NewDirection Care at Bellmere

Performance Report

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**Commission ID:** 5804

**Provider name:** NewDirection Bellmere Pty Ltd

**Site Audit date:** 25 October 2021 to 28 October 2021

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

# Performance report prepared by

L Glass, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **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) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 24 Novemeber 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall sampled consumers and/or their representatives considered consumers are treated with dignity and respect and can maintain their identity. For example:

Interviews with consumers and representatives confirmed that consumers are treated with respect and receive culturally safe services.

Consumers provided positive feedback in relation to staff respecting their individual choices that may involve risk such as smoking, household chores, swimming and operating motorised vehicles.

Consumers interviewed confirmed that their personal privacy is respected in many ways, including appropriate privacy during care provision.

The Assessment Team found consumers interviewed reported issues with their ability to make informed choices about their care and living arrangements however I have come to a different view.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

The Assessment Team found that the service was unable to demonstrate each consumer is supported to exercise choice about their own care and living arrangements, particularly following incidents. The team considered that moving a consumer/s to another house at the service after an incident indicates a lack of choice for consumers tomake decisions about their own care and the way care and services are delivered.

The response from the approved provider states that if consumers are moved to another house at the service it is as a result of their own choice or after consultation with the consumer and their family in order to provide the best possible ongoing care and services. An example was supplied of pre and post follow up tracking of individual consumer incidents, consultation and documentation. The documentation includes correspondence demonstrating the consultation undertaken with consumers and representatives when considering and undertaking relocation of consumers from one house to another house at the service.

Based on the information available I find that the service has demonstrated that each consumer is supported to exercise choice and independence. I find the service is compliant with this requirement.

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall sampled consumers generally considered they feel like partners in the ongoing assessment and planning and other organisations and individuals are involved in planning of their care and services. For example:

Consumers reported staff consult them through initial assessment and planning to develop a plan of care that is delivered to meet the consumer’s needs.

Consumer and representative feedback confirmed that they are informed about the outcomes of assessment and planning and have ready access to the consumer’s care and services plan if they wish. However:

Care plans did not consistently include all information reflective of consumers’ care needs to guide staff in the delivery of safe and effective care.

Care plans did not consistently address each consumer’s current needs.

The service is not adequately able to demonstrate assessment and planning

including consideration of risks to each consumer’s health and well-being consistently informs the delivery of safe and effective care and services.

The service is not adequately able to demonstrate that consumers’ care and services are reviewed when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

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

Conflicting evidence from the Assessment Team and the approved provider was submitted regarding this requirement.

The Assessment Team found assessment and planning does not always inform the delivery of safe and effective care and services. A review of care plans and clinical documentation reflected individual care needs are not consistently determined, assessed and documented in care and service plans to guide staff practice. For consumers sampled, the service was unable to demonstrate how it effectively recognises, reports and continuously improves assessment and planning of care and services in particular for risks associated with behaviour management.

The approved provider’s response includes documentation that has addressed some of the concerns raised in the Assessment Team’s report. This includes examples of detailed assessment and planning including consideration of some risks to the consumer’s health and well-being, informing the delivery of safe and effective care and services for the consumer. I note the response supplied information about the model of care delivery at the service and the way in which planning and assessment considers the most suitable home setting and community precinct for a particular consumer. This takes into account where consumers with complex needs including dementia and significant behavioural management requirements can live and engage in a community in an unrestricted environment.

I accept that the assessment, planning and consideration of risks informs most care and delivery of services. However at the time of the site audit I am not satisfied the planning and assessment of behaviour management is safe and effective for all consumers. For this reason I find the requirement is not compliant.

### 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.*

The Assessment Team found for consumers sampled, care planning documentation generally demonstrates that the consumer, or their representatives are involved in assessment or care planning processes. However, the Assessment Team found the service does not consistently demonstrate that assessment and planning include other organisations, individuals and providers of other care services are involved in the care of the consumer.

The response from the approved provider refutes the findings of the Assessment Team. The documentation provided in the response including care plans, behavioural management plans and case conferences involving consumers and representatives demonstrates organisations, and individuals and providers of other care and services, are involved in the care of the consumer.

Based on the information available I find this requirement is compliant.

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

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

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

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

Conflicting evidence was supplied by the Assessment Team and the approved provider.

The Assessment Team found while care and service plans are generally reviewed as required and in accordance with the service’s policies, risks to consumers are not consistently identified or strategies implemented or reviewed for effectiveness, when circumstances change or when incidents impact on their needs, goals and preferences. The team identified six consumers that had inconsistent reviews documented following multiple episodes of verbal and physical aggression. Staff stated care plan reviews occur every six months or when needed.

The response from the approved provider refutes the findings of the Assessment Team. The response includes further evidence including extracts of consumers’ progress notes, behaviour support plans, reviews, case conferences and communication with representatives. The approved provider states the service has a strong approach to care planning and that care and services are reviewed regularly for effectiveness.

While I acknowledge the evidence shows reviews are undertaken there is insufficient evidence to determine the effectiveness and the outcomes of the reviews. Based on the evidence provided the service is not always effective in identifying the cause of the incident or able to maintain effective strategies to prevent reoccurrence or further deterioration. Multiple incidents impacting the health and well-being of consumers are recorded.

I accept the approved providers statements that responsive behaviours are assessed and addressed. However effectiveness of the reviews and the impact of the planned increase in staffing has not yet been demonstrated.

I therefore find at the time of the site audit this requirement is not complaint.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Not all sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

Overall consumers interviewed confirmed that they generally have access to the medical and other health professionals when required.

The service has not demonstrated that it consistently and effectively manages the risks related to the personal and clinical care of consumers with challenging behaviours.

The service does not have effective processes in place to ensure that when a consumer’s condition changes or deteriorates that this is escalated, and consumers are consistently being referred to other appropriate health professionals when their condition deteriorates or when behavioural management strategies have not been effective in keeping consumers safe.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team found the service was not able to demonstrate that clinical care delivery is best practice in relation to the behaviour management and pressure injury management. The service could not consistently demonstrate that behaviour support plans detailed individual consumer’s strategies to guide staff care and ineffective strategies were reviewed .

The approved provider’s response outlined further information about the care and services delivered to the consumers named by the Assessment Team as receiving unsatisfactory care. Evidence provided by the approved provider goes some way to addressing the deficits as understood by the Assessment Team, clarified the sequence and nature of events in some instances and provided further documentation for consideration about actions undertaken since the site audit.

In making my decision I have considered the Assessment Team Report including representatives’ feedback. I note the response disagrees with the representatives views and since the site audit the service has also planned and/or taken action to address the concerns raised. I also note the complex needs and behaviours of some consumers and the difficulties identified by staff in managing them.

Regarding managing pressure area care and wound management, issues were identified by the Assessment Team for one consumer leading to deterioration of the wound. Staff were not provided with guidance to deliver best practice care and did not follow the care requirements specifically to reposition the consumer.

Another consumer had a five day delay in action being taken to identify a fracture although review and monitoring had identified swelling, pain and increasing difficulty in closing their hand.

I consider that at the time of the site visit best practice care while planned for, was not always delivered or timely. I find this requirement not 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 found the service has not demonstrated it consistently and effectively manages the risks related to the personal and clinical care of each consumer in the areas of challenging behaviours and pressure injuries. While the service is referring consumers to specialist dementia and psychiatry services, the behaviours which impact others is still occurring. While staff can identify the risks of individual consumers they said the management strategies were not effective to manage physical and verbal aggression.

The approved provider’s response states it believes the care at the service is delivered to meet consumers’ needs; however, consumers and representatives from the service, who have experienced high risk events, are dissatisfied with how staff have managed these incidents and the risks to the consumer.

The response outlines the implementation of a new care structure with increased clinical care in the service’s community precinct and the employment of up to 12 House Companion Liaison Nurse (HCLN) roles. The HCLN requires qualification as an Enrolled Nurse (EN). A community shift was implemented in July from 1pm -4.30pm and the shift hours increased in late October (rostered for 7 days a week from 9am to 5pm). I acknowledge staff are also receiving education and training in identifying and supporting the deteriorating resident. I note the service states this has led to a significant reduction in incidents of behavioural response in the community.

However it is yet to be determined if there is an overall improvement in management of incidents. As the new care structure is not yet fully implemented I consider that at the time of the site visit the service is not compliant.

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

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

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

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

The Assessment Team found the service does not always have effective processes in place to ensure that when a consumer’s condition changes or deteriorates it is recognised and responded to and consumers receive timely and appropriate medical review and intervention. This includes providing examples in relation to consumers with a fracture, dehydration and behaviour management.

The response from the approved provider refutes the Assessment Team’s findings. It includes timelines of events and describes communication with representatives in response to incidents. I note the training currently being implemented at the service for all staff about recognising deterioration in consumers.

However, I have considered and place weight on the Assessment Team’s evidence and the wording of this requirement, specifically ‘deterioration or change…. responded to in a timely manner’. It is on this basis that I find the service non-compliant with this requirement.

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

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

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

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

The Assessment Team found the service has not demonstrated that consumers are consistently being referred to other appropriate health professionals when their condition deteriorates or when behavioural management strategies have not been effective in keeping consumers safe. Consumers and representatives said they are generally satisfied that referrals occur when needed. Staff could describe the referral process and documentation reflected a range of referrals.

Based on the evidence provided in the approved provider’s response I am persuaded that on balance the service is promoting appropriate referrals to individuals, other organisations and providers of other care and services and that compliance has been demonstrated. I have considered the effectiveness of the referral outcomes, timeliness and referrals in relation to consumer deterioration and incidents in requirements 3(3)a and 3(3)d.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall 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 consumers are supported to do the things they like to do to optimise their independence, health, wellbeing and quality of life.

Consumers interviewed confirmed they are supported by the service to undertake lifestyle activities of interest to them, facilitate activities within the service and supported to maintain personal and previous community connections.

Consumers expressed their enjoyment spending time at the service’s coffee shop to meet with family and friends and enjoy the “high teas”.

Consumers expressed their enjoyment in participating in activities at the services Wellness Centre.

Consumers interviewed confirmed they are supported by the service to keep in touch with people who are important to them and are supported in their emotional and spiritual care interests and social and personal relationships.

Consumers expressed satisfaction with the home cooked meals at the service and explained they have input into the menus and there are plenty of choices.

The Assessment Team observed lifestyle supports to be sufficient and appropriate for consumers well-being, participation and inclusion.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

* Considered that they feel they belong in the service
* Felt safe and comfortable in relation to the service environment.
* Said fixtures, fittings and equipment were clean and well maintained.
* Reported that the environment and furniture were clean and well maintained.

The service environment incorporates dementia enabling design principles. It is welcoming and it imitates the suburban community and homelike environment that consumers are used to. It provides consumers with opportunities to move freely, to be independent and to interact with other consumers.

The service has a maintenance program and staff who manage the program and who along with contractors carry out maintenance tasks. The program covers the service environment, fixtures, furniture and equipment.

However, while the service environment itself is safe, not all consumers feel safe due to the behaviour of other consumers at the service. This information was considered in Standards 2, 3 and 7.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The Assessment Team also examined the complaints records, 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.

Sampled consumers confirmed they are aware of and have access to advocates, language services and other methods for raising and resolving complaints.

While the organisation has complaints mechanisms and a complaints register, the service was unable to demonstrate that appropriate action has been taken in relation to consumer complaints regarding staffing numbers and increased incidents of consumers being assaulted by other consumers.

The service was unable to demonstrate information from complaints is used to improve the quality of care and safety of consumers.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The Assessment Team found the service was unable to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

The Assessment Team’s interviews identified representatives interviewed were dissatisfied with the actions taken by the service in response to complaints or concerns raised. The majority of concerns were about staffing numbers and behaviour management. One representative escalated their complaint to an external body to progress and/or try to resolve their concern.

The approved provider’s response stated the service does take appropriate action in response to complaints following investigation. The response addressed the Assessment Team’s report in detail on the progress of the issues outlined, correcting some points of fact. The service considers it has a well documented feedback process that consistently and appropriately takes action in response to feedback and includes an open disclosure process if things go wrong.

While acknowledging the service’s open disclosure process, the direct feedback from representatives supports the Assessment Team’s findings that the actions taken, or approach of staff or communication provided did not meet the expectations of the person making the complaint, and this was not an isolated occurrence.

Based on the evidence summarised above, the service does not comply with this requirement.

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

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

The Assessment Team found the service did not demonstrate it has used feedback and complaints to improve the quality of care and services it delivers.

Consumers who have made complaints in relation to staffing numbers and incidents of consumer assaults and are not satisfied the service’s actions have improved the care and services and they are concerned about consumer safety.

While acknowledging some complaints which were raised have now been resolved, the direct feedback from representatives supports the Assessment Team’s findings that the actions taken, did not meet the expectations of the person making the complaint, in improving the quality of care and services it delivers.

I note the increase in HCLN staffing and the intention to increase this staffing cohort further. I also note the training and education delivered to staff and discussed earlier in this report. However on balance I find that at the time of the site audit the service did not demonstrate compliance with this requirement.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall sampled consumers provided a mixed response about the quality care and services received. Some consumers and representatives consider they do not receive quality care when they need it from people who are knowledgeable, capable and caring. Representatives of consumers who had been involved in behavioural incidents with other consumers said they were concerned about safety and the skills of staff in the management of aggressive behaviours.

While consumers said staff were kind and caring, they felt there was not enough staff to ensure consumers’ safety and to deliver care in accordance with consumers’ needs.

Management monitors the performance of staff.

While staff are recruited and provided with training, training is not sufficient to equip and support staff in the management of aggressive behaviours nor to support new staff to meet the outcomes required by these standards. Workforce planning does not enable the delivery and management of safe and quality care for all consumers.

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

## Assessment of Standard 7 Requirements

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

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

Conflicting evidence from the Assessment Team and the approved provider was submitted regarding this requirement.

The Assessment Team received negative feedback from consumers’ representatives and staff regarding the sufficiency of staff. Deficits in the safety and quality of care delivered by the service were identified by the Assessment Team, and representatives outlined a range of care and services not provided in accordance with consumers’ needs.

The Assessment Team found workforce planning does not enable the delivery and management of safe and quality care for all consumers. Consumers and representatives advised they do not think there are enough staff to provide safe and quality care. This has resulted in feedback from consumers and represenatatives about impact on consumers’ safety and not meeting some consumer’s care and service needs. Staff report a lack of staff impacts the management of behaviours and continence care. Records in both behavioural incidents between consumers and falls demonstrate an upward trend.

The response from the approved provider refutes the Assessment Team findings and includes an outline of the way staffing is planned specific to each individual home, acuity of residents and provision of both clinical care and additional support staff available as needed across the homes. Staff, consumer and representative feedback is considered and rosters are reviewed weekly. The response also considers the team’s analysis of when and where behavioural incidents occur is incorrect stating there has been a decrease in incidents in October 2021.

I acknowledge that in July 2021 a community support personnel shift was implemented and the hours have been extended in late October 2021. I acknowledge the recent employment of House Companions and the intention to increase the numbers further. I also note the planning for further recruitment of a range of new roles new roles with additional hours.

Based on all the available evidence, summarised above, I consider the service has failed to demonstrate that planned care has been safely and consistently delivered by staff, and there is dissatisfaction with the quality of care. While I acknowledge planned staffing increases they are yet to be fully implemented and the effectivemness of outcomes evaluated. Therefore at the time of the site audit I find the service does not comply with this requirement.

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

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

### Requirement 7(3)(c) Compliant

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

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

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Conflicting evidence from the Assessment Team and the approved provider was submitted regarding this requirement.

The Assessment Team found while staff are recruited and provided with training, it is not sufficient or well enough understood to enable care personnel to manage aggressive behaviours nor to support new care personnel to meet the outcomes required by these standards.

Not all consumers and representatives are satisfied the workforce is trained, equipped and supported to care for consumers with aggressive behaviours. Feedback from four representatives raised concerns about the management of aggressive behaviours and staff training and four other representatives raised other care related concerns.

The approved provider’s response asserts the service offers a robust training program and tailors staff education. The service keeps records about staff attendance at mandatory training and at the time of the site audit was reviewing the training for dementia and responsive behaviours.

The conflicting information is around whether staff, once trained, have absorbed and applied that training in their day to day practice to meet the outcomes required by these Standards. It is consistent in the Assessment Team’s findings that representatives report that consumers are impacted by and some staff are not adequately trained in their responsibilities for managing aggressive behaviours.

Based on the evidence summarised above, the service does not comply with this requirement.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

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

Consumers are supported to be engaged in the development, delivery and evaluation of care and services.

The organisation provides clinical care and has implemented a clinical governance framework.

While the governing body promotes a culture of safe, inclusive and quality care, feedback from representatives and a review of records do not demonstrate that the performance of the service is effectively monitored and the governing body is informed about performance issues in a timely manner to allow it to take appropriate action in all circumstances.

Governance systems in relation to continuous improvement, workforce governance and feedback and complaints are not effective.

The organisation’s risk management systems and practices have not been effective in the management of high impact risks such as behavioural incidents between consumers and these incidents have resulted in injury.

The Quality Standard is assessed as Non-compliant as three 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) Non-compliant

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

Conflicting evidence from the Assessment Team and the approved provider was submitted regarding this requirement

The Assessment Team found the organisation’s governing body promotes a culture of safe, inclusive and quality care and services. It found incidents of consumers being assaulted by other consumers and falls overnight have increased during the past months, actions taken by the governing body to address these matters have not been effective. Feedback from representatives and a review of records do not demonstrate that the performance of the service is effectively monitored and the governing body is informed in a timely manner to allow it to take appropriate action.

The approved provider disputes the assertion consumer assaults and falls overnight have increased and considers the analysis and facts in the Assessment report to be incorrect. I acknowledge the model of care and service delivery in an innovative house and community setting, and that staff training and education and increased staffing have been implemented. However the compliance failings in Standard 2 and Standard 3 of the Standards are substantial. Deficits in care and management of safety risks were not effectively managed by the governing body’s own internal mechanisms for ensuring safe care, as such there has been a failure in accountability. While the response provided evidence of a decline in incidents of responsive behaviours in verbal and physical aggression in October 2021 I consider that ongoing and sustained decreases are needed to determine compliance.

Based on the evidence summarised above, the service does not comply with this requirement.

### 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 found systems relating sub-requirement (ii) continuous improvement and (iv) workplace governance are not effective as issues that relate to incident management and consumer safety were not consistently identified and managed and effective actions were not taken by the governing body. The team noted it was identified in July 2021 that some staff had complied with police certificate regulations or had not a submitted statutory declaration. The plan for continuous improvement stated the matter was in progress. The servce followed this up and most staff had submitted the material by the end of the site audit.

The provider’s response includes reporting and meeting structures which it considers demonstrate clearly a high level of governance provided and how governance is operationalized rather than being separated from the day to day business. The structure and operational roles are not in dispute. The response also references action commenced in relation to deficits identified by the Assessment Team and action taken to address specific deficits and individuals’ needs.

While I acknowledge the response provided and actions taken by management since the audit, improvements are still in progress and not yet evaluated. I have placed weight on whether the governance arrangements allow the service to perform at peak level and meet operational planning, policy and goals. I am satisfied the service’s systems for managing continuous improvement and responsive behaviours have not yet been fully implemented or been reviewed for effectiveness. I find the service Non-Compliant with this requirement.

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

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

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

The Assessment Team found the organisation’s risk management systems and practices have not been effective in the management of high impact risks such as incidents of aggressive behaviour between consumers and these incidents have resulted in injury.

The Assessment Team found the organisation’s clinical assessment processes are used to identify consumers’ many high impact risks, such as falls, wandering, aggressive behaviour, allergies, malnutrition, medications and pressure injuries. Strategies to minimise these risks are incorporated into consumers’ support plans however, the strategies to manage aggressive behaviour between consumers have not been effective and consumers have been injured.

The approved provider refutes the findings of the Assessment Team.

While the organisation has an incident management system and incidents include high impact risks such as aggressive behaviour between consumers, management did not demonstrate how its incident management system contributes to the development of effective strategies to minimise these incidents. The continuous improvements planned and actioned are yet to be evaluated for effectiveness.

Based on the evidence provided I find the requirement is 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.*

# 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 2(3)(a)**

* Implement effective processes to ensure assessment and care planning, including consideration for risk, informs delivery of safe and effective care.
* Ensure staff have the knowledge and skills to support the processes.

**Requirement 2(3)(e)**

* Implement effective processes to ensure assessment and care planning, is reviewed regularly for effectiveness.

**Requirement 3(3)(a)**

* Ensure planned care that is tailored to each consumer’s needs is consistently delivered and best practice clinical principles applied.
* Implement processes and ensure resources enable the management of wounds and pressure area care.

**Requirement 3(3)(b)**

* Ensure processes enable the effective management of high impact or high prevalence risks associated with the care of each consumer.
* Ensure staff have the skills and knowledge to manage high impact high prevalence risks relevant to consumers living at the service.
* Demonstrate strategies that are not successful in mitigating risks are reviewed and other strategies trialled and that this occurs ongoing until the consumer’s risk is mitigated to the greatest extent possible.

**Requirement 3(3)(d)**

* Ensure the service’s processes enable deterioration or change to be responded to in a timely manner.

**Requirement 6(3)(c)**

* Ensure all complaints are actioned appropriately and the complainant’s level of satisfaction with the outcome is ascertained prior to closure.

**Requirement 6(3)(d)**

* Ensure feedback and complaints are reviewed and inform improvements to the quality of care and services delivered.

**Requirement 7(3)(a)**

* Ensure the number and mix of staff is planned and enables, the delivery and management of safe and quality care and services.

**Requirement 7(3)(d)**

* Ensure staff apply the knowledge gained through the additional training planned and establish a system for identifying where staff do not understand the accountabilities of their role or are not yet fully competent and take corrective actions.

**Requirement 8(3)(b)**

* Ensure the organisation’s various governance frameworks support the governing body with information to enable it to address areas where there are systemic deficits in care and services

**Requirement 8(3)(c)**

* Embed an effective organisation wide governance system relating to implementing continuous improvement and feedback and complaints.
* Ensure the governing body provides effective stewardship in returning the service to full compliance with the Standards.

**Requirement 8(3)(d)**

* Implement effective risk management systems and practices to effectively manage high impact risks including but not limited to behaviour management.