Regis Greenmount

Performance Report

22 Coongan Avenue
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**Commission ID:** 7802

**Provider name:** Regis Aged Care Pty Ltd

**Site Audit date:** 21 September 2020 to 23 September 2020

**Date of Performance Report:** 13 January 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** | **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** | **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) | 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) | 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 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 Approved Provider’s response to the Site Audit report received 20 October 2020.

# STANDARD 1 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

The Assessment Team assessed all Requirements within this Standard. This Standard is assessed as Compliant as all six specific requirements have been assessed as Compliant.

The Assessment Team found most consumers considered they are treated with dignity and respect and can maintain their identity. They can make informed choices about their care and services and live the life they choose. Examples of feedback provided by consumers and representatives include:

* Consumers and representatives stated staff treat consumers with respect and maintain their dignity and privacy when delivering care and services.
* A consumer did not consider their dignity was consistently maintained as they often wait for an extended period to have their continence aid changed during the morning.
* Consumers said they felt the service respects their culture and diversity, they are encouraged to do things for themselves and are supported to be independent and exercise choice.
* Consumers said the service and staff respect their privacy and their personal information is kept confidential.
* Consumers stated they felt the service supported them to make decisions about their care and services and check in with them regularly about how things are going. Consumers said they are asked how they like things to be done and what their preferences are for care and service delivery.
* Consumers said they felt they are supported to maintain social connections with friends through the lifestyle program and meals. One consumer stated they were supported to remain living with their partner at the home and that was important to them.
* Of the consumers interviewed most were able to describe how they took risks to do the things they like to do. Not all consumers interviewed undertook activities of risk but stated they felt confident they would be supported if they wished to do so.
* A representative described how their consumer was supported to take risks to be able to eat the foods they wished.

The Assessment Team reviewed the organisation’s policies and procedures detailing processes and expectations in relation to meeting the Requirements of this Standard. These related to consumer experiences and customer service; diversity; exercising choice and respecting preferences and independence with decision-making; and supporting consumers to take risks.

Documents reviewed by the Assessment Team included care plans, risk assessments and training records. Care plans included consumers’ cultural needs such as language, and preferences for male or female care staff; and preferences for the delivery of care and services. Risk assessments were completed by clinical management and reviewed regularly when a consumer and/or their representative advised they wished to undertake activities that may put them at risk of harm. Training records confirmed staff attend training about respecting privacy and customer service.

During interviews with the Assessment Team staff described consumers in a way that showed they were familiar with their preferences and needs and described how they maintain their dignity and privacy and treat them with respect when providing care and services. Clinical and care staff described how they communicate with consumers from culturally diverse backgrounds including those who speak languages other than English, and how they access interpreter services if required. Clinical staff described how they engage with consumers and their families, if they wish for them to be involved, through the care plan consultation process where care and services are reviewed. Care and clinical staff described how consumers were supported to undertake activities of risk. Lifestyle staff spoke of asking consumers about activity preferences and what they like to do during the admission process and then regularly to evaluate the appropriateness of the lifestyle program. Lifestyle staff also described how they use the cultural backgrounds of consumers to develop the armchair travel activities.

The Assessment Team observed staff interacting with consumers in ways that respected their privacy and dignity. Staff knocked on consumers’ doors before entering and provided personal care in the privacy of consumers’ rooms. Staff were seen asking consumers what their meal preferences were throughout the visit. Care and nurses’ station doors were observed to be locked and consumer information was stored on a password protected electronic record management system.

For the reasons detailed above I find the service Compliant with all Requirements within Standard 1.

## 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 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

The Assessment Team assessed all Requirements within this Standard. This Standard is assessed as Compliant as all five specific requirements have been assessed as Compliant.

The Assessment Team found consumers considered they feel like partners in the ongoing assessment and planning of their care and services that helps them get the care and services they need for their health and well-being. Examples of feedback provided by consumers and representatives include:

* Most consumers and representatives indicated they are involved in regular discussions with staff about their care and services, including risk taking such as the risk of falling when mobilising without staff assistance and the risk of choking when not eating the diet prescribed by a speech pathologist. A representative who had not been invited to be involved in care planning discussions had been offered this opportunity before the completion of the site audit.
* Consumers reported staff respect their care and lifestyle preferences and they are satisfied with the care and services they receive.
* When asked about advance care planning, consumers and/or their representatives reported the consumers’ end of life choices were discussed when they moved to the service and they were comfortable to have this conversation.
* While a representative said they have not seen their consumer’s care plan “for a while” they confirmed they know they can ask for it, and staff always update them on changes to the consumer’s care and services and make changes to the care plan following consultation with them.

The Assessment Team reviewed policies and procedures in place to guide staff in the assessment and care planning process.

Documents reviewed by the Assessment Team included assessments, care plans, wellness checks and care conference records. Assessments were completed using validated assessment tools, and the resulting care plans were comprehensive, including each consumer’s care and service needs and preferences with goals of care developed by the registered nurse in partnership with the consumer. Care plans showed clinical and allied health input, with risk considered by and discussed with consumers and/or representatives during assessment and care planning process. Advance care plans were sighted in four files reviewed. Clinical records confirmed informal and formal consultation (case conferences) occurred with consumers and/or their representatives about ongoing or changing care needs with resulting updates made to care plans. Wellness checks completed for all consumers once each month were seen in files.

During interviews with the Assessment Team clinical staff described the assessment and care planning process as directed in policy and procedure, and how they use the information gathered to determine the consumer’s daily care and lifestyle needs and preferences. Clinical staff also described how they access appropriately skilled external service providers to contribute to the assessment and planning process. Staff confirmed consumer care needs are reviewed on return from hospital and during a structured review process - assessments are completed annually and care plans are reviewed monthly when the wellness check is completed.

Care staff reported they follow care plan instructions, although they do not assume a consumer wants to follow the same routine each day. Care staff said they report changes to a consumer’s physical or emotional status, or their preferences, to the registered nurse. Clinical staff reported all consumers are given the opportunity to complete an advance care directive during their initial assessment process and at any time during their stay, and requests to not complete these documents are respected. Staff were aware that consumers can be provided with copies of their assessments and care plans on request.

For the reasons detailed above I find the service Compliant with all Requirements within Standard 2.

## 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.*

### 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) 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.*

# 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

The Assessment Team assessed all Requirements within this Standard. This Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

The Assessment Team found consumers receive care that is best practice, tailored to their needs that generally optimises their health and well-being. The service has policies and procedures to guide staff in meeting the Requirements within this Standard and staff have access to resources to guide them to provide best practice care.

During interviews with the Assessment Team most consumers reported they received personal care and clinical care that is safe and right for them. Representatives advised they felt confident consumers received quality clinical care. Examples of feedback provided by consumers and representatives include:

* A consumer described nursing and care staff as ‘very good’ and said they provide ‘excellent care’. This consumer said their pain is well managed.
* A consumer said while they are prone to developing ulcers due to a medical condition they currently have no wounds as staff monitor and moisturise their skin daily. Staff also encourage the consumer to attend exercise groups and the pain clinic to help them achieve their goal of maintaining their mobility.
* Representatives reported the service has responded promptly and appropriately when consumers’ condition or health status changed or deteriorated. One representative did not consider they consistently received accurate and timely information about their consumer.
* Most consumers and/or their representatives said they do not have to repeat information about their condition, needs and preferences to multiple providers of care and services and they are confident the service shares information about their needs and preferences appropriately.
* Consumers and representatives indicated they are satisfied staff assist them to access doctors and other relevant health professionals when needed.
* Some consumers said they did not always feel safe and some representatives of these consumers reported they were aware of incidents that had caused them concern.

Documentation reviewed by the Assessment Team included progress notes and care plans confirming consumers are receiving best practice care in preventing and treating pressure injuries and wounds, preventing falls and managing consumers post fall, and managing weight loss, pain, oedema and hypo and hyper glycaemia. Documents also demonstrated that needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Consumer files and service records such as handover sheets, hospital transfer forms and electronic care management system alerts demonstrated effective and safe sharing of consumers’ personal information with representatives and other care providers. Progress notes and incidents reports also indicated multiple consumers have been adversely impacted by the actions of one consumer who has repeatedly displayed verbal and physically aggressive symptoms of dementia.

During interviews with the Assessment Team staff described how they identify pressure injuries and provide pressure area care, assisting nursing staff in identification of pain in consumers, and how they monitor fluid intake for consumers who are on fluid restriction, and monitor and encourage oral intake for consumers experiencing weight loss. Care staff advised they know the care they provide is best practice as they are provided with regular training and the care plans are written by the registered nursing staff who use best practice evidence and tools. In relation to the consumer who has repeatedly displayed verbal and physically aggressive symptoms of dementia, staff reported this consumer’s behaviours occur most often in the afternoon and escalates very quickly. Staff also said the only effective strategy to minimise the risk of this consumer displaying aggression towards others is continuous monitoring which is not possible when others require care.

The service was found non-compliant in Requirement (3)(b) in this Standard during an assessment contact visit on 14 July 2020. At that time an Assessment Team found the service did not effectively manage the risk of clinical deterioration and skin integrity associated with the care of one consumer. While the service has acted to improve the deficits identified in July 2020, this Assessment Team found during this site audit visit the service was unable to show it has effectively managed high impact risks to consumers from another consumer who displays physical and verbally aggressive behavioural symptoms of dementia. On this basis the Assessment Team have recommended Requirement (3)(b) in this Standard continues to be not met.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with Standard 3 Requirement (3)(b). The reasons for my decision are detailed under the specific Requirement below.

### 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.*

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

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

During this site audit the Assessment Team found the service was unable to demonstrate it has effectively managed high impact risks to consumers from another consumer who displays physical and verbally aggressive behavioural symptoms of dementia. The Assessment Team based this finding on the following evidence:

* Documentation indicates a consumer with a diagnosis of Alzheimer’s Dementia was involved in 16 incidents of verbal and/or physically aggressive behaviour towards other consumers over the last 12 months and these behaviours are ongoing.
* Information obtained from interviews with consumers and/or representatives of consumers who have been the target of this consumer’s verbal and/or physically aggressive behaviour indicates they have experienced feelings of anger, anxiety, fear and insecurity due to the ongoing behaviours.
* A review of this consumer’s care records showed comprehensive behaviour assessments and a behaviour care plan containing detailed descriptions of behaviour triggers and strategies to manage the behaviours, inclusive of recommendations from Dementia Support Australia after their review in May 2020.
* Despite the involvement of Dementia Support Australia and regular reviews by the consumer’s general practitioner, records confirm 13 of the 16 incidents were reported in the six months prior to the site audit, and most recently in August and September 2020.
* Management advised, and minutes of the behaviour incident and management forum held in September 2020 confirm staff met to review all management strategies currently being used to support this consumer including Dementia Support Australia recommendations, the service environment and meaningful engagement activities. The service trialled an alternative environment in other wings of the service and the trial was unsuccessful.

The Approved Provider submitted a response to the Assessment Team’s report on 20 October 2020. The Approved Provider acknowledged the Assessment Team’s findings in relation to this Requirement and have since completed a further multidisciplinary review in relation to this specific consumer’s impact on other consumers and implemented additional strategies to mitigate risk associated with this consumer’s behaviour including the following:

* Extensive review of the specific consumer’s care needs, including referrals for further Dementia Support Australia and geriatrician review.
* Trialling relocation of the specific consumer to a quieter wing of the service.
* Completing a comprehensive review of the service environment resulting in additional quiet spaces being created and the separation of seating and television areas.
* Rostering of an additional carer in the afternoons to increase observation of consumers in this specific wing.
* Increasing the presence of lifestyle staff during the afternoon shift in the specific wing.
* Providing further training to staff, both consumer-specific and generalised.
* Strengthening their admission and ongoing assessment process to enhance early identification of behavioural symptoms of dementia and their triggers and the development of interventions.
* Conducting additional consumer engagement reviews to identify additional concerns to ensure a safe environment is maintained.

The Approved Provider advised they conducted care consultations with impacted consumers named in the report and raised concerns with some possible inaccuracies within the Assessment Team’s report. I acknowledge the Approved Provider’s comments and supporting information provided in relation to these assertation, however having closely reviewed both the Assessment Team’s report and evidence and the Approved Provider’s response it is difficult for me to either support or refute the validity of the assertions.

While I do not dispute information submitted by the approved provided, there is evidence to support that two consumers and/or representatives told the Assessment Team that consumers have been involved in physical altercations with the other consumer, and initiated by the other consumer, and involving physical aggression, and the reported altercations are reflected in incident reports. While I cannot determine the extent to which these altercations have impacted other consumers, the fact that they have continued to occur despite a range of interventions leads me to consider the service is not effectively managing the high impact risk a consumer displaying behavioural symptoms of dementia has on other consumers.

I acknowledge the prompt and pro-active approach the Approved Provider has taken to address the feedback provided in the Assessment Team’s report. Despite the action taken I consider the ongoing high impact risk to other consumers, associated with one consumer’s verbal and physically aggressive behaviour, was not being effectively managed at the time of the site audit.

For the reasons detailed above I find the service Non-compliant with Standard 3 Requirement (3)(b).

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

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

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

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

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

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

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

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

### 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 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

The Assessment Team assessed all Requirements within this Standard. This Standard is assessed as Compliant as all seven specific requirements have been assessed as Compliant.

The Assessment Team found consumers 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. The service provides a lifestyle program inclusive of activities of interest to consumers, in either group or one-on-one sessions depending on individual consumer needs and preferences. Consumers’ daily living support goals and preferences are documented in their care plans and staff are aware of where to find this information.

During interviews with the Assessment Team most consumers reported they receive daily living supports and services that are important to them. Examples of specific feedback provided by consumers include:

* A consumer said quality of life for them is walking independently. Staff support them to do this, encouraging them to attend the exercise group and pain clinic.
* Consumers said they were able to participate in the community in and outside the service. The service has several bus trips each month they can go on and there are daily activities for them to participate in.
* A consumer said they were bored and there was nothing they enjoyed doing, and they did not like joining in with others.
* A consumer said the activities provided by the service were not at their level and were too easy. Their preference is to stay in their room and play strategy games on their electronic devices, or research on the internet.
* Consumers said staff help them to contact their families whenever they need to, and staff will spend time with them.
* Overall, consumers said they enjoyed the food provided by the service. Consumers said they enjoyed joining friends for meals and they were provided with enough variety and choice. They confirmed the chef is available to speak with them about issues with meals or suggestions.

Documents reviewed by the Assessment Team include assessments, care plans, audits and maintenance records. Assessments completed by the occupational therapist and physiotherapist detail consumers’ cognitive and physical abilities and help the lifestyle team plan activities to suit individual functional levels. Leisure and lifestyle care plans include information about consumers’ spiritual and emotional needs and individualised strategies to meet these. Care plans include information about consumer dietary preferences, and where and when they like to eat their meals. A food safety audit conducted by an external organisation within the past 12 months identified no non-compliance. Maintenance records confirm routine and preventative maintenance is completed in a timely manner.

During interviews with the Assessment Team staff described what activities individual consumers enjoy, and how they are supported to do what is important to them. Staff spoke about sitting with consumers to talk about past pets and travelling. Lifestyle staff spoke about a confidential counselling service available to all consumers, engaging volunteers to spend one-on-one time with consumers, and referring consumers to external organisations who provide access to specialised activities. Clinical and care staff described a range of ways information about consumers is shared with those who provide care including handover, daily ‘huddles’, and progress notes. Catering staff confirmed they have access to consumers’ dietary preferences and allergies which they refer to when preparing meals. The chef confirmed consumer feedback and suggestions are used to develop the menu. Allied health professionals confirmed they had access to appropriate equipment to support consumers in their respective programs.

The Assessment Team observed group activities occurring in a communal area. Equipment being used during group activities, and to optimise mobility, was considered suitable for the activities and appeared clean and well maintained. Electrical equipment was tagged. The main and satellite kitchens were clean and tidy.

The Assessment Team reviewed a process in place to monitor ongoing compliance with this Requirement, including identifying opportunities for improvement.

For the reasons detailed above I find the service Compliant with all Requirements within Standard 4.

## 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 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

The Assessment Team assessed all Requirements within this Standard. This Standard is assessed as Compliant as all three specific Requirements have been assessed as Compliant.

The Assessment Team found consumers overall considered they feel they belong in the service and feel safe and comfortable in the service environment. Examples of specific feedback provided by consumers include:

* Consumers said they feel at home living at the service and are able to decorate their rooms with personal items of importance to them.
* Consumers said they were able to enjoy family visits and there were areas they could go to throughout the service to do that.
* Representatives said they felt welcomed by the service and staff to visit with their family members or friends.
* Consumers said they were satisfied with the cleanliness of the service and confirmed cleaning occurs each day. If there is a maintenance issue they let staff know and someone comes to fix it in a timely manner.
* Consumer said furniture, and equipment used for lifestyle activities, is clean and maintained, and mobility aids are regularly checked by maintenance staff and repaired when needed.

During interviews with the Assessment Team management said they regularly collect feedback about the service environment from consumers and their families at the resident and relative meetings. Maintenance staff confirmed maintenance issues are logged in an electronic system and actioned by their team, or by external contractors as required. Staff said they receive regular training in relation to manual handling and said the equipment they use is regularly checked for safety and cleaned after every use.

Documents reviewed by the Assessment Team include resident and relative meeting minutes, maintenance logs and audits. The meeting minutes include the service environment as a standing agenda item. Maintenance logs confirm requests for maintenance are responded to within reasonable timeframes. Issues identified during environmental audits are acted on. Call bell audit records confirm the system is regularly checked for effectiveness.

The Assessment Team observed the service environment to be welcoming and clean on all days of the site audit. The Assessment Team saw areas in each wing for consumers to enjoy social activities and smaller area for consumers to enjoy more private visits with friends and family. Observations showed consumers moving freely between the outdoor courtyards and indoors. Balcony doors were open, and consumers were walking outside their rooms and moving freely between wings. Consumers who reside in the memory support unit were seen moving freely between the garden courtyard and indoor areas throughout each day. Furniture in consumers’ rooms and communal areas appeared well maintained and clean. Electrical items were tagged, and mechanical equipment used to transfer consumers including hoists and wheelchairs appeared clean and well maintained. The call bell system was seen to send an alert when a consumer activated it or when a consumer stepped onto a sensor mat.

The Assessment Team reviewed a process in place to monitor ongoing compliance with this Requirement, including identifying opportunities for improvement.

For the reasons detailed above I find the service Compliant with all Requirements within Standard 5.

## 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 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

The Assessment Team assessed all Requirements within this Standard. This Standard is assessed as Compliant as all four specific Requirements have been assessed as Compliant.

The Assessment Team found consumers considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Examples of specific feedback provided by consumers include:

* Consumers said they were encouraged by staff and management to provide feedback including complaints about care and services. They can provide feedback in writing, verbally to staff, at resident and relative meetings and through the service’s surveys.
* Consumers confirmed receiving information about advocacy services and being asked for feedback about a range of things including food, cleaning and delivery of care, at resident and relative meetings.
* Consumers and representatives said they were satisfied with the way the service responds to their feedback and when things go wrong management and staff apologise.

The Assessment Team reviewed policies in place to guide staff in receiving and responding appropriately to complaints.

Documents reviewed by the Assessment Team included resident and relative meeting minutes, the open disclosure policy, the feedback and complaints register and the continuous improvement plan. The meeting minutes confirm the service seeks feedback from consumers about care and service delivery and the living environment, and meetings have included discussion about how to access advocacy services. Other records reviewed confirm the service has arranged for advocacy services to visit and provide information to consumers and representatives. The feedback and complaints register details concerns raised and action taken to address them, including when open disclosure is used as part of the remedial action. The open disclosure policy includes information to guide staff in practicing this as relevant to their roles. The service’s continuous improvement plan details feedback received, and improvements made in response to the feedback.

During interviews with the Assessment Team care staff confirmed if a consumer makes a complaint to them during their shift they will attempt to address the issue and escalate to the registered nurse on duty if they are unable to. They will also complete a feedback form if a consumer asks them to. Lifestyle staff said they regularly seek feedback from consumers about the lifestyle program and if it meets their needs. Staff said advocacy is discussed at staff meetings and confirmed they know where to find information about advocacy services should a consumer or representative ask for it. Care staff described how they use staff and family members to help them communicate with consumers who speak languages other than English and spoke about a translator service they can also access. Staff were able to describe open disclosure and confirmed they received training about how it applies to their roles.

The Assessment Team observed feedback forms and pamphlets about advocacy and language services in various locations around the service showing consumers how to make complaints and provide feedback, and how to access support in doing so if required.

The Assessment Team reviewed a process in place to monitor ongoing compliance with this Requirement, including identifying opportunities for improvement.

For the reasons detailed above I find the service Compliant with all Requirements within Standard 6.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 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

The Assessment Team assessed all Requirements within this Standard. This Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant.

The Assessment Team found the service demonstrated workforce interactions with consumers are kind, caring and respectful of their identity, culture and diversity. that its workforce is competent, and staff have the knowledge and qualifications to effectively perform their roles. The service was able to demonstrate that it recruits, trains and equipped its workforce to support the delivery of the requirements of the Aged Care Quality Standards and demonstrated that it monitors and reviews the performance of each member of its workforce. The Assessment Team also found the service was unable to demonstrate that its workforce is planned to enable the delivery and management of safe and quality care and services.

The Assessment Team found that while the service has a workforce planning system to enable the number of mix of members of staff across all roles to be allocated based on consumer needs, this system is not always effective as evidenced by call bell response times and in the management of the verbal and physically aggressive behavioural symptoms of dementia causing negative impacts to consumers in a specific wing. The Assessment Team found and there is no formal call bell policy to direct staff to meet the expectations of management. Further review of policies and procedures shows the service has a formal process to recruit and induct staff and a framework to support management of staff performance.

During interviews with the Assessment Team most consumers and representatives reported consumers get quality care and services when they need them from people who are knowledgeable, capable and caring, and they were happy with the numbers and mix of staff to deliver care and services. Examples of feedback provided by consumers and representatives include:

* Consumers said they were confident staff knew what they were doing and performed their roles well.
* Consumers said staff treated them in a kind and caring manner. Staff made them feel like they were part of their family. Representatives stated staff were kind and caring to consumers.
* A consumer described how their preference is for female care staff to assist them with personal care and this is supported. The consumer said staff are always very gentle and respectful when delivering personal care.
* A consumer said they ‘often’ wait to have their wet continence changed in the mornings. They have made two previous complaints about this, which did result in improvement for a ‘little while’ but recently extended wait times have started occurring again which they find upsetting.
* A consumer who depends on staff to take them to the toilet reported long wait times to be assisted with this and sometimes has an ‘accident’ which is upsetting and embarrassing.
* A bed bound consumer reported staff can take an extended period to respond to their calls for assistance.

Documentation reviewed by the Assessment Team showed each role has a duty statement listing expectations of each role. The service’s training matrix/register shows all staff are up to date with annual mandatory training. Records reviewed confirm the service audits clinical indicators, complaints and compulsory reporting monthly and collate a report of their analysis of the information collected.

During interviews with the Assessment Team care staff stated they had regular toolbox training sessions on topics including COVID-19, customer service and the use of personal protective equipment. Staff reported they also undertake mandatory annual training on manual handling, compulsory reporting and fire safety. Clinical staff said they observe staff on the floor and provide feedback immediately if they identify any issues with practice. Staff confirmed they have performance appraisals with management on an annual basis, and management are supportive and assist them with requests for additional training. Management confirmed they have a monthly training schedule with several sessions held per month. Management said they use observations from clinical managers, registered staff and feedback from consumers and their families and staff to complete annual performance appraisals. Management advised any identified gaps in staff practice are used to further develop the training scheduled, which is also reviewed and updated monthly.

The Assessment Team observed staff interacting with consumers in a kind and caring manner throughout the three-day audit.

As a result of the information collected and reviewed during this site audit the Assessment Team have recommended the service does not meet Requirement (3)(a) within this Standard.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with Standard 7 Requirement (3)(a). The reasons for my decision are detailed under the specific Requirement below.

## 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.*

During the site audit the Assessment Team found the service was unable to demonstrate that its workforce is planned to enable the delivery and management of safe and quality care and services. While the service has a workforce planning system to enable the number of mix of members of staff across all roles to be allocated based on consumer needs, this system is not always effective in relation to call bell response times and managing the physically aggressive behaviour of one consumer negatively impacting consumers in a specific wing. The Assessment Team base this finding on the following evidence:

* Verbal reports from consumers and representatives. Three consumers reported having to wait extended periods of time for staff to respond to call bells to assist them to the toilet. Five representatives stated they felt there was a lack of staff to help consumers.
* Call bell response data for the four weeks prior to the audit, relating to consumers who had been assessed as at high risk of falls, and who had fallen recently. Data showed: 112 occasions when one consumer’s call bell was not turned off in under 15 minutes; nine occasions when a consumer’s call bell was not turned off in less than 25 minutes; and 10 occasions when a consumer’s call bell was not turned off in less than 20 minutes.
* Information provided by staff. Five staff stated they often did not have enough support to manage one consumer. The named consumer displays verbal and physically aggressive behaviours of dementia. Five staff said the only effective strategy to prevent this consumer from ‘physically abusing’ other consumers is continuous monitoring which is not possible. Staff said they cannot do this as they need to take care of other consumers and do other duties. One staff member stated if they can get this consumer to take their medications they are ‘okay’ for most of the day.
* Records confirm 13 incidents of physically aggression displayed by this consumer against other consumers in the six months prior to the site audit, negatively impacting them, including hitting, slapping, punching, pushing and using objects to cause harm.
* Observations of the Assessment Team. On day two of the site audit the Assessment Team found a consumer at high risk of falls with their sensor mats under their bed while they were in bed.

The Approved Provider submitted their response to the Assessment Team’s report on 20 October 2020. The Approved Provider is of the view that the Assessment Team: placed significant reliance on a small proportion of consumers and representatives and on call bell response times as evidence of an ineffective workforce planning system; and they erroneously documented call bell response times are not always monitored. The Approved Provider submitted the following information:

* Management have spoken with the consumers and representatives named in the report as experiencing delays in call bell response times. One confirmed this had no impact on them. As the other two consumers reported occasional impact relating to continence management the service is working closely with them to minimise further impact.
* The Approved Provider submitted evidence of upgrades to their phone system to link with their call bell system planned and budgeted for prior to the site audit, and implemented since, that greatly improves response times as staff now have an audible alert when call bells are activated.
* The Approved Provider submitted evidence of a call bell monitoring program that involves monthly review of call bell response times including follow up with impacted consumers. They also provided details of an organisation-wide IT service interruption from an external source in August 2020 that was beyond their control which has impacted their ability to review call bell data for that month as their IT system was not fully functioning. Since the site audit they have increased management’s observational audits of call bell response times. Unaceptable and/or lengthy delays are matched against allocation sheets and followed up with specific staff and consumers within 24 hours.
* The Approved Provider’s response to Standard 3 also indicated they have introduced an additional carer shift and the presence of lifestyle staff in the afternoons to support and minimise the impact of the consumer who displays verbal and physically aggressive behavioural symptoms of dementia.

I acknowledge the Approved Provider’s comments about aspects of the Assessment Team’s report they dispute, and the prompt and pro-active approach they have taken in response to the report. Despite the action taken I consider the evidence provided in the Assessment Team’s report, and in the Approved Provider’s response confirms at the time of the site audit consumers were being negatively impacted by delayed call bell response times and consumers were being negatively impacted by another consumer’s verbal and physically aggressive symptoms of dementia despite having a workforce planning system in place, as the system was not facilitating the consistent delivery and management of safe and quality care for those consumers.

For the reasons detailed above I find the service Non-compliant with Standard 7 Requirement (3)(a).

### 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 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

The Assessment Team assessed all Requirements within this Standard. This Standard is assessed as Compliant as all five specific Requirements have been assessed as Compliant.

The Assessment Team found consumers considered the service was run well and they were engaged in the development and delivery of their own care and services. During interviews with the Assessment Team consumers confirmed nursing staff involved them in developing their care and services plans by asking about their needs and preferences and how they want their care delivered. Consumers also confirmed their feedback about care and services is acknowledged and acted on.

During interviews with the Assessment Team management confirmed engagement with consumers commences on admission through the admission process. Care plans are developed during this process and reviewed and discussed with consumers and/or their representatives at least annually and as care needs change. Management also confirmed wellness checks are completed by lifestyle staff monthly to ensure interventions remain appropriate.

Management confirmed care committees meet regularly to discuss and analyse clinical incidents, clinical indictors and audits. Results of analyses are included in monthly reports prepared for the Board and presented at Board meetings. The Board is advised of critical incidents including mandatory reports, when they occur, and kept up to date on the service’s financial position by the finance team during Board meetings.

The Assessment Team reviewed policies and procedures in place as part of the service’s governance frameworks to guide staff in meeting the requirements of their roles.

The Assessment Team observed a range of ways staff communicate with each other about consumers’ needs including handover, the daily ‘huddle’ and staff accessing the password protected electronic record management system to input and access consumers’ information.

The service’s complaints management framework and continuous improvement plan have been discussed under other Standards within this report. Records confirm feedback both positive and negative is actively sought and used to direct improvement activities.

While the Assessment Team found the number and mix of members of the workforce did not consistently enable the delivery of safe and effective care in one specific wing of the service (see Standard 7), they did find the workforce governance system was effective in other areas of the service.

Management confirmed the corporate quality manager provides information daily in relation to legislative changes, including updates from the Aged Care Quality and Safety Commission and the Department of Health. Documentation reviewed confirms professional registrations are current, police clearances up to date, and compulsory reports have been made as required, and staff knowledge deficits have been addressed when identified.

While the Assessment Team found high impact risks associated with one consumer were not consistently effectively managed (see Standard 3), they did find the service’s clinical governance and risk management systems, effective in all other areas of clinical care. The Assessment Team reviewed risk assessments completed for consumers who choose to participate in activities that may put them at risk, and associated strategies to mitigate risk as much as possible. Records show the service’s own systems identified gaps in staff knowledge relating to recognising elder abuse and additional staff training has been provided.

The Assessment Team reviewed the service’s clinical governance framework and policies relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed they received training about these policies and could describe how they related to their roles.

For the reasons detailed above I find the service Compliant with all Requirements within Standard 8.

## 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.*

### 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.

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

* Ensure aggressive behavioural symptoms of dementia are thoroughly assessed and management strategies detailed on consumers’ care plans.
* Ensure risk to fellow consumers is considered when management strategies are being developed.
* Ensure clinical staff maintain oversight of care staff implementing behaviour management strategies and evaluate the effectiveness of the strategies.
* Ensure clinical staff escalate unmanaged aggressive behavioural symptoms of dementia to service management and the general practitioner to consider involvement of other specialised health care services as deemed appropriate.
* Ensure contact with specialised health care services is maintained until aggressive behavioural symptoms of dementia do not pose risk and is re-established promptly when risk increases.
* Ensure increased risk results in re-assessment and review of current management strategies to keep consumers safe.

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

* Ensure remedial action taken to address delayed call bell response times is monitored to ensure it results in sustained improvements in practice.
* Ensure the effectiveness of management strategies to minimise the impact of aggressive behavioural symptoms of dementia is monitored and evaluated and additional human resources allocated if deemed the most appropriate strategy to keep consumers safe.