Melbourne Hebrew Memorial Nursing Home

Performance Report

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CAULFIELD VIC 3162  
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**Commission ID:** 3836

**Provider name:** Jewish Care (Victoria) Inc

**Review Audit date:** 3 February 2021 to 8 February 2021

**Date of Performance Report:** 15 March 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | 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) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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 Review Audit; the Review Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The approved provider’s response to the Review Audit report received 4 March 2021.

# STANDARD 1 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

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.

Overall 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.

For example:

* Consumers and representatives said they were treated with respect, dignity, and supported to be independent, exercise choice, and take risks.
* Consumers and representatives described staff knowing their life stories and assisting them to maintain contact with the people who were important to them.
* Overall consumers felt valued as individuals and felt staff understood their preferences in relation to the provision of care and services.
* Consumers considered their privacy was respected and staff could explain the strategies used to ensure consumer’s privacy is maintained.
* Consumers were satisfied with the communication of important information from staff, and they felt supported practice their faith and maintain their Jewish identity.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as 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) Compliant

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

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

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

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

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

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

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

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

# STANDARD 2 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

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 – 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.

The service has a suit of evaluations (assessments) which include consideration of risks. Assessment and planning generally identified consumers’ needs, goals and preferences. Care planning documents demonstrated consumers, and/or their representatives and others are involved in their care planning. Advanced care planning identified consumers’ needs, goals, preferences and beliefs.

The service was unable to demonstrate effective review processes in response to consumers’ incidents such as falls, aspiration/choking and pressure injuries. The service was also unable to demonstrate effective care reviews of consumers with challenging behaviours to support appropriate monitoring of the use of anti-psychotic medications to manage the behavioural symptoms of dementia.

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

## Assessment of Standard 2 Requirements

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

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

### 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) 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 that while regular reviews of consumers’ care occur, these are not always effective in responding to changes in consumers’ needs. Following an incident, incident investigation and associated care reviews do not lead to updated care plans to minimise the risk of recurrence when this is required. Consumers’ behaviours are not effectively reviewed to support appropriate monitoring of the use of anti-psychotic medications to manage the behavioural symptoms of dementia. For example

* Two consumers who experienced falls resulting in hospitalisation had conflicting and/or limited information recorded on the respective incident reports. There was no evidence of a review leading to improved guidance to staff or the development of new care plan interventions to minimise recurrence of falls.
* A third consumer who developed a pressure injury had ineffective pressure care strategies recorded in response to this incident.
* The management of a consumer’s risk of aspiration/choking which had been modified by the speech pathologist in response to the consumer’s wishes, was not recorded in care documentation to ensure staff were aware of the risks and associated interventions.
* A fourth consumer’s recent care evaluations indicate that behavioural interventions are unsuccessful. While confirming that the consumer has been reviewed by a geriatrician prior to the evaluation, no recommendations from the geriatrician or new strategies have been recorded to guide staff care moving forward.
* A fifth consumer’s most recent care plan evaluation notes that their anti-psychotic medication used to manage behavioural symptoms of dementia, was reviewed by her general practitioner, but does not provide further evaluation of the behavioural interventions used by staff.

The approved provider’s response refutes the Assessment Team’s findings and provides the following information:

* A statement that incident reporting is of a very high standard and a statement that the practice of physiotherapists documenting their assessment and management through progress is their preferred practice.
* No mention is made of the incident documentation and review of the first consumer. An acknowledgement of the deficits identified by the Assessment Team in the documentation of the second consumer’s incident is made and a commitment provided to undertake staff training in falls management and required documentation.
* No specific information is provided in relation to the ineffective pressure area care interventions recorded for the consumer who developed a pressure injury.
* No specific response to the lack of recording of interventions to manage the consumer’s risk of aspiration/choking as modified by the consumer and the speech pathologist, in care plan documentation accessed by staff.
* Statements that the fourth and fifth consumers have had their anti-psychotic medication to manage responsive behaviours regularly reviewed by the general practitioners. One of these consumers has been referred to Dementia Support Australia for further assessment since the review audit. The approved provider also notes that psychotropic medications has been added to the staff education item on the continuous improvement plan.

I have considered all the evidence provided and find that this requirement is non-compliant. The approved provider was unable to demonstrate that consumers’ care and services were effectively reviewed in response to incidents such as falls and the development of a pressure injury. The approved provider was also unable to demonstrate effective review of consumers with challenging behaviours by staff at the service, to support appropriate monitoring of the use of anti-psychotic medication to manage the behavioural symptoms of dementia.

# 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

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.

* Most sampled consumers and representatives overall considered that they generally receive personal care and clinical care that is safe and right for them.
* Referrals generally occur to health professionals when needed.
* Staff interviews, and documentation reflect individualised care that is safe and generally tailored to the specific needs and preferences of the consumer in relation to pain and provision of nutrition and hydration.
* Infections are identified, and the use of antimicrobials is monitored. The service demonstrates that minimisation of infection related risks is effective.

The service did not demonstrate effective monitoring of consumers requiring the use of anti-psychotic medication to manage the behavioural symptoms of dementia. While the service has a suite of work instructions to inform the management of high impact and high prevalence clinical and personal risks for consumers, the service did not always demonstrate effective management of post fall care and choking risks.

The Quality Standard is assessed as Non-compliant as two 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 the service did not demonstrate effective use of antipsychotic medications to manage consumers with behavioural symptoms of dementia. There was little evidence of tailored strategies to support consumer’s exhibiting behaviours being used to minimise behaviours prior to the use of medication. A consumer receiving anti-psychotropic medication was not reviewed in a timely manner when there was a negative impact on their wellbeing. For example:

* One consumer with a diagnosis of dementia and other mental health conditions was prescribed an additional anti-psychotic medication for challenging behaviours following staff reports of aggression. There was no evidence of staff’s consideration of triggers or alternate interventions prior to the increase in medication.
* A second consumer with a diagnosis of dementia and other mental health conditions is prescribed anti-psychotic medication to manage behaviours. Documentation recorded generic non-pharmacological interventions are attempted prior to administration of ‘as required’ medication. A review of medication was requested by the representative due to the consumer’s increased drowsiness. The Assessment Team observed the consumer at lunch time sitting upright in an arm chair with their eyes closed. Staff had difficulty rousing the consumer. On the same day the consumer had a ‘restraint authorisation’ completed by the general practitioner. Staff said the consumer’s anti-psychotic medication had been reduced.
* A third consumer with a diagnosis of dementia and other mental health conditions is prescribed regular and ‘as required’ anti-psychotic medication following a review by a geriatrician. Although specialist information is available, staff record generic interventions trailed prior to the administration of the ‘as required’ medication.

The Assessment Team found that consumers with pain and with wounds are managed effectively.

The approved provider’s response refutes that there is a systematic issue in relation to the monitoring of antipsychotic medications used to manage behavioural symptoms of dementia and provides the following information.

* The first two consumer have had their care plans reviewed following the review audit and strategies have been tailored to meet their needs. The prescription of ‘as required’ anti-psychotics has been ceased has been ceased of one consumer, the other consumer has been referred to Dementia Support Australia and a medication review is underway.
* The response notes that the third consumer has had limited administration of ‘as required’ medication but makes no mention of the specific interventions used by staff prior to the use of ‘as required’ medications. The response notes that the consumer’s care plan is scheduled to be reviewed over coming months.
* The response also notes that staff education on behaviour identification, management and the development of care plans has been scheduled for March 2021.

I have considered all the evidence provided and find that this requirement is non-compliant. The approved provider was unable to demonstrate that consumers receiving anti-psychotic medication to manage the behavioural symptoms of dementia are monitored effectively. There was limited information showing tailored and individualised strategies to support consumer’s exhibiting behaviours being used to minimise behaviours prior to the use of medication. A consumer receiving anti-psychotic medication was not reviewed in a timely manner when they became increasingly drowsy. I note that the approved provider’s response while not considering this to be a systemic issue has ensured all the consumers named in the Assessment Team’s report have had care plan reviews to determine individualised behavioural strategies, medication reviews and referrals to external services where appropriate. The approved provider has also committed to providing further staff education and support in this area.

### 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 while the service has a suite of work instructions to inform the management of high impact and high prevalence clinical and personal risks for consumers, the service did not always demonstrate effective management of post fall care and choking risks. For example

* A consumer was assessed by a speech pathologist to be at high risk of choking and recommendations of ‘extensive prompting to eat/drink’ post an incident of choking were made. The Assessment Team observation of a meal time doing the review audit demonstrated that supervision of the consumer did not occur.
* A second consumer has had multiple falls and is classified as a high falls risk. Falls prevention interventions were recorded. The consumer had a fall with a head strike resulting in bruising and skin tears to the head. The Assessment Team noted gaps in the recording of the consumer’s neurological and vital observations over the following three hours and no record of when the ambulance was called. Post fall management of this consumer did not align with the service’s falls management guide. The ambulance arrived three hours after the fall and the consumer was hospitalised.
* A third consumer has had multiple falls and is a high falls risk. The consumer had an unwitnessed fall with a head strike reportedly while attempting to get in/out of bed, resulting in a laceration to the left side of the forehead. The medical practitioner recommended transfer to hospital for further investigation. Neurological observations were not aligned with the service’s falls management guide.

The Assessment Team found that the service manages consumers with unplanned weight loss effectively.

The approved provider response acknowledges the lack of clarity in the consumer’s care plan regarding strategies to mitigate the risk of choking and provides evidence that this has now been addressed. The response states that interventions following consumers’ falls are put in practice but acknowledges that documentation may not always reflect this. The approved provider has committed to ensuring greater surveillance over consumers’ clinical documentation.

I have considered all the evidence provided and find that this requirement is non-compliant. The approved provider was unable to demonstrate that consumers who are identified as having high impact/high prevalence risks such as aspiration/choking, have prevention strategies implemented as required. The approved provider was also unable to demonstrate that appropriate post falls management of consumers who have had falls with head strikes is implemented as required.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and 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.

Overall sampled consumers/representatives considered that the consumer receives 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.

* Consumers described how they are assisted to participate in activities they wish to be involved in, within the service and in the community. Consumers were satisfied with how the service supported them during COVID-19 visitor restrictions to keep connected with family and friends.
* All consumers interviewed explained that adhering to kosher was important to them and generally consumers enjoy the meals.

The service provides a range of culturally specific services to the consumers including a Rabbi on site who is responsible for pastoral care, religious ceremonies and aspects of kosher quality control.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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.

Overall most sampled consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment.

For example:

* Consumers interviewed confirmed they feel safe at the service and described how they are able to access different areas of the service with staff assistance or independently.
* Consumers have access to a range of different communal areas with appropriate furniture and the service is easy to navigate.
* Consumers had ready access to tidy outdoor areas with gardens, shade and seating. Consumers were observed to be accessing these outdoor spaces.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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 most consumers felt encouraged and supported to raise issues verbally or via email. While the service’s complaints process asks staff to encourage consumers for formalise feedback, most staff described resolving complaints early rather than documenting consumer issues. Most consumers felt safe raising issues with staff and were confident that verbal complaints would be dealt with expeditiously.

The service demonstrated a commitment to improving the quality or care and services based on the verbal feedback from consumers. The service provided examples of improvements, including the creation of an additional outdoor meeting space and the replacement of carpets.

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

## Assessment of Standard 6 Requirements

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

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

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

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

The approved provider was able to demonstrate that consumers are made aware of and have access to advocates and language services to support them in raising and resolving complaints. Information about these services is provided to consumers and their representatives on entry to the service. Staff are also provided information about complaint management and associated services as part of their orientation. The approved provider has committed to strengthening the provision of information about advocacy and language services on an ongoing basis. I am satisfied that this requirement is Compliant.

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

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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.

* Half of consumers and representatives interviewed said staff are available only some of the time when they need them, particularly consumers with limited mobility.
* Consumers said staff are generally knowledgeable, capable and caring.
* Most consumers and representatives are satisfied with management’s response to feedback on staff performance.
* The workforce is recruited to specific positions requiring qualification, credentialing or competency with orientation of new staff occurring.
* Staff are trained and equipped to undertake their roles and supported to deliver outcomes for consumers. Performance is monitored and reviewed with action taken as required.
* Interactions between consumers, representatives and staff were observed to be kind, caring and respectful.

The service was unable to demonstrate that there are sufficient staff to provide timely personal hygiene care for consumers, in particular those consumers who require two staff to assist with mobility.

The Quality Standard is assessed as Non-compliant as one 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 the service did not demonstrate the workforce is planned to enable the delivery of safe and quality care. Half of consumers and representatives interviewed said staff are available only some of the time when they need them, particularly consumers with limited mobility. Four consumers who require two staff to assist them with mobility commented on the length of time taken for staff to attend to them, resulting in episodes of incontinence as they are not able to reach the bathroom on time. Some staff also commented on insufficient staff to provided hygiene care to consumers before breakfast, as is consumers’ cultural choice. Call bell response times over a period of a week indicated a significant number of call bell response times were longer than 10 minutes. The service’s protocol aims for zero call bell responses over 10 minutes. Management does not undertake any trending or analysis of call bell response time data. The Assessment Team also reported issues related to lack of appropriate staff supervision during meal times recorded under Standard 4 Requirement 4 (3) f.

The approved provider response states that additional registered nurses were employed some time ago after the need for additional clinical support and leadership was identified by the general manager. In May 2020 the service added an extra personal care worker ‘floater shift’ working across the service in the morning to assist with consumers’ hygiene care. The response notes that staff, when working with consumers in their rooms cannot be seen and this gives rise to the perception that there are insufficient staff. The responses also states that if this perception is real to the consumers and their needs are not being met this must be acknowledged.

Having considered all the information, I find this requirement is Non-compliant. Consumer feedback and call bell response times indicate that consumers’ needs are not being met in a timely manner and is impacting on their dignity. While the approved provider has made some attempt to address this issue by including one additional personal care worker across the service in the morning, evidence provided by the Assessment Team demonstrates that this action has not been effective in ensuring the timely delivery of care to consumers.

### 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

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).

* Sampled consumers and representatives overall considered that the organisation is well run and that they can generally partner in improving the delivery of care and services.
* Management demonstrated that the organisation has a system to ensure the governing body is aware of and can meet their governance obligations. The governing body demonstrated how it promotes a culture of quality care.
* The clinical governance framework outlines who is accountable for clinical aspects of care and includes governance across a range of key clinical areas, such as the minimisation of the use of antibiotics.

The service was unable to demonstrate effective reporting, management and monitoring of high impact and/or high prevalence incidents and oversight of the use of antipsychotic medications to assist in the management of consumers with behavioural symptoms of dementia (chemical restraint).

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(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) 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.*

While the Assessment Team found that the organisation has a risk management framework, including policies associated with the management of consumers’ care. However, these processes are not effective and did not identify deficits reported by the Assessment Team in Requirements 2(3)(e), 3(3)(a) and 3(3)(b).

* The service did not demonstrate effective monitoring to ensure that when incidents occur, the clinical review process informs changes to how care is delivered, including when it is evident that current strategies have been ineffective.
* Strategies to mitigate identified risk(s) are not always recorded in consumer’s ‘resident risk activity’ assessments to inform safe delivery of care and services.
* The management of falls does not always align with the service’s falls management guide.

The approved provider response states that the governing body has developed an extremely effective clinical governance subcommittee which has executed its responsibilities for the accountability of safe and quality care and services and that the governing body has been advised of issues that fall outside of expected policies and procedures and acted on that information. The response considers that the Assessment Team is responding to operational issues rather than governance issues.

I have reviewed all the available information and find that this requirement is Non-Compliant. I do not concur with the approved provider’s argument that the issues identified by the Assessment Team are operational and not related to governance processes. The role of governance processes is to ensure the care provided to individual consumers meets the organisation’s expectations and the requirements of the Aged Care Quality Standards. There is an expectation that the service’s internal monitoring processes are able to identify deficits in care to individuals, that these matters are escalated and actioned as required through governance processes. The approved provider’s response did not demonstrate that this occurs.

### 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 while the service has a clinical governance framework with associated policies and practices, management did not demonstrate these are effectively applied. For example

* Management reported no consumers at the service are chemically restrained. Based on the information recorded on the psychotropic medication register, chemical restraint is in place but has not been identified as such by the organisation.
* The service’s record of consumers’ psychotropic medication identifies types of psychotropic medications prescribed. However, information within the record was not always current and complete.
* The service did not demonstrate that the use of chemical restraint was the last resort and the safety of consumers is monitored.
* The service did not demonstrate they have a record of informed consent for the use of psychotropic medications for all consumers who would be considered as being chemically restrained.

The Assessment Team acknowledged that management advised they were aware of deficits identified by the Assessment Team in relation to management of psychotropic medications and discussed a range of improvements in the process of being implemented.

The service did demonstrate that it practices open disclosure and that antimicrobial stewardship is undertaken.

The response submitted by the approved provider outlines the clinical governance framework and committee structure and details the work being done to address the acknowledged gaps in documentation in relation to the management and oversight of psychotropic medications.

I have reviewed all the available information and find that this requirement is Non-Compliant. Whilst I acknowledge that the organisation does have a clinical governance framework and committee structure, these processes are not yet effective to ensure oversight of consumers prescribed psychotropic medications at the service.

# 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.

* Implement processes to ensure that following consumers’ incidents, incident investigation and associated care reviews lead to updated care plans with strategies to minimise the risk of recurrence as required.
* Ensure that consumers’ behaviours are effectively reviewed to support appropriate monitoring of the use of antipsychotic medications to manage the behavioural symptoms of dementia.
* Ensure consumers with behavioural symptoms of dementia have tailored strategies developed and implemented prior to the use of medication.
* Ensure timely review of psychotropic medication when there is a negative impact on consumers’ wellbeing.
* Ensure effective management of consumers’ risks including skin integrity, post fall care and choking risks.
* Ensure that there are sufficient staff to assist all consumers (including consumers that require two staff assistance with mobility) requiring hygiene care in a timely manner, at times that meet the cultural needs of the consumers.
* Ensure that there are sufficient staff to provide appropriate supervision and interaction with consumers at meal times.
* Ensure effective implementation of risk management systems and practices to enable appropriate recording, investigation, escalation and monitoring of incidents.
* Ensure effective implementation of clinical governance processes and practices to enable the minimisation of the use of restraint.