RFBI Dubbo Masonic Village

Performance Report

2a Capstan Drive   
DUBBO NSW 2830  
Phone number: 02 6800 1400

**Commission ID:** 1055

**Provider name:** Royal Freemasons' Benevolent Institution

**Site Audit date:** 1 March 2022 to 3 March 2022

**Date of Performance Report:** 6 April 2022

# Performance report prepared by

P Lai, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | 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) | Compliant |
| Requirement 3(3)(b) | Non-Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | 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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 28 March 2022

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall sampled consumers considered 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 interviewed spoke highly about the positive interaction they have with staff members and feel they are treated with dignity, respect and kindness.
* Consumers confirmed staff know them, their needs, preferences, routines, and support their independence including what is important to them.
* All consumers interviewed stated they felt their privacy is respected and their personal information is kept confidential.
* The Assessment Team observed staff members and the management team interacting with consumers with dignity and respect.
* Care planning documents generally included up to date information regarding residents’ choice and preferences including where risk is involved.
* The staff interviewed generally spoke about consumers respectfully and demonstrated knowledge about consumer preferences, choice and cultural backgrounds.
* The service demonstrates it supports consumers to maintain their independence and provides information to make informed choices and participate in their community and interests.

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

Overall, sampled consumers and/or their representatives had mixed feedback on whether they felt like partners in the ongoing assessment and planning of their care and services, although the provider has been able to demonstrate this had occurred with consumers and their representatives.

The service also demonstrated assessment and planning for consumers, including advance care directives completed and reviewed annually.

Comprehensive review of care plans is not consistently conducted for effectiveness when circumstances change, or incidents occur that impact on the needs, goals or preferences 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 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.*

The Assessment Team reviewed a sample of consumer documentation and identified the service did not have evidence of comprehensive assessment and care planning that considers risk to the consumer’s health and well-being. One new consumer entering the service did not have an interim summary or extended care plan in place and/or assessments related to fall risks, pain, and medication; the team observed the consumer was holding on to walls and objects to mobilise. The team also identified one other consumer who did not have assessments related to their depression, their fall risk rating was inconsistent across documentation, and it was unclear how their cognitive or decision-making capacity had been assessed. One other consumer also   
did not have repositioning charts to demonstrate prevention of pressure injuries.

Staff interviewed were generally able to describe the process by which they use assessment and care planning documents to inform them of the care and services delivered to consumers considering their needs and potential risk associated with these care and services. The Assessment Team also identified staff were supported by processes and procedures to complete assessments.

The provider has responded to the above findings with further evidence. They have demonstrated an interim summary for the new consumer completed on their date of entry, and associated handover and progress notes occurring on the same day. The interim assessment outlines the consumer’s mobility, pain, and medication support needs and management strategies.

The provider has also responded to the consumer missing assessment and monitoring related to their depression. They have evidenced twice annual depression assessments for the consumer since 2020, and a review of medication by a general practitioner in 2022. They also note the consumer has long standing diagnosed depression over two decades and there has been no changes to their needs. Furthermore, they have submitted evidence to demonstrate congruence in their fall risk rating.

The provider has responded to the consumer at risk of developing pressure injuries and who did not have charting to monitor repositioning. The provider acknowledges that the service had commenced repositioning charts during the performance assessment, however, they note they have been repositioning the consumer and applying strategies appropriately as evidenced by nil pressure injuries with the consumer since their admission.

I acknowledge the provider’s evidence and on balance, I find this requirement 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.*

The service has systems in for the assessment and recording their planning and end of life care wishes.

Consumers sampled and representatives said they have had an opportunity to communicate end of life care wishes with the service’s staff. Most consumers sampled have documented advanced care and end of life wishes. However, a few consumers did not have their palliative care recommendations or advance care directives updated in their care plans.

The Assessment Team also noted that consumers care and services plan goals were noted to be generic and not person centred, and there was one consumer at a high falls risk whose care plan identified a need to improve joint and muscle strength with no corresponding strategies or interventions.

Staff interviewed were able to provide examples on how to complete advance care directive and end of life discussion. The care manager said if a consumer is not ready to discuss advance care planning upon admission then this is documented and discussed once the consumer settles at the service. The Assessment Team also identified the organisation has a “Residential aged care end of life pathway” which guides staff to provide care for consumers during the last days of their lives.

The provider has since responded that consumers advance care directives are reviewed annually but are not updated in consumer care plans until they are actively palliating. In the meantime, information is recorded on a separate page in their computerized system and staff are aware and guided to refer to this information. The provider also explained that one consumer was referred to a Palliative care nurse due to clinical decline and subsequent recommendations were followed, however, the information was not recorded in a palliative care plan as the consumer was not actively palliating.

The provider has also noted that the consumers have not voiced any concerns regarding palliative care, and they have conducted further case conferences with consumers to confirm that they are satisfied with their care in this aspect.

On balance, 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.*

The Assessment Team interviewed a sample of consumers who provided mixed feedback on whether the consumers and/or their representatives have access to the plan of care.

Staff interviewed were able to give examples of how and what systems the service uses to communicates the outcomes of assessment and planning to consumers and their representatives. The care manager referred to the case conferences held with consumers or their representatives when asked how the outcomes of care planning are communicated to the consumers. A registered nurse said when a consumer is first admitted to the service a registered nurse discusses the consumer’s preferred routine and care needs with the consumer and/or their representative. The registered nurse said assessments are undertaken according to the service’s admission process which then leads to development of a care plan for the consumer.

The Assessment Team reviewed a sample of documentation and noted there were inconsistencies and conflicting information in care plans which could impact the understanding of the care and services plan by members of the care team, consumers and/or their representatives.

The provider has since responded to the consumers or representatives’ feedback that did not recall having seen their care plan. For each consumer identified, they have provided evidence of care consultations attended and signed by a consumer (or their representative), or emails to representatives with care plans attached. These occurred in the latter half of 2021 or early 2022.

The provider has also provided evidence to demonstrate the congruity of information and noted that no significant incidents has occurred to the aforementioned consumers.

On balance, I find this requirement 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 was able to provide evidence of regular review of care planning documents for most sampled consumers. However, care and services were not always reviewed following a change in circumstance or incident involving the consumer. Care planning documentation lists minimal interventions to address and prevent reoccurrence of incidents to minimise harm to consumers.

Most consumers and representatives sampled said there is discussion about consumer’s care on return from hospital, post fall or if any incidents occurred

A sample of consumer documentation was reviewed and did not evidence review for effectiveness when circumstances change, when incidents occur or when the needs of consumers change. One consumer reported to be dizzy and lost their balance and had a fall. However, vital signs and neuro observations for the consumer were not undertaken until the next day. There was also no information identified related to the consumer’s postural blood pressure being undertaken in relation to their dizziness. The consumer had another fall the week after the documented fall.

In some cases, incidents are not reported according to the service policy and therefore the effectiveness of care is not reviewed. One consumer had observed bruising but an incident report and notification to a medical officer was not commenced until two days later. The incident report indicates cause of bruising was unknown. The consumer also had a skin tear found on their right leg, but no evidence that the incident was reported.

Staff interviewed were able to demonstrate they understand the importance of regular review of the care and services plan.

The provider has acknowledged the concerns with incident and accident review for the consumer with the fall and has organised training and other follow up improvement actions. They noted no clinical risk has occurred to the consumer post fall.

The provider has disputed that the consumer with skin tear and bruising was not effectively managed. They have provided evidence of daily follow up and oversight of bruises and skin tears by a Registered Nurse. They did acknowledge the incident form was completed two days late and was reported to the responsible person at the same time. They note the consumer has only had one incident ever missed for follow up during their time at the sevice, however, they have provided evidence that this was already identified prior to the assessment and addressed as a matter in a clinical leadership meeting.

I have considered the providers response and acknowledge the actions that have been taken or planned to address the identified concerns. However, I have considered that at the time of assessment, review of care after changing circumstances was not consistent, as demonstrated by a consumer that had a fall but did not have their care reviewed by the service’s internal policy (and was not internally identified by the service), which posed a risk to the consumer particularly as they had another fall shortly afterwards.

On balance, I find this requirement 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 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.

The consumers feedback was generally positive regarding the clinical and personal care delivered at the service, although a few consumers (or their representative) felt that care could be improved.

However, for the consumers sampled, key high-impact or high-prevalence risks such as falls risk and behaviour management, were not effectively managed with impact on consumers. Pain and wound charting was also identified to require improvement at the service.

Care and services records reviewed for consumers also did not indicate appropriate and timely referrals and escalation to relevant health professionals.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 reviewed a sample of consumer documentation and noted the review of care and service records does not support consumers receive care that is safe, effective, tailored to their specific needs and preferences or best practice.

A few consumers were identified to not have their pain managed appropriately with appropriate strategies applied, or comprehensive documentation of pain such as pain charts indicating the duration and evaluation of pain.

One consumer was identified to not have signed consent for their restrictive practices, while two consumers prescribed psychotropic medication was not recorded on the organisation’s psychotropic medication register.

One consumer was identified to not receive care that is tailored to her needs or optimises her health and wellbeing. The consumer did not receive daily personal care as per their preference, which in turn was described to have an impact on their emotional well-being and behaviours by their representative.

Furthermore, one consumer with a wound did not have their wound charts indicate the appropriate area of the wound and measuring tape was not used to measure the wound.

A sample of consumers and/or their representatives were interviewed. One consumer and one consumer representative generally noted they were ‘happy’ with the care they receive. The representative of the consumer who did not receive the care tailored to their needs or wellbeing noted this made their consumer ‘very sad’, and there were experiences where they the consumer did not receive assistance from staff in a timely manner resulting in the consumer being incontinent of faeces.

Staff interviewed could describe what they do when they have concerns in relation to a consumer’s personal or clinical care. Care staff stated they escalate the concerns to registered nurses immediately.

The provider has since responded to the above concerns. They have submitted progress notes and pain charts to demonstrate the management of the consumers’ pain, including the use and evaluation of strategies prior to the use of psychotropic medications to manage pain. I note there are still some inconsistencies in the documentation/frequency of pain monitoring in consumers.

The provider has responded to the consumer not receiving daily personal care, and the provider has noted this is due to the consumer’s preference, and they have since had a case conference with the representative explaining the consumer is refusing daily care and exploring alternative options with the representative.

They have also submitted evidence that the consumer without signed consent for their restrictive practices had previously had their representative provide consent over email, and this was the preferred approach at the time due to the COVID-19 situation. They have also indicated the two consumers not listed in the psychotropic register were listed in February 2022 register prior to the performance assessment. The provider has also noted they have begun consultation for an L shaped ruler to enable better measurement of wounds.

I note the provider can improve aspects of their clinical care (such as pain charting and management) and the experience of some consumers. However, I have considered the evidence from the provider to demonstrate the delivery of clinical and personal care to consumers, and on balance, I consider this requirement 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 effective management of high impact or high prevalence risks associated with the care of each consumer at the service.

The Assessment Team reviewed a sample of consumer documentation and identified that behaviours of concern were not managed effectively. Multiple consumers did not have consistent behaviour charting or did not consistently evidence identification of triggers for behaviours or evaluation of intervention.

The Assessment Team also identified a consumer with falls that were not managed appropriately. The consumer had a fall on entry but did not have a falls risk assessment completed until the day afterwards. The consumer had multiple falls since and the relevant incident reports were identified to be incomplete with limited strategies to prevent future falls. The incident reports also indicate that the consumer is at minor risk of injury, although the consumer has a past falls history and is on anticoagulants. The consumers care and service records also indicate they are to use walking aids, although the care and service records do not indicate the consumer uses walking aids and forgets to use the call bell. There is no evidence of sight charts being implemented for the consumer.

Staff interviewed were able to describe high impact and high prevalence risks for consumers as being falls risk. Management acknowledged that behaviour charting for consumers experiencing behaviours of concern needs to improve. Management said further education will be provided to staff in relation to consumer behaviour management.

The provider has since responded with further evidence addressing the consumer with the falls. They have noted the consumer has refused to use their walking aid, and the consumer and the consumer has refused to see a physiotherapist. It is unclear to me the strategies used to manage the consumer in the absence of the aforementioned support except for close monitoring and assistance of the consumer, but I note the sight charts submitted by the provider were only commenced during or after the performance assessment. Furthermore, the provider has not addressed the concerns with the incomplete incident reports for the consumer. The provider has also not addressed all concerns with behaviour management raised by the assessment team; they have submitted some supporting evidence for the behaviour management of one consumer, although concerns with two consumers remain outstanding.

I acknowledge the provider’s evidence above, however, there are still outstanding concerns as outlined above.

I find this requirement non-compliant.

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

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

The Assessment Team reviewed care documentation and identified two consumers who may not have had their palliative care effective provided to maximise their comfort.

One consumer was reported to be on a palliative pathway and had mild pain a few months prior to the consumer’s death but monitoring of pain was not implemented. There was also no evidence of the end of life pathway being completed for the consumer.

One other consumer was also reviewed by a palliative care nurse with recommendations provided, however, the recommendations were not included in the palliative care plan or were not implemented, and pain monitoring did not occur despite the prescription of crisis pain medications.

Care staff interviewed were generally able to describe strategies used and care provided for consumers receiving end of life care. They explained the importance of pain management, oral care and facilitating visits from family. However, one care staff said they have not been provided with training in looking after consumers approaching end of life. The care staff member was unable to describe strategies used in caring for consumers approaching end of life.

The provider has since responded to the concerns. In regard to the first consumer, the provider noted the consumer was not actively palliating until the day prior to their death when they had a sudden deterioration in their condition, in which the end of life pathway was then implemented. The provider note that despite the lack of pain monitoring charts, the consumer was not in pain and submitted evidence they were actively participating in activities a few days prior to their sudden deterioration.

In regard to the second consumer, the provider submitted evidence that the recommendations were attempted to be followed, however the consumer had refused and the service respected their wishes. The provider also noted the consumer was charted pain medication but there was no pain noted requiring it’s use, until the consumer was actively palliating at a later date in which pain medication was administered and pain charting and assessments were commenced.

I have considered the above evidence from the provider. Although documentation and monitoring of care can be improved, I acknowledge that there is no information that indicates the comfort and needs of consumers near the end of life were not addressed.

I find this requirement compliant.

### 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.*

A sample of consumer documentation was reviewed which did not reflect the identification of, and timely response to deterioration or changes in consumers’ condition.

One consumer with a history of constipation did not have a registered nurse review as required after four days of constipation. The consumer was then admitted to hospital with a diagnosis for perforated bowel. The consumer’s representative was interviewed whom noted dissatisfaction with the services management of the incident, and noted the deterioration was not identified by the service in a timely manner.

Another consumer had multiple falls over three months and eventually passed away in hospital. The Assessment Team noted that strategies to manage the falls were limited, there is no evidence of sight charts to supervise the consumer, and no input from physiotherapy or occupational therapy services to improve strategies to prevent the falls.

Care staff interviewed said they report any changes in condition to the registered nurse who then assesses the consumer and direct care. Management said they will provide further education to clinical and care staff on managing clinical deterioration.

The provider has since responded with further evidence. They have provided evidence of progress notes which indicated that the identified consumer with constipation over the four days was noted to have opened their bowels on two of the four days. The progress notes also document that a RN was conducting multiple monitoring checks on the consumer over this period and the consumer’s responsible person and medical officer was contacted to urgently review, followed up eventually by a hospital transfer. The provider also submitted evidence of a case conference discussing the event and associated care with the consumer’s responsible person, who had expressed satisfaction with the care.

The provider has also submitted incident forms for the consumer with multiple falls, demonstrating that all falls were investigated, and a falls risk assessment and reviewing of strategies occurred after each fall. They noted that sight charts were not completed as the consumer was spending their time in the lounge area close which was always within sight of the staff office and activities. The provider also noted that the fall leading to hospitalisation was reported to the Serious Incident Report Scheme and the consumer’s responsible person had voiced satisfaction with the care. The provider notes that the input from a physiotherapist was not able to be received as they had difficulty sourcing a physiotherapy at the time due to their location and the COVID-19 circumstances in the area.

On balance, I find this requirement compliant.

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

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

The Assessment Team identified clinical monitoring documentation is not always completed consistently, which does not ensure adequate information sharing within the organisation to ensure effective delivery of care to consumers.

For example, the Assessment Team identified that incident reports were not always complete and there were absent or incomplete pain and behaviour management charts to communicate a consumer’s condition. They also noted some deficits in clinical documentation and communication regarding clinical deterioration and use of psychotropics.

A sample of consumers and representatives were interviewed and most felt that the needs of the consumers are effectively communicated between staff and they do not have to repeat information to advise staff of changes in care.

Staff interviewed said handover is conducted at the commencement of each shift regarding changes in consumers’ care and through the updating of consumer progress notes in the electronic care and service records. Staff indicated communication of consumer information was effective. Three care staff said registered nurses communicate with them if there are any changes in the needs of consumers and if the consumer requires additional support. The Assessment Team also observed handover sheets completed by staff.

The provider has since addressed the concerns and provided some further evidence demonstrating completed documentation of psychotropics, pain and behaviour management charts, and incident reports.

I have considered the evidence above and acknowledge the provider’s evidence. Whilst I note that the service’s clinical monitoring documentation is not consistently completed and requires improvement, I have considered the further evidence provided and also the consumer, representatives and staff’s satisfaction with the communication of care. I have also considered there has not been any significant risk as a result of deficits identified in documentation.

On balance, I find this requirement compliant.

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

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

A sample of care documentation was reviewed which indicated that referrals were made in a timely manner to relevant health professionals.

One consumer was reviewed by a speech pathologist and recommended to receive regular speech pathology to rehabilitate and regain their speech, however, there is no evidence of ongoing speech pathology input. The consumer has also increased in weight, however, there has been no input from a dietician or physiotherapist to assist with their weight goals.

Another consumer routinely reviewed by a podiatrist had a wound identified on their foot, but this was not reviewed by a podiatrist until one month afterwards.

Furthermore, one consumer displayed several incidents of behaviours of concern and a depression scale was administered indicating a major depressive episode. However, there is not record of a referral to a psychologist or specialist behaviour support services.

A sample of consumers and/or their representatives were interviewed and most said they have access to a medical officer and had no issues in accessing health services. One representative did note their consumer had difficulty accessing the physiotherapist service.

Management staff interviewed advised the Assessment Team that it has been difficult to replace the physiotherapist position despite multiple attempts.

The provider has since responded to the above concerns. They submitted evidence that the consumer with weight gain was reviewed by their GP and was closely monitored; however, they have not responded to the recommended referral to the speech pathologist. The provider has also noted the delay in a podiatrist for a consumer was due to the COVID-19 situation at the time and the limited access to Allied Health Care services, although the podiatrist reviewed and provided recommendation’s once able. The provider has not responded to the findings for the consumer with behaviours of concern and a major depressive episode, and it is unclear the action that has been taken and or will be taken for this consumer.

I acknowledge the provider’s response and evidence, however, there are still outstanding concerns in regard to the timely and appropriate referrals for consumers.

I find this requirement 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 supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall 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:

* Most consumers provided positive feedback how they are supported at the service to do the things they like to do.
* Consumers did not express any dissatisfaction in relation to communication within the service regarding services and supports for daily living.
* Consumers spoke positively of opportunities to do things they like to do and keep in touch with people important to them. Care plans include information about the people important to the consumers and the activities of interest to them including their participation in the wider community.
* Most consumers said they get meals which are varied and of suitable quality and quantity.

The Assessment Team interview with catering staff, review of the menu and other documentation, and observations made show overall varied meals of suitable quality and quantity are being provided.

#### The service was able to demonstrate it provided effective supports for services and daily living. Care plans and staff interviews confirm there is a system to identify each consumers’ needs, goals and preferences and to reflect their life history. Service staff provided examples of referrals made to visiting clergy and available counselling if the need arises. Observations and interviews show that equipment to support the provision of catering, cleaning, maintenance services and the recreational and social activities is safe, suitable, clean and well-maintained.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

For example:

* One consumer said they love being outside in the sun and have free access to the outdoor courtyards.
* Two consumers said they been made to feel at home and welcome in the service since they moved in.
* One consumer said that any furniture, fittings or equipment that needs to be fixed is generally fixed quickly.

The Assessment Team observed the environment is conducive to the well-being and safety of consumers. The staff has systems in place to ensure equipment is serviced regularly and maintained in optimal condition. Maintenance logs are kept up to date on the services digital system to ensure the service and the environment is safe for consumers. All staff are aware of how to report faulty equipment and are aware of their responsibility for overseeing that equipment that is not appropriate or suitable is reported.

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 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 consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers and consumer representatives interviewed expressed confidence that they could make complaints and felt safe to do so. They were familiar with the ways in which they could do this, from speaking directly to staff, raising concerns with management, documenting on feedback forms or raising their concern or query at the consumer representative meetings.
* One consumer said that after the issue of the access door to the courtyard was made in terms of consumers with wheelchairs not being able to regress through the door. Management analysed this issue and opted to seek approval to install an automatic door to allow all consumer with mobility issues access to the outdoors with ease.

The service has improvements that can be made in terms of staff understanding open disclosure principles and recording of complaints. However, most consumers were satisfied with the management of their complaints.

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.*

The service takes appropriate action in response to complaints and an open disclosure process is used when things go wrong.

A sample of consumers and their representatives interviewed were satisfied with the way the service addresses complaints and acknowledges the mechanism in place through which they can raise issues or concerns. Two consumer representatives noted that they did not receive apologies with their complaints.

All staff interviewed were familiar with how to access policies and information on complaints management on the intranet. However, staff were unable to explain what open disclosure was and how it is applied in their everyday work. They were unable to articulate open disclosure process, such as ensuring the representative is informed, letting them know what happened, apologising and acknowledging the issues where relevant and documenting.

The Assessment Team reviewed documentation and noted deficits in the management of complaints, including lengthy delays or inadequate recording of complaints.

The provider has since responded to elaborate on their complaint management process and have provided documentation to evidence their record of complaints and open disclosure process that were provided to the sampled consumer representatives and other consumers, and discussions of relevant issues at management meetings. The provider has also evidenced twice annual training on open disclosure and feedback and complaint handling for staff.

I have considered the above response from the provider. Whilst there are improvements that can be made, I acknowledge the provider’s evidence and that most consumers were satisfied with the management of the complaints.

On balance, I find this requirement compliant.

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

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:

* Overall consumers confirm most staff are kind and caring. They state they are treated with respect and are satisfied with the level of personal knowledge staff have to ensure their needs and preferences are met. However, some consumers said staff do not always have time to spend time or speak to them as much as they would like and sometimes they have to wait a long time for call bell assistance.
* Consumers interviewed said they feel the staff know what they are doing. They also said they feel safe when staff assist them in their daily life.

While consumers and representative feel staff are kind and caring and know what they are doing, the deployment of staff in relation to acuity of the consumers is not reflective of their needs and preferences. Review of workforce deployment records, some representative and consumer comments, staff comments, and observations, showed the service ensures quality care and services.

The Quality Standard is assessed as Non-Compliant as one 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 service is non-compliant with this requirement as the workforce deployed does not enable quality care and services for consumers.

A sample of consumers (and representatives) were interviewed and most of them said staff are always busy but seem to know what they are doing. However, four consumers and one consumer representative expressed long wait times for assistance. Two of these mentioned the consumer experiencing incontinence due to the long wait times for assistance to the toilet.

A sample of staff were interviewed, and some said they felt they had enough time to complete their work during the allocated shifts and are supported by management. However, some staff did not feel there were enough staff to provide adequate care all the time, particularly for consumers that require two or more staff to assist them and when there are only two staff on shift. They describe this impact on consumers with complex needs, incidents, and on their meal times. They mentioned that they have raised issues of staffing levels ‘for years’ and have not been satisfied with the outcomes. Management staff interviewed noted that they consider staff skill mix and competency when determining the allocation of staff in each area.

The Assessment Team made observations during the performance assessment which included a consumer with a lengthy wait time for assistance, and a consumer being left in the sitting room during lunch. They also observed a staff trying to complete medication rounds, deliver lunch, and answer call bells by themselves while another staff member was on their break.

The Assessment Team also reviewed documentation and noted occasions where staff were not filled, and there were consumers waiting over 15 minutes for assistance according to the call bell report.

The provider has since responded by providing evidence of additional registered nursing hours and care staff hours that occurred in 2021. They have also noted two additional staff commencing later this year. They have submitted their call bell records and noted that the response times fall within the acceptable range of their internal policies regarding Call Bell Response times and noted that significant incidents have not occurred. Furthermore, they note that observed gaps in service during the assessment were due to staff being interviewed by Assessors.

I have taken into consideration the provider’s response. I acknowledge the service has sought to improve their workforce deployment and have demonstrated evidence of improvement over the past year. There is also planned upcoming improvement with new staff expected to be onboarded. However, at the time of assessment, I have considered the weight of the consumer and staff feedback who still have outstanding concerns in relation to quality care and services, and further improvement is required to address these issues.

On balance, 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) 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 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

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:

* Overall consumers sampled confirmed the service is well run and that management has an open-door policy and they can approach them at any time.
* Consumers said they were confident in their involvement in the development, delivery and evaluation of care and services at the service. They were able to give examples of when they have provided feedback on meals, activities and the environment they live in at the service.
* The service demonstrated effective governance systems relating information management; workforce governance, regulatory compliance and feedback and complaints. Review of policies and procedures showed staff have guidance to provide safe and effective care and services.

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

Overall, systems and practices implemented at the service enables consumers to live the best live they can. However, the Assessment Team identified the service was unable to demonstrate it is consistent in its approach to mitigate or effectively manage risk for consumers.

The Assessment Team reviewed documentation at the service and identified the organisation has policies and processes in place to guide and address high impact and high prevalence risks for consumers. The service has systems in place to address serious incidents and reports of abuse or neglect of consumers. Review of incident management systems for SIRS showed the service has an understanding of their regulatory responsibilities.

Staff interviewed were able to describe the organisations policies relating to supporting consumers, identifying abuse and neglect, managing incidents and risks, and were able to provide examples of their relevance to their work.

Review of the services clinical indicators show the services identifies falls, wound, behaviour and weight management as high impact and high prevalence risk for consumers at the service. This correlates with various areas of improvement outlined in the continuous improvement plan. For example, during December 2021 and January 2022 the service clinical indicators showed falls number remained high in particularly for three consumers. Consumers were provided with bed sensor and room sensor and place on ongoing sight charts. Staff were instructed to monitor the consumer to mitigate the reoccurrence of falls.

The provider has since provided further evidence that their staff have previously receive training regarding incident management. Since the assessment, they have also noted they have provided further training in pain management, pain charting, behaviour management, and other relevant training. Furthermore, they have provided evidence of leadership and clinical meetings to demonstrate their oversight on the needs of the consumers and associated risk at the service.

I have considered the above evidence. I note the service can improve on their implementation of their systems as the there are deficits in terms of the accuracy and consistency of managing high risks and some incidents at the service level (previously addressed in Standard 3), however, I acknowledge that the service has systems in place to govern and oversee risk in the service, and have demonstrated commitment to ensure the effective implementation of these systems.

On balance, I find this requirement compliant.

### Requirement 8(3)(e) Compliant

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

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

# Areas for improvement

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

### Requirement 2(3)(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.*

* Ensure care and services of consumers are reviewed regularly for effectiveness when circumstances change, particularly after consumer falls

### Requirement 3(3)(b)

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

* Ensure behaviour management and falls risk of consumers is managed according to best practice
* Ensure clinical monitoring documentation of consumers relevant to risks is consistently completed

### Requirement 3(3)(f)

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

* Ensure timely referrals occur for consumers to meet their needs

### 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.*

* Ensure the workforce is sufficient to deliver quality care and services to consumers