Prunus Lodge

Performance Report

Bells Lane
MOLONG NSW 2866
Phone number: 02 6362 7820

**Commission ID:** 0300

**Provider name:** United Protestant Association of NSW Limited

**Site Audit date:** 13 February 2021 to 16 February 2021

**Date of Performance Report:** 7 April 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | 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) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-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) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-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) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the 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 15 March 2021.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Most sampled consumers consider that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example, Consumers and representatives said staff are respectful in their interactions and are caring. Consumers said that they are supported to be independent. Private information is kept confidential and consumer privacy is generally maintained although there were some instances were consumer privacy has been breached.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

The assessment team found that consumers are supported to exercise some choices and the service has a supported decision- making framework for consumers with cognitive impairment. The organisation has policies and procedures which affirm the right of consumers to be in control of decisions about their care and services and the resident handbook encourages consumers to involve family and friends in their care.

However, the assessment team reported that here is no system to support consumers to make decisions about when family, friends, carers or others should be involved in their care; including for consumers to elect what discussions should be with their nominee or how they want to be involved in decision making. It was also reported that the service does not support all consumers to maintain relationships of choice.

The approved provider submitted evidence to demonstrate that the service has policies and processes in place to support consumers in decision making along with a policy for substitute decision making for consumers with impaired capacity. The approved provider demonstrated that consumers are supported to maintain relationship and that this is done in consultation with legal representatives for those consumers with impaired capacity.

I find this requirement Compliant.

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

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

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

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

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

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

The assessment team found that consumer information is generally kept confidential and staff said they knock on consumers doors prior to entering. However, documentation indicated that consumer privacy is not always respected and instances where consumer privacy had been breached. The assessment team reported an instance where a consumer had been audio recorded during personal care and another where staff did not provide a consumer with privacy when having a personal conversation over the telephone with a family member This consumers representative informed the assessment team that this instance caused the consumer distress which led to this concern being raised with management.

The approved provider response argued that a consumer was not audio recorded and this was inaccurately documented in the notes and this is acknowledged. However, the approved provider was unable to demonstrate why privacy was not afforded to a consumer during a personal conversation or negate feedback provided by the consumers representative.

I find this requirement Non-compliant.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Some sampled consumers consider that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives said there is consultation about assessment and care planning and consumers confirmed they have information if required.

The service has policies, procedures and processes to guide staff practice in relation to conducting assessments and developing care plans according to a schedule. Although assessments are undertaken there is insufficient review and updates to plans when the consumers condition changes.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*

### 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.*

The assessment team reported that representatives confirmed they were consulted about end of life planning for their family members on entry to the service. Clinical staff advised that conversations about end of life wishes occur on admission and at 12 months and that all consumers have a completed advanced care directive. Consumers sampled were satisfied with their care delivery and commented on things of importance to them and said staff know this.

The assessment team found that although assessments are documented as current it was evident that they do not always reflect the current needs, goals and preferences of the consumer. It was noted that there were deficits for some consumers in relation to current sleep, pain and behaviour assessments being completed.

The approved provider response argued that assessments for named consumers were current and submitted additional evidence to demonstrate that sleep, pain and behaviour assessments had been completed to for the named consumers to reflect their current needs at the time.

I find this requirement Compliant

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

*The organisation demonstrates that assessment and planning:*

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

### 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.*

The assessment team found while care plans for consumers sampled are documented as reviewed, the plans for several consumers did not include reassessments or identify whether interventions have been effective in meeting consumer needs. There is limited investigation of why or how incidents occur, follow up from an incident is not always comprehensive and does not identify strategies to minimise risk of reoccurrence. The assessment team reported that a representative had made a complaint in relation to a case conference not being conducted to review a consumer care and services.

The approved provider submitted evidence to confirm that a case conference for a named consumer did occur and I no longer find this an issue of concern. However, the approved provider was unable to demonstrate processes and systems in place to review the effectiveness of interventions and care. The approved provider did not provide any evidence on how incidents are reviewed to improve outcomes for consumers.

I find this requirement Non-compliant

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Most sampled consumers consider that they receive personal care and clinical care that is safe and right for them and are satisfied with the care provision at the service. However, aspects of clinical care and personal care provision are not best practice or tailored to consumer need and well-being. Most staff did not have a clear understanding of high impact, high prevalence risk and gaps were identified in medication, behaviour and falls management.

Not all consumers have their comfort maximised or preserved when nearing end of life and deterioration or change in the consumers condition is not always recognised or responded to in a timely manner. some consumer representatives expressed concerns that information about the consumers condition was not communicated to them and at times incidents are not reported to the family or representative.

The Quality Standard is assessed as Non-compliant as five 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 that each consumer does not always receive clinical care that is consistent with best practice protocols. Diabetic management and clinical monitoring is not best practice as staff do not always report out of range blood glucose levels or clinical observations outside the acceptable range to the registered nurse or medical officer, While a registered nurse is always available via an on-call system for advice, gaps were identified with the practical arrangements regarding this. As needed medications appear to be administered at times without authorisation of the registered nurse and not all as needed medications are reviewed for effectiveness.

Restraint, both physical and chemical, is not best practice and does not optimise consumer health and wellbeing. It was reported that there had been an episode of bruising to a consumer with bed-rails in place and gaps in restraint authorisation and review documentation along with behaviour monitoring and review of interventions. Although the service has a falls policy and procedure in place it was found that this is not always followed to optimise the consumers wellbeing. The assessment team also identified gaps in pain management for a consumer nearing the end of life.

The approved provider response acknowledged the gaps in diabetic management and advised that staff will be provided with additional training in this area. The approved provider submitted several documents including and not limited to behaviour charts, medication chars, medical and medication reviews, pain charts and progress notes. However, the approved provider did not provide any direction regarding how the documentation demonstrated that consumers receive best practice care in relation to medication, falls, pain and restraint management.

I am satisfied 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 assessment team found that staff did not have a sound understanding of the term high impact high prevalence risk. While the service did not identify behaviour management as a high impact risk for consumers it was evident behavioural symptoms of some consumers is of high impact and high prevalence in the secure unit. There is a reliance on psychotropic medications to manage consumer behaviours. The service’s chemical restraint system does not demonstrate individualised management strategies for consumers prior to the administration of as needed medications.

The assessment team reported that although falls were not identified as a high impact high prevalence risk for consumers it is evident unmanaged falls and follow up from falls and other injuries are a risk to consumers. Falls incidence remains high and gaps were identified in staff’s ability to supervisor consumers in the secure unit. The assessment team reported that although a consumer representative expressed general satisfaction with the care provided, concerns were expressed regarding the management of falls and chemical restraint for a consumer.

The approved provider response acknowledged that staff required additional training on chemical restraint and when psychotropic medication becomes a restraint and have arranged appropriate training for staff. Despite this the approved provider argued that they do manage the high impact and high prevalence risks to consumers identified by the assessment team. While the approved provider submitted relevant organisational policies in relation to restraint and falls, they were unable to demonstrate how falls and restraint are managed effectively to optimise consumer outcomes and minimise risks.

I find this requirement Non-compliant.

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

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

The assessment team found that the organisation has processes and documentation to support end of life pathways. However meaningful review of the advanced care directive was reported to not generally occur and not all consumers nearing the end of life are able to have their comfort maximised due to limited access to a 24/7 registered nurse for pain and clinical management. The assessment team reported that staff acknowledged there were gaps in the administration and documentation of end of life medications for one consumer.

The approved provider response clarified the processes the service has in place when the registered nurse is not on site and this acknowledged. However, the response was unable to negate the gaps identified in administration and documentation of end of life medications for the named consumer.

I find this requirement Non-compliant.

### 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 that staff do not always recognise or report changes in the consumers condition and that deterioration in function is not always responded to in a timely manner and that decisions have been made which negatively impacted consumer wellbeing. Although staff have access to a written handover sheet for a 24 hours period, gaps were identified with this information and the information was often illegible. In addition, the registered nurse does not always attend the verbal handover and deficits were identified in clinical oversight. The assessment team reported that there was a lack of monitoring in relation to one consumer whose condition deteriorated rapidly which was acknowledged by the registered nurse.

The approved provider response asserted that the registered nurse on call arrangements have been effective in clinical care services and supports and that the daily handover provides an avenue for changes to be communicated and provide direction. However, the approved provider did not specifically address instances where changes were not responded to or where staff decisions impacted consumer wellbeing. The approved provider response did not address the deficits identified in the handover sheet or the lack of response and monitoring for a consumer which was acknowledged by the registered nurse at the time of the audit.

I find this requirement Non-compliant.

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

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

The assessment team found that information about the consumers initial needs and preferences are mostly documented within the organisation, however identified issues relating to the currency of the information. There was no clear handover system and management acknowledged that there had been issues identified with the handover of information about the consumer’s condition. The assessment team reported that some consumer representatives expressed concerns that information about the consumers condition was not communicated to them and at times incidents are not reported to the family or representative.

The approved provider response clarified the process they have in place for the handover of information and this is acknowledged. The approved provider advised that additional training is being provided regarding documentation and communication about clinical care. While this action is acknowledged, this process take time to become embedded into practice.

I find this requirement Non-compliant.

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Most sampled consumers consider 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 are generally satisfies with the supports for daily living and are supported to make choices and enjoy their lives. Overall, consumers provided positive feedback in relation to meals and that they are of suitably quantity and quality. However, gaps were identified in supporting consumers to do things of interest to them and the lifestyle program is limited and does not support consumers to participate in activities that are meaningful to them and are of choice.

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

The assessment team found most consumers said they were satisfied with the lifestyle program; however, some consumers reported the activities do not interest them and there is limited consumer input into what activities will be undertaken. Although the service has an assessment system to gather consumer social history and interests, the lifestyle program does not always reflect this. Due to changes in staff and time taken to recruit, there have been gaps in the delivery of the lifestyle program and care staff reported they often do not have time to support consumers to do things of interest to them at other times.

The approved provider response submitted that the service implements a wellness and reablement approach for each consumer and this is acknowledged. However, the approved provider response was unable to negate some negative consumer feedback or demonstrate how consumers are supported to have input into the activities they undertake which are of interest to them.

I find this requirement Non-compliant.

### 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 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers said the service feels like their home and indicated the service is clean and well maintained. A representative of a consumer who recently moved to the service said they immediately felt welcomed.

The service environment is bright and well-furnished, and furniture, fittings and equipment are safe, generally clean and well maintained. Consumers have multiple comfortable communal areas in the service and are able to move freely both indoors and outdoors. Review of maintenance records demonstrated that maintenance requests are promptly attended to.

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-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Most sampled consumers and representatives said they have never had the need to raise a complaint and that management and staff listen to any concerns they raise.

The service has information available to consumers about advocacy services and although the service does not have any consumers requiring interpreting services, management are aware of how to access such services to assist consumers raise complaints if it was needed. However, gaps were identified with how open disclosure is used at the service and two consumer representatives expressed dissatisfaction in relation to this.

The Quality Standard is assessed as Non-compliant as one 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 complaints received by the service are generally well investigated and include detailed information about the progress of resolving the complaint. However, staff were not familiar with the concept open disclosure and had not received education in relation to this. While complaint documentation generally demonstrated an action plan and that an apology is given when appropriate there were two complaints where full open disclosure was not demonstrated. One consumer representative expressed dissatisfaction that the service has not make contact or provided explanation following a serious incident to a consumer.

The approved provider response advised that while staff may not have demonstrated an understanding of the term open disclosure that they had a clear understanding of what to do when things go wrong and this is accepted. The approved provider response submitted additional contextual information in relation to action taken in response to two complaints, however this did not demonstrate that full open disclosure was demonstrated.

I find this requirement Non-compliant

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example, most sampled consumers provided feedback that staff are generally available to meet their care needs. All sampled consumers and representatives said that staff are kind, caring and respectful.

However, there are insufficient staff to ensure consumers are monitored and inadequate after- hours clinical oversight. Limited training has been provided to staff in relation to the quality standards and mandatory education and competency assessment have not been completed by many staff. Staff did not demonstrate appropriate knowledge and skills to deliver the outcomes required by these standards.

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

The assessment team found that most consumers living in one section of the home provided feedback that staff are generally able to meet their needs. However, a consumer representative reported that there are insufficient staff and consumers are at times left unsupervised for long periods. A staff member reported that most times there are sufficient staff however this is not the case when there is an increase in consumer behavioural symptoms. Two staff commented they are not able to provide meaningful activity on weekends. The assessment team found instances where quality care was not delivered to consumers with falls and behavioural incidents occurring due to staff not being present. This is consistent with findings in 3(3)(b).

The approved provider response refuted the assessment team findings and submitted call-bell response times to demonstrate that there the workforce is suitably planned. While it is acknowledged that response times meet appropriate standards, this was not identified by the assessment team as an area of concern. The approved provider response was unable to negate consumer representative or staff comments which expressed concerns about insufficient staffing levels and the impact of this on the delivery of quality care and services.

I find this requirement Non-compliant.

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

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

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

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

The assessment team found that most consumers and representatives expressed the view that staff do their best for consumers. Management advised they determine that staff are competent through a range of competency assessments and training such as medication administration, clinical skills, wound care and other areas. However, one staff member was not listed on the education matrix provided to the assessment team therefore it could not be verified if competency assessments had been completed or were current. While new staff are observed by the occupational therapist to ass manual handling practices, this does not always happen with some new staff having missed this.

The assessment team identified at times care staff provide clinical care to consumers outside of their scope of practice and without clinical oversight and regular assessment of competency in complex procedures is not always undertaken. Not all staff were found to demonstrate competency in relation to the provision of personal and clinical care.

The approved response asserted that staff competency is demonstrated through ongoing review, training and appraisal and that the service has a Clinical Governance Framework which applies to all staff engaged in the provision of clinical care and services. However, the approved provider was unable to negate that not all new staff had been observed as competent in manual handling skills nor did they submit evidence to demonstrate that all staff who complete complex procedures have been assessed as competent within this domain,

I find this requirement Non-compliant.

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

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

The assessment team found that most consumers and representatives felt that staff were well trained, The service has a system for the delivery of a range of education, however there is limited education provided to staff in relation to the Quality Standards. Despite a mandatory education program being in place, review of the education matrix indicated many staff have not completed the required annual education and competency assessments. Four staff were unable to explain their understanding of elder abuse, mandatory reporting and open disclosure.

The approved provider submitted a spreadsheet provided by the educator who was not onsite during the onsite review and while this reports a much higher completion rate for mandatory training which is inconsistent with the matrix reviewed during the onsite assessment. Additionally, the approved provider response did not address some staff’s limited knowledge with respect to being able to deliver the outcomes required by the Quality Standards.

I find this requirement is Non-compliant.

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example Sampled consumers expressed their satisfaction with living at the service. They generally felt they are listened to and that the service is well run.

The organisation does not have effective governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints. Effective risk management systems and practices have not been demonstrated and deficits were identified in relation to the clinical care framework in relation to minimising the use of restraint and open disclosure.

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) Compliant

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

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

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

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

The assessment team found that staff generally indicated they can access the information they need when they need it. Whilst the regional governing body during interview demonstrated a commitment to effective governance systems, the implementation of this has not been demonstrated in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. Although the service has a system for continuous improvement, this does not include evaluation of or review of actions to ensure improvement activities are effective in addressing identified issues.

The approved provider argued that continuous improvement activities are evaluated for their effectiveness and modified and or changed as required, however did provide sufficient evidence to demonstrate how this is implemented. Additionally, while the approved provider submitted the service has governance systems in place they were unable to demonstrate the effectiveness of these systems.

### 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.*

The assessment team found the service has a clinical governance framework document which lists all the procedures related to clinical oversight. However, the framework does not provide information about high impact or high prevalence risks associated with the care of the consumers is identified or managed. Additionally, the assessment team found that effective risk management systems and practices have not been implemented in responding to allegations of abuse and neglect of consumers. The assessment team found that staff reported that the risk management systems had not been discussed with them and were unable to explain the relevance to their work.

The approved provider response did not directly refute the assessment team’s findings although advised that the service utilises mandatory reporting when responding to suspected or alleged abuse and neglect of consumers. While the approved provider asserted that the service has risk taking consents and assessments completed they were unable to demonstrate there are effective risk management systems in place that translate to effective practice.

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

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

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

The assessment reported that the service has a clinical governance framework and policies specific to antimicrobial stewardship, minimising the use of restraint and open disclosure. However, despite the existence of policies an effective clinical governance framework was not demonstrated in relation to minimising the use of restraint and open disclosure. Staff said not all the policies had been discusses with them and what they meant in a practical way. Staff did not have a clear understanding of chemical and physical restraint and issues were identified with appropriate authorisation and consent processes.

The approved provider response outlined the framework the service utilises in relation to restraint management and they provided an example of where chemical restraint had been reduced for one consumer. The approved provider advised that additional training will be provided to staff in relation to the framework for open disclosure and minimising the use of restraint.

Based on evidence at the time of the site audit, I find this requirement Non-compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 1(3)(f)

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

* *Ensure that each consumer is afforded privacy during personal conversations with family and friends*
* *Encourage staff to seek input from consumers regarding what privacy means for each consumer, how this can be achieved and clearly document this so consumer’s wishes can be maintained*

### Requirement 2(3)(e)

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

* Review care plans for completeness and accuracy of information routinely when there is a change in circumstances or following an incident
* Ensure that all staff follow organisational policies and procedures in relation to incident management and documentation to optimise consumer outcomes and wellbeing

### Requirement 3(3)(a)

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

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being*
* Ensure that staff complete training on diabetic management so accurate blood glucose levels are documented and escalated to clinical staff as required
* Review restraint, falls, pain and medication management to ensure that delivery is consistent with organisational policies and best practice protocols
* Ensure that restraint consent and authorisation align with regulatory requirements

### Requirement 3(3)(b)

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

* Review behaviour management practices to ensure that strategies are individualised and reviewed for effectiveness and that behaviour management strategies are trialled as a first line approach to minimise the use of chemical restraint
* Ensure that consumers who are falls risk are reviewed and that there are strategies in place to optimise falls prevention and management
* Implement training for staff on chemical restraint to improve effective care and practices

### Requirement 3(3)(c)

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

* Ensure that the organisations end of life policies are followed for each consumer nearing the end of life to optimise their comfort and dignity
* Review current clinical care rostering for effectiveness in clinical oversight for consumers who require comfort care and appropriate pain management when on an end of life trajectory

### Requirement 3(3)(d)

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

* Review the handover sheet currently used for effectiveness in monitoring any deterioration or changes in the consumers condition
* Ensure that staff are aware of and follow processes for recognising and responding to deterioration or change in function and escalate for clinical review/advice if indicated

### Requirement 3(3)(e)

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

* Review how information is documented and communicated to ensure that there is transparency and currency of information
* Ensure that information is about consumers condition is communicated promptly to family members and representatives

### Requirement 4(3)(c)

*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.*
* Review the lifestyle program to determine if it is tailored to include activities that of interest to each consumer
* Seek input from consumers about the services they would like to participate in within and outside the organisation so that it is meaningful and engaging for individual interests

### Requirement 6(3)(c)

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

* Ensure that staff understand the concept of open disclosure and how to use this process in practice
* Review processes for contacting family members when things go wrong to ensure that they are informed, and that full open disclosure is implemented

### Requirement 7(3)(a)

*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.*

* Review current rostering to ensure that there is sufficient staffing levels to ensure there is adequate supervision of consumers
* Determine whether additional staff are required to deliver safe and quality care and manage falls and behavioural symptoms to ensure consumer wellbeing is optimised

### Requirement 7(3)(c)

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

* Ensure that staff have completed all necessary competency assessments to complete their roles effectively and provide optimal care to consumers
* Review completion of competency assessments and prioritise and facilitate any outstanding assessments. Ensure this is documented and dated

### Requirement 7(3)(d)

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

* Update the education matrix to ensure this is reflective of staff having completed mandatory training
* Review staff understanding and knowledge in being able to deliver outcomes provided by the Quality Standards and provide additional training and resources if indicated

### Requirement 8(3)(c)

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

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*
* Review governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints for effectiveness and modify as required.
* Evaluate and review the continuous improvement plan actions to ensure improvement activities are effective in addressing identified issues.

### Requirement 8(3)(d)

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*
* Ensure that staff have and understanding of existing risk management systems and how this translates to work practices to ensure optimal care of the consumer
* Review risk management framework for high impact and high prevalence risks to include and provide instruction for staff on the identification and management of these risks

### Requirement 8(3)(e)

*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.*
* Ensure that staff have an understanding or governance frameworks in relation to open disclosure and minimising the use of restraint
* Review current governance frameworks to ensure they contain the appropriate information and guidance to be effectively implemented