Milford House Nursing Home

Performance Report

2-4 Milford Street   
RANDWICK NSW 2031  
Phone number: 02 9398 3659

**Commission ID:** 2035

**Provider name:** Thompson Health Care Pty Ltd

**Site Audit date:** 14 February 2022 to 17 February 2022

**Date of Performance Report:** 17 March 2022

# Performance report prepared by

E Woodley, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | 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) | Non-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) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-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) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.
* the provider’s response to the Site Audit report received 1 March 2022 and 15 March 2022.

# 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

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 Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Most consumers and representatives interviewed by the Assessment Team considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. Consumers interviewed confirmed they are encouraged to do things for themselves and that staff know what is important to them. Consumers confirmed their personal privacy is respected.

However, some representatives raised significant concerns that some consumers had not been treated with dignity and respect in the areas of personal and hygiene care, assistance with eating, personal safety, and communication.

Staff interviewed by the Assessment Team were able to describe how they support consumers to make choices and maintain relationships of choice, aligned to their care plans.

The service demonstrated that 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.

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

## Assessment of Standard 1 Requirements

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

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

The Assessment Team found the service did not sufficiently demonstrate that each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Most consumers interviewed by the Assessment Team indicated they felt respected and valued. However, some representatives raised significant concerns that there were consumers who had not been treated with dignity and respect in the areas of personal and hygiene care, assistance with eating, personal safety, and communication, and this was having or could potentially have a negative impact on their health, safety, and well-being.

The approved provider’s response included an action plan developed to address the issues identified in the Site Audit report.

At the time of the Site Audit, the service did not demonstrate that each consumer is consistently treated with dignity and respect.

I find this requirement is Non-compliant.

### 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 and service records 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.

Overall, consumers interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed confirmed they are involved in care planning during regular care conferences. Most consumers and representatives interviewed confirmed that they are informed about the outcomes of assessment and planning.

Consumers and representatives have ready access to their care plan whenever requested, otherwise a copy is provided every three months before case conferences occur. This provides the consumer and/or representative an opportunity to make suggestions or changes.

The Assessment Team found that assessment and planning, including consideration of risks to the consumer’s health and well-being did not consistently inform the delivery of safe and effective care and services for all consumers sampled. For example, documentation did not demonstrate that assessment and planning takes into consideration risks and unmet needs associated with behaviours of concern.

Assessment and planning identify and addresses advanced care planning and end of life planning if the consumer wishes. However, review of documents did not demonstrate that assessment and planning identifies and addresses each consumer’s current needs and preferences.

While care and services are evaluated every three months, review of documentation did not demonstrate that review also occurs when circumstances change or when incidents impact on the needs, goals and preferences of consumers. Documentation did not demonstrate that the effectiveness of care and services are appropriately reviewed for consumers with ongoing behaviours of concern.

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

## Assessment of Standard 2 Requirements

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

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

Care planning documentation reviewed by the Assessment Team did not demonstrate that assessment and planning, including the consideration of risks to the consumer’s health and wellbeing, consistently informs the delivery of safe and effective care and services. For one consumer, assessment and planning in relation to the risk of malnutrition and skin integrity informed the delivery of safe and effective care and services. However, for several other consumers, assessment and planning did not inform safe and effective care in relation to behaviours of concern, wound management, mobility and transfers, and pain management. The service did not demonstrate through care planning documentation that risks associated with behaviours of concern are addressed to ensure safe and effective care and services.

The approved provider’s response included an action plan developed to address the issues identified in the Site Audit report. This includes staff education and training, recording of dates assessments are competed, and a schedule for reassessment and review of all consumer care plans including audits to check for currency of care plans.

At the time of the Site Audit, the service did not demonstrate assessment and planning consistently considered risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services.

I find this requirement is Non-compliant.

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

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

While the Assessment Team found that some aspects of consumer assessment and planning identified and address their current needs, goals, and preferences, this was not consistent. Assessment and care planning for four of the five consumers sampled did not demonstrate their current needs and preferences. For example, one consumer refuses care due to unfamiliar staff, and another has refused care as they prefer female staff, however this is not reflected in their care plans. Review of their behaviour charts indicate they have ongoing behaviours that are not always resolved, and both are prescribed chemical restraints. Two representatives interviewed did not agree that assessment and planning reflected the consumer’s current needs and preferences. However, for the consumers sampled all care planning documents included advanced care planning, and end of life planning was in place for consumers nearing the end of life.

The approved provider’s response included an action plan developed to address the issues identified in the Site Audit report. This includes staff education and training, and a schedule for reassessment and review of all consumer care plans including audits to check for currency of care plans.

The service demonstrated assessment and planning includes advance care planning and end of life planning if the consumer wishes. However, at the time of the Site Audit, the service did not demonstrate assessment and planning consistently identified and addressed consumer’s current needs, goals and preferences.

I find this requirement is Non-compliant.

### 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.*

Consumer care plans reviewed by the Assessment Team demonstrated regular three-monthly reviews. However, the Assessment Team found that consumer care and services are not consistently reviewed when circumstances change or when incidents impact on the needs, goals, and preferences of the consumer. For three consumers who displayed behaviours of concern, care and services were not reviewed to identify effective interventions to manage behaviours, including when existing interventions were evaluated as not effective. The Assessment Team found some incidents are not always being reported via the incident reporting system for escalation so that incident management and a review of consumer care and services can occur.

The approved provider’s response included an action plan developed to address the issues identified in the Site Audit report. This includes staff education and training, review of consumer behaviour support plans, and a schedule for reassessment and review of all consumer care plans including audits to check for currency of care plans. The approved provider’s response identifies continuous improvement actions planned to improve incident reporting, escalation, and management.

At the time of the Site Audit, the service did not demonstrate that care and services are reviewed when circumstances change, or when incidents impact on the needs, goals, or preferences of the consumer.

I find this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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 and service records were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Most consumers interviewed by the Assessment Team considered that they receive personal care and clinical care that is safe and right for them. However, some representatives interviewed provided feedback that consumers do not get the care they need as staff either do not understand them or new staff are not familiar with their care needs. Consumers and representatives interviewed confirmed that consumers have access to a doctor and other health professionals when they need it, within a timely manner.

Review of care documentation by the Assessment Team did not demonstrate that consumers consistently receive safe and effective personal and clinical care. For example, some consumers had ongoing behaviours however the service did not address associated unmet needs. The service was unable to demonstrate effective management of high impact and high prevalence risks such as restrictive practices, pain, delirium, constipation, and urinary tract infections (UTIs).

Documentation reviewed did not demonstrate that deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. For example, a consumer was identified to have a UTI however this was not responded to. One representative said changes to her mother’s skin were not identified promptly.

Review of documentation, interviews with staff, consumers and representatives and observations made demonstrate that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort is maximised, and their dignity is preserved. Generally, information about consumer’s condition, needs and preferences are documented and communicated within the organisation, and with others where responsibility for care is required.

Staff demonstrated a thorough understanding of minimisation of infection related risks through standard and transmission-based precautions and practices to promote appropriate antibiotic prescribing. Review of documentation and observations of staff practices support this. Improvements have been made following recent COVID-19 outbreaks.

The Quality Standard is assessed as Non-compliant as three 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 consumers did not consistently receive safe and effective care that is best practice in relation to behaviours of concern, assessment and management of unmet needs, pain management, and restrictive practices. The service did not demonstrate that personal care is consistently tailored to consumer’s needs to optimise their health and well-being. For example, one consumer prefers a female carer however this isn’t always provided which can trigger resistance to care. For one consumer who has a history of pain and has been calling out, pain monitoring or a review of interventions to manage the consumer’s pain had not occurred. Two representatives interviewed by the Assessment Team said their consumers do not always receive the care they need.

The approved provider’s response included an action plan developed to address the issues identified in the Site Audit report. This includes staff education and training, and review of consumer care plans including behaviour support plans. The approved provider’s response identifies actions to review the service’s restrictive practices processes to ensure they are in line with best practice.

At the time of the Site Audit, the service did not demonstrate each consumer received safe and effective personal and clinical care that is best practice, tailored to their needs, and optimised their health and well-being.

I find this requirement is Non-compliant.

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

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

Care planning documents reviewed by the Assessment Team did not demonstrate that high impact or high prevalence risks such as pain, behaviours of concern, constipation, delirium, UTIs and restrictive practices are effectively managed. The service demonstrated some identification and monitoring processes for consumers with high impact or high prevalence risks, however this did not consistently identify all consumers with risks associated with their care.

The approved provider’s response included an action plan developed to address the issues identified in the Site Audit report. This includes staff education and training, and review of consumer care plans including behaviour support plans. The approved provider’s response identifies actions to review the service’s restrictive practices processes to ensure they are in line with best practice.

At the time of the Site Audit, the service did not demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer.

I find this requirement is Non-compliant.

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

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

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

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

The Assessment Team found that deterioration or changes to a consumer’s mental health, cognitive or physical function, capacity or condition were not consistently recognised and responded to in a timely manner. This includes behaviours of concern, skin changes, UTIs and bowel management changes. One staff member explained some significant changes in relation to a consumer’s condition however management were unaware and as a result these changes had not been responded to within a timely manner. A consumer’s representative said changes to their relative’s skin were not identified promptly until they raised this with the medical officer who confirmed the presence of a contagious skin condition.

The approved provider’s response included an action plan developed to address the issues identified in the Site Audit report.

At the time of the Site Audit, the service did not demonstrate that deterioration or changes to a consumer’s mental health, cognitive or physical function, capacity or condition were consistently recognised and responded to in a timely manner.

I find this requirement is Non-compliant.

### 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.*

Consumers and representatives interviewed by the Assessment Team confirmed staff take appropriate precautions to prevent the spread of infections. Interviews with staff demonstrated a good understanding of ways to minimise infection-related risks through implementing standard and transmission-based precautions and practices to promote appropriate antibiotic prescribing. Review of consumer care and service records demonstrates appropriate antibiotic prescribing occurs which supports optimal care and reduces the risk of increasing resistance to antibiotics. The service has made improvements to infection prevention and control procedures following recent COVID-19 outbreaks.

I find this requirement is Compliant.

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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 Assessment Team also examined relevant documents.

Most consumers interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers interviewed confirmed that they are supported to keep in touch with people who are important to them. Representatives interviewed said the service offered to support video conferencing with consumers during the COVID-19 lockdown, or with other communication methods of their choice. Overall consumers interviewed advised that they like the meals provided at the service.

The Assessment Team found staff understanding of consumer’s lifestyle support needs and the supports provided to consumers were aligned with their care plans. The service demonstrated that services and supports for daily living promoted each consumer’s emotional, spiritual, and psychological well-being.

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 Assessment Team also examined relevant documents.

Most consumers interviewed by the Assessment Team considered that they feel they belong in the service, and feel safe and comfortable in the service environment. Overall, interviewed consumers and their representatives said they found the service environment to be safe, clean, and well maintained.

The service has multiple outdoor areas and lounges that can be accessed by consumers. The service has some navigational aids to assist consumers with a cognitive impairment to find their way, and consumer’s rooms were personalised with photos and other personal memorabilia.

Overall, the Assessment Team observed the furniture, fittings and equipment to be safe, clean and well-maintained, and service management stated that there is a pending refurbishment, which has been delayed by COVID-19. The service has a preventative maintenance program that includes regular scheduled tasks to keep the service environment clean and well maintained.

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 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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 and their representatives about how they raise complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis, and tested staff understanding and application of the requirements under this Standard.

Most consumers and representatives interviewed said they are encouraged and supported to provide feedback and make complaints, however two representatives said they are not. Staff interviewed described how they support and encourage consumers and representatives to make complaints, and documentation reviewed, and observations made by the Assessment Team supported this.

There is documented guidance for management and staff to follow in relation to advocacy services. Staff were aware of advocacy and language services and they spoke about ways these are promoted to consumers and representatives.

While some consumers and representatives who have raised concerns and made complaints say these have been addressed, others say they have not been addressed including some serious matters regarding consumer safety and well-being. Some consumers and representatives said open disclosure was not used in regard to their complaint or incidents. Some consumer and representative complaints are not being escalated within the organisation for management to action them and they have not been actioned.

The management team spoke about improvements made as a result of consumer and representative feedback and complaints, and review of the plan for continuous improvement confirmed this. As some complaints are not being captured in the complaints record keeping system there is a risk that complaint trends, and the need for related improvement activity, will not be identified. Overall, it has been shown feedback and complaints are being used to bring about improvements to care and services.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

While some consumers and representatives interviewed by the Assessment Team who have raised concerns and made complaints say these have been addressed, others said their concerns have not been addressed. This included some serious concerns regarding consumer safety and well-being. The Assessment Team found that some complaints had not been escalated within the organisation for management to action. The organisation has an open disclosure policy which outlines what is expected of management and staff, however the documented complaints management process does not include guidance about open disclosure. Open disclosure practices were not consistently evident in relation to the complaints captured in the complaints register.

The approved provider’s response included an action plan developed to address the issues identified in the Site Audit report. This includes the creation of a new training program to ensure staff knowledge of the principles of open disclosure.

At the time of the Site Audit, the service did not demonstrate appropriate action and an open disclosure process is consistently undertaken in response to complaints.

I find this requirement is Non-compliant.

### 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 management and staff, and reviewed a range of records such as staff rosters, training records and performance reviews.

Most consumers and representatives interviewed by the Assessment Team were satisfied with staffing sufficiency, staff responsiveness and staff competency. However, one representative who raised a concern about staffing levels and mix said there was an impact on their consumer in relation to continence care. Most consumers calls for assistance via the call bell system and sensor alerts are answered in a timely manner. Most consumers and representatives provided feedback that staff are kind and caring towards consumers.

Management described processes for monitoring staff competencies and records show that mandatory staff competency assessments are being undertaken. The service has a planned approach to staff mandatory and additional training. Review of documentation demonstrated that all but one staff member had attended the mandatory training. However, management and staff lack knowledge in a range of areas relevant to their role and responsibilities. It was not demonstrated there is a robust system for assessing the competency of staff who are new starters.

The organisation’s human resources policy and procedure includes a documented staff performance management framework. Management and staff say the performance of staff is being regularly reviewed and records reviewed confirm this. Records also show performance management has been undertaken when complaints were made about a staff member.

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) 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.*

Most consumers and representatives interviewed were satisfied with the sufficiency of staff rostered. Survey feedback shows consumers and representatives say staff are responsive to the needs of the consumers. However, two representatives raised a concern about staffing levels and mix said. One said there was no impact on their relative, the other said there was in relation to continence care. Staff did not raise concerns about staffing sufficiency or their capacity to meet the needs and preferences of consumers on the basis of staffing levels or mix. Rostered shifts are being filled and most consumer calls for assistance via the call bell system and sensor alerts are answered in a timely manner.

I find this requirement is Compliant.

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

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

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

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

Most consumers and representatives interviewed said they think staff are competent to perform their duties and have the knowledge they need to do so effectively. However, two representatives interviewed identified some concerns regarding staff competency, particularly new staff. Management described processes for monitoring staff competencies and records show that mandatory staff competency assessments are being undertaken. However, management and staff lack knowledge in a range of areas relevant to their role and responsibilities such as the serious incident response scheme (SIRS), behaviour support plans, and the care needs of some consumers. It was not demonstrated there is a robust system for assessing the competency of new staff.

The approved provider’s response included an action plan developed to address the issues identified in the Site Audit report. This includes a review of the approved provider’s learning management system, review of staff duty lists, and assessment of staff competency.

At the time of the Site Audit, the service did not demonstrate all staff were competent and had the required knowledge to effectively perform their roles.

I find this requirement is Non-compliant.

### 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 interviewed consumers and representatives, 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).

The Assessment Team found that there are opportunities for consumers and representatives to have input into evaluation of care and services, to give feedback to the organisation, and consumers have had input into the design of the service’s menu. However, it was not demonstrated that consumers and their representatives are being engaged in the development and delivery of care and services at organisational level. The Assessment Team found the service did not adequately demonstrate the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Effective organisation wide governance was demonstrated in relation to financial governance, and overall, in relation to information management, continuous improvement, workforce governance and feedback and complaints. Effective organisation wide governance was not demonstrated in relation to regulatory compliance.

An effective organisational risk management framework was not demonstrated. There has been effective risk management to support consumers to live the best life they can. However, there has not been effective risk management for managing high impact and high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; or managing and preventing incidents, including the use of an incident management system.

The organisation has a documented clinical governance framework. This was shown to be effective in relation to antimicrobial stewardship and open disclosure, but not in relation to minimising the use of restraint or broader clinical care for consumers.

The Quality Standard is assessed as Non-compliant as four 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.*

The Assessment Team found that there are opportunities for consumers and representatives to have input into evaluation of care and services, to give feedback to the organisation, and consumers have had input into the design of the service’s menu. However, it was not demonstrated that consumers and their representatives are being engaged in the development and delivery of care and services at organisational level. One representative who spoke of their interest in consumer rights, advocacy and being involved in improving the care and services for consumers, explained they do not feel like there are adequate opportunities for engagement.

The approved provider’s response included an action plan developed to further engage consumers in the develop, delivery and evaluation of care and services. The approved provider’s response identifies avenues planned for consumers to be informed and involved in clinical governance and meetings held by the governing body.

I am satisfied that at the time of the Site Audit, the service and governing body had commenced engaging consumers in the develop, delivery and evaluation of care and services. While there were opportunities for improvement and further implementation of this requirement identified, overall, the service is working towards improving consumer engagement at the organisational level.

I find this requirement is Compliant.

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

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

The Assessment Team found the service did not adequately demonstrate the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. It was not evident that commitments made in governance policy are being implemented. While the governing body has been involved in quality projects and improvements, it is not evident that data and information about results or outcomes for consumers is being systematically presented to and considered by the governing body. Some serious incidents regarding consumer health and safety were not reported to the governing body. Staff responses show limited knowledge of the broader organisational mission, vision, values, and code of conduct.

The approved provider’s response included an action plan developed to address the issues identified in the Site Audit report, including plans for increased oversight by the governing body of information relating to the health and well-being of consumers. The approved provider’s response identifies avenues planned for consumers and staff to be informed and involved in meetings held by the governing body.

At the time of the Site Audit, the service did not adequately demonstrate the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

I find this requirement is Non-compliant.

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

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

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

#### Effective organisation wide governance was demonstrated in relation to financial governance, and overall, in relation to information management, continuous improvement, workforce governance and feedback and complaints. However, effective organisation wide governance was not demonstrated in relation to regulatory compliance. The Assessment Team identified significant gaps in understanding, application and monitoring of service performance regarding behaviour support plans, incident management, restrictive practices, and the SIRS.

The approved provider’s response included an action plan developed to address the issues identified in the Site Audit report.

At the time of the Site Audit, the service demonstrated organisation wide governance systems in relation to financial governance, information management, continuous improvement, workforce governance and feedback and complaints were generally effective. The approved provider did not demonstrate regulatory compliance governance systems were effective.

I find this requirement is Non-compliant.

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

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

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

The Assessment Team found that effective risk management was in place to support consumers to live their best life. However, the service did not demonstrate effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with consumer care, identifying and responding to abuse and neglect of consumers, and managing and preventing incidents. The organisation’s governance-risk management policy and risk register provide limited guidance for establishing and managing an organisational risk management framework.

The approved provider’s response included an action plan developed to address the issues identified in the Site Audit report including plans for increased oversight of the risk management systems and practices at the service. The approved provider’s response identifies the planned implementation of monthly clinical governance meetings and daily clinical oversight meetings to assess high risk consumers, incidents, SIRS reports and other quality indicators. The approved provider’s response identifies continuous improvement actions planned to improve incident reporting, escalation, and management.

At the time of the Site Audit, the service did not demonstrate effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, and managing and preventing incidents, including the use of an incident management system.

I find this requirement is Non-compliant.

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

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

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

The Assessment Team found the organisation has a documented clinical governance framework. This framework was demonstrated to be effective in relation to antimicrobial stewardship, and overall, in relation to open disclosure. However, this framework was not demonstrated to be effective in relation to minimising the use of restraint or broader clinical care for consumers. Gaps in consumer clinical care were identified by the Assessment Team including regarding best practice restrictive practices processes and minimisation of restraint.

The approved provider’s response included an action plan developed to address the issues identified in the Site Audit report including plans for increased clinical oversight and clinical governance. The approved provider’s response identifies the planned implementation of monthly clinical governance meetings and daily clinical oversight meetings to assess high risk consumers, clinical incidents, and restrictive practices. The approved provider’s response identifies actions to review the service’s restrictive practices processes to ensure they are in line with best practice, and avenues planned for consumers and staff to be informed and involved in clinical governance.

At the time of the Site Audit, the service did not demonstrate effective clinical governance, including in relation to minimising the use of restraint.

I find this requirement is Non-compliant.

# Areas for improvement

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

### Requirement 1(3)(a)

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

The approved provider must demonstrate:

* All consumers are treated with dignity and respect, and staff are aware of and value consumer’s identity, culture and diversity.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 2(3)(a)

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

The approved provider must demonstrate:

* Assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.
* For consumers with behaviours of concern, individualised assessment and planning occurs to minimise risks and inform safe and effective care.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 2(3)(b)

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

The approved provider must demonstrate:

* Assessment and planning consistently addresses the needs, goals and preferences of consumers.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 2(3)(e)

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

The approved provider must demonstrate:

* Care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals or preferences of the consumer.
* Incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care.
* Strategies to manage consumer behaviours of concern are reviewed for effectiveness following incidents.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Restrictive practice processes are best practice, including used as a last resort after tailored interventions to manage behaviour are evaluated as not effective.
* Consumer pain is appropriately assessed, managed and monitored to optimise their health and well-being.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(b)

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

The approved provider must demonstrate:

* The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed.
* Interventions to minimise high impact and high prevalence risks are reviewed for effectiveness.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(d)

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

The approved provider must demonstrate:

* Deterioration or change of a consumer’s condition is recognised, escalated as required, and responded to in a timely manner by the service.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 6(3)(c)

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

The approved provider must demonstrate:

* Appropriate action and an open disclosure process is consistently used in response to complaints or incidents.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 7(3)(c)

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

The approved provider must demonstrate:

* Staff are competent and have the knowledge required to effectively perform their roles.
* Systems to monitor staff competencies are effective in ensuring staff have the required knowledge to perform their roles on an ongoing basis, and ensuring all staff have completed required competencies.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 8(3)(b)

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

The approved provider must demonstrate:

* The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* The service has implemented all continuous improvement actions identified in their response.

### 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.*

The approved provider must demonstrate:

* The organisation wide governance systems relating to regulatory compliance implemented at the service are effective. This includes in relation to behaviour support plans, incident management, restrictive practices, and the SIRS.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 8(3)(d)

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

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

The approved provider must demonstrate:

* Risk management systems implemented at the service are consistently effective in identifying and managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, and managing and preventing incidents, including the use of an incident management system.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 8(3)(e)

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

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

The approved provider must demonstrate:

* The clinical governance framework implemented at the service is effective, including in relation to minimising the use of restraint.
* The service has implemented all continuous improvement actions identified in their response.