Matthew Flinders Home Inc

Performance Report

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**Commission ID:** 6951

**Provider name:** Matthew Flinders Home Inc

**Site Audit date:** 12 October 2021 to 14 October 2021

**Date of Performance Report:** 17 November 2021

# Performance report prepared by

Alice Redden, delegate of the Aged Care Quality and Safety Commissioner.

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 4 November 2021.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The non-compliance is in relation to Requirement (3)(d) as the service had not completed risk assessments in alignment with the service’s policy for three consumers undertaking risky activities and had not documented the strategies to mitigate the risks. However, the service was actively supporting the consumers to undertake activities of their choices and preferences, including where risks were involved. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Consumers and their representatives interviewed confirmed consumers 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 and representatives said staff were kind, caring and respectful and patient and staff were like friends. Consumers said staff were aware of their likes and they felt comfortable talking with staff if their preferences changed. Consumers said they receive clear information about activities and the menu and can reference the printed schedule for upcoming activities.

Consumers’ care plans described consumers’ preferences and cultural needs and identified those important to the consumer and who were to be involved in decisions about consumer care.

Staff identified consumers cultural requirements through assessments and conversation, including shared interests and social behaviours of consumers. Staff could describe efforts made to maintain privacy for each consumer and were observed interacting with consumers in a kind and respectful manner.

## 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) Compliant

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

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

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

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

The Assessment Team found the service did not demonstrate each consumer is supported to take risks to enable them to live the best life they can as three consumers did not have assessments completed to inform planned strategies for undertaking risk activities. Relevant evidence included:

* The service has a documented policy, procedure and assessment process to support consumers and mitigate the risks for consumers who wish to undertake risky activities of their preference. However, for three consumers currently undertaking risks the service had not completed assessments and documented risk management strategies in line with the policy.
* One consumer whose preference is to smoke was being supported by staff to smoke. However, risk assessments had not been undertaken and not all risk management strategies were in place.
* One consumer was being supported to leave the service independently to access the community had not had risk assessments undertaken in relation to the activity.
* One consumer undertaking activities of their preference in their room using tools, had not had a risk assessment undertaken in relation to the activity.
* The service acknowledged they had not identified and undertaken risk assessments for the three consumers identified and immediately undertook risk assessments in response to the Assessment Team’s feedback.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team and provided a detailed action plan and evidence of review and assessments for the three consumers and ongoing education for staff in relation to identifying and assessing consumers who wish to undertake activities involving risk.

The service has undertaken appropriate actions to address the deficiencies identified in the assessment and plans of the three consumers identified as undertaking activities involving risk. However, at the time of the site audit, three consumers were undertaking activities involving risk which had not been identified, assessed and appropriate strategies to mitigate the risks implemented by the service in line with their policy. The service is undertaking further review and training with their staff to ensure staff understand and apply the service’s policy and assessments in relation to supporting consumers who wish to undertake activities involving risk. However, at the time of the site audit, staff had not identified all risky activities undertaken by staff to ensure assessments were undertaken to manage the risks in line with the service’s procedures.

Based on the summarised evidence above, I find the service non-compliant with this Requirement.

### 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-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

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

The non-compliance is in relation to Requirement (3)(a) as the service had not consistently completed risky activity assessments, pain assessments and evaluations and restrictive practice assessments to inform the delivery of care. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Consumers and their representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed confirmed they were informed of outcomes of assessment and planning. Representatives confirmed they are informed of incidents and changes in consumers’ needs and involved in reviews of consumers’ care. Consumers stated they discuss their specific care needs and preferences with staff at any time and staff respect their choices.

The service has processes to ensure comprehensive assessments are completed for each consumer to develop care plans. The service has assessment tools to identify risks and monitor and record changes and deterioration in consumers which then inform strategies which are recorded in the care plan. The service involves other health professionals where required to complete assessments and plans for consumers. All assessments and care plans are recorded and communicated to those providing care to the consumer. Consumer care plans viewed confirmed consumers’ current needs, goals and preferences are recorded and ‘end of life wishes’ and palliative care plans are recorded and developed in consultation with the consumer. Regular reviews of the consumers’ needs occur, including following incidents or changes in the consumers’ physical or cognitive health.

## 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 recommended the service met this Requirement. However, based on the evidence in Standard 1(3)(d), Standard 3(3)(a) and Standard 8(3)(e) in relation to assessments not being completed in relation to risky activities, pain and restrictive practices I find this Requirement non-compliant. Relevant evidence included:

* Three consumers did not have risk assessments completed in relation to risky activities consumers chose to undertake.
* Four consumers did not have pain assessments consistently completed or evaluated following changes to inform the documented strategies in the care plans.
* One consumer did not have assessments completed in relation to resistiveness during care procedures and strategies used by staff to manage the procedure.
* Assessment of environmental restrictive practices had not been undertaken for 13 consumers following a change of environment.
* Behaviour support plans had not been completed for all consumers with challenging behaviours and/or using chemical restraint in line with new legislative requirements.

The Approved Provider’s response did not directly respond to this Requirement, however, did provide evidence acknowledging the deficits in assessment and planning as identified by the Assessment Team. The response included an action plan, detailing improvements to address the deficits, including review and reassessment of all consumers identified in the report and ongoing training for staff in relation to assessment.

The service has undertaken appropriate actions to address the deficits in the assessments and care plans of consumers identified by the Assessment Team. However, at the time of the site audit the service did not have effective processes to ensure each consumer had appropriate assessments completed to inform and develop the strategies in each consumer’s care plan. Pain assessments were not consistently completed or used to evaluate consumers’ pain and pain management strategies to inform the care plans following changes in consumers’ needs. Consumers choosing to undertake activities involving risks did not all have assessments completed to develop strategies and assessments and behaviours support plans were not completed where restrictive practices were in place or challenging behaviours were occurring. The service’s monitoring processes were not effective at identifying the deficits in the assessment and planning of consumers care as identified by the Assessment Team.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The non-compliance is in relation to Requirement (3)(a) and (3)(g) as the service had not completed pain assessments and evaluations in line with best practice following changes or incidents, assessments had not been completed for environmental restrictive practices and behaviour support plans had not been completed for all consumers where required. The service did not have an appropriate COVID-19 outbreak management plan and did not demonstrate effective management of one consumer’s antibiotic use. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Consumers and their representatives interviewed confirmed consumers receive personal care and clinical care which is safe and right for the consumer. Consumers confirmed personal care is provided in line with their preferences and in a timely manner when they request assistance. Consumers and their representatives confirmed medical officers and other health specialists are available and involved in managing consumers’ clinical needs or following an incident or change.

The service demonstrated it has effective systems to deliver personal care and clinical care to consumers and is supported by organisational policies, procedures and guidelines which are based on best practice. The service uses incident reporting, progress notes, verbal and written handovers, clinical reviews and meetings to identify changes or risks in relation to consumers’ care.

Consumer files viewed showed the service effectively identifies and monitors changes, including behaviours, falls, wounds, diabetes and weight loss and appropriate strategies are implemented to inform staff on how to manage the consumers’ needs. Consumers are referred to specialists when ongoing incidents or deterioration occurs. Consumers’ files viewed showed consumers at end of life have appropriate personal and clinical care implemented to support consumer dignity and comfort.

Staff interviewed provided examples of assisting consumers with personal care and clinical care in line with their current documented needs. Staff explained incident reporting processes and confirmed they are informed of changes to consumers’ needs through handovers, progress notes and other communication tools. Staff demonstrated and confirmed infection control practices in line with current infection control guidelines in relation to influenza and gastroenteritis outbreaks.

### 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 the service did not demonstrate each consumer received safe and effective clinical care in line with best practice, specifically in relation to the assessment and evaluation of pain following incidents and the assessment and planning in relation to restrictive practices. Relevant evidence included:

* Four consumers did not have pain assessments and evaluations consistently completed after changes or incidents in line with best practice or in line with the service’s documented policy and procedures. Examples included:
  + One consumer did not have pain assessed, monitored or evaluated following a procedure on the feet.
  + One consumer did not have pain assessments or monitoring following two falls and on one occasion the effectiveness of medication for pain relief following a fall was not evaluated.
  + One consumer who had known areas of pain requiring ‘as required’ medication to manage, had not had pain management assessed or reviewed for approximately five months, pain charting was not completed when reporting pain and the effectiveness of medication administered for pain not documented or evaluated.
  + One consumer being administered pain relieving medication in line with end of life management did not have the effectiveness of the medication evaluated on multiple occasions.
* One consumer did not have resistiveness during a care procedure assessed to ensure appropriate management strategies were implemented. The service did not identify the strategy implemented by staff in response was a form of physical restrictive practice and appropriate assessments had not been completed prior to the strategy being used by staff.
* Thirteen consumers had a change of environment where environmental restrictive practices were in place, however, the service did not reassess the impact and use of the environment for each consumer.
* Behaviour support plans had not been completed in line with best practice and recent legislative changes for all consumers with challenging behaviours and/or use of chemical restrictive practices. However, the consumers did have assessments and plans in place identifying the behaviours and any medications used.

The Approved Provider’s response acknowledges the deficits identified by the Assessment Team and provided a detailed action plan and evidence of actions taken to address the deficits. Evidence included additional training for staff in relation to restrictive practice identification, management and assessment and assessment and evaluation of pain. Behaviour support plans are being completed for consumers in line with recent legislative changes.

The service is undertaking appropriate actions to address the deficits identified. However, at the time of the site audit the service was not ensuring clinical care in relation to pain and restrictive practices were managed in line with best practice or in line with the service’s policies and procedures. Consumers with changes or incidents did not have their pain appropriately and consistently assessed and monitored. When medication was administered for the management of pain evaluation of the effectiveness of the medication and reassessment of pain was not completed to ensure ongoing effective pain management in line with best practice. The service had not ensured restrictive practices were being identified, assessed and appropriate plans implemented in line with recent changes to restrictive practice legislation and in line with best practice. The services own monitoring systems had not identified the deficits in the management of pain and restrictive practices not being in line with best practice to ensure the issues were addressed and consumers health and wellbeing optimised.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

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

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

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

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

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

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

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

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

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

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

### Requirement 3(3)(g) 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 the service did not demonstrate the minimisation of infection related risks in relation to COVID-19 as the service did not have an appropriate management plan in place. The service did not manage antibiotic use appropriately for one consumer. Relevant evidence included:

* The service had not reviewed or updated the COVID-19 management plan and the plan provided to the assessment team did not contain all appropriate and required actions to prevent and minimise the risks of a COVID-19 outbreak.
* One consumer with symptoms of an infection did not have a specimen collected in a timely manner and pathology reviewed in a timely manner to ensure the appropriate antibiotic was prescribed to treat the infection.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team and provided evidence of improvements taken to address the deficits. The service has reviewed and updated the COVID-19 outbreak management plan and provided further information and training to staff.

The service has taken appropriate actions to address the deficits identified by the Assessment Team. However, at the time of the site audit the service had not ensured ongoing review and updates of the COVID-19 outbreak management plan or that staff and management had the information and resources to manage an outbreak. The service had not followed their policy in relation to managing consumer infections and antibiotic use for one consumer and had not identified the deficit themselves. The services own monitoring systems in relation to infection control management had not been effective at identifying the deficits to ensure actions were taken to minimise infection related risks.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers interviewed confirmed they are supported to do the things they want to do, including accessing the community and maintaining relationships with people important to them. Consumers provided examples of individual and group activities they are supported to engage in, including spiritual, cultural and social activities in line with their preferences. Consumers confirmed they are able to talk to staff or access other supports when they are feeling down and need emotional support. Consumers confirmed they receive meals which are of good quality and suitable to their dietary preferences.

The service demonstrated effective processes to ensure consumers receive safe and effective services and supports for daily living. Assessments are completed and recorded to identify and communicate consumers’ needs, preferences and goals which optimise the consumers’ independence, well-being and quality of life. Care plans include strategies for staff on how to provide support, including equipment required and activities the consumer wishes to attend.

Consumers’ files viewed show consumers participate in assessments with lifestyle staff and changes are made to the care plans based on consultation with the consumer. The service has an activity program and consumers are provided opportunity to make suggestions and give feedback on activities.

Consumers’ dietary needs and preferences are recorded and available where food and drinks are prepared and delivered to consumers.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers interviewed confirmed they feel safe and at home living in the service and have been supported to personalise their rooms. Consumers confirmed they are satisfied the service environment and equipment are clean and well maintained.

Observations confirmed consumers are able to move freely throughout the service, including outdoors and there are navigational aids to assist. The service appeared clean and well maintained with appropriate furnishings throughout the service to enhance the environment.

The service has scheduled and reactive cleaning and maintenance programs in place, including accessing external contractors to service equipment and monitor safety systems. Staff confirmed the processes of cleaning and maintenance in line with the schedules and staff demonstrated how they request or report additional cleaning or maintenance when required. The service has monitoring systems in place to ensure the cleaning and maintenance systems are effective.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers and their representatives interviewed confirmed they knew how to provide feedback and make complaints, and they felt safe and comfortable in doing so. Consumers said they felt comfortable talking to staff and felt staff were advocates for them. Consumers and their representatives provided examples of how they can make complaints, including through feedback forms, meetings and speaking to staff and management. Consumers and their representatives confirmed when they have raised complaints they have been responded to in a timely manner and actions are taken to resolve the issues.

The service demonstrated it has effective complaints and feedback systems and a register is maintained which records complaints to identify trends and areas for improvement. The complaint register showed complaints are recorded, including the actions taken and the outcome and consultation with the complainant. The service has an open disclosure policy which is used when things go wrong. Staff interviewed confirmed complaints processes and provided examples of supporting consumers to raise complaints, including when verbal complaints are made.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 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

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

Consumers and their representatives interviewed confirmed consumers receive quality care and services from staff who are knowledgeable, capable and caring. Consumers stated staff were kind and know what they are doing and there are enough staff to provide care and services when they need it.

The service demonstrated it has systems to recruit appropriately qualified staff and the workforce is provided training and information to enable staff to perform their roles. The service has planned rosters and staff allocation based on consumer needs and vacant shifts are filled. The service has a mix of skilled staff, including registered nursing staff and additional clinical support where required.

The service has processes in place for assessment, monitoring and regular review of performance of each member of the workforce. Where indicated through incident reporting and/or feedback staff are performance managed appropriately. The service provides additional staff training where required and an annual training program is in place.

Staff interviewed confirmed they are provided training and have opportunities to provide feedback, including through performance reviews. Staff confirmed they have sufficient time and information to perform their roles and are aware of their responsibilities.

The Assessment Team observed staff interactions with consumers and their representatives was kind, caring and respectful. Where required staff were observed to use different ways to communicate taking into consideration the consumer’s identity, culture and diversity.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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.*

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

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

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

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

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

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

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The non-compliance is in relation to Requirement (3)(e) as the service had not effectively implemented practices in relation to the minimisation of restrictive practices. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Consumers interviewed were satisfied the service is well run and they are involved in the evaluation and development of care and services delivered at the service through meetings and case conferences.

The service has policies and procedures to guide organisational governance systems including defining roles, responsibilities and accountabilities. The Board is provided with regular updates from all parts of the business, including but not limited to financial, clinical, feedback, compliance and workforce. Continuous improvement is driven from all levels of the organisation and includes when incidents have impacted consumer care. The Board drives the culture of the organisation through its strategic plan and has a focus on consumer care.

The service has effective organisational risk management systems which are implemented at the service and staff practice is in line with organisational expectations in managing risks. The service has incident reporting systems to identify and respond appropriately to risks associated with consumer care and risks associated with elder abuse.

The Assessment Team found the service demonstrated it has an established and documented clinical governance framework, including policies and other guidance material relating to antimicrobial stewardship, minimising the use of restrictive practices, and use of an open disclosure approach. However, the implementation of new restrictive practice legislation was not effective.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

The service did not demonstrate effective implementation of new requirements following legislative updates in restrictive practices and did not identify the use of restrictive practice for one consumer. Relevant evidence included:

* The Assessment Team viewed care planning documentation for consumers subject to restrictive practices which were not aligned with legislation commenced on 1 July 2021. While the service had identified necessary changes and updated organisational policy, this had not resulted in changes to procedure and staff practice at service delivery level. The service had not completed or developed behaviour support plans for consumers as required.
* Staff did not identify the use of restrictive practice for one consumer resulting in no appropriate assessment and documentation to support the strategies being used.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team and provided a detailed action plan of the service completing behaviour support plans for consumers where restrictive practices are in place.

The service has taken appropriate actions to address the deficits identified. However, at the time of the site audit, while the service had updated their policy and procedures and provided staff with training on restrictive practices, they had not taken appropriate action to review and implement behaviour support plans for consumers where restrictive practices were in place. Staff did not identify the use of restrictive practice for one consumer in relation to care procedures in line with training provided or the policies in place. The services clinical governance framework for minimisation of the use of restraint was not effective and did not result in actions in line with legislation.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

# Areas for improvement

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

* Standard 1 Requirement (3)(d) Ensure all consumers participating in activities where risks are involved have appropriate assessments to identify the risks and strategies documented and implemented to mitigate the risks and support the consumers living the life they choose.
* Standard 2 Requirement (3)(a) Ensure assessments are undertaken for all consumers where required and in line with policies and procedures, including in relation to risks, restrictive practices and pain.
* Standard 3 Requirement (3)(a) Ensure consumers pain following changes or incidents and following the administration of medication to manage pain is assessed, monitored and evaluated for effectiveness in line with best practice and to optimise consumers’ health and well-being. Ensure restrictive practices are identified, assessed and strategies documented, including in behaviour support plans where restrictive practices are used.
* Standard 3 Requirement (3)(g) Ensure the service’s COVID-19 management plan is reviewed and updated regularly and is appropriate and reflective of current infection control outbreak management requirements. Ensure staff manage each consumer’s infections and antibiotic use in line with policies and procedures.
* Standard 8 Requirement (3)(e) Ensure the service implements restrictive practice frameworks and policies and procedures effectively, including the completion of behaviour support plans and monitoring of staff practice and knowledge in relation to restrictive practice.