Accreditation Decision and Report

**Decision not to revoke accreditation following review audit**

**Decision not to vary period of accreditation following review audit**

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Peter Arney Home |
| **RACS ID:** | 7231 |
| **Name of approved provider:** | Amana Living Incorporated |
| **Address details:** | 1 Gentilli Way SALTER POINT WA 6152 |
| **Date of review audit:** | 04 September 2019 to 06 September 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 22 October 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 77 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service after receiving a review audit report. | |
| **Decision:** | Not to revoke the accreditation of the service under section 77 of the Rules.  Not to vary the period of accreditation under section 77(4)(a) of the Rules. | |
| **Accreditation expiration date:** | 13 October 2021 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Not Met |
| Requirement 1(3)(a) | | Not Met |
| Requirement 1(3)(b) | | Not Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Not Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Not Met |
| Requirement 2(3)(b) | | Not Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Not Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Not Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Not Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Not Met |
| Requirement 4(3)(a) | | Not Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Not Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Not Met |
| Requirement 7(3)(a) | | Not Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Not Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Not Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Not Met |
| Requirement 8(3)(e) | | Not Met |
| **Timetable for making improvements:** | By 16 February 2020 | |
| **Revised plan for continuous improvement due:** | By 06 November 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 80 of the Rules.**

Review Audit Performance   
Assessment Report

The Commission makes the decision taking into account this Review Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Review Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Peter Arney Home (the Service) conducted from 04 September 2019 to 06 September 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 21 |
| Consumer representatives | 10 |
| Acting service manager | 1 |
| Care coordinators | 2 |
| Project officer | 1 |
| Registered nurses | 2 |
| Lifestyle staff | 3 |
| Care staff | 9 |
| Physiotherapist/occupational therapist | 2 |
| Catering staff | 2 |
| Maintenance officer | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### 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.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation does not meet three of the six requirements under this Standard.

The organisation does not demonstrate that each consumer is treated with dignity and respect, with their identity, culture and diversity valued. The organisation does not ensure care and services are culturally safe.

Consumers’ right privacy is not always respected and their information and confidentiality of information is not always ensured.

The organisation demonstrates it supports consumers right to exercise choice and independence. The information provided to consumers is current, accurate and timely, and communicated in a clear and easy to understand manner that enables them to exercise choice.

Whilst the organisation generally supports consumers to take risks to enable them to live their best life, the service limits independence through the use of restraint.

The service general ensures privacy and ensures consumer information is kept confidential

#### Requirements:

Standard 1 Requirement 3(a) Not Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Not Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Met

The organisation demonstrates that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

Standard 1 Requirement 3(f) Not Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that the organisation does not meet three of the five requirements under this Standard.

The organisation does not demonstrate that assessment and planning includes consideration of risks to the consumer’s health and well-being that informs the safe and effective care services. Consumers’ assessment and care planning, although undertaken, does not identify strategies to guide staff in safe and effective care and services of consumers’ with sensory loss, nutritional needs or minimizing the use of restraint.

The organisation does not demonstrate that assessment and planning identifies and addresses the consumer’s current needs.

Individualised assessments are not always undertaken in relation to assessing the need for restraint. Refer to Standard 3 Requirement 3(b) for further information regarding this.

Care and services are not always reviewed to ensure they are effective when consumer’s circumstances change or incidents impact on their clinical care needs. Consumers sustaining, or reporting a fall, do not always have an incident report undertaken to provide accurate information regarding the fall for effective follow up and actions by clinical or allied health staff to ensure consumers well-being, safety and health needs are met.

The Assessment Team found that consumers and family are actively involved in care planning and where appropriate other organisation and individuals are involved. The outcomes of assessment and planning are communicated to the consumer or their representatives and documented in a care and services plan that is available to the consumer and staff.

#### Requirements:

Standard 2 Requirement 3(a) Not Met

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Not Met**

The organisation demonstrates that 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.

Standard 2 Requirement 3(c) Met

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.

Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

Standard 2 Requirement 3(e) Not Met

The organisation demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3: Personal care and clinical care Not Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team found that the organisation does not meet four of the seven requirements under this Standard.

The organisation does not demonstrate that each consumer gets safe and effective care. Consumers are not always monitored following incidents, care delivery is not always tailored to the needs of the consumer and does not always reflect best practice.

The organisation does not ensure that restraint is used as a last resort and is minimised. The needs of consumers with challenging behaviours is not always managed effectively and weight loss is not always responded to effectively.

Consumers are not always monitored and responded to in a timely manner when their condition deteriorates.

The needs, goals and preferences of consumers nearing the end of life are not recognised and addressed, with their comfort maximised and their dignity preserved and deterioration or change of a physical function or condition is not always recognised and responded to in a timely manner.

Information about the consumer’s condition, needs and preferences is documented and effectively communicated and referrals to other organisations and individuals is undertaken in a timely manner when required.

The service has effective systems to minimize infection risks through standard and transmission-based precautions and practices that promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

#### Requirements:

Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Not Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(c) Not Met

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

Standard 3 Requirement 3(d) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(f) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 3 Requirement 3(g) Met

The organisation demonstrates 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: Services and supports for daily living Not Met

#### 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found the organisation does not meet two of the seven requirements under this Standard.

The organisation does not demonstrate that 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.

Some consumers are restrained for long periods of time in leg restraints which does not ensure their health, well-being and quality of life is optimised.

Whilst the organisation provides group based and individual activity programs, there are not appropriate supports to enable consumers who are unable to express their preferences, or not interested in group activities to have a meaningful lifestyle program.

The service has access to pastoral care and consumers are provided avenues to attend religious and other spiritual services. Consumers are supported with their emotional and psychological wellbeing through a chaplain.

All consumers randomly interviewed stated satisfaction with their meals. Observation at meal services showed there is variety provided.

The organisation has systems to ensure information about the consumer’s condition, needs and preferences is communicated within the organisation and with others where responsibility is shared.

#### Requirements:

Standard 4 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(b) Met

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

Standard 4 Requirement 3(c) Not Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Standard 4 Requirement 3(e) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### 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.

#### Summary of Assessment of Standard 5:

The Assessment Team found the organisation meets all three requirements under this Standard.

Of 20 consumers and representatives randomly interviewed 100% stated they were satisfied with the service environment. Consumers and representatives stated their rooms are clean, comfortable, maintained and they are able to furnish their room with personal items. Consumers and representatives confirmed they are able to provide suggestions and feedback through regular meetings and the organisational feedback system.

The service environment was observed to be clean, welcoming and maintained. The service enabled consumers to move around easily with wide corridors and suitable furniture is in place in large and small lounge areas. Consumers have access to outdoor courtyard areas with outdoor furniture and well-kept gardens and paths. Consumers are encouraged to use all areas to receive family and friends including the outdoor courtyard areas.

Regular preventative maintenance is scheduled and completed. External contractors where required are used and monitored for quality. Equipment is regularly maintained through a schedule. Reactive maintenance and environmental risk are reported through electronic systems and prioritised for attention. Staff demonstrated knowledge of their responsibility to report risks and ensure consumer safety.

#### Requirements:

Standard 5 Requirement 3(a) Met

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

Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

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

Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

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

#### Summary of Assessment of Standard 6:

#### The Assessment Team found the organisation meets all four requirements under this standard.

Of the 20 consumers and representatives interviewed 100% were able to describe the feedback process of the organisation and 75% stated they were able to speak with staff if they needed to provide feedback.

All staff interviewed understood the organisations feedback and complaints system and were able to provide examples of how they have facilitated consumers in the past.

Management was able to provide evidence of how they action all feedback received, and how feedback from consumers and staff becomes part of the continuous improvement process.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found the organisation does not meet two of the five requirements under this standard.

The organisation does not demonstrate it deploys the workforce to enable the delivery and management of safe and quality care and services. Consumers and representatives said consumers have to wait too long for assistance and when they ring call bells. Staff interviewed said they do not always have time to attend to consumers care needs. Documentation review and observations showed consumers not being responded to promptly. Observation shows staff are rushed in providing care.

The organisation does not demonstrate that the workforce is competent and has the knowledge to effectively perform their roles.

Consumer and representative feedback indicated that most interactions by staff with consumers are kind and caring. However, there were some examples of interactions which are not kind and respectful of each consumer’s identity, culture and diversity.

The organisation ensures that assessment and review of the performance of each member of the workforce is mostly undertaken. However, documentation review shows staff appraisals are not up to date. Monitoring is completed and reporting showed staff compliance was up to date. The service currently has an acting service manager and clinical care leadership has recently changed.

#### Requirements:

Standard 7 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Standard 7 Requirement 3(c) Not Met

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

Standard 7 Requirement 3(d) Met

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

Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Not Met

#### 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.

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation does not meet two of the five requirements under this standard.

The organisation does not have effective risk management systems and practices relation to the care of consumers following falls, restraint management, responding to weight loss and behaviour management and monitoring of consumers. As a result some consumers are restrained without careful consideration of the need for the restraint and processes to minimize the use of restraint and the behaviours and needs of some consumers are not effectively managed. The privacy and dignity of consumers in not always respected and the organisation’s systems have not identified and/or effectively responded to these deficiencies.

The organisation’s clinical governance framework is not effective in minimising the use of restraint.

Work has commenced in the organisation to involve consumers in the development, delivery and evaluation of care and services and that they are supported in that engagement and the organisation has commenced a number of initiatives to support this.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery and has reviewed and updated the philosophy of care to increase the promotion of safety, inclusivity and introduced a whistle-blower hotline. Education activities promote a culture of safety, inclusivity and quality care and services.

The organisation has a wide range of processes for effective information management including an intranet, electronic care documentation systems and an electronic incident management system.

The operations manager reviews all of the electronic incident management system entries and reporting systems include end of month reporting by the service manager of key performance indicators and analysis of the key performance indicator results. These are discussed at clinical governance meetings which are attended by the chief executive officer.

Information from clinical governance meetings is provided to, and considered, at board or director meetings.

A continuous improvement and financial management framework is in place.

A dedicated human resource team support human resource management in the service.

Dedicated positions in the organisation are responsible for ensuring that regulatory compliance obligations are met and systems are in place to ensure the service is aware of an meets regulatory compliance obligations.

Each service has been asked to develop a register of antipsychotic medication and to ensure medical officers review any alternatives.

A framework for responding to comments and complaints is in place which includes the escalation of significant complaints and concerns through the organisation. Key performance indicator discussion at residential team meetings includes analysis and consideration of complaint trends.

#### Requirements:

Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Standard 8 Requirement 3(b) Met

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

Standard 8 Requirement 3(c) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(d) Not Met

The organisation demonstrates 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.

Standard 8 Requirement 3(e) Not Met

The organisation demonstrates that 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.