Regis Playford

Performance Report

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**Commission ID:** 6852

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

**Site Audit date:** 22 February 2021 to 25 February 2021

**Date of Performance Report:** 14 May 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-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** | **Non-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) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-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) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment conducted 22 – 25 February 2021, 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 26 March 2021.

# STANDARD 1 NON-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.

The Assessment Team found that 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.

The Assessment Team interviewed sampled consumers who said staff treat them kindly and maintain their privacy, such as knocking before entering their room. Consumers explained how the service and staff support them to maintain relationships inside and outside the service. One representative explained the staff would ensure their parents are able to spend time together daily even though they reside in different houses.

The Assessment Team found that while consumers said they could take risks, such as smoking and using an electric wheelchair, one consumer said the service had not explained to them the risks and was not aware of a risk assessment conducted by the service. Further, a representative explained while the risks of the consumer smoking were once explained, they were not involved in the review process when there was a change in the consumer’s condition. The Assessment Team observed there was no evidence of the consumer’s or representative’s signature on the risk assessment forms. It was also noted the risk assessments had not been reviewed in accordance with the organisation’s policy informed by the level of assessed risk.

The Assessment Team observed that staff were interacting with consumers kindly and respectfully. Consumers had personalised rooms decorated with things important to them and observed staff knocking before entering each consumer’s room.

The Assessment Team interviewed staff who provide details about consumers’ preferences that aligned with what consumers said and care plans. Staff explained how they incorporate cultural activities into the monthly schedule to promote diversity and inclusion. The Assessment Team observed many consumers attending an Italian themed activity, featuring Italian music, food and a movie.

The Assessment Team reviewed policies and procedures demonstrating how the organisation fosters inclusivity and upholds consumer privacy. Consumers’ care plans documenting their background, religion, interests, preferences and family and resident meeting minutes recording feedback sought from consumers and information provided to them about activities, catering and other clinical and administrative updates.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

The Assessment Team found that although the organisation allows consumers to take risks to enable them to live the best life they can, the organisation was unable to demonstrate how each consumer had been supported to understand the risks involved in undertaking these activities, including when changes may impact on these risk factors.

The Assessment Team found through review of care planning documentation, that where consumers are identified wanting to undertake activities where a risk component is involved, such as smoking or using electric wheelchairs, staff are required to complete a risk assessment in consultation with the consumer and/or representative to ensure they understand the risks associated with the activity the consumer wishes to undertake. On review it was noted staff had not completed or re-assessed risk assessments in accordance with service policy, consumers had not been involved in discussion regarding risk and monitoring processes and the risk assessments were not signed by the consumer or their representative to acknowledge the risks.

The approved provider responded to the Assessment Team report and stated that although these risk assessments had not been signed, there had been no adverse outcomes for the consumers.

I find that the approved provider is not compliant with this requirement as although there were detailed risk assessments, these had not been discussed with or agreed to by consumers and, therefore, the consumers had not been supported to understand the risks involved in undertaking these activities including when changes may impact on these risk factors.

### 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.

The Assessment Team found that overall, all sampled consumers and most representatives did not consider that they feel like partners in the ongoing assessment and planning of consumers’ care and services.

The Assessment Team interviewed sampled consumers and their representatives and found that six of seven consumers sampled were not aware of care planning documentation and none reported feeling involved or engaged in an ongoing partnership with regards to assessment and planning processes. Two consumers reported the service had “never discussed care” nor held a discussion regarding the care and services they receive. Four representatives reported being informed and involved in care planning processes some years ago, however, not in the past year and four further representatives interviewed reported they had not been informed about the care plan.

The organisation demonstrated they had assessment and planning processes for identifying and addressing risks to consumers’ health and well-being, in addition to needs, goals and preferences. The Assessment Team noted there were monitoring systems, such as 24-hour progress note reviews, monthly wellness checks and clinical audits, that are utilised to ensure such processes, including documentation requirements, are upheld. The Assessment Team found, however, that whilst staff interviewed demonstrated knowledge and understanding of assessment and planning processes, and monitoring systems were in use, these had been ineffective.

The Assessment Team reviewed care planning documentation and identified the consumers’ needs and associated risks, specifically in relation to pain and wound management, had not been assessed or addressed in accordance with the service policy. Consumers reported being in pain as a result.

The Assessment Team spoke to management who reported the service engages consumers and others they wish to involve, such as representatives, in every aspect of assessment and planning. The service reviews care planning and assessment documentation each month at wellness checks and the Assessment Team found this was evidently documented in sampled consumers’ files. Consumers and representatives interviewed, however, consistently reported not being aware of, involved or engaged in care planning and assessment processes and did not have ready access to care plans.

The Assessment Team spoke with representatives who confirmed they were informed of changes to consumers’ health and following incidents or medication changes. The Assessment Team sighted evidence, however, that the service had not consistently reviewed care and services, including risk assessments, following a change in consumers’ condition, cognition and/or needs. This had resulted in actual and potential harm to consumers and others.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found that the organisation could not demonstrate assessment and planning, including consideration of risks, such as pain or wound care, were used to inform the delivery of safe and effective care and services.

The Assessment Team identified that according to the organisation’s ‘Clinical Assessment Policy’, the pain assessment should include a pain score, cause of pain, origin of pain, quality, onset, duration, variation, what relieves or increases pain and pain at night, however, did not include location of pain.

The Assessment Team observed pain assessments did not consistently document the above factors in accordance with the policy. Furthermore, pain charting, although commenced, did not reflect all episodes of pain, nor was it used to inform evaluations of care or pain management strategies.

The Assessment Team noted the same policy did not include guidance or reference to assessment, planning or documentation requirements with regards to wound care.

The approved provider responded to the Assessment Team report and advised that a detailed pain review has been completed for consumers’ identified by the Assessment Team, with pain assessments updated which reflect correct causes, origin and scores. The wound charts and managements plans have also been reviewed to include additional information. The service has commenced pain management training and will schedule a workshop on wound management.

I find that the approved provider is not compliant with this requirement, as the service could not demonstrate that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

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

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

The Assessment Team found that the organisation could not demonstrate assessment and planning had consistently identified and addressed consumers’ current needs, goals and preferences the Assessment Team found assessment and planning processes, including pain and wound assessments, in addition to wellness checks, did not consistently identify or address consumers’ current needs.

According to the organisation’s ‘Clinical Assessment Policy, staff are expected to conduct clinical assessments in a comprehensive, systematic manner, as part of an ongoing partnership, to identify clinical risk. A comprehensive clinical assessment and pain assessment is to be conducted monthly as part of the organisation’s process to ensure all interventions are reflective of the consumers’ current care preferences and needs.

The Assessment Team were informed by four consumers and their representatives, that assessment and planning processes had not identified or addressed consumers’ current needs in relation to pain and oxygen requirements.

The Assessment Team interviewed sampled representatives for consumers and confirmed end of life wishes had been identified and addressed, however, reported they were not aware of, or involved in the development of the palliative care plan.

The approved provider responded to the Assessment Team report and advised that they are aware that there are some areas that require improvement and they have commenced a robust plan, including reviewing and updating the information of the identified consumers.

I find that the approved provider is not compliant with this requirement at the time of assessment as the service could not demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team found that the organisation could not demonstrate assessment and planning is based on ongoing partnership with the consumer and/or representatives.

The Assessment Team interviewed sampled consumers and representatives who were not aware of assessment and care planning processes or documents and confirmed that whilst the service informs them of incidents, medication changes and changes to consumers’ health and/or condition, they did not feel involved or engaged in an ongoing partnership with regards to assessment and planning.

The Assessment Team spoke to management who informed them that each consumer’s care and services is reviewed at monthly wellness checks by nursing staff in consultation with the consumer and/or representative. Care consultations are arranged when requested or deemed necessary. The Assessment Team viewed sampled consumers’ care documentation and observed monthly wellness checks documented in progress notes, including a comment on consumers’ satisfaction. None of the consumers and representatives interviewed, could recall or confirm such discussions had taken place.

The approved provider responded and acknowledged that this is an area for improvement and that they will ensure representatives are contacted or consulted following monthly wellness checks.

I find that the approved provider is not compliant with this requirement at the time of assessment as the service could not demonstrate that assessment and planning is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

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

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

The Assessment Team found that the organisation could not demonstrate a care and service plan is readily available to consumers and/or representatives, or that outcomes of assessment and planning are effectively communicated.

The Assessment Team spoke to management who stated, “it is our policy not to offer the care plan” and informed the Assessment Team consumers and/or representatives who request access must complete a written documentation request form titled ‘Request for access to personal information’. Management confirmed consumers and representatives are not routinely informed of the care plan or their right to request access such information, rather, individuals must proactively approach the service first and await a formal response from the organisation.

The approved provider responded to the Assessment Team report and advised that they would include information on accessing care plans to the Residents Newsletter for April.

I find that the approved provider is not compliant with this requirement as the service could not demonstrate that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

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

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

The Assessment Team found that the organisation was unable to demonstrate care and services had been consistently reviewed, when circumstances had changed or when incidents had impacted on the needs, goals or preferences of each consumer.

The Assessment Team reviewed care documentation for two sampled consumers which demonstrated the service had not reviewed or altered care and services in response to a change in condition, nor in line with review requirements as per service policy.

The Assessment Team identified that according to the organisational policy and risk rating matrix, risk assessments are to be reviewed in accordance with the review date populated by the risk rating or when needs change. Therefore, a consumer activity scored as a medium risk is to be reviewed every three months, in addition to care plan and assessment reviews at monthly wellness checks. This had not occurred for one sampled consumer who had not had a risk assessment completed for two years after entering the service and once since (in 18 months), whereas according to the risk assessment it should have been three monthly and/or when there was a change to the consumer’s condition. There was no evidence staff had reviewed the risk assessment, nor identified it was overdue.

The Approved provider responded to the Assessment Team report and advised that they would initiate improvements, including conducting a review of the homes process for documentation when care needs change and would identify consumers with changed needs and ensure care plans are updated to review their current care needs.

I have found that the approved provider is not compliant with this requirement as the service could not demonstrate that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# STANDARD 3 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 Assessment Team also examined relevant documents.

The Assessment Team found that overall, most sampled consumers and representatives did not consider that consumers receive personal care and clinical care that is safe and right for them. The Assessment Team interviewed sampled consumers and their representatives and found that five consumers requiring assistance with activities of daily living reported they are frequently left unattended by staff during showering. Four consumers confirmed they are still in pain despite interventions and stated they often must wait 30 minutes for staff to respond to requests for pain relief. Two consumers reported staff had not managed wounds effectively. Two representatives and three consumers reported having to wait extended periods of time to be reviewed by a Medical Officer.

The Assessment Team interviewed staff who demonstrated knowledge of consumers’ personal and clinical care needs and could relay strategies for managing high impact or high prevalence risks, such as falls, weight loss and behaviours.

Care documentation viewed demonstrated the service understood and applied some elements of the requirements under this Standard. For example, the service demonstrated it had recognised and addressed the needs, goals and preferences of consumers nearing the end of life, maximised comfort and preserved dignity. This was confirmed by representatives and reflected in staff interviews.

The Assessment Team found that the service has implemented and embedded infection prevention and control measures, in addition to antimicrobial stewardship principles, into service care and delivery. This was evident in care documentation, staff interviews and observations.

As evident in incident reports and interviews with consumers, representatives and staff, the service was not managing aggressive behaviours which had resulted in numerous episodes of physical aggression to other consumers, visitors and staff. The service had not implemented all behavioural strategies recommended by specialists and the behaviours remains unmanaged. As a result, visitors and staff reported feeling unsafe and frightened.

The Assessment Team reviewed care documentation for two sampled consumers, which showed staff had not consistently identified and responded to episodes of deterioration in a timely manner and this had not been identified by the service’s monitoring processes. Furthermore, whilst staff had arranged referrals to a Medical Officer, these had not been followed up or monitored, and consumers had waited extended periods of time before a review took place. Consumers indicated this had resulted in prolonged and unnecessary pain, discomfort and anxiety.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that the organisation was unable to demonstrate each consumer receives safe and effective personal and/or clinical care that is tailored to their needs or optimises health and well-being. Specifically, the Assessment Team found evidence consumers did not consistently receive one to one physical assistance with showering, which made them feel unsafe and anxious or wound and pain management in accordance with their needs or in a manner which optimises health and well-being.

The Assessment Team interviewed consumers who said that that they are have not had their pain managed appropriately. The Assessment Team also identified that when pain relief is administered staff do not always check if the intervention has been effective and pain charting was found to be inaccurate. The Assessment Team also identified that wound care was not always managed effectively or followed as per the wound management plan.

The approved provider responded to the Assessment Team’s report and advised that a full review of assistance required for activities of daily living by staff for all consumers would be conducted with assessments updated with assistance needed. The service will also send out a survey to consumers to obtain consumers’ satisfaction with pain management. A review would also be conducted on consumers with wounds to ensure that correct dressings are applied.

I find the approved provider is not compliant with this requirement as the service did not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that: is best practice; and is tailored to their needs; and 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.*

The Assessment Team found that the organisation did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team found the service was unable to effectively manage behaviours of consumers, nor maintain the safety and well-being of the consumer or other consumers, visitors and staff in the vicinity. The Assessment Team noted the consumer’s care plan had not been updated as required despite further incidents and reviews from other services. Specifically, the care plan did not identify triggers effectively, including pain or reflect strategies, such as 1:1 assistance, escorting the consumer outside and medication changes. Care documentation reviewed identified that the service has not been monitoring or charting pain as recommended.

The Assessment Team observed the service had not managed medication effectively for multiple consumers. As confirmed in interviews with consumers, representatives and staff, care documentation demonstrated the service had not adequately ensured a timely supply of stock, medication had not been administered as prescribed and documentation was not best practice. In addition, the Assessment Team observed multiple drug omissions and documentation errors in medication charts; this had not been identified by the service or reflected in clinical incident data. Observations made by the Assessment Team were supported by consumers, representatives and staff interviewed, who also expressed concern about the competency of medication competent carers and relayed occasions when staff had administered incorrect medication, not demonstrated knowledge of using a nebuliser and not administered medication or oxygen in line with best practice or the prescription.

The approved provider responded to the Assessment Team’s report and advised that they will initiate a number of improvements, including to ensure education on behaviour management is scheduled for staff, ensuring assessments and care plans are updated with changes to recommendations and ensure triggers, such as pain are identified and documented in the care plan.

I find that the approved provider is not compliant with this requirement as the service did not demonstrate that there is effective management of high impact or high prevalence risks associated with the care of each consumer.

### 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) Non-compliant

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

The Assessment Team found that the organisation was unable to demonstrate staff had recognised and responded to deterioration or changes to a consumer’s physical condition in a timely manner.

The Assessment Team viewed care documentation for three sampled consumers and noted that whilst staff had taken some action in response to a change in consumers’ health condition, they had not recognised the severity or chronic nature of deterioration and responded in a timely manner, including with a medical review.

The approved provider responded to the Assessment Team’s report and advised that they would be scheduling education for all nursing and care staff on recognising clinical decline and management of same in a timely manner.

I find that the approved provider is not compliant with this requirement as the service did not demonstrate that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

### 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) Non-compliant

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

The Assessment Team found that the organisation was unable to demonstrate consumers referred to Medical Officers had been followed up in a timely and appropriate manner.

The Assessment Team were informed by sampled consumers and representatives that the Medical Officers were frequently unavailable and, when requests for a medical review had been arranged, consumers had experienced a prolonged period of waiting before being seen. This had resulted in extended periods of pain and anxiety.

The Assessment Team spoke to sampled consumers and their representatives who stated consumers were experiencing severe pain, illness or deterioration. The minimum time of review was 26 hours through to 13 days following request. This was confirmed by review of care plan documentation that consumers had not been attended to in a timely manner.

The Assessment Team spoke to staff who advised there were no delays in medical reviews. Two staff reported there were Medical Officers at the service “nearly every day,” if out of hours they can contact a locum or if urgent, ring the facility Medical Officer.

The approved provider responded to the Assessment Team report and advised that the process for review and escalation to a Medical Officer will be reviewed for consumers and will be an agenda item for discussion at Registered Nurse Meetings and other Medical Advisory Committee meetings. A daily follow up of requests for Medical Officers will also be documented in progress notes and communication to consumers and family about Medical Officer availability will be documented.

I find that the approved provider is not compliant with this requirement as the service did not demonstrate that the consumers had been reviewed in a timely manner following referrals to Medical Officers.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and 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 Assessment Team also examined relevant documents.

The Assessment Team found that overall, sampled consumers considered 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.

The Assessment Team interviewed consumers who advised that they can provide feedback on daily activities and food via feedback forms and suggestions through the monthly resident's meetings. The consumers expressed their gratitude to lifestyle staff and stated they enjoy attending the activities provided. They said lifestyle staff support them to maintain their independence, including gardening, weekly bus outings, bingo, darts, movies, visits by musicians and theme events, such as February’s Carnival Celebrations. Consumers interviewed also confirmed staff support them to do the things socially and, spiritually and emotionally important to them, for example, maintain independence, have visitors, keeping in touch with people important to them, shopping outings, attending church and community clubs.

The Assessment Team conducted observations, examined relevant documentation, and interviewed staff about their understanding and application of the requirements. Care planning documentation reviewed showed consumers’ social and emotional needs, social activity preferences, support and what is important to them is documented and communicated as required. Care planning documentation also informs leisure and lifestyle participation of consumers to ensure consumers are not socially isolated.

The Assessment Team spoke to staff who described what is important to consumers, their needs and preferences. They provided examples of how they assist and support consumers to do the things they like and participate in the community, as well as provide emotional and psychological support when required.

The Assessment Team spoke to food and cleaning services staff who described how consumers’ specific catering needs and preferences are documented and how they ensure equipment required to provide services are cleaned and maintained.

The Assessment Team observed lunchtime in the Adcock house dining room showed the environment was calm, staff were attentive to consumers assisting with their comfort and meals. Most consumers appeared to be enjoying their meal experience. One consumer stated that “the meals are horrible here and she does not like the food offered, especially the pudding.” One consumer was wearing headphones listening to her favourite music whilst eating her meal.

The Assessment Team found that the service reviews the activity schedule regularly, includes activities of interest to consumers and reflects consumers’ diversity, needs and preferences. Consumers are referred to external service providers when required. Consumers can vote on favourite foods that are included on the four-weekly set catering menu. The menu is reviewed by the dietitian before implementation.

The Assessment Team found that the organisation was unable to demonstrate consumers are provided with meals that are varied and of a suitable quality. Seven of 14 consumers and representatives interviewed reported dissatisfaction with the quality, variety and choice of meals. Documentation reviewed demonstrated the service had a limited option of food choices and changes made in response to consumer feedback had been ineffective.

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

## Assessment of Standard 4 Requirements

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

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

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

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

### Requirement 4(3)(c) 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) Non-compliant

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

The Assessment Team found that the organisation was unable to demonstrate consumers are provided with meals that are varied and of a suitable quality.

### The Assessment Team interviewed sampled consumers. Some consumers reported satisfaction with the provision of meals of the service. One consumer complained there was no salt or condiments provided, too much sugar and no choice; “we get handed a plate and that’s our lot.” The consumer expressed frustration at not being offered tea or coffee first thing in the morning. sweetened juice is provided at breakfast, and tea and/or coffee sometime afterwards. The consumer confirmed they had provided feedback, both verbally and through feedback forms, however, “it’s like banging your head against a brick wall- it hasn’t made a bit of difference.” One consumer reported the food can be tasteless and the meat tough. They had submitted feedback, however, observed no change.

The Assessment Team noted the service had received feedback from consumers and representatives regarding food, however, the service was unable to consistently demonstrate action had been taken. Residents/Relatives Meeting minutes dated 7 July 2020 through to 3 February 2021 show that for the last seven months, consumers have indicated they would like more variety with the meals provided. There have been 16 concerns raised about the food, including toughness of meat, dietary options, dislikes of meals, not receiving vegetarian meals and variety.

The approved provider responded to the Assessment Team report and advised that the Chef has reviewed the issue of the tough meat and has changed the cut of meat. A survey of consumer satisfaction with meals will be conducted and consumer suggestions will be raised at resident meetings with Chef.

I find that the approved provider is not compliant with this requirement at the time of assessment as the service did not demonstrate that 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 NON-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 Assessment Team also examined relevant documents.

The Assessment Team found that overall, sampled consumers considered they feel safe and comfortable, and they find the environment welcoming and easy to navigate.

The Assessment Team interviewed consumers who confirmed they live comfortably in their rooms and most consumers have brought in familiar furniture and memorabilia to personalise their space. Representatives and family who visit are warmly greeted on arrival by Reception staff. Consumers confirmed the service is clean and well maintained.

The Assessment Team found, however, that consumers and representatives expressed dissatisfaction with outdoor areas not being freely available without staff assistance to unlock the doors. The Assessment Team observed doors leading to Webb courtyard locked on two days of the Site Audit and other outdoor areas were not consistently freely accessible to consumers.

The Assessment Team observed the service has six internal courtyard and garden areas, consumers were observed accessing the Joy courtyard for smoking during the Site Audit. Management and staff advised the doors to external courtyards are normally unlocked, which is included in the Registered Nurse’s morning task, however, this was not shown in the Registered Nurse’s duties schedule. Management and staff reported the doors in the Dementia Specific Units are locked to ensure consumers’ safety and consumers are not permitted outside without supervision. They explained that if consumers ask staff to go outside, the Registered Nurse can then open the doors and staff can then supervise consumers.

The Assessment Team observed the service environment was welcoming, easy to understand and enabled consumers to interact with each other and engage in activities. Consumers’ rooms, communal areas, the service environment and equipment appeared safe, clean and well maintained. The activity room is spacious, reading books, jigsaws and games were available for the consumers and their visitors. Smaller communal areas are also located throughout the service with large windows to allow for natural light.

The Assessment Team interviewed management who described recent improvements, such as the unique mosaic profiles that help staff and visitors understand the care requirements and interest of consumers. Four new lifters purchased and on future improvements installing screens on doors leading out to internal courtyards.

The Assessment Team reviewed documentation which demonstrated the service were effectively responding to, managing and preventing maintenance issues.

Whilst the service demonstrated it provided a safe, clean and comfortable service environment, it was unable to demonstrate consumers could move freely outdoors.

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

*The service environment:*

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

The Assessment Team found that while the organisation demonstrated the service environment is safe, clean, and well maintained, the organisation could not demonstrate the service environment enables all consumers to move freely and access outdoor courtyards.

The Assessment Team found the organisation did not demonstrate effective processes are in place to guide staff practice in relation to unlocking doors. Consumers and representatives expressed dissatisfaction with outdoor areas not being freely available to support behaviour management interventions or activities of interest and did not consistently enable safe entry back into the service.

The approved provider responded to the Assessment Team report and advised that they acknowledge the findings of the Assessment Team at the time of their visit in relation to consumers’ access to the outdoors and have taken immediate and subsequent actions that have been undertaken to rectify this.

I find the approved provider is not compliant with this requirement as although they have taken actions to allow the consumers to move freely, at the time of assessment the service did not demonstrate that the service environment 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 Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

The Assessment Team found that most sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

The Assessment Team interviewed consumers and their representatives who said they know how to give feedback and feel comfortable to do so, without fear of retribution. Consumers explained they can give feedback using feedback forms and verbally to staff and at Resident meetings.

Some consumers felt when they have provided feedback in the past, no action was taken by management, which has discouraged them from providing further feedback.

One representative said when they asked for the consumer to be moved to a different house in the service, they were notified as soon as a room was available, and the consumer was relocated promptly.

The Assessment Team interviewed staff who said they seek feedback from consumers after meals and activities and will help consumers log feedback when required. Management could explain how they manage suggestions and complaints and could provide examples of how feedback has driven continuous improvement.

The Assessment Team viewed documentation demonstrating the organisation’s application of the requirements in the Standard. The Continuous Improvement Form Log included feedback from consumers, representatives and staff, on behalf of consumers, and the action taken by the service to address the compliment or concern.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 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

The Assessment Team found that the organisation did not adequately demonstrate effective workforce management that is sufficient and competent to provide safe and quality care and services.

The Assessment Team interviewed consumers and their representatives about staffing and quality of care who mostly said there are not always staff to provide care, such as showering, toileting, personal care, answering call bells or administering medications in a timely manner.

Some consumers and representatives interviewed indicated they are not satisfied with the skills, knowledge and competency of staff providing care in relation to medication management, personal care, manual handling and infections.

The Assessment Team interviewed staff who said there are not always enough staff, particularly when shifts are not replaced and confirmed they do not always have enough time to provide safe and quality care and services to consumers, such as pain, medication falls or behaviour management, personal care and responding to call bells.

The Assessment Team reviewed consumers’ files and found that staff do not have the skills and knowledge to perform their roles particularly in relation to identifying and responding to consumers’ clinical deterioration and/or changes in consumers’ health and well-being in a timely manner, risk management, behavioural management, falls management and manual handling, pain and medication management. Care provided was not always in line with consumer needs, best practice and organisation processes.

The Assessment Team identified that whilst the organisation has a system for planning and reviewing the workforce model, the organisation did not demonstrate the service currently has workforce numbers and/or mix of skills to ensure staff provide safe and quality care and services according to consumers’ assessed needs.

The organisation did not adequately demonstrate the workforce is competent and has the knowledge and skills to effectively perform their roles. Whilst staff are provided with ongoing training, the organisation does not adequately monitor and review staff performance, competency and day to day practice to ensure they identify and respond to any deficits in staff competency, skills and knowledge in relation to clinical documentation, risk assessment and management, pain, behaviour and medication management, responding to consumers’ deterioration or change in health, falls management and manual handling.

The Assessment Team found that the organisation demonstrated some understanding and application of this Standard as consumers and representatives generally said staff interactions are kind, caring and respectful. Furthermore, the service demonstrated that staff are recruited, trained, equipped and supported to deliver care and services and, the service has processes to assess, monitor and review the performance of staff members.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team interviewed sampled consumers and/or representatives who said there are not always enough staff to provide adequate care to the consumers.

Clinical documentation viewed by the Assessment Team demonstrate the service does not have adequate number and/or mix of skilled staff to ensure they provide care and services according to consumers’ assessed needs, for example, in relation to pain management and personal care.

The Assessment Team viewed call bell data from 9 to 23 February 2021 for seven consumers and noted, of a total of 210 combined calls, all except two calls were responded to within 10 minutes and the other two calls were responded at 10.46 and 10.21 minutes. The Assessment Team noted this is not consistent with consumers and representatives’ feedback about staff not always attending to consumers promptly. However, this is consistent with staff feedback about organisational requirement to respond to call bells within 10 minutes and, how they turn call bells off when they are busy.

The approved provider responded to the Assessment Team report and advised they would review the roster for staffing and skill mix with a matrix to be developed on numbers and designations, skills and allocations for residents.

I find that the approved provider is not compliant with this requirement as the service did not demonstrate that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. This was evident with consumer feedback and care documentation viewed which confirmed that some consumers’ pain is not managed effectively, and staff did not respond to requests for analgesia in a timely manner.

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

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

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

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

The Assessment Team interviewed consumers and their representatives, and their feedback demonstrated that they are not satisfied with the skills, knowledge and competency of staff providing consumers’ care in relation to medication management, personal care, manual handling and infections. Care provided was not always in line with consumer needs, best practice and organisational processes.

The Assessment Team spoke to consumers who provided feedback about having to remind staff to administer regular medication and staff administering the wrong medication and a staff member who is rough when showering consumers.

The Assessment Team identified that staff did not demonstrate competent medication management as evidenced by multiple omissions, documentation errors and feedback from consumers and staff, including oxygen, packed medications, eyedrops, nebulisers and pain medications. It was also identified that the impact of medication shortages, such as medications for the management of pain or hyperthyroidism was not recognised and staff did not act promptly to alert management and/or medical officers to seek medication alternatives.

The Assessment Team found that staff did not demonstrate correct manual handling following a consumer fall. Management acknowledged staff had not followed manual handling requirements in line with the service policy, however, stated and provided documentation showing, the staff member was counselled and completed mandatory refresher on falls management processes.

The approved provider responded to the Assessment Team’s report and acknowledged that staff had not followed the correct manual handling requirements, however, feel that as the staff member was counselled and completed mandatory refresher on falls management processes, this was, therefore managed appropriately. The approved provider also stated that additional training would be conducted in relation to medication, pain, behaviour and risk management, manual handling, clinical decline and wound care.

I find that the approved provider is not compliant with this requirement as the service did not demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. It is also apparent that once staff have completed education, and competency is assessed, no further monitoring and/or supervision of individual staff involved in the alleged incidents is required and the organisation does not have processes in place to continue monitoring or supervise individual staff practice.

### Requirement 7(3)(d) Compliant

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

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Assessment Team found that whilst the organisation demonstrated effective organisation wide governance systems in relation to continuous improvement, financial and workforce governance, feedback and complaints, the organisation did not demonstrate effective systems in relation to information management and regulatory compliance.

The Assessment Team found that the organisation did not adequately demonstrate effective identification and monitoring of high impact or high prevalence risks related to the care of consumers, specifically risks related to the management of behaviour, pain and medications because the service is not consistently reporting incidents, reviewing and/or discussing incidents at monthly clinical indicator reviews.

Furthermore, whilst the organisation monitors abuse and neglect of consumers, investigates alleged incidents and takes actions, it did not demonstrate effective ongoing monitoring and evaluation of staff day-to-day practice to prevent further incidents.

The organisation demonstrated some understanding and application of this Standard by showing that consumers are engaged in the development, delivery and evaluation of care and services through care and services reviews process, meetings, feedback and surveys, and that the organisation has an established and documented governance framework and demonstrated the governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery, including through reporting and meetings.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The Assessment Team found that the organisation demonstrated effective organisation wide governance systems in relation to continuous improvement, financial and workforce governance, feedback and complaints, however, did not consistently demonstrate effective governance systems in relation to information management, regulatory compliance and the workforce.

The Assessment Team identified that the Clinical Assessment Policy does not effectively guide staff in the assessment process and staff do not consistently use documentation in line with the organisation’s process and/or complete incident reports, in relation to pain and medication assessments and other incidents.

The Assessment Team also found that clinical information is not always updated or current and does not always reflect consumers’ needs and/or risks when consumers’ circumstances changed. The Assessment Team also noted that clinical reports prepared by the Care Manager were not reflective of actual clinical incidents at the service.

The Assessment Team found that consumers’ care and service plans are not readily available to consumers and/or representatives, and outcomes of assessment and planning are not effectively communicated.

The Assessment Team found that consumer influenza vaccination records have not been updated since June 2020 to reflect when new consumers were admitted at the service and/or when consumers left the service. The records do not enable the service to effectively monitor consumers’ vaccination status.

The Assessment Team viewed the service’s Consolidated Register of Assaults and Absconds document showing that reportable incidents are documented in the register. Although the service documented ‘Date and time incident reported’, referring to date and time the incident was reported to the service, the register does not include the date and time the incident was reported to the police and Commission.

The approved provider responded to the Assessment Team’s report and advised that they would act on the issues identified in the report with updating vaccination records for new residents, and schedule training for all staff in relation to compulsory reporting (SIRS).

I find that the approved provider is not compliant with this requirement as the service did not demonstrate that there were effective organisation wide governance systems relating to information management; workforce governance, including the assignment of clear responsibilities and accountabilities and regulatory compliance.

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The Assessment Team found that the organisation did not adequately demonstrate effective identification and monitoring of high impact or high prevalence risks related to the care of consumers, specifically risks related to the management of behaviour, pain and medications because the service is not consistently reporting incidents, reviewing and/or discussing incidents at monthly clinical indicator reviews.

The Assessment Team reviewed consumer documentation which showed that some consumers’ pain is not being managed effectively and the service’s monitoring processes had been ineffective in identifying or managing the consumers’ pain. Behaviours are not effectively managed because the service did not consistently implement behaviour strategies and/or monitor their effectiveness. Medication incidents are not consistently documented in the incident management system and/or reported in line with organisational processes. Although medical incidents are monitored monthly as part of the service’s clinical indicator reporting, this is not effective as not all incidents are reported and, therefore, is not reflective of actual incidents.

The Assessment Team also identified that the organisation did not adequately demonstrate application of this requirement in relation to identifying and responding to abuse and neglect of consumers. The organisation monitors abuse and neglect of consumers through reporting and documentation of incidents, including allegations of physical assaults, sexual assaults and Elder Abuse/Neglect of Care from staff. Whilst each alleged incident was investigated, and actions taken, the organisation did not consider a possible trend and/or systemic issues for the volume and nature of the alleged reportable incidents.

The approved provider responded to the Assessment Team report and advised that they would schedule regulatory compliance training for staff in relation to compulsory reporting (SIRS).

I have found the approved provider is not compliant with this requirement as the service did not demonstrate that they have effective risk management systems and practices, including but not limited to; managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

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

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

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

The Assessment Team found that whilst the organisation has implemented a Clinical Governance Framework which includes the organisation’s governance structure to monitor, report, review and improve the safety and quality of care in relation to clinical care, the organisation did not adequately demonstrate effective clinical governance, specifically in relation to trending and monitoring of consumers’ individual clinical incidents; and application of open disclosure processes following consumer incidents.

The Assessment Team viewed Clinical Indicator reports for January 2021 and November 2020, which showed clinical incidents are reported by number of incidents and severity levels, including in relation to aggressive behaviours, choking, falls, medications, skin tears, pressure injuries, bruising, near misses, Elder Abuse and assaults. However, individual consumer’s clinical trends and/or risks are not systematically identified and/or documented in the reports, and as such, the organisation did not adequately demonstrate effective clinical governance in relation to the review and monitoring of individual consumers’ clinical care. Whilst some consumer incidents are documented, in relation to falls or behaviours, and actions are recorded, this does not include identification and analysis of individual consumers’ trends, for example, an increase or decrease in the number of falls or behaviours over a period of time.

The Assessment Team found that whilst the organisation demonstrated a framework is in place to minimise the use of restraint, it did not adequately demonstrate that consumer representatives are systematically explained the risk of physical restraint and/or advised when physical restraint, such as the use of low low beds, is implemented.

The Assessment Team found that the organisation demonstrated an open disclosure system is in place, however, it did not adequately demonstrate that open disclosure processes are systematically applied when things go wrong and clinical incidents caused harm, or that incident reports were consistently completed or utilised to investigate poor practice.

The Assessment Team did find that the service demonstrated an understanding of antimicrobial stewardship, including an antimicrobial stewardship policy, monthly reporting of infections and antimicrobial use, three monthly review of antimicrobial stewardship at Medication Advisory Committee (MAC) meetings and evidence of recent staff education in relation to infection prevention and antimicrobial stewardship.

The approved provider responded to the Assessment Team’s report and advised they are actively addressing the issues identified in the Teams report and will discuss the open disclosure policy at a staff meeting.

I find that the approved provider is not compliant with this requirement as the service did not demonstrate that where clinical care is provided, a clinical governance framework is in place, specifically in relation to trending and monitoring of consumers’ individual clinical incidents; and application of open disclosure processes following consumer incidents.

# Areas for improvement

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

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

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

The approved provider must demonstrate that:

* The service conducts risk assessments in consultation with consumers and/or their representatives where consumers are identified wanting to undertake activities where a risk component is involved and that the risk associated with the activity are understood by the consumer and/or their representative.

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

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

The approved provider must demonstrate that:

* Pain assessments are reviewed and documented in line with the organisation’s Clinical Assessment Policy.
* Additional education is completed for staff on pain management and wound management
* Wound management charts and management plans are reviewed and documented in line with the organisation’s Clinical Assessment Policy
* Assessments are updated and communicated to staff and consumers/representatives.

### Requirement 2(3)(b) Non-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 approved provider must demonstrate that:

* Assessment and planning identifies the consumer’s current needs, including pain, wound and other changes occur.

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

*Assessment and planning:*

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

The approved provider must demonstrate that:

* Consumers and their representatives are engaged in the assessment, planning and review of their care and services
* Consumers and representatives are included in the risk assessment process when they undertake activities of risk.

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

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

The approved provider must demonstrate that:

* Care and service plans are made available to the consumer and their representative
* Outcomes of assessment and planning is communicated to consumer and representatives.

**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 approved provider must demonstrate that:

* Care documentation is consistently reviewed and updated in response to a change in condition, in line with service policy.

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

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

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

The approved provider must demonstrate that:

* Assessments are updated to reflect assistance required
* Consumers are not left unattended by staff when personal care is being provided
* Pain management is monitored and documented for effectiveness.

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

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

The approved provider must demonstrate that:

* A review is undertaken for consumers with behaviour management issues with strategies implemented and documented.
* Assessments are updated to reflect triggers and interventions for specific behaviours to reduce risk.
* Education is conducted for staff on behaviour management, completion of incident reports and behaviour charting.
* Medication is administered in a timely manner and documented appropriately.
* Medication competency is assessed for carers administering medication

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

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

The approved provider must demonstrate that:

* Staff are educated in recognising and managing clinical decline.

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

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

The approved provider must demonstrate that:

* Referrals to Medical Officers and other organisations are followed up in a timely manner.
* If Medical Officer is unavailable, consumers and representatives are advised.

### Requirement 4(3)(f) Non-compliant

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

The approved provider must demonstrate that:

* Consumers are consulted about menu choices and provided opportunity for change.
* Meals are varied, and consumers input is considered.

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

The approved provider must demonstrate that:

* Doors are unlocked to allow consumers to access courtyards.
* Consumers risk for accessing outdoors is updated in care planning documentation.

### 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 approved provider must demonstrate that:

* The roster is reviewed to provide appropriate staffing and skill mix.
* Call bells are monitored to ensure consumers are attended to promptly.

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

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

The approved provider must demonstrate that:

* Staff are monitored and reviewed following education to ensure competency in day to day activities.
* Staff are provided additional education in identifying and responding to consumers’ clinical deterioration and/or changes in consumers’ health and well-being in a timely manner, risk management, behavioural management, falls management and manual handling, pain and medication management.

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

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

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

The approved provider must demonstrate that:

* Clinical information is updated or current and reflects consumers’ needs and/or risks, and/or updated when consumers’ circumstances changed.
* Consumer influenza vaccination records are updated to reflect when new consumers were admitted at the service and/or when consumers left the service.
* Regulatory compliance training to be conducted for staff.
* Systemic issues related to staff incidents of reported abuse and neglect towards consumers and investigated to ensure adequate actions to prevent further incidents are taken.

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The approved provider must demonstrate that:

* Effective identification and monitoring of high impact or high prevalence risks related to the care of consumers is identified, specifically risks related to the management of behaviour, pain and medications.
* Consumers’ pain and behaviours are managed effectively.
* Medication incidents are consistently documented and reviewed in the incident management system and/or reported in line with organisational processes.
* Possible trends and/or systemic issues for the volume and nature of alleged reportable incidents are investigated.

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

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

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

The approved provider must demonstrate that:

* Staff are trained in open disclosure policy.
* Staff are trained in regulatory compliance in relation to SIRS.