Myvista Mirrabooka

Performance Report

3 Doncaster Road
MIRRABOOKA WA 6061
Phone number: 08 9207 4666 Option 2

**Commission ID:** 7419

**Provider name:** Stirling Ethnic Aged Home Association (Inc)

**Site Audit date:** 6 April 2021 to 8 April 2021

**Date of Performance Report:** 30 June 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** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-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) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-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) | Compliant |
| Requirement 6(3)(d) | Non-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) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the Approved 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 Approved Provider’s response to the Site Audit report received 12 May 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team found most 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. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* One representative said staff always treated their mother with dignity and respect, always asked if it was alright to enter their room and explained the care they were delivering.
* A consumer advised staff were aware English was not their first language and would seek assistance from staff who spoke the language to translate.
* Consumers felt care and services are delivered in a way that values their culture and diversity. They felt staff respected their culture and take time to learn about their backgrounds through conversation.
* Overall, consumers are satisfied they can exercise choice and independence over their lives and through their care and service delivery.
* Representatives were confident consumer information about health, finances and other care related matters are kept confidential.
* Consumers feel supported to take risks to live the life they choose; they feel supported to do things they want to do and nursing and clinical staff explain risks associated with the activity of choice.

The service demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. This was supported by the Assessment Team’s observations, where staff were seen to be interacting with consumers in a respectful manner, knocking on the door prior to entering consumers’ rooms and ensuring all personal care was delivered behind closed doors. Care plans documented consumer preferences to guide staff in delivering personal care.

Staff interviewed were able to confidently describe ways in which they respect consumers’ culture when delivering care and services. The Lifestyle Coordinator described how they research specific culture to gain an understanding of relevant important days through the year and how they are celebrated enabling activities to be tailored. Additionally, to support consumers where English is not their first language, they arrange for volunteers to visit and engage in conversations about shared experiences. Each consumer has a cultural assessment completed and this informs the lifestyle care plan.

The Assessment Team found the service demonstrates consumers are supported to exercise choice and independence. This aligns with comments from consumers who indicated they were supported by staff to maintain connections and friendships within the service and wider community. The Clinical Nurse described how they involve consumers and their representatives in case conferences, providing opportunities for consumers to make informed decisions on care and services. The service demonstrated each consumer is provided with information that is current and timely and allows them to exercise choice. Additionally, the organisation has a suite of documents to guide staff in supporting consumers.

A review of consumer care files indicated where a consumer chooses to engage in an activity of risk allowing them to live the best life they can, a risk assessment is completed, discussions occur with consumer and/or their representative and strategies to mitigate the risk implemented. Staff have procedures to guide them and advised training is received to ensure they understand their role and responsibility.

The Assessment Team found through observations, and speaking with consumers, representatives and staff, the service demonstrated each consumer’s privacy is respected and personal information is kept confidential. The delivery of care and services was observed to be respectful of consumers’ privacy and the nurses station was secure, enabling private conversations. Additionally, the service has a privacy policy.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure a culture of inclusion and respect for consumers; supports for consumers to exercise choice and independence and consumers’ privacy is respected.

Based on the evidence documented above, I find Stirling Ethnic Aged Home Association (Inc), in relation to Myvista Mirrabooka, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

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

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

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

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

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

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

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

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

# STANDARD 2 NON-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

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

The Assessment Team recommended Requirement (3)(a) in this Standard as not met. The Assessment Team found although the service has assessment and planning processes implemented, they were unable to demonstrate staff use the assessment tools effectively to identify and manage risks to consumers’ health and well-being. Additionally, the documentation reflected in consumers’ assessments and care plan were insufficient to guide staff to deliver safe and effective care and services.

Based on the Assessment Team’s report and the Approved Provider’s response. I find Requirement (3)(a) in this Standard not met. I have provided reasons for my finding in the respective Requirement below.

In reference to the other Requirements in this Standard, I provide the following information. The Assessment Team found overall, consumers confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers were satisfied the care and services they receive were individualised and reflected their goals and preferences.
* Consumers and representatives said they discuss care delivery regularly and are informed when changes occur.
* Consumers and representatives said staff regularly sit down with them and ask a range of questions, including consumers’ overall satisfaction with the care received.

The service demonstrated the importance of developing an ongoing partnership with consumers and others they wish involved in their assessment and care planning, including other organisations and providers of care. The Assessment Team reviewed care files and confirmed a comprehensive care plan is developed for each consumer on entry and includes nutrition, hydration, medication and pain management, mobility and skin care, personal hygiene and behaviour management, and in addition leisure and lifestyle activities of interest.

Additionally, the care files indicate assessment and planning outcomes are communicated with consumers and others who are involved in their care. This is consistent with staff comments, advising they engage with representatives via annual case conferences, or when there is a change in care and service delivery and/or when requested.

The Assessment Team found the service could mostly demonstrate consumers’ care and services are reviewed regularly for effectiveness, when circumstances change or when incidents impact consumers’ needs, goals and preferences. Clinical staff were competent in describing the process, indicating consumers’ would be reassessed, documents updated and changes in care delivery would be discussed with the consumer and others involved in their care. However, for two consumers the Assessment Team noted this process was not consistently followed.

Based on the evidence documented above, I find Stirling Ethnic Aged Home Association (Inc), in relation to Myvista Mirrabooka, to be Compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and care planning with consumers.

## 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 identified the organisation has systems and procedures to enable consumers, representatives and staff to collaborate and develop a safe and effective care and service plan. However, the Assessment Team were not satisfied the service demonstrated the process is consistently used, specifically relating to the management of chronic wound and skin frailty. It was identified the service has validated risk assessment and planning tools to identify risk, however, these were not consistently or effectively used by staff to inform care and service delivery. The Assessment Team provided the following information to substantiate the finding:

* On entry, a consumer presented with a stage two pressure wound. The service had engaged an external provider to review and provide mitigation strategies for ongoing care, however, the service and care plan did not inform staff of risk and management related to the wound. On further review, the Assessment Team found the toileting and service plan was not updated to include the mitigation strategies identified by the external provider. In addition, the toileting care plan did not guide staff in the management of the wound after toileting. The skin assessment documented ‘repositioning was required’, although no frequency and details on skin care management were detailed. Although, it was identified Registered Nurses were responsible for the wound care, Care staff were unable to describe the risk associated and/or their responsibilities to ensure delivery safe and effective management of the wound.
* A representative raised concern with the Assessment Team, specifically related to the management of regular bruising to the consumer’s hands and limbs. The consumer sustained four injuries over a three month period which has resulted in extensive bruising and skin tears and the care and services plan does not inform staff on the care delivery to manage the risk to the consumer. The Assessment Team reviewed the incident forms and noted two incidents:
	+ One incident occurred whilst staff were transferring the consumer. Documentation on the incident did not clearly identify the cause of the incident and, therefore, the interventions to prevent further injuries were not identified. There was no review of staff practice when ‘transferring’ consumers and therefore no staff training needs identified.
	+ Another was from the consumer hitting the bed rails with their hands. Although, the service has listed strategies to prevent further injury, the services and care plan was not updated to include the strategies after the initial incident and a behaviour assessment was not been completed. The skin assessment was last reviewed a month prior to the Site Audit, although there were no strategies listed to prevent further bruising, protect skin integrity and inform safe and effective care.

The Approved Provider submitted a response to the Assessment Team’s report demonstrating their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes a plan to rectify the identified issues. Actions related to this Requirement include:

* Review, update and align consumers’ progress notes, assessments, wound management, care and services plans to inform the delivery of safe and effective care and services.
* Planned action includes a diagnostic health record audit/review to be undertaken by the Health Record Vendor to understand gaps and improvements in the care system, so a targeted approach to staff education and training can be planned and undertaken. Staff training will focus on efficiencies within the care system and assessments, charting and care planning. In addition, mandatory training in Health Record eLearning to upskill staff.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service was unable to demonstrate it consistently considers risks to consumers’ health and well-being through assessment and planning processes. The information documented in the care plan and assessment outcomes do not inform the delivery of safe and effective care and services. In addition, staff could not demonstrate they had the knowledge to assess and understand consumers’ needs, impacting health and well-being.

Based on the evidence documented above, I find Stirling Ethnic Aged Home Association (Inc), in relation to Myvista Mirrabooka, to be Non-compliant with Requirements (3)(a) in Standard 2 Ongoing assessment and care planning with consumers.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-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

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

The Assessment Team recommended Requirements (3)(a) and (3)(b) in this Standard as not met. The Assessment Team found the service does not consistently provide safe and effective clinical care to consumers that is best practice, tailored to consumers’ needs and optimises their health and well-being. For sampled consumers, the service was not managing, high impact or high prevalence risks associated with pressure injuries and falls management. Additionally, the administration of psychotropic medications was not aligned with best practice.

Based on the Assessment Team’s report and the Approved Provider’s response. I find Requirements (3)(a) and (3)(b) in this Standard not met. I have provided reasons for my finding in the respective Requirements below.

In reference to the other Requirements in this Standard, I provide the following information. The Assessment Team found overall, consumers consider they get personal care and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers said end of life wishes are discussed on entry, as part of the annual conference and when required.
* Consumer and representative feedback indicates when there is a change and/or deterioration in consumers’ health the service responds well, in a timely manner and representatives kept informed.
* Consumers and representatives felt they don’t need to repeat information to multiple providers involved in consumer care delivery and they felt confident consumers’ needs and preferences are shared.
* Consumers and representatives indicated consumers have access to other Health Professionals when required.
* A representative advised whilst the additional monitoring and visitor requirements due to COVID-19 are impacting them, they believe the service is maintaining a high standard to ensure the safety of consumers.

The service demonstrated an understanding of consumers’ needs, goals and preferences nearing end of life and understood the importance of maintaining their dignity and comfort. The Clinical Nurse advised the service partners with an external palliative care service who provides additional support and counselling to consumers, representatives and other members involved in the consumers’ care. Staff advised they receive training in palliative care and have access to policies and procedures to guide them in care delivery. In addition, staff indicated they spend additional time with the consumer and representatives during this time.

The Assessment Team found the service has systems and processes to support staff to recognise and respond to changes in consumers’ mental health, cognitive and physical function. Staff were confident in their role and responsibilities in recognising and responding to consumers’ health deterioration or change. Clinical records indicate any deterioration or change in consumers’ health is reviewed in a timely manner.

The service has communication processes and systems to assist staff in providing and coordinating care to ensure information is available to all services and Health Professionals involved in care and service delivery. Most care planning documents provide adequate information to support effective sharing of information. The Assessment Team found most care plans, progress notes, incident forms and risk assessments are updated to reflect consumers’ needs and preferences. However, for a sampled consumer group, it was found they are not always reviewed and updated when falls and pressure injury management is required.

The service has policies and procedures to guide staff in referring consumers to other Health Professionals and service providers. Clinical staff could competently describe the reason for referral and care planning documents reflect referrals are made in a timely manner.

The service demonstrated it minimises infection related risks through implementing standard and transmission based precautions to prevent and control infection. Staff have completed mandatory infection control training, COVID-19 and donning and doffing personal protective equipment training. Consumer infections are reported, registered, tracked and actioned by consumers’ General Practitioner. This aligns with comments from consumers and representatives.

Based on the evidence documented above, I find Stirling Ethnic Aged Home Association (Inc), in relation to Myvista Mirrabooka, to be Compliant with Requirements (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### 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 were not satisfied the service effectively demonstrated each consumer receives safe and effective clinical care which is best practice, tailored to their needs and optimises consumers’ health and well-being. Specifically, for the management of wounds and pain, minimisation of psychotropic medication and use and monitoring and documentation of chemical restraints. The Assessment Team provided the following information and evidence relevant to my finding:

In relation to Consumer A:

* Wound management and associated pain for one consumer was not aligned with best practice care delivery and the care and service plan was not tailored to meet to meet the consumer’s needs. The Assessment Team noted the following actions:
	+ The service had engaged an external health provider to review and provide recommendations to manage the wound and associated pain. Over a one month period the wound had improved.
	+ Over a further approximately two month period the wound had deteriorated. On review, the external provider noted an inconsistent dressing was being applied by Registered Nurses. It was also noted the wound may not have been kept dry during personal care. Just prior to the Site Audit, a specialised dressing to assist with wound drainage was applied.
	+ The consumer was displaying response to pain when personal care was attended, however, no information to manage the pain was documented.
	+ The service and care plan did not inform Care staff the wound needed to be kept dry, there is no information referencing the wound position, a specialised dressing to assist with wound drainage was applied and what to consider when assisting with bed-time/resting routines.
	+ The wound management plan indicates the wound was not attended as per the external provider’s recommendations and the medication was not provided prior to wound dressings. Additionally, the plan does not direct staff to administer analgesia prior to wound management.

In relation to Consumer B:

* The consumer was prescribed a chemical restraint to manage their behavioural responses. The service was unable to demonstrate non-pharmacological interventions were trialled and there was no evidence to support restraint documentation was completed.
* Whilst the service consulted with the representative on the use of chemical restraints, they did not discuss the impact, the side effects, the amount, the frequency and the monitoring and in addition, there was no review date scheduled. Clinical staff were unable to advise the monitoring process for the use of chemical restraints and the Assessment Team found staff failed to follow the service policies and procedures.

The Approved Provider submitted a response to the Assessment Team’s report demonstrating their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes an improvement plan to rectify the identified issues. Actions related to this Requirement include:

* Reviewed and updated consumers’ progress notes, assessments, wound management, care and services plans.
* Introduction of updated anti psychotropic medication monitoring assessment by the Health Record Vendor will enable clinical staff to better monitor medication review dates.
* Restrictive practice training, covering consent, documentation and reporting to be provided to all clinical staff.
* A diagnostic health record audit/review to be undertaken by the Health Record Vendor to understand gaps and improvements, so a targeted approach to staff education and training can be planned and undertaken. Staff training will focus on efficiencies within the system and assessments, charting and care planning. In addition, mandatory training in Health Record eLearning to upskill staff.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service was unable to demonstrate it provides best possible decisions about the type of care provided to meet consumers’ needs, as well as individualised care. For Consumer A, the deficits in care delivery has impacted the consumer, requiring further clinical care. For Consumer B, staff did not follow the service’s restraint policies and procedures, administering psychotropic medication prior to trialling non-pharmacological medication.

Based on the evidence documented above, I find Stirling Ethnic Aged Home Association (Inc), in relation to Myvista Mirrabooka, to be Non-compliant with Requirements (3)(a) in Standard 3 Personal and clinical care.

### 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 were not satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to complex pressure injuries and high fall risks. The Assessment Team provided the following information and evidence relevant to my finding:

In relation to consumer C:

* On entry, the consumer presented with a stage three pressure injury. The service engaged an external provider to review and provide recommendations to manage the pressure injury. The Assessment Team found:
	+ Recommendations noted to keep pressure injury 100% off-loaded and wound to be kept dry, although this information was not documented the skin care and services plan and the personal care plan does not guide staff on how to manage the wound during showering. The Assessment Team observed the consumer sitting in their chair with both feet resting on the floor, indicating 100% loading on the pressure injury.
	+ No documentation indicating the consumer had been referred to a Dietitian for nutritional advice to assist with wound healing.
	+ The Occupational Therapist’s last review was on entry and no documentation to support further reviews have occurred and therefore, no additional advice provided to manage the pressure injury.

In relation to Consumer D:

* A consumer entered the service as a high falls risk and has since had four falls over approximately two months. The Assessment Team spoke with the representative who raised concerns the service had not managed the consumer’s falls risk and had not implemented falls prevention strategies. They advised they had suggested a floor sensor mat be installed and questioned the call bell response times during night shift. The Assessment Team found:
	+ After each incident, there were no clear prevention strategies identified to prevent further falls. Clinical staff indicated an awareness, however, advised due to the consumer behaviour it was difficult to prevent falls. Care staff were unaware the consumer was a falls risk.
	+ On review of the care files it was noted no falls risk prevention strategies were implemented on entry or documented in the falls risk plan. Strategies later implemented were not reviewed for effectiveness.
	+ The behaviour plan did not inform staff on the triggers for the consumer becoming agitated, no referral to the Occupational Therapist was initiated following a fall.

The Approved Provider submitted a response to the Assessment Team’s report demonstrating their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes an improvement plan to rectify the identified issues. Actions related to this Requirement include:

* Reviewed and updated consumers’ progress notes, assessments, wound management, care and services plans. Provided copies to indicate updates were completed, however, on review of the progress notes for Consumer C it was noted the wound management did not align with the external provider’s recommendations.
* A diagnostic health record audit/review to be undertaken by the Health Record Vendor to understand gaps and improvements, so a targeted approach to staff education and training can be planned and undertaken. Staff training will focus on efficiencies within the system and assessments, charting and care planning. In addition, mandatory training in Health Record eLearning to upskill staff.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service was unable to demonstrate it manages high impact or high prevalence risks for consumers who have complex pressure injuries and are a high falls risk. The service failed to ensure care plans provide sufficient information to guide staff on best practice, assessments are not completed and referrals are not made to manage risks. These deficiencies have had an impact on the consumers.

Based on the evidence documented above, I find Stirling Ethnic Aged Home Association (Inc), in relation to Myvista Mirrabooka, to be Non-compliant with Requirements (3)(b) in Standard 3 Personal and clinical care.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team recommended Requirement (3)(f) in this Standard as not met. The Assessment Team found the service was unable to demonstrate meals provided were varied and of suitable quality.

Based on the Assessment Team’s report and the Approved Provider’s response. I find Requirement (3)(f) in this Standard not met. I have provided reasons for my finding in the respective Requirement below.

In reference to the other Requirements in this Standard, I provide the following information. The Assessment Team found overall, consumers consider they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers indicated they were supported to engage in the lifestyle program, maintain their independence and quality of life and encouraged to do the things they enjoy.
* Consumers described how the service supports their faith and provides opportunities to attend their church service of choice. They said they are supported emotionally and when experiencing an emotional day, staff will sit and chat and/or assist them with contacting family.
* Consumers felt information on their needs and preferences is communicated and they don’t have to repeat information on how they like their care delivered.
* A representative advised their family member is visited by various Health Professionals and felt all care delivery information is shared.
* Representatives and consumers were confident staff refer consumers to other Health Professionals when required and in a timely manner.
* Consumers felt safe using the equipment to support their mobility and said there is always enough equipment when they are participating in lifestyle activities.

The service could demonstrate each consumer gets safe and effective care and services to support consumers’ daily living. The Occupational Therapist and Lifestyle Coordinator review the lifestyle activities program to gauge consumers’ engagement and suitability to ensure it meets consumers’ needs, goals and preferences and optimises their independence. Lifestyle staff were able to describe what is important to consumers and how it is reflected in care and services delivered.

The Assessment Team viewed the lifestyle activities program and found it to be varied and adaptable to suit each consumer and observed consumers’ involvement. Although, two consumers and three staff did raise concerns around the lack of lifestyle activities scheduled on Sunday with limited visiting hours. Management advised consumers have opportunities to participate self-directed activities such as reading and colouring in.

Care files include information on consumers’ emotional, spiritual and psychological well-being and outline things meaningful to consumers. Staff were able to describe how they spend time with consumers when they see they are feeling down and were aware of consumers who require additional emotional support.

Consumers indicated they were satisfied with the services and support they receive for daily living. They were confident staff understood things that interest them, including supporting personal relationships, contacting family through electronic media and leaving the service for social outings. Care plans document consumers’ likes and dislikes and other interests.

The Assessment Team found consumers’ preferences and needs are clearly documented to ensure all persons involved in care and service delivery are well informed. This also includes social support requirements and care equipment needed to assist with daily living. The service has communication policy and procedures to guide staff in sharing information about consumers’ condition, needs and preferences with others responsible for delivering care and services.

Consumer referrals to other Health Professionals and organisations were documented in consumer care files. The Lifestyle Coordinator advised the service has engaged with an external organisation to implement a volunteer network to lead lifestyle activities for consumers, for example, an Italian speaking volunteer has been engaged to run the Italian Group activity session. The service has policies and procedures to guide staff in referring consumers to others outside the service, including Allied Health Professionals, Pain and Massage Clinics and Medical Officers. Although, the Assessment Team did find there are times when staff do not refer in a timely manner.

The Assessment Team observed service equipment to be clean and well maintained and consumers said they feel safe using them. Lifestyle staff indicated they have enough equipment to manage the lifestyle activities and all staff showed an understanding of how to escalate equipment issues with the Maintenance Officer, when required. The service’s maintenance log documents issues identified and escalated, and they appeared to be managed in a timely manner.

Based on the evidence documented above, I find Stirling Ethnic Aged Home Association (Inc), in relation to Myvista Mirrabooka, to be Compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(g) in Standard 4 Services and support for daily living.

## 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) Non-compliant

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

The Assessment Team were not satisfied the service effectively demonstrates meals provided were varied and of suitable quantity. The Assessment Team interviewed eight consumers, four representatives and staff and observed consumers during meals service and provided the following information and evidence relevant to my finding:

* Consumers and representatives felt meals lacked variety and were repetitious, lack of options, served cold, limited taste, meat was tough and a lot of braised meat servings, lunch and dinner options include baked potatoes and baked beans or scrambled eggs with some choosing sandwiches as a nutritional option.
* Consumers comments included “terrible”, “awful”, “not happy”, “you eat, or if you don’t and if you don’t you are hungry”, “sometimes cold or overcooked”, “nutritious but not delicious” and “very disappointed with food service”.
* A few consumers and a representative have raised concerns with staff and management, verbally, in writing and during consumer meetings and indicated there had been a slight improvement in meals provided. This aligns with a Registered Nurse comment.
* The Assessment Team observed consumers pushing meals away, plates returning to the kitchen unfinished/untouched, foods served when it is listed as a dislike on consumer files and others requesting an alternative option.

During the Site Audit, management advised they were aware of the complaints and had already implemented improvements, such as engaging an external Dietitian to review and update menus, employed a new Chef who is guiding kitchen staff in correct food protocols and presentation and introduced new equipment to assist in keeping meals warm. Management also advised consumers have access to snacks, including sandwiches, tuna, fruit and yogurt, however, the Assessment Team noted consumers require a swipe card for access.

The Approved Provider submitted a response to the Assessment Team’s report demonstrating their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes an improvement plan to rectify the identified issues. In addition, other actions include:

* Feedback and complaints that require improvement actions will be documented in the continuous improvement plan and discussed in the quality and safety meetings, with planned actions for improvement identified.
* A menu sample was provided indicating a varied approach to meals provided.
* Additionally, results from a recent Meal Survey was presented, although in the last two surveys it appears only eight participants responded and in the most recent only 13. On review, the results in six quadrants indicate improvements across five quadrants, one quadrant could not be compared.
* Copies of recent Food Focus Group meeting minutes indicate recent consumers’ feedback and complaints have been documented and discussed with further action items recorded. Additionally, a copy of the service’s Comments, Complaints and Compliments Register noted recent feedback received.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, a significant number of consumers were not satisfied with various aspects of the meal service. I have also considered the Approved Provider had commenced implementing improvements, however, some consumers are still indicating they are not provided with quality meals which meet their likes and dislikes. Additionally, the service was unable to demonstrate effective consumer engagement processes to understand if meals are suitable and are of good quality.

Based on the evidence documented above, I find Stirling Ethnic Aged Home Association (Inc), in relation to Myvista Mirrabooka, to be Non-compliant with Requirements (3)(f) in Standard 4 Services and support for daily living.

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team recommended Requirement (3)(b) in this Standard as not met. The Assessment Team found the service was unable to demonstrate consumers can move freely and utilise all outdoor areas. However, they found the service was clean, safe and well maintained and this was aligned with consumers’ comments.

Based on the Assessment Team’s report and the Approved Provider’s response. I find Requirement (3)(b) in this Standard not met. I have provided reasons for my finding in the respective Requirement below.

In reference to the other Requirements in this Standard, I provide the following information. The Assessment Team found overall, consumers consider they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers felt at home living at the service as they could personalise their rooms and enjoyed their surroundings.
* Consumers felt safe when staff were using the equipment to support their transfers and indicated the equipment used is always clean.
* Consumers were satisfied with the cleanliness of the service and advised cleaning occurs every day.

The Assessment Team observed the living environment to be welcoming with navigational aids to support consumers to orientate themselves and navigate easily. The service provides access to private rooms for consumers and their visitors to meet. Management advised they regularly check with consumers and their visitors to understand if the environment meets consumers’ needs, goals and preferences.

Maintenance logs reviewed by the Assessment Team noted equipment for transfers and mobility are regularly maintained and the call bell system operates effectively, with monthly audits completed and reviewed by the Service Manager. Cleaning and Care staff advised furnishings and equipment used by consumers are cleaned after each use.

Based on the evidence documented above, I find Stirling Ethnic Aged Home Association (Inc), in relation to Myvista Mirrabooka, to be Compliant with Requirements (3)(a) and (3)(c) in Standard 5 Organisation’s service environment.

## 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) Non-compliant

*The service environment:*

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

The Assessment Team were not satisfied the service effectively demonstrates consumers can move freely outdoors and utilise all courtyard and balconies areas on certain floors. The Assessment Team provided the following information and evidence relevant to my finding:

* Management advised due to the current number of consumers and the service currently not at its full capacity, some areas are closed. On one level, the sliding door access to the courtyard was blocked by furniture and blinds drawn. Management advised consumers had moved the furniture.
* Consumers have access to the carpark and external outer garden area when they are accompanied with staff, although swipe access is required on return.
* Feedback from staff indicated their understanding and attitude towards dignity of risk and the impact for consumers not having the ability to move freely outdoors. Five of 12 consumers said they did not know they had to ask staff for access to utilise certain outdoor areas.
* Observations and feedback from consumers and representatives indicates the level of security prevents consumers’ free movement. Staff advised consumers are taken for walks outdoors by Lifestyle staff only.

The Approved Provider submitted a response to the Assessment Team’s report demonstrating their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes an improvement plan to rectify the identified issues. This included opening terrace doors for consumers to use during restricted hours. However, there was no indication what outdoor areas were covered under this new arrangement. In addition, management will continue to monitor the access times and seek feedback from consumers and representatives.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. I do acknowledge the service environment is safe, clean, well maintained. However, I find at the time of the Site Audit, the service environment was restrictive with security passes and locked doors and did not allow all consumers to move freely and independently and enjoy the outside environment.

Based on the evidence documented above, I find Stirling Ethnic Aged Home Association (Inc), in relation to Myvista Mirrabooka, to be Non-compliant with Requirements (3)(b) in Standard 5 Organisation’s service environment.

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

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

# STANDARD 6 NON-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

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

The Assessment Team recommended Requirement (3)(d) in this Standard as not met. The Assessment Team found the service has a continuous improvement register, however, on review it was noted it is not always current and feedback and complaints do not always drive improvements.

Based on the Assessment Team’s report and the Approved Provider’s response. I find Requirement (3)(d) in this Standard not met. I have provided reasons for my finding in the respective Requirement below.

In reference to the other Requirements in this Standard, I provide the following information. The Assessment Team found overall, consumers and representatives consider they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers advised they knew how to provide feedback and complaints and felt they could advise staff on feedback or complete a written form.
* Consumers know how to raise complaints external to the service either through advocacy services or directly to the Aged Care and Quality and Safety Commission.
* Consumers and representatives said staff always apologise when something goes wrong with consumers’ care and service delivery and do what they can to resolve the issue. On occasions, management have provided apologies in writing.

The Assessment Team observed information brochures displayed at the entrance to guide consumers and representatives in making complaints to the Aged Care Quality and Safety Commission. For consumers and representatives where English is not their first language, the service provides brochures in three other languages. In addition, feedback forms and confidential lodgement boxes are provided on each floor.

Based on the evidence documented above, I find Stirling Ethnic Aged Home Association (Inc), in relation to Myvista Mirrabooka, to be Compliant with Requirements (3)(a), (3)(b) and (3)(c) in Standard 6 Feedback and complaints.

## 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) Non-compliant

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

The Assessment Team were not satisfied the service effectively demonstrated feedback and complaints are recorded and reviewed and drives improvement in the quality of care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* The service has a continuous improvement register, however, not all recent feedback and complaints were noted as an item for improvements to deliver quality care and services. This also aligns with consumers’ feedback.
* Review of the feedback register noted four months prior to the Site Audit, a suggestion was provided by a consumer and representative to provide plants/raised garden beds on the balconies to support consumers residing in a high rise building, with limited access to outdoors. The Quality Manager advised there had been no progress or consultation.
* Over a 10 month period, there have been 12 complaints registered and five were received the month prior to the Site Audit. Eight consumers and four representatives provided feedback they were dissatisfied with food quality, variety and meal services.
* A nutrition and hydration audit completed a month prior to the Site Audit noted complaints with food menu and service and the Quality Manager had not provided a response. Management later advised a food focus group was being established.

The Approved Provider submitted a response to the Assessment Team’s report demonstrating their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes an improvement plan to rectify the identified issues. In addition, other actions include:

* All feedback and complaints are to be discussed at the monthly Quality and Safety Committee Meeting and included in the service’s continuous improvement plan and resolution will be consumer focused.
* Provided a copy of the corrective improvement register where the Quality Manager had noted a discussion had occurred with the representative raising the suggestion for plants/raised garden beds advising it is a project for the future and the consumer can place plants in their room.
* Additionally, a copy of the continuous improvement report log noting compliments, suggestions, complaints and close out dates. To address menu and food complaints, the service has established a Food Focus Group and the first meeting is scheduled a month after the Site Audit.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service was unable to demonstrate feedback and complaints are used to improve care and services. I have considered the significant number of consumers and representatives who have raised complaints in relation to food service and menus over a period of 12 month period. Additionally, the service’s continuous improvement plan did not reflect any improvements which were initiated by feedback or complaints.

Based on the evidence documented above, I find Stirling Ethnic Aged Home Association (Inc), in relation to Myvista Mirrabooka, to be Non-compliant with Requirements (3)(d) in Standard 6 Feedback and complaints.

# 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

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

The Assessment Team recommended Requirement (3)(c) in this Standard as not met. The Assessment Team found the service did not demonstrate the service has systems to effectively identify gaps in competency of staff in managing wound care, assessment and planning. Additionally, staff do not always follow recommendations noted by external Health Providers.

Based on the Assessment Team’s report and the Approved Provider’s response. I find Requirement (3)(c) in this Standard not met. I have provided reasons for my finding in the respective Requirement below.

In reference to the other Requirements in this Standard, I provide the following information. The Assessment Team found overall, consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Most consumers felt the service had enough care and clinical staff to deliver quality care and services. However, two consumers and three representatives indicated there were not enough Care or Lifestyle staff over the weekends, during morning busy periods and during night shift.
* Consumers and representatives said staff are kind, caring and respectful. Comments included they are “lovely”, they always “respect my privacy” when assisting with personal needs.
* Consumers and representatives said they were confident nursing staff had the right skill set and knowledge to deliver care safely.

The service has planned staff numbers, skills and qualifications to ensure they deliver safe and quality care. On review of staff rosters it was noted the service has allocated a Registered or Enrolled Nurse on each floor during the morning and afternoon shifts and one Registered Nurse per floor rostered overnight. Care staff are rostered on all shifts and numbers vary depending on shift times. Lifestyle staff are rostered Monday to Saturday.

The Assessment Team reviewed the call bell response data and audits and found extended wait times. However, further explanations were noted and for 75% of wait times above 10 minutes the reason provided indicated the call bell was not cancelled after attending and other delays referenced waiting for another staff member to assist.

The Assessment Team observed staff interacting with consumers in a respectful, kind and caring way. Although, they did observe a difficult conversation between a consumer where English is their second language and kitchen staff. Kitchen staff were not communicating in a respectful manner and were struggling to understand what the consumer wanted. Care staff were approached to manage the situation.

Staff indicated, and documentation confirmed they receive training, either delivered internally by Registered Nurse or by external training providers, in wound management, palliative care and end of life. They advised they had just completed a refresher in infection control and personal protective equipment and Kitchen staff completed additional food safety training. Training documents indicate staff have completed all mandatory training as per the schedule.

The service demonstrated regular assessment, monitoring and review of staff performance is undertaken. Staff provided feedback that indicated their performance was monitored by senior staff and management and they had discussions when there were areas identified as requiring improvement. Management confirmed they have regular discussions with staff on performance and there have been times where they have performance managed staff to improve their skills and knowledge in care and service delivery.

Based on the evidence documented above, I find Stirling Ethnic Aged Home Association (Inc), in relation to Myvista Mirrabooka, to be Compliant with Requirements (3)(a), (3)(b), (3)(d) and (3)(e) in Standard 7 Human Resources.

## 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 service demonstrated staff have the qualifications and knowledge. However, the Assessment Team were not satisfied the service effectively demonstrated staff are working within the scope of their responsibilities and skills. The Assessment Team provided the following information and evidence relevant to my finding:

* Registered staff did not follow the recommendations from an external Health Professional to manage a consumer’s wound, leading to further deterioration. Refer to Standard 3 Requirement (3)(b) for specific example in wound care.
* Registered staff have been inconsistent in consumers’ assessment and planning and have not followed the service policies and procedures resulting in a negative impact to consumers. Refer to Standard 2 Requirement (3)(a) for skin integrity and wound care assessments. Additionally, refer to Standard 3 Requirement (3)(a) for falls management.

The Approved Provider submitted a response to the Assessment Team’s report demonstrating their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The Approved Provider’s response includes an improvement plan to rectify the identified issues. In addition, other actions include:

* Planned actions include a diagnostic health record audit/review has been undertaken by the Health Record Vendor to understand gaps and improvements, so a targeted approach to staff education and training can be planned and undertaken. Staff training will focus on efficiencies within the system and assessments, charting and care planning. In addition, mandatory training in Health Record eLearning to upskill staff.

Additionally, progress notes were provided substantiating the Assessment Team’s findings and for one consumer requiring wound management, including:

* Over a seven day period, four Registered staff documented entries into the progress notes. One reflected the correct wound management strategies as per the external health provider’s recommendations. On other days, only pain management has been reflected and notes wound elevated, however, no details were documented on the daily wound care required. On one day, information documents a completely different approach to the management of the wound and was inconsistent with the external health provider’s recommendations.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. I find at the time of the Site Audit; the service was unable to demonstrate staff were suitably competent to provide safe and quality care impacting consumers. Additionally, documents provided by the Approved Provider indicate staff practices are not sufficient to ensure the safe and effective provision of care and services.

Based on the evidence documented above, I find Stirling Ethnic Aged Home Association (Inc), in relation to Myvista Mirrabooka, to be Non-compliant with Requirements (3)(c) in Standard 7 Human resources.

### 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

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

The Assessment Team recommended Requirements (3)(d) and 3(e) in this Standard as not met. The Assessment Team found the service did not demonstrate it has an effective risk management and clinical governance framework, specifically in relation to the use of psychotropic medications associated with wound and falls prevention.

Based on the Assessment Team’s report and the Approved Provider’s response. I find Requirements (3)(d) and (3)(e) in this Standard not met. I have provided reasons for my finding in the respective Requirements below. In reference to the other Requirements in this Standard, I provide the following information.

The Assessment Team found overall, consumers indicated they were satisfied the service included them and where appropriate, their representatives in the development, review and evaluation of their care and service delivery and were confident care was delivered in a safe manner.

The Assessment Team found the organisation’s governing body promotes a culture of safe, inclusive and quantity care and services. Management advised critical incidents are escalated to the Board and a quarterly service performance dashboard report detailing all incidents and complaints is provided for the Board’s visibility.

The Assessment Team found the organisation demonstrated it has a governance structure to support the organisation in information management, financial governance and regulatory compliance. However, the continuous improvements system did not capture improvements informed from complaints and feedback and included improvements that were not directly related to improving the quality and safe care. Additionally, workforce governance systems monitor staff have the required qualifications, however, during the Site Audit the service was unable to demonstrate the workforce is consistently competent in delivering care specially in wound and falls management.

Based on the evidence documented above, I find Stirling Ethnic Aged Home Association (Inc), in relation to Myvista Mirrabooka, to be Compliant with Requirements (3)(a), (3)(b) and (3)(c) in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

The organisation’s risk management framework should guide staff practice in managing high impact or high prevalence risks to consumers. However, the Assessment Team were not satisfied the organisation’s systems have identified gaps or deficiencies to support in care and service delivery. The Assessment Team found, although the service has validated risk tools, the organisation’s systems did not identify staff inconsistencies in personal and clinical care delivery to ensure it was aligned with Health Professional recommendations and additionally, did not implement and/or effectively review mitigation strategies to manage high impact or high prevalence risks.

The Approved Provider submitted a response to the Assessment Team’s report demonstrating their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The response includes a review of the service’s care system to be undertaken to identify gaps and improvements, to alert staff and target staff training and education. Additionally, the service will monitor feedback and complaints through the monthly Quality and Safety Committee and this information with inform and drive continuous improvement.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified during the Site Audit. However, I find at the time of the Site Audit, some staff were neither competent nor had the appropriate skills or knowledge to effectively perform their role. I have considered the significant number of deficiencies identified in other Requirements of the Standards which indicate staff practices are not sufficient to ensure the safe and effective provision of care and services.

Based on the evidence documented above, I find Stirling Ethnic Aged Home Association (Inc), in relation to Myvista Mirrabooka, to be Non-compliant with Requirements (3)(d) in Standard 8 Organisational governance.

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

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

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

The service has a clinical governance framework that is supported by service policies and procedures to guide staff in open disclosure and antimicrobial stewardship.

However, the Assessment Team found the organisation did not have systems implemented to deliver safe, quality clinical care and mechanisms to drive continuous improvements. When considering the findings in other Quality Standards, clinical staff do not regularly meet to discuss consumer care, specifically related to management of falls, medication and wound. As a result, the information is not used to inform and improve the reliability, safety and quality of clinical care. Additionally, the service has policies and procedures to guide staff, however, care delivery does not align, specifically for restraint minimisation.

The Approved Provider submitted a response to the Assessment Team’s report demonstrating their commitment to meet their responsibilities as an Approved Provider and to address the deficiencies identified by the Assessment Team. The response includes a review of the service’s care system to be undertaken to identify gaps and improvements, to alert staff and target staff training and education. Additionally, training for all Clinical staff in assessments, charting, care planning and efficiencies within the service’s care system will be highlighted, to gain an understanding of the documentation process to ensure it supports and guides care delivery.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service’s clinical governance framework was not effective in governing clinical care practices to provide safe and quality care. I have considered the service’s governance framework did not identify issues in care delivery requiring management of wounds, falls and medication and the minimisation of the use of restraints.

Based on the evidence documented above, I find Stirling Ethnic Aged Home Association (Inc), in relation to Myvista Mirrabooka, to be Non-compliant with Requirements (3)(e) in Standard 8 Organisational governance.

# 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. The service should seek to ensure the following:

* In relation to Standard 2 Requirement (3)(a)
	+ Risk assessment tools are effectively used in the assessment and planning of consumers’ care.
	+ Review processes are effectively identifying changes to consumers’ health which initiate clinical reassessment.
* In relation to Standard 3 Requirements (3)(a) and 3(b)
	+ Consumers receive clinical care, which is best practice, tailored to their needs and optimises their health and well-being, including staff actioning identified changes to needs.
	+ Consumers’ high impact or high prevalence risks associated with their care are effectively managed, including aligning care delivery to Health Professionals’ recommendations.
	+ Changes to consumers’ health or needs are actioned when identified through incident forms.
* In relation to Standard 4 Requirement (3)(f)
	+ Implement consumer engagement processes to understand consumers’ feedback and preferences in relation to meals.
* In relation to Standard 5 Requirement (3)(b)
	+ Provide opportunities for consumers to move freely outdoors.
* In relation to Standard 6 Requirement (3)(d)
	+ Complaints are recognised and responded to with consultation and outcomes communicated to relevant parties.
	+ Regularly review, trend and analyse complaints to identify opportunities for improvements, including consideration of broad improvements following one complaint.
* In relation to Standard 7 Requirement (3)(c)
	+ Staff have the appropriate skills and knowledge required of their position, including implementing processes to monitor competency for specific roles.
	+ Support staff to provide care to meet consumers’ needs.
* In relation to Standard 8 Requirements (3)(d) and (3)(e)
	+ Effective management of high impact or high prevalence risks associated with care, and that consumers are supported to live the best life they can.
	+ Effective clinical governance framework which considers information provided through a variety of sources indicating improvement in clinical care.