MercyCare Maddington

Performance Report

185 Maddington Road MADDINGTON WA 6109

Phone number: 08 9442 3444

**Commission ID:** 7270

**Provider name:** Mercy Human Services Limited

**Site Audit date:** 26 November 2019 to 28 November 2019

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **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) | 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** | **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) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 Standards 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 20 December 2019.

# 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 Assessment Team found the service did not meet Standard 1 Requirement (3)(a) finding that four consumers and/or representatives are not satisfied the service treats all consumers with dignity and respect and the service’s documentation and staff practices do not always reflect processes which support consumer privacy, dignity or respect.

* Consumers and representatives provided feedback indicating consumers are not treated with dignity and respect.
* Documentation viewed does not reflect person-centred language.
* Observed staff practice did not support consumers privacy or dignity.

The Assessment Team recommended the service did not meet Standard 1 Requirement (3)(c) based on feedback from two consumers.

* One representative was dissatisfied with the management of their family members consenting relationship with another consumer.
* One representative was dissatisfied with the service’s provision of ice-cream to a consumer.

Taking into account the evidence provided in the Assessment Team’s report and the response provided by the service provider I have come to a different view to the Assessment Team’s recommendation for Requirement 1(3)(c) and find the service meets this requirement. I have provided reasons for my decision below.

The Assessment Team found the Approved Provider demonstrated their understanding and application of culturally appropriate care. Staff interviewed described ways they deliver care which enables consumers to feel comfortable and meets their needs. Observation by the Assessment Team confirmed consumers personal history, individual preferences, routines and spiritual and cultural needs are captured in care planning and used by staff to inform care.

## Assessment of Standard 1 Requirements

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

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

Based on the findings of the Assessment Team and the response given by the Approved Provider, I am satisfied that the service did not demonstrate each consumer is treated with dignity and respect. In coming to this decision, I considered the following relevant evidence:

* Four consumers and representatives interviewed provided feedback indicating consumers are not always treated with dignity and respect and staff are not always kind and caring.
* Terminology used in a position description viewed by the Assessment Team does not reflect respectful, person-centred language when stating ‘staff to complete feeds’ as a responsibility for assistants in nursing.
* A staff member was observed to speak about a consumer in a manner which did not demonstrate respect.
* Three staff were observed seated in a public area of the home with a disengaged consumer. The staff were observed to be focussed on entering information in an electronic tablet.

The Approved Provider’s response to the Assessment Team’s report disagrees with the Assessment Team’s findings and includes reference to the Consumer Experience Interviews. These interviews reflect feedback from 73% of participating consumers/representatives indicating staff always treat consumers with respect and are always kind and caring. However, the response does not provide evidence to specifically address the deficits in the Assessment Team’s report for the 27% of consumers/representatives who gave a ‘most of the time’ response, and the four additional consumers who did not confirm staff are always respectful or treat them in a kind and caring manner. While I acknowledge the service is working toward updating all documentation I find the service did not demonstrate that documentation in use during the site audit, nor a staff member’s manner of speaking about a consumer reflect respect for consumers. The service’s response indicates staff are encouraged to conduct care planning and assessment with consumers while seated at a dining table in public areas of the home. I find this practice does not reflect a process which supports consumer privacy, dignity or respect.

For the reasons detailed above, I find the Approved Provider does not meet this this requirement.

### 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 make connections with others and maintain relationships of choice, including intimate relationships.

The Assessment Team found the service does not support each consumer to exercise choice and independence with regard to making decisions about their own care and the way services are delivered; or is not supported to safely make and maintain relationships of choice, including intimate relationships. The following evidence was provided:

* One representative interviewed stated the representative’s preference for the consumer having more of the things they like such as ice-cream was discussed. The Approved Provider’s response indicates ice-cream is available regularly at the service and consumers are offered choices each day from a varied menu. Evidence provided does not indicate either the consumers’ or their representatives’ preferences were known to the service prior to the audit. Evidence was not provided as to how frequently the consumer receives ice-cream.
* The Assessment Team’s report refers to a representative interview where the representative discussed a potentially intimate relationship between their family member and another consumer, both of whom have diagnosed mild cognitive impairment, consented to the relationship. The representative indicated the relationship was not ongoing and their family member was now displaying changed behaviours including anger because of the relationship ceasing. The representative further indicated they felt the service should have intervened to prevent the relationship from day one. Evidence provided in the Approved Provider’s response indicates the next of kin was aware of the relationship from 5 July 2019 and did not raise any objection prior to 29 July 2019 after the relationship had ceased.

Based on the information contained in the Assessment Team’s report and the Approved Provider’s response, I find that the service demonstrates that it responds to consumers requests and concerns when raised through their feedback mechanisms and consults with consumers/representatives regarding consumers’ behaviours.

For the reasons outlined above, I have come to a view this requirement is met.

### 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

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

Based on the information contained in the Assessment Team’s report and the Approved Provider’s response, I find that assessment and planning is not consistently undertaken to inform effective delivery of care and services.

The Assessment Team found that consumers and representatives interviewed are involved in discussions about the provision of care and services to consumers and are aware of care planning and review processes. The following examples were provided by consumers during interviews with the Assessment Team:

* The majority of consumers interviewed said they always receive the care they need.
* Most consumers interviewed said staff explain things to them most of the time or always.

The organisation demonstrated effective consultation processes for consumers used by the service to identify consumers needs, goals and preferences and to assess risks to consumers’ health and well-being. Staff have access to policies, procedures and assessment tools to guide the undertaking of assessment and planning processes. However, the organisation was not able to demonstrate that the organisation’s assessment and planning processes are consistently completed for all consumers in accordance with the organisation’s documented policies.

## 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 the organisation was not able to demonstrate that assessment and planning was undertaken in accordance with the service’s admission planner for four consumers whose care files were reviewed. The organisation did not demonstrate assessment and planning identified risks to consumers health and well-being or informed the delivery of safe and effective care and services in a timely manner for these consumers. Examples of this provided in the team’s report include but are not limited to:

* Assessments including behaviour, pain, urinary and bowel continence for three consumers were not completed within the Approved Provider’s required timeframe.
* One consumer, despite having four falls in eleven days following admission, one of which involved a head injury, did not have physiotherapy or mobility assessments completed for 11 days and bowel and sleep assessments were not completed within the Approved Provider’s timeframes.

The Approved Provider’s response acknowledges that not all assessments indicated in the Assessment Team’s report align with the requirements of MercyCare’s admission planner. The Approved Provider’s response does not address all deficiencies indicated in the Assessment Team’s report for all reviewed consumers.

Based on the findings of the Assessment Team and the response given by the Approved Provider, I am satisfied that the service does not meet 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.

The Assessment Team recommended Standard 1 Requirement (3)(e) not met reporting that the service does not consistently review consumer’s care and services following incidents where consumers display behaviours including physical aggression, display inappropriate behaviours of a sexual nature or sustain falls. Taking into account the evidence provided in the Assessment Team’s report and the response provided by the service provider I have come to a different view to the Assessment Team’s recommendation and find the service meets this requirement. I have provided reasons for my decision below.

* The Assessment Team’s report refers to incident reports regarding four consumers whose behaviours included physical aggression and inappropriate behaviour who were not reviewed following each incident.
* The Assessment Team’s report also refers to one consumer who sustained multiple falls but was not reassessed following each fall.

The Approved Provider’s response provides evidence of regular assessment following incidents, and review by the consumers’ General Practitioners and Registered Nurses, and where appropriate Occupational Therapists, Physiotherapists and Dementia Services Australia for all consumers referred to in the Assessment Team’s report and appropriate management plans were implemented for each consumer where indicated.

The Assessment Team’s report having been advised by a staff member that one consumer is reported as having an incident of uninvited physical contact from another consumer. However, the information contained in the Assessment Team’s report and the Approved Provider’s response did not demonstrate the appropriateness of assessment for the consumers involved.

Based on the findings of the Assessment Team and the response given by the Approved Provider, I am satisfied that this requirement is met.

# 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 Assessment Team found the majority of consumers interviewed reported they get the care they need most of the time or always. The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers and representatives said the staff are good at their jobs, they have access to doctors and other allied health specialists and have a say in how their care is delivered.

The organisation demonstrated that staff have access to policies and procedures to guide clinical practice and staff have access to tools to guide them in assessment processes. Incident reports, feedback and analysis of clinical incident data is undertaken by the service to monitor the deliver of care and services. Palliative pathways are implemented when consumers enter the terminal phase of life to ensure consumers comfort and dignity are preserved.

However, the Assessment Team found the service was not able to demonstrate consistent and effective management of consumers who display aggression and did not demonstrate safe and effective falls management for consumers at high risk of falls. The Assessment Team’s report reflects that staff do not consistently monitor, manage or review consumers who have behaviours including physical aggression, do not consistently follow policy regarding observations following a fall, and do not consistently refer consumers to specialist services in a timely manner. The Assessment Team has recommended Requirements 3(3)(a), 3(3)(b) and 3(3)(f) not met. Considering the evidence provided in the Assessment Team’s report and the response provided by the service provider I have come to a different view to the Assessment Team’s recommendation with regard to Requirement 3(3)(f) and find the service meets this requirement. The reasons for my decision are reported below.

### 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 was not able to demonstrate consistent and effective management of consumers who display aggression or inappropriate sexual advances including uninvited physical contact and did not demonstrate safe and effective falls management for two consumers at high risk of falls. The following evidence was provided:

* Incidents of aggression have occurred between a married couple residing at the service.
* Referral to external behavioural specialists for the husband had been discussed with the medical officer but were not initiated until the Assessment Team discussed the incidences of aggression with management by the Assessment Team during the site audit.
* A representative provided feedback to the Assessment Team indicating they wished the service had intervened in a consensual sexual relationship which had occurred between two consumers. This evidence has been addressed in Standard 2 of this report.
* Two female consumers were subjected to uninvited physical contact including being kissed on the lips, neck and face by a male consumer who has six previously recorded incidences of unwanted advances toward other consumers and staff. The Assessment Team found the service did not demonstrate management of the male consumers behaviours ensures the protection of vulnerable female consumers from his uninvited advances.
* Two consumers did not have neurological observations undertaken in accordance with the service’s policy following multiple unwitnessed falls.

The Approved Provider’s response includes the following evidence which was considered in my decision:

* The Approved Provider’s response includes evidence of actions trialled to address the physical and verbal aggression between the married couple not reported by the Assessment Team. The service contacted Dementia Services Australia (DSA) on 27 November 2019 with regard to the male consumer. The female consumer had been reviewed by DSA and a report provided on 24 October 2019. Recommendations made by DSA have been implemented for both consumers. Following the site audit a medication change has occurred and further medical assessments including a referral to Older Persons Mental Health occurred on 29 November 2019 for the male consumer. The Approved Provider’s response indicates the service has consulted regularly with both consumer’s medical officer and family, and strategies including accommodating the consumers in separate rooms and enabling supervised visits to have been trialled with positive affect.
* The Approved Provider’s response includes clarification of strategies implemented to occupy the consumer who initiates the uninvited kissing. However, the Approved Provider did not provide evidence of evaluation of the effectiveness of these strategies.
* The Approved Provider acknowledges the service’s Falls Pathway 2 which directs staff to undertake neurological observations was not followed as required for two consumers as identified by the Assessment Team.

While I acknowledge the Approved Provider’s response to the Assessment Team’s findings, I find at the time of the site audit, the service did not demonstrate the effective management of consumers aggressive behaviours, the uninvited sexual advances of one consumer toward other non-consenting consumers, and falls management was not carried out in accordance with the service’s policy.

For the reasons detailed above, I find that the approve provider does not comply with this requirement.

### 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 the service did not effectively manage incidences of high impact or high prevalence risks associated with the care of each consumer. Evidence provided includes:

* The Assessment Team’s report indicates for two consumers who have had multiple incidents of aggression since admission, the service did not demonstrate behaviour review or referral to behavioural specialist services had occurred in a timely manner. This has been addressed in Requirement 3(3)(a) of this Standard.
* The Assessment Team’s report refers to consensual sexual behaviour which had occurred between two consumers. This evidence has been addressed in Standard 2 of this report.
* The Assessment Team’s report refers to a consumer who initiates the uninvited kissing. The Assessment Team notes the behaviour of this consumer is not recorded in his care plan to alert staff of risk to other consumers. Strategies recommended by a dementia specialist have not been included in behaviour care planning documentation. One hourly sighting charts are not completed for this consumer in accordance with clinical staff instructions.
* Staff did not refer two consumers’ for falls management review or undertake neurological observations following unwitnessed falls. This evidence has been addressed in Standard 2 and Requirement 3(3)(a) of this Standard.

I acknowledge the Approved Provider’s response which includes information reported in Standard 2 and Requirement 3(3)(a) of this Standard for these consumers. However, I find the Approved Provider did not demonstrate at the time of the site audit that the service effectively managed high impact or high prevalence risks associated with the care of each of the consumers included in the Assessment Team’s report.

For the reasons detailed above, I find that the approve provider does not meet this requirement.

### 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.

The Assessment Team found the service has not referred two consumers with behaviours to external behaviour specialist services in a timely manner. The Assessment Team also found the service did not refer one consumer who had multiple falls for review by physiotherapy services. Evidence provided includes:

* The Assessment Team’s report indicates for two consumers who have had multiple incidents of aggression since admission, the service did not demonstrate behaviour review or referral to behavioural specialist services had occurred in a timely manner. This has been addressed in Requirement 3(3)(a) of this Standard.
* Staff did not refer one consumer for falls management review following multiple falls. This evidence has been addressed in Standard 2 and Requirement 3(3)(a) of this Standard.

The Approved Provider’s response advises one consumer was not reviewed by external behavioural specialists as the medical officer was managing his physical health as a priority. Evidence was provided of assessment by external behavioural specialists for two other consumers. The Approved Provider’s response also indicates referral to a physiotherapist was not undertaken for consumers who had multiple falls as they were assessed by qualified clinical staff and the fall criteria for the incidents did not require further review in accordance with their procedures. On the occasion of a serious fall occurring where a consumer was hospitalised the consumer was appropriately assessed by allied health services on their return from hospital.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service has demonstrated timely referrals were undertaken by the service. I find that service meets this requirement.

### 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

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

The Assessment Team found most consumers interviewed are encouraged to do as much as possible for themselves most of the time or always. Consumers also stated that staff are kind and caring most of the time or always. Consumers and representatives gave the following examples of service delivery:

* Most consumers interviewed said they like the food most of the time or always.
* Consumers and representatives said equipment provided was appropriate for the consumers’ needs.
* One representative said there is not enough stimulation or engagement for consumers.

The Assessment Team found the organisation was able to demonstrate that risk safety assessments are undertaken for consumers who choose to undertake activities involving risk and discussion is held with consumers regarding risk minimisation. However, The Assessment Team found the service was not able to demonstrate that the service supports consumers to undertake activities of interest to them, including examples recorded in care planning documentation, and a staff member indicated activities provided are basic and childlike. The Assessment Team found the organisation did not demonstrate activities provided include a variety of activities which reflect the interests of consumers. However, I have come to a different view from the Assessment Team’s recommendation and find the service meets this requirement. I have provided reasons for my decision below.

## 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.

The Assessment Team found the Approved Provider did not consistently demonstrate that supports for daily living promote each consumer’s emotional, spiritual and psychological well-being or enable consumers to do things of interest to them. The following examples were provided by a representative and staff during interviews with the Assessment Team:

* One representative said there is not enough stimulation for consumers.
* Staff gave feedback indicating a consumer who likes fishing is not supported to participate in activities which include his interest, and that activities are basic and childlike.

The Assessment Team viewed documentation which reflects the service’s intention to restructure the consumers’ activity program dated March 2019. However, staff interviewed reported there has been no progress on this project.

The Approved Provider’s response to the Assessment Team’s report provides clarifying information regarding the service’s approach to the application of this requirement, including their approach to one-to-one visits for consumers at risk of isolation, bus trips and the identification of activities of choice for consumers through the consumer representatives on the Service Excellence committee.

I acknowledge the Approved Provider’s response to the Assessment team’s findings and find insufficient evidence in the Assessment Team’s report to indicate the service does not support each consumers spiritual and psychological well-being or support each consumer to do things of interest to them.

Based on the reasons detailed above I find this requirement is met.

### 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 services 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.

The Assessment Team found that the majority of consumers and representatives feel at home in the service most of the time or always.

The Assessment Team observed the facility to be secure and observed consumers freely moving about the various wings and communal garden area. Secure outdoor areas are available for consumers and their visitors. The service environment was observed to be clean, comfortable and free from odour and noise. Staff advised there is sufficient equipment provided which is fit for purpose and assists them in safely undertaking their roles. Furniture, fittings and equipment were observed to be safe, clean well maintained and suitable for consumers.

## 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.

The Assessment Team found the majority of consumers and representatives interviewed are satisfied with complaint management systems in place at the service and said staff follow things up with them most of the time or always and two consumers gave examples of a system which supports open disclosure. However, two consumers interviewed said they do not feel encouraged or supported to provide feedback. Consumer feedback included:

* Participation by consumers in the Service Excellence committee.
* A representative gave an example of open disclosure stating they felt they had received a satisfactory explanation and were satisfied with the outcome of actions taken by the home in response to an incident involving their family member.
* Two consumers said when you raise things the service does nothing about it.

The Assessment Team found management and staff were able to demonstrate that consumers can access information in languages of their choice and can access interpreter services, advocates and the organisation’s Quality Improvement Specialist should they wish to do so. Documentation viewed by the Assessment Team indicates feedback is sought from consumers in various ways, information on feedback systems is available throughout the service and the organisation has policies, procedures and work practices, including an open disclosure policy to guide staff and management practice with regard to the management of feedback including complaints. Feedback received is used by the service to inform the organisation’s continuous improvement program.

## 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.

The Assessment Team found the organisation did not demonstrate the workforce is competent or that the members of the workforce have the qualifications and knowledge to effectively perform their roles and has recommended Requirement (3)(c) as not met. I have come to a different view from the Assessment Team’s recommendation and find the service meets this requirement. I have provided reasons for my decision below.

The Assessment Team found the majority of consumers said they get the care they need most of the time or always, staff are competent and are kind and caring. The following examples of consumer feedback were reported by the Assessment Team:

* One consumer said there was a time when there wasn’t enough staff but there is enough now.
* Four consumers/representatives expressed dissatisfaction with the numbers and mix of staff.

The Assessment Team found the organisation was able to demonstrate effective workforce planning enabling appropriate numbers and mix of staff to delivery care and services. Management demonstrated staff feedback is used to inform staffing and additional staff hours are allocated. The organisation has a structure approach to recruitment ensuring staff have suitable qualifications prior to commencement.

## 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.

The Assessment Team found the organisation did not adequately demonstrate the workforce is competent or that members of the workforce have the qualifications and knowledge to effective perform their roles. This was evidence by the following:

* Management and staff do not consistently follow policy in regard to completing consumers assessments on admission or follow neurological observation charting following a fall. This has been previously addressed under Standard 2.
* Management and staff do not consistently follow aged care legislation requirements regarding compulsory reporting of elder abuse, including Approved Provider’s actions and obligations if using their discretion not to report. This is addressed in Standard 8.

Based on the Assessment Team’s report and the Approved Provider’s response I have come to a different view from the Assessment Team’s recommendation of not met. I find the service has demonstrated the workforce is competent and staff have the qualifications and knowledge to perform their roles.

Based on the reasons detailed above I find this requirement is met.

### 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 have been assessed as Non-Compliant.

The Assessment Team found the service does not meet Requirement (3)(c) as the service did not follow Aged Care legislative requirements with regard to compulsory reporting of elder abuse, and Requirement (3)(d) as the service did not effectively manage high-impact or high-prevalence risks associated with the care of consumers who have sustained falls.

The Assessment Team found that most consumers and representatives interviewed reported the service is well run most of the time or always. The following examples were provided by consumers or representatives during interviews with the Assessment Team:

* Consumers are invited to participate in the Service Excellence committee and have opportunity to discuss care and service delivery. Examples of improvements made at the service as a result of this participation were provided.
* Consumers said they attend resident meetings.

The Assessment Team found that although the service does not have a diversity policy the service provides an environment which encourages diversity. The Approved Provider demonstrated through staff interviews and documentation that governance systems support effective information systems, continuous Improvement planning reflects improvements are identified form a range of sources including organisational and site-specific initiatives, financial systems, workforce governance and feedback and complaints.

## 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) 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 has found Requirement (3)(c) to be not met based on the Approved Provider’s failure to meet its legislative requirements following multiple instances of assault where the Approved Provider has exercised their discretion not to report in that the service did not undertake care plan review for behavioural management strategies within 24 hours following incidents of physical aggression or sexually inappropriate behaviour for four consumers. The following evidence was provided:

* Aggressive behaviour incidents involving one consumer who does not have a diagnosis of cognitive impairment have not been actioned in accordance with compulsory reporting requirements as per the appropriate legislation as evidenced by compulsory reporting documentation, incident reporting and care plan review.
* Staff do not record the reason for discretionary provisions being invoked on the ‘non-reportable’ log when making a decision that an aggressive incident is not subject to the submission of a compulsory report.
* The Assessment Team report indicates management agreed that review of behavioural management strategies had not been undertaken within 24 hours following any of the non-reportable incidents for four consumers.

The Approved Provider’s response includes evidence that the consumer identified as not having a cognitive impairment has been diagnosed by a medical officer as having a cognitive impairment which was recorded in progress notes and therefore incidents involving the consumer were appropriately recorded as the Approved Provider has exercised their discretion not to report. I acknowledge evidence provided under Standard 2 which indicates incidences involving sexually inappropriate behaviour between two consumers was consensual and not inappropriate. The Approved Provider advised the ‘non-reportable’ log has been updated to include the reason for not reporting. However, the Approved Provider’s response does not adequately address the service’s failure to undertake behavioural review within 24 hours for consumers involved in aggressive incidents and one reported incident of sexually inappropriate behaviour as required by legislation.

Based on the reasons detailed above I find this requirement is not met.

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

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

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

The Assessment Team found management and staff do not follow aged care legislation in relation to mandatory reporting of elder abuse. The following evidence was provided:

* Management confirmed when using the Approved Provider’s discretion not to report incidents, management did not review consumer’s behaviour care plans for behaviour management strategies within 24 hours.
* An allegation of abuse was not submitted to the Department of Health for eight days after receiving the allegation from a consumer.

The Approved Provider’s response acknowledges behaviour management strategies are not reviewed following incidents of aggression between consumers where the Approved Provider has exercised their discretion not to report. The Approved Provider’s response also acknowledges that an allegation of abuse was not submitted to the Department of Health in the legislated timeframe. The Approved Provider states the delay in reporting was due to the service’s inability to substantiate the incident demonstrating the Approved Provider or their staff do not understand the requirement to report allegations of abuse within the 24-hour time-frame irrespective of whether they are substantiated or not.

The Assessment Team also reported the Approved Provider does not demonstrate effective risk management systems and practices including managing high-impact or high-prevalence risks associated with the care of consumers who demonstrate aggressive or sexually inappropriate behaviours or are at high risk of falls. This is evidence by the service not undertaking review of consumers behaviour following aggressive incidents and not undertaking neurological observations for two consumers following falls in accordance with the Approved Provider’s policy.

The Approved Provider’s response provides evidence with regard to the service’s actions taken, in consultation with consumers family, enabling two consumers who are married to each other to spend supervised time together. This action was taken prior to the site audit and was demonstrated to be effective in reducing incidences of aggression between the two consumers. The Approved Provider did not specifically address incidents involving consumers at risk of falls under this requirement as this has been addressed in Standards 2 and 3.

Based on the reasons detailed above I find the Approved Provider has not met regulatory requirements with regard to reporting an incident involving an allegation of abuse and has not met regulatory requirements with regard to incidences where the Approved Provider has exercised their discretion not to report and find this requirement to be not met.

### Requirement 8(3)(e) 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.

# 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)(a)

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

* Provide staff with training to assist them to ensure consumers are treated with dignity and respect and in a kind and caring manner.
* Review documentation to ensure terminology reflects person-centred language.
* Review procedures for conducting care review and other assessment processes in public areas.

### Requirement 2(3)(a)

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.

* Review assessment of consumers to ensure compliance with the service’s policies.
* Review monitoring of assessment processes to ensure assessments are undertaken in accordance with the service’s policies.

### 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.

* Implement a monitoring process for staff to effectively monitor consumers’ needs and preferences are met, including monitoring of consumers with aggressive and sexually inappropriate behaviours to minimise impact to other consumers.
* Review monitoring processes to identify staff failure to follow the organisation’s policies.

### Requirement 3(3)(b)

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

* Review the service’s practices for the management of high impact and high prevalence risk.

### 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.

* Review the organisation’s approach to compulsory reporting and actions to be taken following a discretionary decision to not report in accordance with legislative requirements.

### 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.

* Provide training to management and staff regarding compulsory reporting requirements and the identification of elder abuse.