Montana Aged Care Facility

Performance Report

36 Harbour Street
MOSMAN NSW 2088
Phone number: 02 8969 2600

**Commission ID:** 0555

**Provider name:** Montana Nursing Home Pty Ltd

**Site Audit date:** 13 April 2021 to 15 April 2021

**Date of Performance Report:** 27 May 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Non-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) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | 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) | 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 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 13 May 2021.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

All sampled consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Consumers described staff as pretty good, very kind, patient and understanding.
* Consumers confirmed that they are encouraged to do things for themselves and that staff know what is important to them.
* Consumers confirmed that their personal privacy is respected by staff at the service, however observations and feedback from consumer representatives were unable to substantiate the privacy of consumers.

Staff were consistently able to demonstrate their knowledge and understanding of consumers’ backgrounds and how they provided culturally appropriate care to consumers; the way they support consumers to exercise choice and independence to live the lives they wish for and maintain relationships; and how they ensure consumer privacy is respected.

The service was unable to demonstrate it has effective structures and systems in place to ensure the consumers’ privacy is respected.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

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

*Care and services are culturally safe.*

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

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

The Assessment Team interviewed a sample of consumers who felt they were respected and valued by staff and they did not raise issues regarding their privacy, although one consumer representative recalled an occasion where a staff shouted across a corridor regarding their consumer’s toileting activities which made the representative ‘unhappy’. Staff interviewed could describe the practical ways that they respect the personal privacy of the consumers sampled.

The Assessment Team observed the storage of personal information and identified it was not secured confidentially. Care documentation are stored in folders behind the nurse’s station, but the team observed that consumer documents were left on the nurse’s station desks unsupervised, and the filing storage system was unlocked and accessible on both levels of the service during the site audit. These files were eventually secured on the third day of assessment after feedback from the Assessment Team.

The Assessment Team also observed staff delivering handovers in the nurse’s station and also in the open corridors, where visitors and other consumers could hear private information being discussed. The provider has since responded stating to this concern stating there were nil visitors in attendance when the handovers were occurring, and that handovers at the nursing station are conducted respectfully and confidentially.

Based on the above information, I am not satisfied that the service has effective practices or systems to ensure personal information is kept confidential, given the accessibility of documents and insecure management of confidential information at the time of assessment.

I find this requirement Non-compliant.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Consumers mentioned they felt that their care met their needs, and staff were aware of their preferences. However, most did not recall reviewing their care and services plans and some did not know what the document was.

The Assessment team also identified that assessments and care planning documents did not reflect the current needs, goals, preferences of the consumers as consumer’s capacity, diagnoses and other information were not always current or accurate. Identification of risk was inconsistent within care planning documents and when it was identified, the appropriate documentation was not completed. The service was able to demonstrate that advanced care directives were completed and discussion on admission and have a discussion with the service before admission

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team reviewed a sample of care planning documents and identified that risks to consumers health and wellbeing were not considered. For example, consumers with high fall risks did not have up to date risk assessments or fall management strategies documented. The service did not evidence assessment or consultation with consumers who are diabetic about the risks associated with their dietary preferences at the service. Furthermore, consumers at risk of skin integrity issues did not have strategies in place to maintain skin integrity.

Staff interviewed were able to discuss preference and risks for consumers sampled, however, the team notes not all risks the staff identified were reflected in the consumer’s care plan documents. Consumers interviewed generally felt their care was well planned.

The provider has since responded that they have updated all the care plans and risk assessments. They have also organised for an external education provider to deliver training to staff relevant to assessment and planning, and another external provider to review and implement fall prevention strategies for at risk residents.

As not all risks for consumers were considered in assessment and planning at the time of the site audit, I find this requirement Non-Compliant.

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

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

The Assessment Team reviewed a sample of care planning documents and identified that care planning documents did not always align with a consumer’s current needs, goals, and preferences.

One consumer had changes to their mobility and was no longer able to walk, however, their goal in their mobility plan still stated the consumer wishes to walk without a mobility aid and maintain their mobility. Another consumer received a new diagnosis after a review by a health professional, and this was not updated within the consumer’s care plan to reflect their current needs.

Staff interviewed were able to discuss preferences and risks for consumers sampled, although the team notes some of the information provided was either inconsistent or not recorded in the consumer’s documentation such as assessments, care plans and progress notes.

Consumers interviewed stated they were overall happy with the care and services provided. Consumer representatives were aware of advanced care planning and said they completed associated documentation and discussions on admission. The Assessment Team were able to review advanced care directives for consumers sampled.

The provider has since responded that they have updated the consumers care plans and have organised further training to staff relevant to assessment and planning.

As the provider did not demonstrate consistent assessment and planning of a consumer’s current needs, goals and preferences, I find this requirement 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.*

The Assessment Team interviewed a sample of consumer who said they were offered case conferencing annually and contacted when there had been an incident at the service but were otherwise not involved in the care planning process.

Staff interviewed were able to describe ways information was completed to complete a care plan which included reviewing progress and doctors’ notes, speaking with staff, families and consumers and attending assessments.

The Assessment Team reviewed a sample of care planning documents and noted that other organisations and individuals have been involved in the care of the consumers such as dementia specialist services, physiotherapists and geriatricians. However, the documents did not reflect whether consumers have been involved in the care planning process, or the consumers wishes of those involved in the assessment, planning and review of their care and services.

The provider has since responded noting that residents and their representatives are regularly invited to participate in the partnership of care via in person, email, resident and relative meetings, monthly newsletters and other electronic platforms, and have submitted some documentation evidencing these methods. They also state that their ‘resident of the day’ process that reviews a consumer every month involves seeking feedback from a consumer and their representatives.

I am of the view that the service can improve their documentation of consumer partnership and consultation with consumers and their representatives. I have considered the above information, alongside the consumers and representatives in Standard 1 that have expressed they feel they are supported to exercise choice and independence and make/communicate their decisions about their own care.

On balance, I find this requirement Compliant.

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

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

The Assessment team interviewed a sample of consumers and some were not aware they had access to their care plan, some did not know what a care plan was, or whether staff had explained relevant information about their care. One consumer representative interviewed stated they have not seen a care plan.

Staff interviewed said they discuss changes communicated through handover, documented in the progress notes, and noted in the evaluation section of the care plan.

The Assessment Team reviewed documentation and did not identify any evidence that consumers have access to or are offered copies of their care plan, although the team observed that interim care plans are kept in consumers rooms on the back of their wardrobes. The team also notes that information in care plans do not always align with a consumer’s current needs or are updated, which places the risk of appropriate care and changes not being communicated to the consumer or representative.

The provider has responded that outcomes of assessment and planning are communicated to the consumers as evidenced by updated care plans and progress note entries. They have also organised an external education provider to deliver education on partnering with residents and their representatives when planning care.

However, the provider has not responded to whether consumers and/or representatives are offered care plans and are aware of them, how updated care plans are made accessible to consumers, or how consumers/representatives are made aware that their care plans are readily available to them.

I find this requirement Non-compliant.

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

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

The Assessment Team reviewed a sample of care documentation and noted that care is not reviewed or updated when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. For example, the team identified that some consumers experiencing falls did not have their documented fall prevention strategies reviewed for effectiveness, and some do not show evidence of investigation into their care and causes of the falls to prevent reoccurrences. Consumers suspected of having pain do not always have their care reviewed, even after a change in the consumer’s circumstances. Furthermore, one consumer with behaviours of concern had changes to their mobility, however, their care was not thoroughly reviewed as evident by their behaviour care plan which still included interventions that required a higher level of mobility than their current capacity.

Staff interviewed mentioned that they review a care plan every month, and they notify the registered nurse if they notice a change with a consumer.

The provider has provided some further information to refute identified concerns with some consumers and have otherwise updated the remaining consumers’ care plan documentation including those related to falls, behaviour, and pain. They have also organised for further education to be provided on a range of clinical issues. The provider has also explained their system to monitor the effectiveness of care.

As care was not consistently reviewed for some consumers, particularly after their circumstances changed, I find this requirement Non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them, except for one consumer that felt staff did not really get to know their needs.

The Assessment Team found documentation for consumers were not up to date to inform care, and they identified concerns with behaviour, pain, medication, and incident management. The team also identified issues with the identification and management of risk to consumers at the service.

The Quality Standard is assessed as Non-Compliant as four 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 interviewed a sample of consumers who said they were satisfied with the care and services they received. Staff interviewed also described how they speak with consumers and representatives to ensure they are satisfied with the care they are receiving, and stated they receive regular update and education to ensure they provide best practice care.

However, the Assessment Team reviewed care documentation and noticed that they did not consistently reflect individualised care that is best practice, optimises consumer wellbeing, or are tailored to their needs.

Consumers sampled with behaviours of concerns were not appropriately managed to best practice. Some consumers with ongoing behaviours of concern did not have behaviour charts completed to monitor their behaviours and effectiveness of interventions; one consumer also had documented behaviour interventions that were no longer applicable for the consumer (due to changes in their functional capacity), which evidenced a lack of review of the current behavioural interventions. Another consumer was documented to have aggressive behaviours, but strategies were not documented to manage these behaviours, and assessments to explore pain as a cause of these behaviours was not explored.

Pain management for the sample of consumers were not appropriately assessed or monitored. Some consumers suspected of pain or exhibiting behaviours of concern were not monitored or investigated for pain. One consumer returning from hospital after a fracturing of a neck of femur was not monitored for pain on return to the service nor after their analgesia ceased, which would have ensured the consumer’s health and well-being was optimised.

Wound management for the sample of consumers did not have consistent assessment of their risks and appropriate interventions to mitigate risks. A consumer’s skin integrity care plan did not have interventions that matched their skin integrity goal, and a few consumers did not have plans that described strategies to maintain skin integrity despite their history of skin tears.

The team also observed that medication was not managed appropriately at the service. During a medication round, the Assessment Team noticed medicine was left in a medication trolley draw that was unattended in the corridor while the nurse attended medications for other consumers, and this accessibility may have posed a risk to other consumers. The team also noted that medication charts had missing signatures from where medication was due to be administered thorough the month, but the service did not record any medication incidents. Furthermore, the team noted that psychotropics and chemical restraints were not clearly documented or had the appropriate authorisations and consent.

The provider has responded that they have since updated consumer care plans and assessments to amend for gaps identified regarding wounds, behaviours of concern, and pain management. They have also organised further training for staff regarding the issues identified, such as wounds and medication management. The provider has submitted evidence of completed medication incident forms and chemical restraint forms with authorisation by medical practitioners and consent from consumers/and or representatives. They also wished to note that wounds and pressure injuries are closely monitored by their Deputy Director of Nursing, and their incidents have been trending downwards over the last few months.

On balance, I find this requirement Non-Compliant.

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

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

The Assessment Team interviewed a sample of staff who described the high risks for the service includes falls, behaviours of concern, skin integrity, medications, and other risks. They also noted that the service collects monthly data to analyse clinical indicators in the leadership meeting.

The Assessment Team reviewed a sample of care documentation and noted that falls, behaviours of concerns, and skin integrity did not have risks clearly documented and investigated within care plans, and strategies to minimise the risks.

A sample of consumers which experienced falls did not always have falls risk assessments completed after an incident occurred. Their care plans also did not reflect information collected in the falls risk assessment or note strategies to minimise future reoccurrences of falls.

Other consumers with behaviours of concern did not consistently have strategies documented in place to manage these concerns, appropriate investigation, and respective charts or monitoring tools were not updated effectively to manage the risks. Similarly, consumers with wounds did not have these risks identified and managed appropriately to mitigate these risks.

The provider has since responded that they have updated assessments or care plans for identified consumers. They have implemented processes to investigate a fall after an incident has occurred, and this has been communicated to their staff. They have also submitted wound photos and charts to demonstrate they have been completed, but acknowledged they were not appropriately placed in the wound management folders.

I find this requirement Non-Compliant.

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

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

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

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

The Assessment Team interviewed a sample of consumers that said they were happy with the care and services they receive. The consumers and their representatives said they understand how to raise concerns about their consumer’s deterioration when it occurs, and one representative was able to provide an example.

Staff interviewed were able to provide examples of when deterioration or change in a consumer’s condition was recognised and addressed, providing examples of when consumers were referred to a physiotherapist or medical officer for review.

On the other hand, the Assessment Team reviewed a sample of care documentation and identified that deterioration or a change in a consumer’s health is not always recognised and responded to in a timely manner.

One consumer exhibited symptoms of a change in mental health which was not recognised in a timely manner, and an investigative response including a depression scale assessment or pain assessment was not completed. Eventually, when the consumer’s anti-depressants was ceased, the consumer’s behaviour was not monitored, and a depression scale was not completed to determine if the consumer had any deterioration as a result of ceasing the medication.

Another consumer also had a change in their mobility, and the impact on their current behaviour intervention strategies were not recognised and reassessed in a timely manner, and the consumer was observed by the Assessment Team to continue displaying behaviours of concern.

Furthermore, one consumer returned from hospital after a neck of femur fracture but was not assessed or monitored for pain. This consumer is documented to have verbally and physically aggressive behaviours with suspected pain, but this has not been recognised and responded to with appropriate assessments to investigate the consumer’s change in physical condition and whether the pain and behaviours were interrelated.

The provider has since acknowledged some of the consumer concerns identified and have updated care plans and assessments and organised further relevant training. They have refuted that these identified concerns are systemic issues, and note they utilise several strategies when responding to a deteriorating resident such as pain assessments, neurological observations, and other methods.

However, I have considered the above information alongside the Assessment Team’s findings that the service has demonstrated gaps in management of clinical issues (as noted in other requirements of Standard 2 and 3), particularly in relation to conducting appropriate assessments and observations. I am of the view that the service has yet to have in place effective care that enables timely recognition and response to a consumers’ deterioration.

I find this requirement Non-compliant.

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

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

The Assessment Team interviewed a sample of consumers that said their needs are communicated between staff and they do not have to repeat themselves.

Staff interviewed could describe how changes in consumers care and services are communicated, through handover, communication books, and progress notes. They also mentioned how a resident of the day document has been created to ensure information about consumers is reviewed and updated.

On the other hand, the Assessment Team reviewed a sample of care documentation and noted that information about consumer’s conditions and documentation of consumers’ needs and preferences were at times inaccurate or outdated. For example, some consumers current needs, diagnoses, and risks were not updated on their care plan, and dietary preference forms in the kitchen were not up to date and included consumers who were no longer at the service, with new admissions not yet been added.

The provider has since responded in acknowledgement that some care plans and also dietary preference forms were not up to date. The provider has since updated care plans, updated the dietary preference forms, and have consulted with clients to complete risk assessment forms to document and communicate risks about the consumer internally.

Whilst the service has a process in place to ensure consumers information is reviewed and updated, the process has yet to be effective as some consumer information documented remained inaccurate or not communicated at the time of the assessment.

I find this requirement Non-compliant.

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

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

The Assessment Team interviewed a sample of consumers who though they have access to doctors and other relevant health professionals when they need it, with the exception of one consumer who did not see their doctor regularly.

Staff interviewed demonstrated an awareness of making referrals to health professionals outside the service and also explained the process for referring consumers to other health professionals, including the use of a referral book.

The Assessment Team reviewed a sample of care documentation which evidenced the referral and input of others such as physiotherapy, medical officers, geriatricians, optometrists, podiatrists and dentists. However, the team noted that a consumer received a medication management review by a consultant pharmacist and was recommended to be referred to a dementia specialist service to manage behaviours; this did not occur, and the consumers behaviours had increased. Another consumer was documented to be referred to a dementia specialist service awaiting a further report, and it was noted that the consumer’s care plan was not updated with further information regarding a report.

The provider has since responded that one of the consumers was not referred to a dementia specialist service as the consumer’s local medical officer (that was familiar with the consumer for a number of years) decided not to proceed. Instead, a number of behavioural strategies and interventions were trialled and implemented, as evidenced by the consumer’s medical notes. The provider has also responded to the findings regarding the second consumer, stating that they have communicated with the dementia specialist service on number of occasions and are still waiting for the report; in the meantime, they have updated the consumer’s care plan with strategies that were suggested by the specialist service at the time of their visit. Furthermore, the provider has responded that a local medical officer reviews a consumer every three months (at the minimum) and organises regular referrals.

As the provider is able to demonstrate timely referrals and input for most consumers, on balance, I find this requirement Compliant.

### 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 COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Most sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers interviewed confirmed that they are supported by the service to do the things they like to do. They stated that the restrictions with COVID-19 have made things challenging but that the lifestyle staff are doing everything they can to support them, including arranging culturally specific activities for individual consumers.
* Consumers interviewed confirmed that they are supported to keep in touch with people who are important to them. During the restrictions in regard to COVID-19 visiting has been limited but the service has procedures in place to enable consumers to have visitors. Zoom calls are also arranged for consumers to stay in touch with their family.
* Most consumers interviewed advised that they like the food. Some said at times they do like the food; however, it can be a bit repetitive. One of the representatives said they could do with more options on the monthly menu and include things like steak with more nutritional value.

The Assessment Team also observed the equipment to be safe, suitable, clean and well maintained, and there are processes to ensure preventative maintenance.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

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

For example:

* Consumers interviewed confirmed they feel safe at the service. Some consumers stated that the COVID-19 restrictions had impacted their daily lives and they missed having their visitors but that they appreciate what management and the staff were doing to keep them safe during a pandemic.
* Consumers interviewed confirmed that they feel at home and that their visitors feel welcome outside of COVID-19 restrictions. Consumers stated that the service is always kept clean and that staff are always available to help them make their rooms homely.
* Consumers interviewed confirmed that the service is clean and well maintained. They said that the cleaning and maintenance staff are very good, and any requests are attended to in a timely manner.

The service environment was observed to be clean and appeared to be well maintained. Document review of the facility’s maintenance schedule supported the existence of an effective preventative maintenance system, to ensure that equipment is always safe and clean in accordance with their schedule.

The service was able to demonstrate they have systems in place to ensure consumers interaction with their environment promotes consumer’s sense of belonging, independence, interaction and function.

The Assessment Team noted that the service has a code lock for the lift that is not accessible to all consumers. However, management stated the lock is only activated temporarily at times to safeguard one consumer whenever they exhibit absconding behaviour, and this measure was at request of this consumer’s representatives. I note that the other consumers interviewed during the Site Audit did not state they were unable to freely move in the service.

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 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers felt happy with the care and service they received at the service. They described how friendly the staff are and how management has an open-door policy in regard to feedback. Consumers stated they are confident in approaching any staff or management if they have any concerns about their care.
* Consumer interviewed said they had noticed changes after they had raised concerns through the resident and family meetings. They stated they were happy with the way staff “looked after them” and felt the service support them in achieving quality of life. One representative whose husband was on the palliative pathway said she was satisfied with the support she received while the staff care for her husband.

The Assessment Team also identified improvements that could be made in the service’s recording of feedback and complaints, and on their review of mechanisms/information available to consumers and their representative as they are not reviewed for currency, appropriateness or ease of access.

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

## Assessment of Standard 6 Requirements

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

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

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

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

### 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.*

The Assessment Team interviewed a sample of consumers and/or representatives who all said they are satisfied with the way complaints are resolved, except for one consumer representative whom described it took some time to achieve outcomes.

The Assessment Team reviewed the complaint register for 2020 and 2021 and identified there were only two complaints recorded. The team noted there were two consumer representatives who described complaints that were resolved, but the team did not observe these on the complaint register. The team also reviewed the minutes for resident relative meetings for February and noted that some items did not describe the issue raised and the person who raised the issue.

Management staff interviewed were unable to describe the process to undertake and analyse feedback trends to drive continuous improvement.

The provider has since responded that the complaints for one consumer was not recorded as the representative had requested it not to be considered as a complaint. In support of this provider response, I note that the consumer interviewed also described the issues that they raised as ‘insignificant’ and promptly fixed. In regard to the second consumer, the provider explained that they had recorded one of the complaints by the representative, and the issues described during the site assessment were new issues not raised prior; they have since scheduled a care consultation meeting with the representative.

The provider has also described the process they undertake to analyse feedback trends and drive continuous improvement, and that they conduct the review of feedback through feedback forms, surveys, meetings and other mechanisms. They also noted that the issues identified in the minutes were incorrectly typed under the wrong heading and should’ve been under the standing items by the Deputy Director of Nursing, hence were not new items that required a lengthy description for that month’s meeting.

I am of the view the service can improve their record keeping practices and also improve management staffs’ understanding of the process to drive continuous improvement. However, I have considered the above information, and also acknowledged that thorough the Site Audit and assessment of other standards, consumers interviewed have stated their satisfaction with the way complaints are resolved, and have generally said they have noticed changes after they had raised feedback, which indicates care is improved as a result of feedback and complaints.

On balance, I find this requirement Compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Overall consumers confirm most staff are kind and caring. They state they are treated with respect and are satisfied with the level of personal knowledge staff have to ensure their needs and preferences are met.
* Consumers said they feel staff know what they are doing and feel safe when staff assist them in their daily life and said staff always adequately deliver care and services
* Consumers said they feel there is enough staff to provide adequate care and service. They experience long call bell responses times and believe staff deployment is effectively planned to meet the needs.
* Staff are consistently provided with training in areas identified as lacking skillset and they are provided with equipment and supports to carry out their roles in reaching positive outcomes for consumers.

The service has systems in place to ensure staff are recruited, trained and performance reviewed, it could demonstrate it adequately monitors staff practices that impact on the consumers’ health and well-being.

However, the service was not able to demonstrate it provides a workforce with the knowledge and specific training to provide adequate clinical care and maintain information in care planning that is reflective of the current needs of consumers.

The Quality Standard is assessed as Non-Compliant as one of the five specific requirements has 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.*

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

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

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

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

The Assessment Team interviewed a sample of consumers who said they felt staff were able to meet their care needs and has the skills and knowledge to perform their roles effectively.

Staff interviewed said they are guided to provide care and services for consumers through the information in the care plan. They were also able to describe the education and training they have received to complete their role, and clinical staff also stated how clinical indicators are used to identify gaps in education.

On the other hand, the Assessment team noted the gaps in documentation and clinical care delivered by staff, which indicated the workforce is not yet competent to perform their role. The provider has again emphasised the training their staff have received to ensure they have the knowledge to effectively perform their roles, and they have also stated the additional training their staff will receive in the clinical area.

I have considered the information above and I acknowledge the training the provider has provided to their staff. However, I share the same view of the Assessment Team and note that despite this training, staff have not yet demonstrated their competence to effectively perform their roles in delivering clinical care for consumers. Further time will be required before it can be determined whether the training planned in response to the Site Audit will be able to improve workforce competency and enable them to effectively perform their roles in this aspect.

I find this requirement 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-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Overall consumers sampled confirmed they feel the service is well run and that management has an open-door policy and they can approach them at any time.
* Consumers were confident in their involvement in the development, delivery and evaluation of care and services at the service. They were able to give good examples of when they have provided feedback on meals, activities and the environment they live in at the service. They also said they are actively participating in their care through case conferencing and resident of the day assessments.

The Assessment Team identified the service was unable to demonstrate it has effective governance systems relating to information management, workforce governance and regulatory compliance. The team also identified the service was not able to demonstrate effective management of risks, as demonstrated in the risks not identified with consumers’ clinical care.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) 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 identified that the service was able to demonstrate they have effective organisation wide systems which they can access and adopt to ensure continuous improvement, finance and feedback are adequately implemented to enable quality care and services for consumers with positive outcomes. Staff have sound knowledge of these system and were able to provide examples of when they have used these systems to provide care and services. However, the service was not able to demonstrate an effective system for information management, workforce governance, and regulatory compliance.

Whilst the service describes supporting its workforce to develop by identifying training through analysis of clinical indicators, the Assessment Team identifies this has not been effective as demonstrated by the gaps in the delivery of clinical care. The team also identified that the workforce has not been provided formal education regarding the Serious Incident Reporting Scheme and the use of restraint to ensure the workforce is supported to meet regulatory requirements, although these topics have been noted in the staff meetings.

The Assessment Team also noted that information management is not effective as the service did not ensure information privacy and that information is accurate and provided in a timely manner. Whilst the service has systems in place regarding information management, the Assessment Team noted, the Assessment Team observed on three occasions that the nurse’s stations were unsupervised and the storage for holding consumer documentation was unlocked and accessible. The team also noted that consumer’s documentation was left openly on a desk at a nurse’s station displaying personal information. Furthermore, the team noted that consumer care plans still noted inaccurate or outdated information which indicates the current system to update consumer files is not effective and would not give staff appropriate information to help them in their role.

The provider has responded that the registered nurses have been reminded to ensure the privacy and confidentiality all residents. They also note that further training will be provided to staff regarding a wide range of clinical issues. The provider also wished to note that education regarding confidentiality is provided on a regular basis, and forms part of the onboarding process.

I find this requirement Non-Compliant.

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

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

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

The Assessment Team identified the service has a documented risk management framework, including policies describing how:

* High impact or high prevalence risks associated with the care of consumers is managed
* The abuse and neglect of consumers is identified and responded to
* consumers are supported to live the best life they can
* incidents are managed and prevented.

Staff interviewed mentioned these policies have been discussed with them and were able to describe the relevance of them to their work.

Whilst the service has a risk management framework in place, it was unable to demonstrate that it has been effective in ensuring high impact or high relevance risks are recognised and managed appropriately. The service did not demonstrate it readily identifies risks to consumers. For example, consumers that were able to leave the facility without staff assistance did not have risk assessments or strategies in place to mitigate the risk until risk assessments were implemented during the site audit. Some consumers at risk of skin tears or falls also did not have their risks identified with assessments and risk mitigation strategies in place. Some consumers not have up to date care plans containing information that would enable consumers to live the best life they can.

The provider has since updated the care plans and assessments accordingly, and have planned for further training for staff to identify and manage these risks.

I find this requirement Non-Compliant.

### 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.*

The Assessment team identified the service has a clinical governance framework with a comprehensive suite of policies and procedures for clinical governance including antimicrobial stewardship, minimising the use of restraint and the principles of open disclosure.

Staff were able to describe these policies and what it meant for them in a practical way, they confirmed they have been educated about these policies, and could provide examples of the clinical care principles as relevant to their work. Management staff were able to provide examples of the way care and services were planned, delivered or evaluated as a result of implementing these policies. They also discussed how they collect and review monthly clinical indicators to inform care and education for clinical issues.

The Assessment Team reviewed the service’s Clinical Governance Framework and their COVID-19 plan and identified some discrepancies such as the reference to an electronic based management system when the current system is paper based. The provider has responded explaining that they were expecting to have an electronic system in place, but it was delayed; they have amended the document to refer to a paper-based system in the meantime. The Assessment Team also identified some missing information in the service’s COVID-19 Action plan, but the provider has demonstrated that this information has been in place since December 2020.

The Assessment Team also noted issues with individual consumers on clinical care and care planning documents in regard to clinical care and best practices, however, I have referred to these findings in Standard 2 and Standard 3.

On balance, I find this requirement 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)(f)

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

* Ensure consumer files remain confidentially stored and only accessible on a need to know basis, and staff are aware that sensitive consumer information must be secured and communicated confidentially at all times

### Requirement 2(3)(a)

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

* Ensure appropriate assessments are conducted to consider risks to a consumer’s health and wellbeing and informs the delivery of safe and effective care and services

### Requirement 2(3)(b)

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

* Ensure consumer care documentation are up to date and are reflective of the consumer’s current needs and goals

### Requirement 2(3)(d)

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

* Ensure consumers are aware of their care plans and are made aware that their care plans are readily available

### 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.*

* Ensure consumers’ care is reviewed for effectiveness when circumstances change, and any required changes to a consumer care is updated and documented in their care plan.

### 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.*
* Provide staff with training to ensure they have knowledge of best practice principles to deliver safe and effective clinical care
* Ensure consumers falls, behaviours of concern, pain management, and wound management are appropriately assessed, investigated, and monitored. This includes accurately identifying the risks present and having strategies in place to mitigate the risks.

### Requirement 3(3)(b)

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

* Ensure there are systems in place to effectively identify, investigate, monitor and assess risks, particularly in relation to falls, behaviours of concern and wound management

### 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.*

* Ensure there are effective practices in place to monitor and promptly identify deterioration in a consumer’s function and to respond appropriately

### Requirement 3(3)(e)

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

* Ensure information regarding a consumer’s condition needs and preference is up to date and accurate on consumer documentation, particularly clinical care and dietary preferences.

### Requirement 7(3)(c)

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

* Ensure relevant staff are supported with training to deliver clinical care competently and that this is reviewed for their effectiveness

### 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.*
* Ensure there are effective systems to enable information recorded about consumers to be consistently up to date and accurate to inform staff in delivering care
* Ensure consumer files remain confidentially stored and only accessible on a need to know basis, and there are practices in place to ensure sensitive consumer information is communicated confidentially
* Ensure there are effective systems to identify staff training needs relevant to care and 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*
4. *managing and preventing incidents, including the use of an incident management system.*
* Ensure there are effective systems in place to promptly identify high impact or high prevalence risks associated with the care of consumers, and ensure they are appropriately assessed and managed to mitigate the risks.