Maranatha House

Performance Report

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**Commission ID:** 0223

**Provider name:** Maranatha House

**Site Audit date:** 23 April 2021 to 26 April 2021

**Date of Performance Report:** 3 June 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

All sampled consumers considered that 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. All consumers expressed their satisfaction with the way staff make the consumer feel respected and valued as an individual. Consumers said staff respect their privacy and knock when coming into their bedrooms.

Staff spoke respectfully about consumers and were observed offering consumers choices in relation to care and services. It was demonstrated that consumers are supported to take risks to enable them to lead the best life they can.

Consumers are supported and encouraged to make choices about day-to-day care and these choices are respected. However, the service does not have processes to ensure that consumers are supported to make decisions about when family, friends and other should be involved in their care.

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.*

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

*Care and services are culturally safe.*

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

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

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

The assessment team found that consumers and representatives consistently provided feedback that the consumer is able to exercise choices about how their day to day care and services are delivered. The assessment team found that the service assists consumers to make connections and maintain relationships of choice, however due to the service continuing to implement visitor restrictions this has impacted on consumers in having family and friends visit at times they choose.

The assessment team found that the service does not have processes to ensure that consumers are supported to make decisions about when family, friends and others should be involved in their care. Consumers and/or representatives are not consulted to enable them to make informed decisions about the use of psychotropic medications and chemical restraint and representatives have been encouraged to make advanced care directives on behalf of consumers.

I find this requirement is Non-compliant.

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Most sampled consumers (or their representatives) did not consider that they feel like partners in the ongoing assessment and planning of their care and services. The results of interviews with consumers or their representatives does not demonstrate they are aware of the consumer’s care plan or that they know this is available to them. Consumers reported that this was not a specific concern to them.

For the consumers sampled, care and service records do not provide evidence of comprehensive assessment and care planning that considers risk to the consumer’s health and well-being. The review of care plans has identified that care plans are incomplete with interventions not listed and/or whether, when interventions are listed, they have been effective in meeting the needs of consumers. There is a lack of comprehensive investigation of incidents indicating that strategies to minimize the risk of reoccurrence is not identified and actioned.

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

## Assessment of Standard 2 Requirements

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

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

The assessment team found that for consumers sampled, care and service records do not always provide evidence of comprehensive assessment and planning that considers risks to the consumers health and wellbeing and directs care that is safe and effective*.* Specifically, deficits were identified in assessments related to risks associated with falls, wounds, the development of pressure injuries and contributing factors to behavioural symptoms.

The assessment team found that the service is currently transitioning to an electronic system and uses a mix of electronic and paper- based systems which was found to be ineffective. Registered nursing staff interviewed were unable to demonstrate a knowledge of what assessments and planning were in place to ensure that consumers receive safe and effective care.

I find this requirement Non-compliant.

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

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

The assessment team found that for consumers sampled or representatives on their behalf the service demonstrated that goals around advanced care planning and end of life wishes have generally been communicated. However, it was identified that representatives sometimes completed an advanced care directive on behalf of the consumer despite only a person for whom the advance care directive is about being able to sign this document. Deficits were identified in relation to other current care needs with assessment and planning not including the current needs, goals and preferences of the consumer.

I find this requirement Non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

The assessment team found most consumers and representatives interviewed said that they had not been consulted about or had input into their care plan although one representative advised that they felt they were consulted about care on an informal basis. The service was able to demonstrate that case conferences had occurred for some consumers and this documentation is kept with the care manager and is yet to be uploaded into the electronic clinical file of the consumer. However, for many other consumers, review of care and service records demonstrated that assessment and planning is not routinely based on partnership with the consumer or their representative.

I find this requirement Non-compliant.

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

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

The assessment team found that consumers interviewed confirmed that that they did not have a copy of their care plan nor had this been offered to them however advised that this was not of concern to them. Review of care planning documents did not reflect that the outcomes of assessment and planning are communicated to the consumer or their representative and care plans and assessments were noted to be incomplete. The assessment team discussed this with management who advised that all consumers will be offered a copy of their care plan.

I find this requirement 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 found care and services are not routinely reviewed when circumstances change or when incidents impact on the needs, goals and preferences of consumers. Specifically, the assessment team identified deficiencies in the review of consumers who had sustained falls and that interventions were not reviewed for effectiveness to reduce further recurrence of falls. Additionally, an incident involving a consumer being bitten by a rodent was not documented despite the consumer notifying staff of this. Although staff reported that care plans are reviewed every three months this was not demonstrated in practice for many consumers.

I find this requirement Non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers (or representatives on their behalf) considered that they receive personal care and clinical care that is safe and right for them. Consumers said they had no issue with the way personal and clinical care was provided and indicated they get the care they need.

While consumers (or representatives on their behalf) gave mostly positive feedback about clinical and personal care, the review of care and service records does not support that clinical care provided to the consumers sampled is best practice and does not optimise consumers’ health and wellbeing. The service is not identifying the high prevalence risk or high impact risks to consumers.

For the consumers sampled, care and service records do not consistently reflect the identification of, clinical oversight for, and timely response to deterioration or changes in condition. While there are systems in place for communicating information about the care of consumers, these have not been effective for all consumers sampled.

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

### Assessment of Standard 3 Requirements

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

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

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

The assessment team found that overall consumers and their representatives provided positive feedback about personal and clinical care and that they were happy with the care and found staff to be responsive. However, despite the positive feedback the assessment team found that review of care and service records for sampled consumers demonstrated that personal and clinical care is not best practice or optimises the consumers health and wellbeing.

The assessment team identified wound management documentation does not reflect best practice for some consumers with incomplete dressing charts, measuring devices not used to accurately identify the size of the wound and wound treatment inconsistent with contemporary practice. The assessment team found that while the service has a policy about minimising the use of psychotropic medications staff were unable to provide information to identify consumers who are chemically restrained.

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 found that the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of the consumer. Despite consumer falls being reported, comprehensive falls management plans are not in place for consumers who are experiencing frequent falls. The service does not routinely analyse incidents to identify the cause of consumer falls and to manage the associated high impact risk for each consumer. Additionally, the assessment team found that risks associated with chemical restraint are not identified and the use of chemical restraint to manage behavioural symptoms are not documented in consumer care plans.

I find this requirement Non-compliant.

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

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

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

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

The assessment team found staff were able to describe the processes for the escalation of changes or deterioration in a consumer’s condition and that this is referred to the registered nurse who assesses the consumer and directs care. However, the escalation and response processes have not been effective for all consumers sampled. For some consumers sampled timely response to deterioration or changes in condition did not occur. Specifically, the assessment team found that for a consumer who experienced consistently low blood pressure readings this was not communicated to the registered nurse for review or escalated to the medical officer.

I find this requirement Non-compliant.

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

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

The assessment team found that overall consumers felt their needs and preferences are effectively communicated between staff and they do not have to repeat information. Staff interviewed said that information about the consumer’s care is communicated through handover, meetings and information in the electronic care alerts although felt this was not always effective. The assessment team found that information about the consumer’s condition is not always shared between care staff, nursing staff and management. Information related to missing medication, wound care and restraint is not always documented effectively and communicated with all staff who provide care.

I find this requirement Non-compliant.

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

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

### 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 found that nursing staff demonstrated an understanding of how they minimise the need for or use of antibiotics to ensure they are used appropriately. Care staff demonstrated sufficient knowledge of how infection related risks are minimised at the service and provided examples such as hand washing/ hygiene and avoiding cross contamination. Although the service has an infection control and outbreak management protocols to direct staff practice the information in the COVID 19 management plan contains limited and incorrect information. Additionally, the assessment team found that the service does not currently have a system for identifying and monitoring the overall infection pathology for consumers residing in the service in order to minimise infection related risks to consumers.

I find this requirement Non-compliant.

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Most consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example, most consumers said they are supported by the service to do things they like and that they are supported to keep in touch with people who are important to them.

Consumers (or representatives on their behalf) spoke positively about their opportunities to participate in the community inside and outside the service. While some information about consumers is being communicated verbally it was not demonstrated there was complete and current information for all consumers in relation to services and supports for daily living.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

The assessment team found that some information about consumers needs and preferences is communicated verbally within the organisation, however it was not demonstrated that there was complete and current information for all consumers in relation to services and supports for daily living. Lifestyle staff were unable to provide any written information for multiple consumers identifying what their needs and preferences are in relation to supports and services. Lifestyle staff acknowledged that documentation is not in place to support effective information sharing.

I find this requirement Non-compliant.

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

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

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

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

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Most sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example, consumers indicated that the environment is welcoming to them, their friends and family, they feel supported and have developed quality relationships with staff and other consumers. Consumers and representatives indicated that furniture and equipment at the service is safe, clean and well maintained.

The service generally has systems for maintaining the living environment and equipment. However, a serious infestation of mice has resulted in the environment not being safe.

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)(a) Compliant

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

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

*The service environment:*

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

The assessment team found that the service enables consumers to move freely both indoors and outdoors and observed consumers being able to access both indoor and outdoor areas. However, the assessment team found the service is not always safe and clean and observed a large concrete area with a rectangular space in the middle which presents a significant falls hazard. The doors to the laundry and maintenance area were observed to be unlocked and both areas contain chemicals which could be a risk to consumers. The assessment team found that the mice plague and infestation in the region has had a negative impact on consumer safety with some consumers being bitten. Consumers and representatives agreed that the mouse infestation has been problematic however commented that there was nothing the service could do to prevent the infestation.

I find this requirement Non-compliant.

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

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

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example, most sampled consumers and representatives said they have never had the need to raise a complaint and that management and staff listen to any concerns they raise.

Although consumers and representatives expressed satisfaction with staff attending to any concerns they might have, the service is unable to demonstrate thorough investigation of complaints or that open disclosure is undertaken. The service does not have processes to ensure that feedback and complaints are reviewed and used to improve the quality of care and services.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The assessment team found that review of complaints and responses to complaints do not always demonstrate through investigation of issues raised in the complaint or incorporate an open disclosure process. Additionally, the assessment team found that while the general manager was familiar with the concept of open disclosure, no other staff who were asked about open disclosure were able to discuss the concept and said they have not had education about open disclosure.

I find this requirement Non-compliant.

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

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

The assessment team found the service does not have a system for capturing and trending complaints, however, will be installing a system to enable improved complaint management. Despite complaints about mice cited as a major complaint area there are no complaints recorded about mice. The assessment team found that a consumer survey undertaken in February 2021 included complaints about a range of issues, however these concerns did not feature in the continuous improvement system or complaint system.

I find this requirement Non-compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example, all consumers and representatives reported that all, or most, staff were kind caring and gentle. While most consumers were satisfied with staff, some consumers commented that the service is, at times, short staffed.

The service does not ensure that the number and mix of staff enables the delivery and management of safe and quality care and services. This includes registered nurse shifts and other shifts not being filled, staff not having qualifications or the skills and knowledge to effectively perform their roles. The service does not have processes to ensure that appropriate recruitment and training is undertaken to ensure staff are able to deliver the outcomes requirement by these standards.

The Quality Standard is assessed as Non-compliant as four 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 found thatthe service does not ensure that the number and mix of staff enables the delivery and management of safe and quality care and services. Many care staff are unqualified and registered nurse shifts are not always filled. There is no formal system to escalate clinical matters when a registered nurse is not on duty. Vacant shifts are not always replaced, and some consumers reported that when then the service is short staffed the staff are rushed or they need to wait. Call bell response times show that at times consumers wait for extended periods to have their calls for assistance responded to. Some consumers commented that the service is, at times, short staffed.

I find this requirement 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) Non-compliant

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

The assessment team found that consumers and representatives were complimentary of staff and did not raise any concerns about their knowledge and skills. However, the assessment team identified that only a small percentage of care staff have qualifications in aged care and there is no clinical representation on the leadership team. Additionally, the assessment team identified that while all staff had completed competency assessments for the administration of medications this did not include a module about safe medication management. Furthermore, registered nurses who have not undergone training in the administration of influenza vaccinations have been immunizing consumers.

I find this requirement Non-compliant.

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

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

The assessment team found the service does not have processes to ensure that appropriate recruitment and training is undertaken to ensure staff are able to deliver the outcomes requirement by these standards. There are no documented recruitment processes and the service is unable to demonstrate that appropriate recruitment practices are followed. The service does not have systems to ensure that staff, including those who do not have qualifications, are appropriately educated and supported in their roles. Registered nurses informed the assessment team that they do not feel there is enough clinical support and oversight.

I find this requirement Non-compliant.

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

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

#### The assessment team found the service does not have systems to ensure that regular assessment, monitoring and review of the performance of each staff member is undertaken. The majority of employees have not had an annual performance appraisal completed since at least 2019. Review of the management of a staff member with unsatisfactory performance does not demonstrate that the issues related to the staff members performance were appropriately managed. There is no documentation in relation to the meeting held with the staff member which clearly outlines performance issues or the employees response to the issues; there are no agreed performance goals are and there is no plan for improving the staff member’s performance or timeframe for improvement.

I find this requirement Non-compliant.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. However aside from saying they are able to attend resident meetings, consumers and representatives were unable to indicate ways in which they are involved in the development, delivery and evaluation of care and services.

Effective organisation wide governance systems were not evident in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaint systems. Effective risk management systems and practices, and an effective clinical framework are not in place.

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

## Assessment of Standard 8 Requirements

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

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

The assessment team found thatthe organisation does not demonstrate that consumers are engaged in the development, delivery and evaluation of care and services. The organisation does not have any plans, continuous improvement activities or strategic plans which consider the engagement of consumers in the development, delivery and evaluation of care and services and management advised that this had not been considered by the organisation.

I find this requirement Non-compliant.

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

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

The assessment team found that the organisations governing body has not ensured they are kept informed and accountable for fostering a culture of safe, inclusive and quality care and services. The assessment team identified that reports by management to the board and meeting minutes of board of director’s meetings do not demonstrate effective oversight and accountability across key areas of the service. For example, although the board receives data about a range of matters such as complaints, incidents, infections and other clinical data, that information is not analysed and there is very limited or no discussion about those matters in board meeting minutes.

I find this requirement Non-compliant.

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

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

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

The assessment team found the organisation does not have effective governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback complaint systems. The assessment team found that policies are generic in nature and staff have not been educated about the policies and procedures and other systems to operationalise policies have not been developed.

I find this requirement 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The assessment team found the organisation provided a documented risk management framework, including policies relevant to the sub-sections covered by this requirement. However, while the service has policies related to the above items, the policies in place are a generic suite of policies purchased from a peak industry body. The policies have not been tailored to the specific requirements and circumstances of the organisation. There are no procedures or processes to operationalise the broad statements contained in the policies.

I find this requirement Non-compliant.

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

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

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

The assessment team found that the organisation has a clinical governance- framework and policies relevant to the areas covered by this requirement. However, staff advised that they had not been educated about the policies and were unable to provide examples of their relevance to their work. The assessment team reported that management were asked what changes had been made to the way that care and services were planned, delivered or evaluated as a result of the implementation of these policies and they were unable to provide any specific examples.

I find this requirement 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.

### Requirement 1(3)(c)

*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.*
* Review the current visitor restrictions and seek consumer input regarding when they would like to see family and friends
* Seek consumer input to determine how they would like family and friends involved in their care and services

### Requirement 2(3)(a)

*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.*

* Ensure that each consumer has a completed comprehensive assessment which considers risks with an emphasis on completion of falls, wound, pressure injury and behaviour risk assessments
* While transitioning to the electronic records system develop an interim process to ensure that staff are aware of outstanding assessments for consumers

### Requirement 2(3)(b)

*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.*

* Ensure that completion of advanced care directives is in accordance with current legal requirements
* Review care planning documents to ensure that they reflect the consumer’s current needs, goals and preferences and where necessary amend accordingly

### Requirement 2(3)(c)

*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.*
* Ensure that consumers and their representatives are provided with opportunities to have input into the delivery of care and services
* Where consultation occurs with the consumer develop an effective process for recording and documenting to ensure that all staff are aware of consumer preferences in relation to care delivery

### Requirement 2(3)(d)

*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.*

* Offer consumers and their representatives a copy of the care plan where this has been completed and provide a verbal summary of key points within the care plan
* Develop a process to ensure that each consumer has a completed comprehensive care plan

### Requirement 2(3)(e)

*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.*

* Implement a system to ensure that care and services are reviewed when circumstances change, and incidents occur with emphasis on ensuring that consumer’s care and services are reviewed after sustaining a fall
* Conduct three monthly reviews of care plans to determine if the plan accurately reflects the consumers current needs, goals and preferences
* Document and record incidents to ensure that appropriate follow up assessments can be completed as required

### Requirement 3(3)(a)

*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.*
* Review current staff practices for delivering personal and clinical care to ensure that it is aligned with best practice protocols and optimises the consumer’s health and well-being
* Ensure that all staff are aware of how to deliver and document best practice wound care and management
* Ensure that staff understand the minimising the use of psychotropic medications policy and that they know how to correctly identify consumers who are chemically restrained

### Requirement 3(3)(b)

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

* Review current falls management risks for consumers and practices to ensure that the service has processes in place to effectively manage falls related risks
* Complete investigation into falls to determine contributing factors in order to develop effective management plans
* Review behaviour management practices to ensure that the use of restraint and other strategies implemented are included in consumer care plans

### Requirement 3(3)(d)

*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.*

* Review staff practices to ensure that they are following the organisations processed for escalating changes or deterioration in a consumer’s condition
* Ensure that staff have been provided with necessary training to recognise deterioration
* Ensure that all changes in vital signs are escalated and reviewed by the registered nurse and if indicated the medical officer

### Requirement 3(3)(e)

*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.*

* Ensure that staff are aware of and utilise the mechanisms to communicate information about the consumers needs and preferences with colleagues
* Review documentation and hand-over processed to determine if they are effective in communicating information about the consumer’s condition with particular emphasis on ensuring that clinical information is communicated to enhance care delivery

### Requirement 3(3)(g)

*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.*
* Review the COVID 19 management plan to ensure that it has correct and comprehensive information to direct and guide staff appropriately
* Develop a process to monitor infection pathology for consumers

### Requirement 4(3)(d)

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

* Review consumer’s current services and supports for daily living to ensure that this is current
* Develop a process for sharing and communicating consumer needs and preferences related to services and supports between staff

### Requirement 5(3)(b)

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*
* Ensure pest control is conducted on a regular basis in an attempt to reduce the infestation
* Conduct a review of all areas of the internal and external environment to ensure that the area is safe and to identify any potential hazards to consumers

### Requirement 6(3)(c)

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

* Ensure that all staff are familiar, understand and implement an open disclosure process
* Develop a process to investigate issues raised in complaints to ensure that appropriate actions and outcomes can be implemented

### Requirement 6(3)(d)

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

* Develop a process to ensure that all complaints are accurately recorded and documented and where indicated included in the continuous improvement plan
* Implement the new system so feedback and complaints can be trended and captured for review with the aim of improving quality of care and services

### Requirement 7(3)(a)

*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.*

* Review workforce planning and allocations to identify and respond to deficits in staffing to ensure that consumers receive safe and quality care
* Develop a process for the escalation of clinical matters in the absence of a registered nurse being rostered on duty
* Attempt to replace vacant shifts were possible to reduce staff having to work short which impacts on the delivery of safe and effective consumer care

### Requirement 7(3)(c)

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

* Review staff competency across a number of domains and implement training where indicated
* Ensure that staff are appropriately trained and qualified to deliver their roles effectively

### Requirement 7(3)(d)

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

* Develop an organisation wide recruitment process to ensure that the workforce is adequately trained and equipped to deliver the outcomes required by these Standards
* Ensure that staff are provided with appropriate monitoring and support to effectively perform in their roles

### Requirement 7(3)(e)

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

* Develop a process to ensure that each employee undergoes a review and assessment of their performance
* Where performance issues have been identified ensure that all communication is documented effectively, and a management improvement plan compiled

### Requirement 8(3)(a)

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

* Develop and implement processes to include and engage consumers in the delivery and evaluation of care and services
* Consult and seek input from consumers to ascertain their interest in providing input into the evaluation and delivery of care and services

### Requirement 8(3)(b)

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

such as complaints, incidents, infections and other clinical data, that information is not analysed and there is very limited or no discussion about those matters in board meeting minutes.

* Review current practices of how the governing body operates to ensure that the board is accountable for quality of care and services delivery
* Allocate a member of the board or other individual to review and analyse clinical data received and ensure that this is incorporated into agenda items at meetings

### Requirement 8(3)(c)

*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.*
* Develop and implement governance systems to cover all sub-sections covered by this requirement
* Develop a process to ensure that the governance systems can be operationalised in practice

### Requirement 8(3)(d)

*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.*
* Review and amend the policies covered by this requirement to ensure that they are tailored to the specific needs of the service
* Develop a process to operationalise the policies into practise

### Requirement 8(3)(e)

*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.*
* Ensure that all staff are provided with education around the clinical governance frameworks and policies and how these are relevant to their work
* Review the policies to determine if they are being followed and effective in delivering quality care and services