments Teams report and the Approved Provider response and I find The workforce is not consistently competent and the members of the workforce did not demonstrate consistent knowledge to effectively perform their roles. This included in the areas of manual handling, medication management and infection control.

I find this requirement is non-compliant.

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

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

The Assessment team provided information that the service has a system in place to assess, monitor and review the performance of staff members. This includes an annual review or appraisal at which time staff need to complete all the mandatory education sessions.

The management team advised they were currently undertaking appraisals with staff as part of the cyclical process. These are conducted on an annual basis.

The service maintains a database which incorporates a range of data related to appraisals, completion of various education topics including topics deemed to be mandatory, police checks and vaccination records.

As a result of medication and incident trends 29 staff members have completed education on reporting.

The compliance officer advised mandatory training is completed as part of the appraisal process. Staff have two weeks to cover all the mandatory education on-line training videos prior to their appraisal. The on-line training application covers policy and procedures as well as a test on their knowledge.

I have considered the Assessment Teams report

I find this requirement is compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Some sampled consumers and representatives did not consider that the organisation is well run and that they can partner in improving the delivery of care and services by raising complaints. Some consumers and representatives felt that no action was taken when raising issues with staff.

The organisation’s does not have effective information systems to ensure care staff have access to accurate and current clinical information. There are issues with accessing clinical information regarding wound photographs and the consistent storage of information to enable retrieval when required.

There is not an effective system to check that regulatory matters such as requiring staff and contractors working at the service to have flu vaccinations and current police checks are in place.

The organisation’s governance system does not always support the delivery of quality services in relation to information management, regulatory compliance and feedback and complaints.

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

## Assessment of Standard 8 Requirements

### 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 provided information that the organisation’s governance systems do not always support the effective management of feedback and complaints, regulatory compliance, and clinical information management.

In relation to information management the Assessment team identified inconsistencies with care information not reflecting consumers current care needs. As well as the accessibility and storage arrangements of wound photographs to manage wound care effectively.

The service has adjusted storage of clinical documentation to enable care staff to access clinical information. The compliance officer advised care staff now have access to a group folder which contains the current care plan, progress notes and charts for seven consumers. The folders are colour coded and approximately seven consumers are allocated to each folder. Registered nurses are continuing to write their information in a secured drive on the computer system which is not accessible to care staff. The compliance officer advised that the information recorded by registered nurses is more technical and not within the scope of information required by care staff in their duties.

In relation to regulatory compliance The Assessment Team identified not all staff have provided the service a copy of influenza vaccination and the service was unable to demonstrate all contractors entering the service have current and valid influenza vaccinations.

Some staff have not provided the service a current police clearance. The service was unable to demonstrate appropriate checks are being undertaken for the workforce including contractors entering the service who do not have a current and valid police check in place. While management advised contractors are generally supervised, the Assessment Team observed contractors from the electrical and fire safety providers walking around the site unattended.

In relation to feedback and complaints the service is unable demonstrate they encourage and support consumers and their family, friends, carers and others to provide feedback or complain about the care and services they receive. Not all complaints received are recorded and some representatives say or indicated they feel ignored and it takes some time for complaints to be responded to.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report. They indicated all staff have current influenza vaccinations and that all staff and contractors have current police clearances. The service has a continuous improvement strategy and has acquired a safety & quality management system through a peak body to improve their systems around auditing and compliance in these areas, as well as providing policies and procedures in line with the new eight standards. This new management system will be implemented in August 2020.

I have considered the Assessment Teams report and the Approved Provider response and I find there are not consistently effective organisation wide governance systems. Specifically, this is in relation to monitoring information systems to ensure care records reflect the current needs of consumers and monitoring processes to ensure effective management of feedback and complaints. I acknowledge the service is implementing a new system to monitor governance processes.

I find the requirement is non-compliant.

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The Assessment team provided information that the management team advised the service has been progressively updating policies. The service has a risk management policy which notes that the risk is to be discussed and the consumer or representative is to be requested to sign a letter acknowledging the risk being undertaken. The care plan is to be updated to reflect the risk for example, choosing to walk unaided or undertake personal care routines without assistance, operating a motorised vehicle, smoking or refusing treatments or medications.

The service was unable to demonstrate effective management of high impact and high prevalence risks such as skin integrity, wounds, and medication management.

The compliance officer advised the service has a risk register which is currently being updated but is not yet completed. The current risk register has also been retained. This noted some risks such as smoking, drinking or falls but did not cover behavioural risks or risk of developing pressure injuries.

Staff were asked whether policies had been discussed with them and what they meant for them in a practical way. Staff could recall education regarding the topic of elder abuse and were able to clearly explain the importance of reporting as soon as possible to management. Staff were also able to explain that restraints were not to be used and were aware of the right for consumers to undertake risks.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report. They indicated risk assessments are evaluated and completed by using data provided from a number of sources such as assessments and incident report forms but are not limited to these two forms of assessment. Notwithstanding these comments, management is aware that further improvement in effective risk management systems is always possible and action will be taken to address these issues.

I have considered the Assessment Teams report and the Approved Provider response and I find that Effective risk management systems and practices are not consistent, including managing high impact or high prevalence risks associated with the care of consumers.

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.

The approved Provider is required to ensure:

* Each consumer’s privacy is respected, including a review of processes to monitor staff practices around privacy.
* Assessment and planning identify and addresses the consumer’s current needs, goals and preferences.
* 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.
* Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, with particular attention to wound care and medication management.
* Effective management of high impact or high prevalence risks associated with the care of each consumer. Including completion of the risk register and processes to monitor ongoing compliance.
* 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.
* Minimisation of infection related risks through implementing standard and transmission based precautions to prevent and control infection. Including ensuring appropriate practices are maintained during the covid-19 pandemic.
* Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.
* Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.
* 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. Including monitoring consumer satisfaction with staff availability.
* The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Including in relation to manual handling, wound care and medication management.
* Effective organisation wide governance systems, including monitoring the new management system for ongoing sustainability.
* Effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers.