Nirvana Hostel

Performance Report

20 Norman Street   
CLIFTON QLD 4361  
Phone number: 07 4697 3735

**Commission ID:** 5257

**Provider name:** Clifton Co-Op Hospital Ltd

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

**Date of Performance Report:** 13 May 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **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) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 7 May 2021
* other information and intelligence held by the Commission in relation to the service.

# 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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation (for alignment with the feedback from consumers) and tested 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.

Consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers stated staff treated them respectfully and provided positive feedback regarding their interactions and engagement with staff across all aspects of care and services.

Consumers were encouraged to do things for themselves and that staff knew what was important to them. Consumers acknowledged staff awareness and staff response to support their lifestyle choices and provided examples of matters of importance to them. Consumers confirmed that their personal privacy was respected.

Relevant information was shared with care staff to support the consumers’ choice, their decisions were respected and communicated to relevant care and service staff. While documentation did not consistently demonstrate consumers’ choices had been considered, I have considered feedback from consumers regarding the support they received to exercise their choices. Consumers’ relationships were acknowledged and supported; consultation occurred to ensure staff awareness of matters of importance to the consumer to support the consumer to live the best life they can.

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.*

### 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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

While consumers could not recall being involved in assessment and review of their care needs, consumers confirmed staff talked to them about their care and services and they felt they received the care and services they needed. Consumers were not informed of the outcomes of the assessment process or how they could access a copy of their care and services plan.

The service did not demonstrate it assessed and planned care and services for individual consumers, including risk assessments, to ensure that care was safe and effective, and the workforce had the relevant information to support safe and effective care.

While the service had processes to direct assessment and care planning, through review of care documentation, these were identified to be not completed or reviewed for consistency to ensure they optimised the health and well-being of consumers in accordance with their needs, goals and preferences, or that individual risks for the consumer were identified.

The Approved provider in its written response has refuted the findings of the Assessment Team and have stated the assessment and planning processes occur either in a formal or informal manner. This process as stated by the Approved provider in an evolving process that has occurred for a long time which may account for consumers stating they could not recall being involved in the assessment process of their care planning. The Approved provider submitted evidence that consumers or their representatives can sign their care plan acknowledging their involvement in the assessment phase, however I note the Approved provider did not submit evidence of this completed acknowledgement by any consumers or representatives. The Approved provider has stated consumers and their representatives are informed of the ability to access their care plan through conversations and during consumer meetings. Consumer meeting minutes were not provided by the Approved provider as part of its response. Staff have been provided with mandatory education in April 2021 relating to following the service’s policies, procedures and work directions in completing and reviewing all assessments and care plans.

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

## Assessment of Standard 2 Requirements*.*

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

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

The service did not demonstrate effective assessment and planning processes were implemented to inform the delivery of safe and effective care and services, including consideration of the risks to the consumer’s health and well-being.

The Assessment Team identified four consumers with inadequate assessments to identify the risks following changes to their health status or following incidents occurring.

For one named consumer known to be at high risk of falls, there was no evidence of a mobility assessment, or strategies in place to decrease the risk of further falls for the consumer. The consumer was also receiving physiotherapy support to manage their pain; however, these strategies were not recorded in their care planning. The consumer had progress notes to indicate they have been exhibiting challenging behaviours. No behavioural assessment had occurred, and behaviour management strategies were not recorded.

The Approved provider has stated a complete set of assessments have been completed for the consumer and a reviewed care plan has been generated.

For a second named consumer who had a diagnosis including insulin dependent diabetes and inability to communicate verbally, assessments had not been completed in relation to their diabetes, nutrition, hydration, self-medication or behavioural needs. Despite the consumer requiring a pureed diet a swallowing assessment was not completed. The named consumer is known to regularly leave the service to visit the local shops, however a risk assessment has not been completed, in particular to the risk of the consumer being unable to communicate verbally.

The Approved provider has stated a complete set of assessments have been completed for the consumer and a reviewed care plan has been generated.

For a third named consumer with a diagnosis including diabetes and vision impairment, assessments had not been completed in relation to the consumer’s impaired mobility, requirement for pain management or diabetes management.

The Approved provider has stated a complete set of assessments have been completed for the consumer and a reviewed care plan has been generated.

For the fourth named consumer who entered the service 15 December 2020, with low blood pressure, diverticular disease and mild confusion, an interim care plan was developed, however no falls risk assessment or continence assessment had been completed.

The Approved provider refutes the findings of the Assessment Team and has stated the consumer was reviewed by a physiotherapist and a full physical mobility care plan and falls risk assessment and specialised nursing care plan was present in the consumer’s care folder at the time of the site audit. The Approved provider has stated the Assessment Team may have missed assessment information as it is contained in plastic sleeves amongst other care documentation. I note in my decision evidence of completed assessments were provided for one consumer of the four consumers the Assessment Team identified as having a lack of assessments.

The service had an assessment and care planning process which describes an interim care plan to be developed within 48 hours and a full assessment process culminating in a completed care plan after 28 days of entering the service, this process had not been followed. The Approved provide has committed to reinforcing the entry assessment process to all staff within the next month. The Approved provider has also committed to an assessment of all consumers and care plans to be completed or updated as required. The Approved provider has stated this process will be completed by 30 May 2021.

While I acknowledge the commitment of the Approved provider in actioning processes to address the deficiencies in assessment and planning, at the time of the site audit these processes were ineffective and did not identify the risks to consumers’ health and well-being to inform the delivery of safe and effective care and services. Therefore, it is my decision this Requirement is Non-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) Non-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 service did not demonstrate that assessment and planning was based on ongoing partnerships with the consumer and others who the consumer wished to involve in the process. Consumers/representatives reported they were not involved in assessment and planning on an ongoing basis, this included the development of a wound and associated wound infection for one named consumer. Management stated they involved the consumer/representative through annual case conferences, however the case conference information in the consumer’s care documentation did not identify consumers/representative involvement in these reviews.

The Approved provider submitted evidence that consumers or their representatives can sign their care plan acknowledging their involvement in the assessment phase, however I note the Approved provider did not submit evidence of this completed acknowledgement by any consumers or representatives. Through review of the Approved provider’s plan for continuous improvement indicates a standing item at consumer meetings will be to remind consumers of their involvement in assessment and planning and to ensure all consumers and representatives sign the acknowledgement form.

While the service did complete care planning with other providers including Medical officers and the Physiotherapist, the Approved provider has committed to ensuring all support and involvement such as other health providers to be included in the formal documentation process, including care planning and case conferencing.

I acknowledge the actions taken and planned by the Approved provider to address the deficiencies in this Requirement, however; at the time of the site audit assessment and planning was not completed through an ongoing partnership with the consumer and others the consumer wished to be involved. Therefore, it is my decision this Requirement is Non-compliant.

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

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

The outcomes of assessment and care planning was not communicated to the consumers/representatives and was not documented in the care and services plans. Care plans were not readily available to the consumers/representative.

Care plans did not demonstrate the communication processes with the consumer/representative to confirm their involvement. The Assessment Team reviewed the care files for six consumers and did not identify where the outcomes of assessment and care planning had been communicated to consumers/representatives at initial care plan development or during care plan reviews.

Some consumers/representatives said staff talked to them about their care, however, they were not aware they could receive a copy of the care plan. Consumers/representatives said they were not aware when changes were made to consumers’ care plans and were unsure what information was contained in their care plan. Care plans are kept in the consumer’s care file which is stored in the workstation, which is not easily accessible to consumers or their representatives.

Management stated they had not formally involved the consumers/representatives in the assessment and care planning process, however, would commence this process immediately, including making the care plan readily available to the consumers/representatives if this was their choice.

The Approved provider has committed (via its plan for continuous improvement) to all care plans in the future will demonstrate the communication processes between the consumer/representative to confirm the involvement of the consumer/ representative. Care plans will include a care summary sheet to contain signatures from the registered nurse and the consumer/representative involved in the collaborative process. The Approved provider has documented while staff do confer with consumers and their representatives they may fail to document these conversations, training has commenced for staff, however the Approved provider has stated this will be an ongoing task with results only able to be tracked on a long-term basis through the review of assessment and planning.

While action has been taken to inform consumers and their representatives the outcomes of assessment and planning, this process was not effective at the time of the site audit and the Approved provider has also recognised this process will take time to implement and evaluate for its effectiveness. It is therefore my decision this requirement is Non-compliant.

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

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

The service did not demonstrate it reviewed the care and services of consumers for effectiveness or when incidents impacted of the needs, goals and preferences of the consumer. While care plans were reviewed regularly, care plans for consumers did not support care plans were still effective or if they had been updated following changes to consumers’ needs.

While documentation including progress notes captured when circumstances have changed, or incidents occurred, this did not prompt changes to be made to consumers’ care plans. For three named consumers care planning was not updated when changes in their care occurred. One named consumer was reviewed by the Podiatrist with actions to be taken after the review, their care plan or wound treatment chart was not updated. A second named consumer who was exhibiting challenging behaviours did not have a behaviour care plan in place and behaviour charting had not been completed. A third named consumer who was also was noted to have behavioural changes, underwent a care plan review and it was noted no changes required for the consumer despite worsening behaviours being recorded.

Management confirmed the care plan review process occurred every three-months and stated the current process would be modified to support consumers’ care and services to be reviewed when circumstances change or when incidents occur.

The Approved provider has committed to a delegation of all consumers to ensure assessments have been completed. Management will monitor the quality of the assessments for accuracy and completion to ensure the care and safety of consumers including updating care plans when the need arises. This process has commenced, and seven consumer assessments have been reviewed and updated. The Approved provider has acknowledged this will be an ongoing task which will be tracked on a long-term basis through the reviewed assessments and care planning reviews.

While action has been taken to commence reviewing care plans when circumstances change or when incidents occur, this process was not effective at the time of the site audit and the Approved provider has also recognised this process will take time to implement and evaluate for its effectiveness. It is therefore my decision this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and if the organisation understood and applied 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 ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

While consumers considered they received personal care and clinical care when they need it and care provided is tailored to their individualised needs, the service did not demonstrate the identification, management and monitoring of individual risks was implemented to ensure consumers received safe and effective personal and clinical care. Consumers did not receive safe and effective clinical care to optimise their health and well-being, including wound care, diabetes and falls management.

Management of high impact and high prevalence risks to consumers was not effective. The service did not complete risk assessments for consumers in relation to the management of risks in relation to unescorted leave from the service, falls and behaviour management.

Information about the consumers’ condition, needs and preferences were not documented or communicated within the organisation. There was no evidence to support Medical officers and allied health professional had access to care planning documentation or that changes to consumer needs and preferences were consistently documented.

Referrals to individuals, other organisations and providers of care has not occurred in a timely and appropriate manner.

The Approved provider in its written response has stated the Clinical Care Co-ordinator will now have the responsibility of clinical oversight for the service. The clinical team is meeting daily to monitor progress of improvements as noted in the plan for continuous improvement. The roster at the service has been adjusted to ensure the correct skill mix of staff to meet the needs of consumers.

In accordance with feedback received from the Approved provider in relation to Standard 3, the service has implemented a plan for continuous improvement but has acknowledged actions will take time to implements and evaluate for their effectiveness,

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

### Assessment of Standard 3 Requirements

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

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

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

Consumers did receive safe and effective clinical care to optimise their health and well-being. Monitoring processes at the service did not identify this deficiency.

The Assessment Team identified three consumers who did not receive safe and effective care. For one named consumer a procedure completed by the Podiatrist resulted in inflammation of their leg as wound treatment directives were not followed after the procedure. The consumer was directed to have wound care attended to three days following the procedure which did not occur. Eight days after the procedure inflammation was noted in the consumer’s foot and travelling up their leg. While the medical officer was notified, there was no evidence of a wound assessment, incident report or wound treatment plan commenced. There was also no evidence to support wound care had been provided since 7 April 2021.

The same consumer was noted to be exhibiting episodes of challenging behaviours in December 2020, however there was no evidence to support their Medical officer was notified or that behavioural charting was commenced.

The Approved provider in its response to the lack of care for the consumer has noted this was an oversight due to a miscommunication between staff. Staff have been counselled and processes put in place whereby external health directives are followed as soon as they are provided. The Clinical Care Co-ordinator will be notified of external visits by health professionals to coordinate the appropriate follow-up actions. Mandatory training has occurred relating to behaviour management and documentation and more training is scheduled for the future. Staff have been reminded of the need for exceptional reporting of behaviours and any other issues.

For a second named consumer the Assessment Team identified a lack of blood glucose readings to support their Medical officer’s directives for a daily blood glucose reading. The Approved provider in its response has provided daily blood glucose readings for the consumer and noted these documents were contained in a plastic sleeve within the consumer’s care file and may not have been obvious to the Assessment Team. Documentation supports the consumer had regular blood glucose readings taken, however I am concerned this information was not provided to the Assessment team during the site audit.

The second named consumer who has a diagnosis of diabetes developed a breakdown to the skin of one of their toes on 3 April 2021, the Assessment Team noted an incident form had not been completed, a wound care assessment or treatment plan had not been created. In response to the Assessment Team’s findings the Approved provider submitted a progress note completed by a care staff member relating to the observation of the broken skin, the notification of the registered nurse, the wound dressing applied to the wound and instructions for the wound to be checked daily. The Approved provider did not submit information to support an incident report had been completed, the Medical officer had been notified, a wound treatment chart had been commenced or any evidence to support the wound had been attended to since 3 April 2021. It is my decision this is not evidence of best practice clinical care for a consumer with a diagnosis of insulin dependent diabetes.

For a third named consumer who experienced a fall, the Assessment Team identified a lack of neurological observation were undertaken following the fall, the medical officer was not notified, and a falls risk assessment was not undertaken. The Approved provider in its written response submitted progress notes completed at the time of the consumer’s fall which indicate the completion of one set of neurological observation were completed following the consumer’s fall which were deemed to be satisfactory by the registered nurse. I note the consumer experienced a loss of consciousness following the fall and required stimulation to return to consciousness. I also note the registered nurse has made a clinical decision the consumer did not hit their head. In the absence of a witness to the fall I am concerned how an assumption the consumer did not hit their head and I am further concerned further neurological testing was not undertaken or provided by the Approved provider as part of their response. I do note however; the consumer’s medical officer was notified of the fall. The Approved provider has not included an incident report pertaining to the fall and I also note the Approved provider indicated a falls risk assessment was completed for the consumer, however this occurred nine days after their fall. This does not support the delivery of safe, effective clinical care which is best practice for a consumer following a fall with associated loss of consciousness.

The Approved provider has note in its response that staff are to receive education regarding the need for consistent care and documentation to support care delivery in line with the organisation’s policies. Assessments and care plans will be reviewed by 30 May 2021.

Consumers have not received safe and effective clinical care; therefore, it is my decision this Requirement is Non-compliant.

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

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

The service did not demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer. Risk assessments were not completed for consumers who chose to take risks, to support the consumers’ independence and self determination to make their own choices including a level of risk.

For one named consumer who is unable to communicate verbally and has a mild cognitive impairment, who prefers to leave the service, consideration of risk has not been considered in relation to their safety when outside the service, including their inability to communicate in an emergency. The consumer also has a diagnosis including insulin dependent diabetes and prefers to self-medicate part of their medication, a risk assessment has not been completed to indicate the consumer’s ability to safely self-medicate. The consumer is known to eat foods which are not in accordance with speech therapy guidelines or in accordance with a diabetic diet. Risk assessments have not been completed for the consumer to ensure the risk is as low as possible.

The Approved provider in its response to the Assessment Team’s findings for this consumer has attached a nutrition and hydration care plan relating to the consumer’s wish to eat foods which are not part of a diabetic diet or the speech therapist’s recommendation and the consumer’s choice to eat alone. While I acknowledge the nutrition and hydration care plan indicates staff are aware of the risks to the consumer, the care plan does not include strategies to minimise the risk to the consumer. The Approved provider did not provide evidence of actions taken to support the consumer’s safety when they leave the service unescorted. The Approved provider has also implemented a new risk assessment form, a dignity of risk register and a risk waiver form. The Approved provider has committed to education and the trial of these documents for 12 months.

For a second named consumer who experienced two falls since entering the service in December 2020, consideration has not been given to the risks associated with these falls and a falls risk assessment has not been completed to identify strategies to reduce the incidence of further falls.

The Approved provider in its response has included care planning topics for the consumer including behaviour, specialised and technical nursing and information to support the consumer was reviewed by a physiotherapist and a falls risk assessment was completed indicating the consumer is at high risks of falls. Despite the consumer identified as at high risk of falls and has an underlying medical condition which exacerbates their risk of falls, there is a lack of any risk mitigation strategies in relation to the consumer’s falls risk. While the Approved provider has indicated a mobility care plan was completed 1 April 2021, this has not been included in the response from the Approved provider to demonstrate risk mitigation strategies where in place relating to the consumer’s falls risk.

I acknowledge the actions planned by the approved Provider to manage the high-impact and high-prevalence risks for consumers, however these processes will require time to be implemented and evaluated for effectiveness. It is my decision, this Requirement is Non-compliant as high-impact and high-prevalence risks for consumers was not managed effectively at the time of the site audit.

### 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) Non-compliant

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

Information about the consumers condition, needs and preferences was not documented or and communicated within the organisation.

The Assessment Team identified for three named consumers, communication processes were not effective, which had a negative on the consumers.

For one named consumer directives from an allied health specialist were not documented or shared. Wound treatment regimes were therefore not followed and the consumer experienced inflammation in their leg. The Approved provider has stated in its response this was due to a miscommunication between staff, staff have been counselled and a new process has been established to ensure the Clinical Care Co-ordinator is notified of any external visit by a health professional.

For a second named consumer, who displays behaviours of concern and his displayed increased confusion and agitation, a behaviour management plan has not been completed, strategies have not been developed to manage the consumer’s behaviour. The Approved provider in its response stated the consumer’s care planning does indicate their changing needs in relation to behaviour management, however this was not provided as evidence by the service.

A third consumer experienced an unwitnessed fall 2 January 2021, a falls risk assessment or neurological observations were not performed, and documentation did not support communication had occurred between the service and the consumer’s medical officer or Physiotherapist to review the consumer after the fall. The Approved provider in its response has stated this incident is being attended to as a matter of urgency. I note the fall occurred over five months previously.

The service’s plan for continuous improvement submitted as part of the Approved provider’s response has committed to communication and dissemination of information will be documented in more detail to ensure a shared understanding of consumer care needs.

While actions are planned by the Approved provider in relation to deficiencies identified in this Requirement, communication and documentation processes relating to information about consumers were not effective at the time of the site audit, and actions will take time to implements and evaluate for their effectiveness. It is my decision; therefore, this Requirement is Non-compliant.

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

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

Referrals to other providers or organisations were not made in a timely manner or when appropriate. Consumers have not been referred appropriately relating to changes in behaviours, falls and hearing loss.

The Assessment Team identified four consumers with changing needs requiring referral to specialist services that have not been referred in a timely manner.

For one named consumer who was exhibiting increasing confusion, agitation and challenging behaviours. Progress notes did not demonstrate the consumers had been initially referred to their Medical officer, or consideration had not been given to a referral to a behaviour management specialist service. The Approved provider has committed in their response to including behaviour management strategies for the consumer. The Approved provider however has not committed or demonstrated the consumer has been referred to their Medical officer or behaviour management specialist.

Two consumers who have experienced falls had not been reviewed or assessed by their Medical officer. The Approved provider has committed to attending to this matter urgently. I have noted these falls occurred in the last two months.

A hearing specialist has not been arranged for a consumer, whose Medical officer requested hearing services for the consumer prior to the site audit.

Management advised the service had a policy to refer to for making referrals to other health professionals, however this has not been implemented or actioned.

The service’s plan for continuous improvement submitted as part of the Approved provider’s response has committed to communication and dissemination of information will be documented in more detail to ensure a shared understanding of consumer care needs, including referrals.

Consumers were not referred to other organisations and providers of other care and services in a timely or appropriate manner. Therefore, this Requirement is Non-compliant.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they liked to do and how these things were 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.

Consumers received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do.

Consumers felt supported by the service to do the things of interest to them, which included participating in activities as a part of the service’s lifestyle program and/or spend time on independent activities of choice. Consumers were supported to maintain social and emotional connections with those who were important to them.

The service had services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Consumers provided positive feedback in relation to food and confirmed the food was of adequate quantity, quality and variety.

A review of the monthly activity calendar and discussion with staff demonstrated there was a variety of activities offered to meet the different needs and preferences of consumers.

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 if the organisation understood and applied 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.

Consumers felt they feel they belong in the service and felt safe and comfortable in the service environment. Consumers agreed the service environment was welcoming and visitors were encouraged to participate in the lifestyle at the service.

Consumers described the design of the service, including wide, level pathways, promoted mobility independence. Consumers could access activities in different areas of the service, including outdoor, undercover areas.

Consumers described the service as clean and well maintained and they could move freely indoors and outdoors, and they enjoyed the gardens and outdoor areas.

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 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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – asked them about how they raised complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Consumers were encouraged and supported to give feedback and make complaints, and that appropriate action was taken, in response to their feedback or concerns.

Consumers agreed that changes were made in response to complaints and feedback and they continued to provide feedback and meet with management to resolve concerns raised. Feedback was provided to consumers either individually or in a group, discussed at meetings, and consumers were confident the service was working towards improving the quality of care and services.

Management captured and managed feedback across various internal and external mechanisms including feedback forms, case conferences and consumer meetings. Consumers were made aware of and had access to advocates, language services and other methods for raising complaints.

Complaints and feedback were entered into a management system, with relevant investigations and outcomes documented. Reports on complaints and feedback were discussed at meetings and reviewed by management and the organisation’s governing body. The feedback register demonstrated the majority of feedback received by the service was complimentary.

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

## Assessment of Standard 6 Requirements

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

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

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

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

### Requirement 6(3)(c) Compliant

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

### Requirement 6(3)(d) Compliant

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and if the organisation understood 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.

Consumers received quality care and services when they required them from people who were knowledgeable, capable, kind, gentle, respectful and caring. Consumers confirmed staff were well trained, knew what they were doing and were competent in their duties. Consumers considered there were sufficient staff to provide them with the care they needed including promptness in responding to calls for assistance.

The service had a base roster which was adjusted when the acuity or needs of the consumers changed. Staff had access to a range of training programs through online education, face to face sessions and mobile applications. Staff completed annual mandatory training modules. Staff performance reviews were conducted routinely or were triggered when incidents occurred, or complaints had been received.

Staff confirmed there were sufficient staff to provide care and services in accordance with consumer needs and they had sufficient time to undertake their allocated tasks.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

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

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

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

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

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand if the organisation understood and applied 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).

Consumers considered the organisation was well run and that they could partner in improving the delivery of care and services. Consumers provided examples including commentary on the responsiveness and competency of registered staff and management in responding to issues identified and ongoing communication about consumer care.

Consumers confirmed they had input into how care and services were delivered through providing feedback relating to their clinical care, meal service and the lifestyle program. Input could be provided through informal discussions with staff, case conferencing, feedback forms and consumer meetings.

The service was able to demonstrate that governance systems were generally in place to define the leadership, responsibility and accountability for maintaining compliance with the Quality Standards and to deliver quality care to its consumers.

The governing body promoted a culture of safe, inclusive and quality care throughout the service’s governance framework. The roles and responsibilities within the framework generally set out the overall culture for quality and safety that is based on consumer directed care.

The service demonstrated information management systems to provide all staff with relevant and current information to help inform their roles competently is generally effective.

The service was unable to demonstrate and effective risk management system and practices in managing high-impact or high prevalence risks associated with the care of consumers. Consumers were not assessed for identification of individual risks and documentation did not include information for staff to support consumers who wished to take risks. Governance systems were not in place to support the delivery of care for consumers who wished to take risks, including, identifying, minimising and managing risks for the safety and well-being of consumers.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) 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 service did not demonstrate how they minimised the risk associated with high impact or high prevalence risks associated with the care of consumers and how those risks were managed. Care planning documents did not indicate consumers’ risk of falls, risks related to challenging behaviours, pain management or the personal safety of consumers. While staff had a general understanding of supporting consumers who chose to take risks, risk assessments had not been completed for consumers identified as at risk, to demonstrate the implementation of appropriate care strategies.

The Approved provider in its written response has committed to updating the risk management framework, to also include the implementation of the Serious Incident Response Scheme. The Approved provider has stated the service is in a transitional phase regarding the management of clinical issues, and the recent appointment of a Clinical Care Co-ordinator will be responsible for ensuring clinical oversight of the service. In responding to information contained in the site audit report in relation to Standard 3 Requirement 3 (3) (b) the Approved provider has also committed to the completion of risk assessments for consumers as required. While I acknowledge the planned actions by the Approved provider, it is my decision at the time of the site audit there was an absence of an effective risk management system to manage high impact or high prevalence risks associated with the care of consumers and therefore this 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.

*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 organisation demonstrates that assessment and planning:*

* *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*
* *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

*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.*

*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.*

*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.*

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

*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.*

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

*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.*