Resthaven Paradise 

Performance Report

61 Silkes Road PARADISE SA 5075

Phone number: 08 8336 5444

**Commission ID:** 6938

**Provider name:** Resthaven Inc

**Site audit date:** **17 December 2019 to 19 December 2019**

# 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) |  Non-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** | **Compliant** |
| Requirement 7(3)(a) | 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 provider’s response to the Site audit report received 15 January 2020.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team found all consumers and representatives interviewed said 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 following examples were provided by consumers and representatives during interviews with the Assessment Team:

* staff encourage them to do as much as they can for themselves and staff understand what is important to them.
* staff understand their special needs and provide support to include them in interactions with others from the same ethnic background and they are included in appropriate activities.
* a representative said their partner has dementia and staff look after them extremely well and always provide personal care at her preferred times.
* they receive information to make informed decisions.

Staff interviewed by the Assessment Team were able to demonstrate systems to help consumers and representatives make decisions about consumers’ care and services, including who is to be involved in these processes. Staff were also able to demonstrate how consumers are supported to maintain relationships, to take risks and live their best lives. Staff spoke respectfully about consumers and provided examples of the consumers’ preferred times for their personal care assistance and demonstrated awareness of specific consumers’ backgrounds and understood different ways required to engage them. Staff said cultural safety was a topic of discussion in focus groups in 2018 and 2019 with explanations provided to consumers.

The Assessment Team found the organisation demonstrated consumers are treated with dignity and respect through documentation viewed. Consumer files viewed reflected profiles and information about consumers’ backgrounds, life stories, hobbies and interests and this information was used to develop the care plans.

The Assessment Team viewed consumer files which showed consumers have contact details of representatives, guardians and other/or relevant support personnel documented. The Care planning guide viewed describes how the organisation involves consumers in planning their care and services.

A range of documentation was viewed by the Assessment Team, such as the organisation’s Strategic and Diversity Action Plans. Key areas of the Strategic Plan incorporate consumer dignity and respect. The Diversity Action Plan recognises people have unique needs in relation to their life story, culture and experience and staff require knowledge and skills to deliver inclusive and responsive services.

## 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

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 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

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

The Assessment Team recommended requirements (3) (a), (d) and (e) in Standard 2 as not met. I have considered the Assessment Team’s findings, approved provider’s response and the totality of the evidence within the report to come to a view about compliance with Standard 2 and find all the requirements as Compliant. I have provided my reasons for my decision in the respective requirements in the body of the report.

The Assessment Team found consumers and representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are regularly involved in the consumers’ care planning process.
* they are informed about the outcomes of assessment and planning and have access to the consumer’s care and service plan if they wish.
* the staff are really nice and caring and always try to do the best they can.
* staff speak to them on a regular basis with any changes to their health needs.
* the organisation is in regular contact with any changes to the health and clinical needs of consumers, not only through the six-monthly review but if any change occurs.

The Assessment Team found the organisation was able to generally demonstrate effective assessment, planning and consultation processes for consumers in relation to identifying consumers’ needs, goals and preferences, and risks to consumers’ health and well-being. The organisation has policies and procedures to guide staff in assessment and planning processes.

Care planning documentation viewed by the Assessment Team identifies the consumer’s needs, goals and preferences and is reviewed when circumstances change to optimise care and ensure services are safe and right for them. Care plan reviews are completed six-monthly or as required in consultation with the consumer and/or their representatives.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

The Assessment Team found the service did not meet this requirement. The Assessment Team reviewed eight consumers’ care plans that showed not all care plans reflected completed assessments or the information throughout the care plan was not consistent. All eight care plans had an assessment and care plan in place. However, two of eight care plans showed the assessment information was not congruent with care plans.

The approved provider refuted the Assessment Team’s findings and has submitted further clarifying information in relation to the two consumers named in the report. The provider indicated the Assessment Team did not fully understand their processes and did not access the current files used by staff in their computerised program. The provider indicated the Assessment Team reviewed the outdated electronic documentation instead of the current documentation.

Based on my review of the Assessment Team’s report and approved provider’s response, in making my decision I noted the failures raised by the Assessment Team concerning the two individual consumers in this requirement and relevant in the noncompliance regarding requirement (3) (b) in Standard 3 have been addressed. The Assessment Team provided evidence two of eight consumer files showed the care plan information was not congruent with the assessment. Information provided by the approved provider showed assessments did reflect what was in the care plan.

I am satisfied the requirement is Compliant. The provider submitted assessments, care plans and notes that demonstrated the organisation has assessment and planning processes which inform 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 is readily available to the consumer, and where care and services are provided.

The Assessment Team found the service did not meet this requirement. The Assessment Team interviewed two consumers and representatives and stated they have not seen the care plan however with any changes staff inform them straight away and go through the reassessments with them, but they do not sight the care plans. The Assessment Team observed all care plans to be accessible to all staff within the nursing stations or medication rooms. A care plan reviewed by the Assessment Team showed a consumer undertook a regular community activity, this information was not documented to inform staff about this activity. Care plans reviewed by the Assessment Team showed inconsistency with consumers’ needs and indicated reference to Standard 2, Requirement 3(a), relating to inconsistencies within the progress notes.

The approved provider refuted the Assessment Team’s findings and has submitted further clarifying information in relation to the two consumers named in the report. The provider indicated the Assessment Team did not fully understand their processes and provided evidence to indicate staff do have the information about all consumers who attend community activities, and the consumer named in the report is independent and also informs staff when they go out on an outing.

Based on my review of the Assessment Team’s report and approved provider’s response, in making my decision I noted the reasoning in the Assessment Team’s report referred to further information being evident in requirement (3) (a) in Standard 2 as cross-referencing, however, based on the information available I am unable to definitively link the deficiencies identified the organisation could not demonstrate they did not meet the requirement.

I am satisfied the requirement is Compliant as the approved provider was able to demonstrate in their response the service has assessment and planning which are effectively communicated to the consumer. The information is documented in care plans and the service has family meetings to discuss and show care plans to consumers and representatives.

### 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.

The Assessment Team found the service did not meet this requirement. The Assessment Team viewed two consumer files and noted information in the comment box, care evaluation was not completed or stated not applicable. Care plans reviewed by the Assessment Team showed current information not reflective of the consumers' needs and preferences and indicated to Refer to Standard 2, Requirement 3(a) for further information.

The approved provider refuted the Assessment Team’s findings and has submitted further clarifying information in relation to the two consumers named in the report. The provider indicated the Assessment Team did not fully understand their processes. The provider indicated the Assessment Team reviewed the outdated electronic documentation instead of the current documentation.

Based on my review of the Assessment Team’s report and approved provider’s response, in making my decision I noted the reasoning in the Assessment Team’s report referred to further information being evident in requirement (3) (a) in Standard 2 as cross-referencing, however, based on the information available I am unable to definitively link the deficiencies identified the organisation could not demonstrate they did not meet the requirement.

I am satisfied the requirement is Compliant as the provider has reviewed their software care evaluation form and made the comment box mandatory if relevant. The approved provider was able to demonstrate in their response and in the Assessment Team’s report care and services are reviewed regularly for effectiveness.

# 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

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

The Assessment Team recommended requirements (3) (a), (b), (d) and (e) in Standard 3 as not met. I have considered the Assessment Team’s findings, approved provider’s response and the totality of the evidence within the report to come to a view about compliance with Standard 3 and find requirements (3)(a) and (e) as Compliant and requirements (3) (b) and (d) as Non-Compliant. I have provided my reasons for my decision in the respective requirements in the body of the report.

The Assessment Team found consumers sampled did not consider they receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* they receive the personal and clinical care they need, however, some consumers confirmed they are required to remind staff of their current needs on a regular basis.
* they have access to the Medical Officer and Allied Health Services when required, however, two consumers confirmed they do not have access to hearing specialists as required.

The Assessment Team found the organisation could not demonstrate all consumers receive safe and effective personal and clinical care that optimises their health and well-being in relation to the effective management of pain and the continuous monitoring and assessing of pain.

The Assessment Team found the organisation was unable to demonstrate they effectively manage consumers with high impact or high prevalence risks associated with the management of consumers with Medical directives for the monitoring of blood pressures and interventions for consumers who are at risk of hypertension and hypotension, however, were able to demonstrate effective management for consumers at risk of malnutrition, behaviours, pressure injury and the minimisation of physical restraints.

The Assessment Team found the organisation was unable to provide evidence of effectively managing consumer deterioration or change of a consumer's physical function or condition in a timely manner in relation to consumer’s deterioration associated with their hearing needs.

The Assessment Team found the organisation was able to demonstrate they effectively review and maintain consumers’ needs, goals and preferences for consumers nearing end of life. The organisation could demonstrate consumers’ dignity and comfort is maintained in association to this requirement.

Staff interviewed by the Assessment Team were able to demonstrate an understanding of precautions to prevent and control the minimisation of infections. Staff stated to the Assessment Team they have access to the organisation’s infection prevention and control policy and procedure, and all staff are required to complete annual infection control training.

The organisation was able to demonstrate active monitoring of the influenza vaccinations for all consumers and staff members within the service.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found the service did not meet this requirement. The organisation was not able to demonstrate consumers receive effective personal care and clinical care needs tailored to their individual needs and that optimises their health and well-being. Through observation, interviews and viewing of documentation, pain management could not be demonstrated as being managed to optimise consumers’ health and well-being.

The approved provider refuted the Assessment Team’s findings and has submitted further clarifying information indicating the organisation has clinical governance with multiple processes to assist them to identify, monitor, deliver and evaluate effective personal care and clinical care needs tailored to the individual consumer, optimising their health a well-being, including management of pain. In addition, clinical and care staff have been provided with extensive education and are aware of their responsibilities to report and escalate concerns or changes in consumer care needs to the Registered nurse for review.

Based on my review of the Assessment Team’s report and approved provider’s response, in making my decision the service was able to show consumers get safe and effective personal care, clinical care, or both personal care and clinical care.

### 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 the service did not meet this requirement. The service was unable to provide efficient or effective management of consumers who are of a high impact or high prevalence risk. The service could not demonstrate the management of consumers’ blood pressure management. A consumer confirmed staff are not aware of the requirement to have their blood pressure monitored daily and often need to inform the staff in order to get it completed. Files of three consumers who require regular blood pressure monitoring showed consumers’ blood pressures were not being monitored as per the Medical practitioner’s directives. The organisation’s health monitoring clinical practice manual states to report any readings outside the consumer’s reportable parameters to the Registered Nurse.

The approved provider acknowledges there were gaps in the documentation relating to blood pressure monitoring for a consumer and during the site performance audit a memorandum was distributed to all nursing staff to ensure blood pressure monitoring is completed as per any directive. The provider indicated determining the acceptable blood pressure range for an individual consumer is not mandated and lies within the scope of practice of the treating General practitioner. However, the organisation expects that nursing staff would be aware of blood pressure readings which are not within the optimal blood pressure range for older adults / unexplainably different to the consumer’s usual blood pressure and would therefore escalate when clinically indicated.

### Based on my review of the Assessment Team’s report and approved provider’s response, I am satisfied the requirement is Non-compliant as at the time of the site performance audit blood pressure of the consumers named in the Assessment Team’s report was not monitored effectively. The Assessment Team’s report showed that blood pressure readings were outside range or readings were not undertaken as per the General practitioner’s request.

### 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 the service did not meet this requirement. The service was unable to demonstrate consumers with hearing impairments have their needs assessed when there is a change. Representative for a consumer said their family member’s hearing had deteriorated significantly and their hearing aids were assessed to be no longer effective by the Audiologist. New hearing equipment was purchased for the consumer to use and the service placed printed instructions on the wall which included an instruction for staff to use. There was no information in the consumer’s care plan and two of three staff interviewed did not know about the consumer’s new hearing care needs. Another consumer stated they would like to have medical and nursing staff follow up about their hearing and would like to have this investigated. The most recent Sensory and Communication Plan of Care is dated November 2017 and states no changes at the six-monthly review.

The approved provider’s response stated they were not aware of the concerns regarding the ongoing monitoring of a consumer named in the Assessment Team’s report in relation to their hearing equipment. The manager made contact with the consumer to apologise and assure that staff are aware of the need to use and manage the hearing equipment. The service has updated the consumer’s Sensory and Communication care plan on 9 January 2020 to incorporate the use of the hearing equipment. The service was also unaware of another consumer in relation to their hearing issue; the Medical officer viewed the consumer on 31 December 2019 and noted it is unlikely that an Audiologist will want to see the consumer while they have a build-up of wax in their ear.

### Based on my review of the Assessment Team’s report and approved provider’s response, I am satisfied the requirement is Non-compliant as at the time of the site performance audit the consumers’ hearing needs mentioned in the Assessment Team’s report were not addressed.

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

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

The Assessment Team found the service did not meet this requirement. The service was unable to demonstrate consumers’ clinical and personal needs are communicated adequately within the service. Staff were unaware of Medical directives; these were not being followed. A consumer interviewed indicated staff are not aware of the requirement to have daily blood pressure taken and needs to remind staff most days. Staff interviewed said they do not know why they need their blood pressure completed and did not even know it was written on the medical chart. A memorandum on the day of the site performance audit was forwarded to all Registered Nurses to reinforce the requirement to follow blood pressure directives. Care plans in the nurse’s station for staff to access contained inconsistent information.

The approved provider refuted the Assessment Team’s findings and has submitted further clarifying information to indicate the service has multiple processes to ensure staff are aware of consumer needs and preferences. Information in the Assessment Team’s report states regular staff know what they are doing. The service stated the term staff used does not indicate the role or designation of staff and the varied responsibilities of each designated role.

Based on my review of the Assessment Team’s report and approved provider’s response, I am satisfied the requirement is Compliant as the service was able to demonstrate information about the consumers’ condition, needs and preferences is documented and communicated within the organisation.

### 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 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

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

The Assessment Team found all consumers and representatives interviewed said consumers get the services and supports for daily living care important for their health and well-being and enable them to do the things they want to do. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* they are supported to do the things they like to do and the service provides a varied lifestyle program.
* described how the lifestyle program provides them interesting things to do.
* provided examples of how the service supports them in being connected to the community and to the people who are important to them.
* described how the service supports them in their relationship with each other by providing the privacy and private areas.
* they like the food and have alternatives available.

The Assessment Team found the service could demonstrate how information regarding consumers’ condition, needs and preferences are communicated in a timely and appropriate way. Staff could give meaningful examples of how information about consumers is collected and shared and demonstrated their knowledge of consumers’ individual needs and preferences in relation to activities, pastimes, and independence.

Documentation viewed by The Assessment Team showed consumers have a range of assessments completed which identify what is important to individual consumers. The assessment process involves identification of consumers’ needs, goals and preferences and is used to optimise their health and wellbeing. The Assessment Team viewed five consumers’ individual care plans and electronic assessments which showed Information about the consumer’s condition, needs and preferences is documented and communicated. The care plans viewed by the Assessment Team reflected information about what is important to the consumers which included lifestyle activities and history, religious practices and other areas of interest and importance.

The Assessment Team observed consumers participating in a range of activities throughout the Site Audit.

Staff interviewed by The Assessment Team were able to describe processes for referring consumers to the social worker, pastoral care workers and other services. Care staff were able to describe being able to access equipment through the maintenance officer or through discussions with nursing staff.

The Assessment Team found the service was able to demonstrate consumers and staff are supported by equipment which is safe, suitable, clean and well maintained by staff at the service and external contractors. Food services are monitored and meet legislative requirements. Consumer input into the menu is sought through various established mechanisms.

## Assessment of Standard 4 Requirements

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

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

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

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

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

Services and supports for daily living assist each consumer to:

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s services 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team recommended requirement (3) (b) in Standard 5 as not met. I have considered the Assessment Team’s findings, approved provider’s response and the totality of the evidence within the report to come to a view about compliance with Standard 5 and find all the requirements as Compliant.

The Assessment Team found all consumers and representatives interviewed said they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they feel at home and they can personalise their rooms.
* they feel safe when staff use equipment such as a hoist lifter.
* they feel at home as the environment is home like, staff are friendly, and the service is easy to navigate.

The Assessment Team found management was able to describe how the service supports consumers with cognitive impairment through appropriate lighting, safe walking areas and through having an environment that is not overly stimulating. The Assessment Team viewed scheduled audits confirming the call bell system is regularly checked for serviceability.

The Assessment Team interviewed staff and they were able to describe how the service maintains equipment which includes hoist lifters and how they report equipment has a potential fault.

Observations by the Assessment Team showed the furniture, fittings and equipment identified they appear safe, clean and well-maintained.

Documents viewed by the Assessment Team showed the service undertakes preventative and reactive maintenance and generally monitors the service environment for cleanliness.

## 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.

The Assessment Team found the service did not meet this requirement. The Assessment Team indicated the service was not able to adequately demonstrate the environment is safe, clean, well maintained and comfortable. Interview with a representative said they are not satisfied with the odour and cleanliness of their consumer’s room which the Assessment Team noted had an odour of stale urine. The consumer’s care plan showed their continence management plan of care was dated February 2019 and had not changed since this date whilst having six monthly evaluation reviews.

The approved provider refuted the Assessment Team’s findings and has submitted further clarifying information and acknowledges the issue about the odour which was described in their complaints process. The service investigated the odour and showed at times staff leaving soiled aids in the incorrect bin in the consumer’s room was causing the odour. This practice was ceased, and staff were advised at staff meetings to ensure staff are providing a high standard of care and services. The service has also installed three air freshener sprays in the corridor near where the odour was identified. The complaints register notes actions were taken about the odour to the satisfaction of the complainant. The service did not receive any concerns related to the odour and a formal room inspection was completed in September 2019 noting no unpleasant odours. Once management became aware of further concerns addressed by the Assessment Team, immediate actions were taken and the carpet in the consumer’s room was organised to be replaced. The continence management plan of care was evaluated in July 2019 by a registered nurse, the consumer and representative indicating the consumer and representative were both very happy with care and nil issues or concerns were raised.

Based on my review of the Assessment Team’s report and approved provider’s response, I am satisfied the requirement is Compliant as the service was able to demonstrate the service environment is safe, clean, well maintained and comfortable, and feedback from consumers about the environment is followed up. Once management became aware of further concerns from the representative, immediate actions were undertaken. The Assessment Team’s report did not indicate any other consumers or representatives interviewed during the assessment had an issue with the odours in consumers’ rooms.

### 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

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

The Assessment Team found consumers interviewed said they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* they are encouraged to provide feedback and would feel comfortable to make a complaint.
* agreed when they have complained, appropriate action was taken.
* they always felt safe to make complaints*.*
* a representative said the staff are frequently reminding them to provide feedback and make complaints and while they had not yet made a complaint, they would feel comfortable to do so. They said that this is what the managers have asked us to do, they want to improve their services.
* three representatives for consumers who have cognitive and communication impairments said they understand the home’s complaints processes and know how to make complaints on behalf of their relatives. They were aware there were other avenues to raise complaints.

The Assessment Team found management was able to demonstrate consumers receive written information on admission in relation to the home’s complaints process. The information is contained in the consumer’s agreement, in the resident’s handbook and posters and brochures. Complaints are sought through resident meetings, forums and surveys.

The Assessment Team viewed the Complaints and compliments register which shows complaints are registered and responded to in a timely manner, complainants are involved in the resolution processes and the service monitors complaints on a monthly basis.

A recent consumer survey reviewed by the Assessment Team identified staff were not responding to call bells in a timely manner. Management promptly responded by commencing a call bell response project, and regularly monitoring of call bell response times and addressing inadequate call bell response times with staff.

Staff interviewed by the Assessment Team were able to describe the complaints process and said they were told about the home’s process at induction. Staff said they have some consumers who do not speak English and the service has involved the interpreter services to assist with communication on occasions.

The Assessment Team observed Aged Rights Advocacy and Aged Care Quality and Safety Commission brochures on display throughout the home.

## 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 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found consumers interviewed indicated they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* staff are kind and caring.
* staff know what they are doing.
* they think there are adequate staff.
* they feel confident staff are skilled enough to meet consumers’ care needs.

The Assessment Team found the organisation has processes to ensure the workforce is planned to ensure sufficient numbers and skill mix of staff is appropriate for the delivery of safe, respectful and quality care. Management informed the Assessment Team staff are competent as registered staff are required to be registered with appropriate bodies and the initial recruitment process is effective in ensuring only competent staff are recruited. Management further provided examples such as training sessions, staff completing competencies and assessment, observations of staff on the floor and through face to face discussions when issues are identified.

Documentation viewed by the Assessment Team shows the service regularly reviews the roster and the skill mix of staff.

The Assessment Team observed staff to interact with consumers in a kind, caring and respectful manner, taking into account each consumer’s identity, culture and diversity.

Care staff interviewed by the Assessment Team described training they received in relation to the new Quality Standards, such as privacy and dignity and respecting consumer choice. Clinical staff said they can request additional training if required, they provided example of being provided training on wound care and palliative care.

Management described to the Assessment Team how training involves completing set training when staff first commence employment and ongoing and includes training topics relevant to roles. For example, care staff complete manual handling, infection control and aspects of food safety.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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.

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

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

### Requirement 7(3)(c) Compliant

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team recommended requirements (3) (a), (d) and (e) in Standard 8 as not met. I have considered the Assessment Team’s findings, approved provider’s response and the totality of the evidence within the report to come to a view about compliance with Standard 8 and find requirements (3) (a), (d) and (e) as Compliant. I have provided my reasons for my decision in the respective requirements in the body of the report.

The Assessment Team found consumers interviewed indicated the organisation is well run and they can partner in improving the delivery of care and services such as being involved in Annual Focus Group, surveys and Consumer Engagement Group. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* the organisation is well run and the manager is approachable.
* they can provide feedback on the care and service through the internal feedback mechanism such as resident meetings and care and service plan reviews.

The Assessment Team found the organisations has a governance structure with a Board and organisational structure which generally supports management of delivery of care and services. The Board assures the Quality Standards are being met within the service through internal audits and surveys. Board members also attend the service and meet consumers annually.

The Assessment Team found the organisation has information management systems to support corporate and site management and the flow of information in key performance areas such as clinical trending, critical incidents and feedback register.

The Assessment Team were informed how consumers are involved in the development and delivery of services through participation with consumer feedback, annual focus days, care plan review participation, lifestyle evaluations and consumer experience report surveys.

The Assessment Team found management was not able to demonstrate consumers and/or representatives are informed they are on psychotropic medication which is being used to influence a consumer's behaviour.

The Assessment Team viewed documentation showing consumer and staff are offered annual Influenza vaccination and the service has systems to ensure its uptake. Management advised the Assessment team the organisation has an antimicrobial stewardship program in place to promote appropriate antibiotic use. Management advised the service monitor infections through audits and clinical meetings.

Staff interviewed by the Assessment Team understood the principles of anti-microbial stewardship and open disclosure.

## 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.

The Assessment Team found the service did not meet this requirement. The Assessment Team indicated the organisation do not involve consumers in development in areas such as the selection of staff or the development and review of policies and procedures, and no consumers hold positions on organisational committees. The service undertakes an Annual Focus Group which is run by the quality team at the organisation where consumers provide feedback and this report is provided to the Executive of Residential Services. Management interviewed said consumers are involved in the development and delivery of services through participation through consumer feedback, annual focus days, care plan review participation, lifestyle evaluations and consumer experience report surveys. The management team did not demonstrate other ways in which consumers are engaged in the development or delivery of services at the facility.

The approved provider refuted the Assessment Team’s findings and has submitted further clarifying information about the processes they undertake to enable and engage with their consumers that differ from the Assessment Team’s report and the process was clearly described in the self-assessment document provided to the Assessment Team. The organisation has several mechanisms they employ and engage with consumers and representatives in the development, delivery and evaluation of care and services, and residents and representatives have been supported with this engagement. The provider’s response provides examples of consumers being involved and engaged in care and services of the organisation.

Based on my review of the Assessment Team’s report and approved providers response, I am satisfied the requirement is Compliant as the service was able to provide examples how consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The organisation has a variety of mechanisms to ask input of consumers about their experience and quality of the care and services they receive such as focus groups, meetings, surveys and continuous improvement projects. The service has reviewed and responded to the information they get from consumers such as development of a Welcome Group for new consumers, creation of a Flow Group for friends and family of consumers living with dementia, and decisions about the care and services they receive.

### 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.

The Assessment Team found the service did not meet this requirement. The Assessment Team indicated the service’s framework did not identify consumers were not having their blood pressure monitored as ordered. Two nursing staff were unaware of the organisation’s health monitoring clinical practice Manual.

The approved provider refuted the Assessment Team’s findings and has submitted further clarifying information and stated the information in the Assessment Team’s report did evidence there is a systemic failure or inefficiency of the framework. The provider asserts it is unreasonable to expect nursing staff to have intimate knowledge of the specific contents of the supporting information included in the Clinical Practice Manual. The organisation expects staff to be aware of where and how to locate work instructions and supporting information if and when required. The service is confident that all nursing staff are aware of it and how to use the work instructions on a regular basis and have access to the Manual.

Based on my review of the Assessment Team’s report and approved provider’s response, I am satisfied the requirement is Compliant. In making my decision I noted the reasoning in the Assessment Team’s report referred to further information being evident in Standard 3 requirement (3) (b) as cross-referencing, however, based on the information available I am unable to definitively link the deficiencies identified that the organisation could not demonstrate they have an effective risk management systems and practices.

### 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.

The Assessment Team found the service did not meet this requirement. The Assessment Team indicated the service has four consumers being administered psychotropic medications with documentation showing this is used for the purpose of behaviour management. All four consumers have a diagnosis of a mental disorder. Management said there are no consumers at the service who are chemically restrained as all consumers have their psychotropic medication prescribed for the treatment of a mental disorder, a physical illness or a physical condition. Management was not able to demonstrate consumers and/or representatives are informed they are on psychotropic medication which is being used to influence a consumer's behaviour. Management said it is up to the doctors to inform the consumers of the risk associated with being administered psychotropic medication. The Assessment Team contacted two of the above consumers’ representatives who said they wanted to know more about the medications being administered and said they were not informed of any risks associated with being administered psychotropic medications.

The approved provider refuted the Assessment Team’s findings and has submitted further clarifying information and stated the four consumers named in the Assessment Team’s report have been reviewed by a nurse practitioner and that it is indicated the medication is for the treatment of a mental disorder, a physical illness or a physical condition. All four consumers have a diagnosis of a mental disorder. The service stated the review of the four consumer notes demonstrated at the time that the consumers were not being chemically restrained. The provider stated the nurse practitioner (the prescriber) had determined that the consumers were not restrained. The organisation notes the Quality of Care Principles states that before prescribing medicines, including antipsychotics and benzodiazepines, medical practitioners and nurse practitioners are responsible for obtaining informed consent, which is to say, responsibility for discussing the risk of use and obtaining consent lies with the prescriber and not the service as implied by the Assessment Team.

Based on my review of the Assessment Team’s report and approved provider’s response, I am satisfied the requirement is Compliant. In making my decision the organisation provided evidence they are aware of the current legislative responsibilities relating to the use of restraint.

# 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 3(3)(b)

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

### Requirement 3(3)(d)

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