Ruby Manor

Performance Report

10 Ruby Street
CARRAMAR NSW 2163
Phone number: 02 9723 7166

**Commission ID:** 0763

**Provider name:** The Sisters of Our Lady of China Health Care (2) Pty Ltd

**Site Audit date:** 15 March 2021 to 17 March 2021

**Date of Performance Report:** 5 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) | Non-compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | 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) | 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** | **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** | **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 7 April 2021.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

All consumers and representatives indicated that staff treat them with respect and dignity.

Consumers generally indicated that staff encourage them to do things for themselves and that staff know what is important to them.

Consumers said staff respect their privacy and knock when coming into their bedrooms.

Staff spoke respectfully about consumers and were observed offering consumers choices in relation to care and services. It was demonstrated that consumers are supported to take risks to enable them to lead the best life they can, and staff were observed consistently respecting the privacy of consumers.

While consumers are generally supported to exercise their choices related to day to day care and services, consumers are not supported to make decisions about their care and services such as through involvement in care and services planning. The organisation does not have consistent policies and procedures to ensure that the consumer’s wishes about the involvement of family, friends, carers and others is captured and followed. Consent of substitute decision makers is not always obtained.

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) Non-compliant

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

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

The Assessment Team found representatives generally reported that they are involved in discussions about care and services. However, one consumer reported the service does not always consult directly with them about their care and services, communicating instead with her sister, although she is able to make her own decisions. Care documentation does not demonstrate that consent has been obtained from the consumer prior to discussing their care with their representative. Consumers are not always present at case conferences. The service’s policies around choice and independence state that staff must have consent from the consumer before discussing their care and incidents with representatives, but this is not happening.

The Approved Provider provided a response to the Assessment Team’s report. The approved provider acknowledged gaps in their processes but believed the requirement was compliant. In their response they provided information stating that they were communicating with a consumer’s sister because the consumer had given them permission to do so on entry to the service as the consumer was visually impaired. I find this is insufficient reason to not involve the consumer in the first instance in decisions about their own care when they have capacity to do so. The approved provider provided information showing that this consumer’s wishes regarding involving her sister was captured on the admission form, however, this form was signed by the consumer’s sister and not the consumer. Furthermore, there is no documentation confirming that the consumer nominated the person completing the form as their representative, or the degree of involvement they wish to have from the representative. The approved provider stated that the consumer does not now have the capacity to make decisions hence the consumer’s sister is the decision maker but they did not provide documentation demonstrating that the consumer has provided written consent for this to happen.

The Assessment Team found three advanced care directives had been signed by consumer representatives when the consumer was able to make their own decisions. Advanced care directives were also signed by the consumer’s representative when the consumer had a cognitive impairment. Some advanced care directives had a signature on them but did not indicate the name of person who signed the directive or their relation to the consumer.

During the performance assessment Management advised that they had commenced improvements to address the issues identified including improving the admissions process and ensuring the three consumers with capacity are given the opportunity to discuss and sign their advanced care directive. In the approved provider’s response, they stated they have instructed staff to involve the consumer in their case conference and to ensure they involve the right people in the right decisions.

I find this requirement non-compliant.

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

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

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

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

### Requirement 1(3)(f) Compliant

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

Consumers and representatives sampled indicated staff know what is important to the consumer and staff understand their care needs, goals and preferences.

Consumers’ representatives generally indicated they feel they are partners in planning for their consumers. They indicated they are kept informed when incidents occur or there are changes in the consumer’s condition.

The service generally demonstrates that the needs, goals and preferences of consumers, including end of life planning, are identified and addressed in their care planning and assessment documents.

The outcomes of assessment and care planning are communicated to representatives however this information is not always provided to the consumer.

Plans for care and services are generally reviewed for effectiveness on a regular basis and when circumstances change.

Initial assessment processes for consumers do not always identify risk to consumers or issues of importance to the consumer to support their wellbeing.

While there is an ongoing partnership with representatives and with other providers of care and services to the consumer about the consumer’s care, the service does not demonstrate that planning involves partnership with the consumer.

The Quality Standard is assessed as Non-compliant as three 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 although there is an initial assessment process it does not always identify risk to consumers or issues of importance to the consumer to support their well-being. Assessment and planning in relation to one consumer’s risk of self-harm has not been comprehensive and recommended actions following a hospital discharge prior to entering the service have not been followed up. In addition, a further incident was not investigated to determine risks to the consumer’s health and well-being. This consumer is unable to communicate in English and the service has not put in place arrangements to enable the consumer to participate in the assessment and planning processes on an ongoing process.

For one consumer skin integrity assessments did not identify risk of skin breakdown and the consumer developed a pressure injury. Furthermore, assessments of the condition of the wound at dressing changes were not consistently completed impacting on the assessment of the healing process.

The Approved Provider provided a response to the Assessment Team’s report. The approved provider acknowledged gaps in their admission processes for one consumer but believed the requirement was compliant. The approved provider disputed the significance of an incident involving this consumer as an attempt at self-harm and argued it was a cultural response to an issue without having undertaken further assessment. I find it concerning that no further assessment was undertaken given this consumer’s past history.

The approved provider disputed the findings of the Assessment Team stating that the consumer’s skin integrity had been assessed as ‘no risk’ prior to the development of a pressure injury and provided recent Waterlow assessments as evidence. Having reviewed these I find that the consumer’s change in mobility and continence requirements were not taken into account particularly during the assessment undertaken on 16 February 2021. Had these factors been taken into account a higher Waterlow score would have been arrived at which may have resulted in the more preventative measures being put in place at an earlier stage to manage the consumer’s risk of pressure injury. Secondly, I find wound assessment would have been enhanced by the regular use of a tape measure when wound photography was undertaken to effectively manage the risk to the consumer’s health and well-being by the presence of a pressure injury.

I find this requirement non-compliant.

### Requirement 2(3)(b) Compliant

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

### 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 assessment and planning does not always involve partnership with the consumer. Case conferencing takes place on occasion without the presence of the consumer. Furthermore, a range of documentation is signed by representatives in instances when the consumer has capacity to make these decisions for themselves and has not authorised others to make those decisions on their behalf. Two consumers were not adequately involved in discussions about their care. For one of these consumers without a diagnosed cognitive impairment, consultation about their care is consistently undertaken with their sister. This is with the consumer’s permission but results in the consumer not participating in decisions about their own care alongside her sister. In their response the provider stated the correct authorisations are in place for her sister to sign and participate in discussions about care planning however, as discussed in Requirement 1(3)(c), these permissions are signed by the consumer’s sister, not the consumer. I find the response by the approved provider does not demonstrate their responsibility to ensure assessment and planning is based on an ongoing partnership with the consumer and involves others the consumer wishes to involve.

Another consumer was not successfully involved in the assessment and planning of their care in an ongoing partnership with the provider as was unable to participate

due to a language barrier. On entry to the service initial discussions occurred with this consumer’s family representative but this was very quickly not maintained when the family member become difficult to contact. In their response the approved provider stated that the consumer was represented by his family representative, his general practitioner and community volunteers who fed back issues on the consumer’s behalf. I find the approved provider’s response does not recognise the difficulty they were experiencing communicating directly with the consumer or their representative. Neither does it demonstrate an understanding of their responsibility to ensure the consumer (or their representative) is involved in an ongoing partnership in decisions about their care and others involved are with the consumer’s consent. In their response, the approved provider stated that they are now seeking a legally appointed decision maker to support this consumer in financial matters and are now using an interpreting service to communicate with this consumer.

I find this requirement non-compliant.

### 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 outcomes of assessment and care planning are communicated to representatives and others involved in the consumer’s care, however, this information is not effectively provided to the consumer in a care and services plan which is readily available to the consumer. While management said consumers are involved in care conferences, this was not evident in any of the consumer files reviewed by the Assessment Team. Documentation completed as part of the care conference includes a copy of the care plan which is signed by the representative. Staff said if the consumer attends the care conference, they would be shown the care plan and provided with a copy if they wished to have one. The service was unable to demonstrate that the consumer is effectively communicated with regarding the outcomes of assessment and planning and offered their care and services plan. This was evidenced by three consumer representatives signing advanced care directives on behalf of consumers with capacity to make these decisions, a lack of evidence that consumers attend their care conferences and a failure to successfully involve all consumers in the ongoing assessment and care planning process.

The approved provider acknowledged areas for improvement but believed the requirement was compliant. The approved provider stated that their consumer population dictates that limited partnership opportunities exist based on consumer capacity. The provider argued that, where possible partnership applies but acknowledged the failure to demonstrate a partnership approach with three consumers around completion of their advanced care directive. The approved provider provided no further information to demonstrate their compliant with this requirement.

I find this requirement non-compliant.

### Requirement 2(3)(e) Compliant

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

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

Most sampled consumers and representatives indicated satisfaction with the care provided by staff.

Consumers sampled said they have access to doctors and other relevant health professionals when they need it.

Information regarding the consumer’s care, needs and preferences are communicated within the service and with other providers of care and services. There are timely and appropriate referrals for consumers to support their individual needs. The service accesses other allied health, special behaviour and other aged care services. 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. Consumers nearing end of life are cared for according to their needs and preferences. The service minimises infection related risks.

Whilst care planning documents generally demonstrate that consumers receive effective personal and clinical care, this was not demonstrated for all consumers, in relation to skin integrity, wound management and restraint.

Behaviours are not effectively managed as there is no evidence of the identification of triggers or the evaluation of the effectiveness of interventions in consumers clinical documentation to inform staff practice. Care plans did not meet the legislative requirement as per the Quality of Care Principles 2014 when chemical restraint was being used and a lack of understanding about the use of psychotropic medication recently resulted in an underreporting of the numbers of psychotropic medications being used as chemical restraint by the service.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 the service does not ensure all consumers receive safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and wellbeing. Whilst care planning documents generally demonstrate that consumers receive effective personal and clinical care, this was not demonstrated for all consumers, in relation to skin integrity, wound management and restraint.

Assessments of skin integrity are undertaken but do not identify risk factors relevant to reducing the risk of pressure injury. A change in a consumer’s mobility did not result in a comprehensive assessment with consideration given to the provision of pressure relieving equipment as a preventative measure. Pressure relieving equipment was not provided for this consumer until two days after a pressure injury was identified and there was no information in the consumer’s skin care plan regarding the development of a pressure injury or interventions to manage skin integrity.

In relation to wound management, wound assessment is not always best practice. Information about the condition of the wound and healing process has not been consistently completed when the wound has been attended. Photos of the wound have not always been taken and a disposable tape measure has not been used when the wound was photographed.

In relation to restraint the legislative requirements (as per the Quality of Care Principles 2014) for the use of chemical restraint have not been followed. Care and services plans do not identify the specific behaviours the restraint is required for, the reason the restraint is necessary, and information provided to the practitioner that informed the decision to prescribe the medication. Furthermore, an audit undertaken in January 2021 of psychotropic medications being prescribed identified that there were many psychotropic medications being used as chemical restraints but had not been identified as such by the service. The audit also identified that the service had not obtained appropriate authorisation for the use of chemical restraints. The audit demonstrated the service was not aware of the reason for the use of this medication and was not reviewing and monitoring its use.

In their response to the Assessment Team’s report the approved provider stated they have partnered with a geriatric outreach team to review all prescribed psychotropics to determine if being used as a chemical restraint. The service is still working to resolve this issue.

I find this requirement non-compliant.

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

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

The Assessment Team found issues related to behaviour management present a high impact and high prevalence risk for consumers. Behaviours are not effectively managed resulting in aggressive behaviour between consumers and consumers who are distressed during personal care. There is a reliance on psychotropic medications and chemical restraint as a response to behaviours. Consumers reported they have to have their doors locked due to wandering and aggressive behaviour by some consumers.

The approved provider in their response was able to demonstrate that in the majority of instances a range of activities were tried before as required (prn) medication given to manage challenging behaviour for the consumers cited in the report. The approved provider was also able to demonstrate that for consumer cited in the report medication was considered as a potential reason for falls and the falls were managed appropriately with, physiotherapist, medical officer and geriatrician review. However, this consumer did receive follow-up after a high depression score was obtained.

The approved provider was able to demonstrate that a consumer cited in the report was assessed for pain as a potential cause of her behaviour issues and that this consumer was appropriately assessed by the Geriatric Flying Squad, their medical officer and Dementia Services Australia.

The Assessment team found that, whilst there is evidence of recording behaviours exhibited by individual consumers and interventions implemented to alleviate the consumers distress in their progress notes, there is no evidence of any evaluation of this information in consumers’ clinical documentation. Progress notes regarding behaviour do not follow a consistent format to enable the behaviour to be consistently recorded. For example, consideration of triggers for behaviour are not recorded and the interventions implemented are often vague; such as “emotional support provided” or “reassurance”. There is no analysis of what is working and what isn’t working and no evidence that information about which interventions are more successful than others informs management of the behavior and care planning.

I find this requirement non-compliant.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall, most 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.

For example:

* Consumers interviewed confirmed they are supported to do the things they like to do including walking to the shops either with staff or by themselves and attending functions and visiting with family.
* Consumers identified the people who are important to them and described the ways they are supported to keep in touch with these people.
* Feedback from consumers in relation to the quality, quantity and variety of meals provided was positive. Consumers report they can obtain food between meals and staff frequently seek their feedback in relation to meals.

Consumer preferences for services and supports for daily living were consistent with the information provided in interviews with staff and information documented in consumers’ care plans.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The 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

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

Overall sampled consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment.

For example:

Consumers interviewed said they feel safe within the service and find the service to be well maintained. Consumers (and representatives on their behalf) said the equipment provided by the service is comfortable and clean, and laundry and cleaning services do a good job.

Consumers said they feel at home and are able to bring their own things into their rooms and hang pictures on the walls. Representatives said they are made to feel welcome when they visit.

While the service's environment generally reflects the safety and comfort needs of consumers including comfortable temperatures, good light levels and sufficient furniture there have been complaints regarding noise particularly overnight. The environment was seen to be generally clean and uncluttered however observations by the Assessment Team demonstrated communal areas that were not clean. Consumers were not able to move freely onto the outdoor balcony areas and consumers on do not have unmonitored access to their own rooms as most are locked.

### 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 visual observations of the service environment and review of maintenance logs indicated that the service is safe, generally clean, comfortable and well maintained except for some issues with the cleanliness of bathrooms and outside furniture. However, two balcony doors were locked for safety reasons and consumers doors were locked throughout the service. Consumers do not have free access to their rooms as doors lock when closed and require a key to open them. Some consumers have been provided with a key to their room, but others have to ask staff to let them into their rooms. One consumer representative said she had complained about this many times. Staff stated some consumers get confused and distressed when they cannot get into their rooms. Additionally, the Assessment team found cigarette smoke from the downstairs courtyard drifts into the dining rooms above.

The Approved Provider provided a response to the Assessment Team’s report. The approved provider acknowledged the issues brought to their attention but believed the requirement was compliant. The approved provider provided evidence, as seen by the Assessment Team, that the balcony doors were locked for safety reasons. A perspex panel on level 2 was loose and was being replaced and on Level 4 the height of the balcony railings was being increased. Both works have now been completed and doors are open once again. With regard to consumer’s doors being locked, the approved provider stated that, post audit, work has been done with each consumer to understand their preference for whether their door is locked and this is now entered into their care plan. The provider stated that the issues with cleanliness of outside furniture arose as the maintenance officer had been on leave the previous week and have now been addressed. Issues with cleanliness in the toilets was also quickly dealt. Following the site audit the approved provider has involved consumers in developing proposals to improve the smoking arrangements.

### I find this requirement non-compliant.

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

For example:

Consumers and representatives interviewed said they felt comfortable to make a complaint and felt safe to do so. This could be in writing, or in person to a staff member or management who have an “open door” policy. Information on complaints mechanisms, including external mechanisms is available throughout the service.

Feedback was noted in the complaints register that action had been taken to resolve concerns and staff demonstrate open disclosure where applicable. Actions had been undertaken to endeavour to make sure these issues did not occur again.

There are established processes for the management of feedback and complaints. Management and staff demonstrated an understanding of preferred practices which is confirmed through the sample review of complaints documentation.

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 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Some sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

Feedback from most consumers indicated they felt staff were kind and caring in their interactions. This was also supported by comments from representatives.

Most consumers and their representatives provided positive feedback regarding staff members knowledge and competency to effectively perform their roles. Consumers and representatives said they generally felt confident staff knew what they needed to do when providing care and services. Feedback from some consumers indicated they did not feel the service had sufficient staff at times. Some consumers expressed concerns regarding the length of time they were waiting for staff after they had called for assistance.

The service has systems in place to ensure staff have the appropriate qualifications and are competent to perform their roles however there were deficiencies found with their skills and knowledge in managing consumers with challenging behaviours and minimising the use of chemical restraints.

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

## 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.*

The Assessment Team received mixed feedback from consumers regarding the timely response to calls for assistance. While some consumers indicated they did not have any concerns and felt staff were generally prompt with their response, other consumers felt they were waiting too long for assistance which resulted in issues with pain or consumers thinking that no one was coming to assist them. This was also supported by comments from a representative. Call bell response reports show that 176 calls in January 2021 required consumers to wait from eight minutes to in excess of five hours.

The Approved Provider provided a response to the Assessment Team’s report. The approved provider acknowledged the issues but believed the requirement was compliant. The approved provider provided evidence of call bell response times in February 2021 for all three units which had not been fully available to the Assessment Team on site due to an issue with a printer. The approved provider demonstrated these figures were improved on the January 2021 ones cited in the Assessment Team’s report. The approved provider stated this was because they had been working with staff to improve call bell response times and also the two call bells that had not been working had been fixed. The call bell response times for February 2021 show 92-94% of call bells are answered within 10 mins with the number exceeding 15 mins between 1.5% to 4% of all calls across the three units. The provider argued that some of the statements made by staff about not enough staff were possibly historical and pointed out that all shifts for the few weeks before the audit had been filled. The approved provider provided further information showing that they have been working with one consumer over the last few months who had been dissatisfied with staff response times and being rushed. I note that there were no concerns voiced by consumers in the Resident and Relatives Meeting dated 26 March 2021 about the adequacy of staff and their responsiveness.

I find this requirement compliant.

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

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

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

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

The Assessment Team found although the service has systems in place to ensure staff have the appropriate qualifications and are competent to perform their roles there were deficiencies identified in relation to knowledge about advanced care directives, behaviour management, minimising the use of psychotropic medications and in the knowledge and skills around the requirements of the Quality Standards.

The Approved Provider provided a response to the Assessment Team’s report. The approved provider acknowledged the issues but believed the requirement was compliant.

I note in the Assessment Team’s report that behaviour management has been identified by both staff and management at the service as an area where staff need more training, especially around managing challenging behaviour. The approved provider provided information showing that four staff training sessions had been held in 2020 on behaviour management and additional sessions held in March 2021 during the site audit. Staff also attended training in March 2021 around decision making when gaps in staff knowledge around consent were identified during the site audit. The assessment team found staff were up to date with all mandatory training and the service is responsive to addressing training needs as they become apparent.

Feedback from most consumers and representatives indicated they were happy with the care being provided and felt staff were knowledgeable, “knew what they were doing”, and did not require further education. Only one consumer felt staff needed more education and the service was already providing support to this consumer.

I am of the view that education is an ongoing and continuous process and I am satisfied that service is able to demonstrate that staff have the skills to effectively perform their roles.

I find this requirement compliant.

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

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

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

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

Consumers interviewed felt the service was well run however some consumers felt that there had been changes and the service did not run as well as it should.

Consumers were not always included in committees that allowed them to be involved in making decisions in how the service is run.

Information from the governing body is passed down to the staff and consumers and staff can readily access information when required.

Opportunities for continuous improvement are documented on their continuous improvement plan.

The organisation does not ensure that consumers are engaged in the development, delivery and evaluation of care and services.

Although the organisation has policies, procedures and systems in place to manage high impact, high prevalence risks these were not effective as deficiencies in the knowledge and minimisation of chemical restraints and behaviour management was identified.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team found that the organisation was unable to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services beyond consultative processes such as participating in surveys. I note however that the Assessment Team found consumers are represented on a Consumer Representative Advocacy Committee.

The Approved Provider provided a response to the Assessment Team’s report. The approved provider refuted the Assessment Teams findings believing the requirement was compliant.

I find there is evidence in the Resident and Relatives Meeting minutes for March 2021 of consumers being involved in a Diversity Committee meeting. Resident and Relatives Meeting minutes also demonstrates consumer involvement in a range of service redesign projects including the ‘Wayfinder’ one with consumers consulted on the balcony renovations and the locking of their rooms.

I find this requirement is compliant.

### 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 while the service has systems in place to manage high impact, high prevalence risks and identifying and responding to abuse and neglect of consumers it is not effective. Deficiencies were found in relation to minimising the use of psychotropic medications and behaviour management has resulted in consumers not living the best life they can.

The Approved Provider provided a response to the Assessment Team’s report. The approved provider refuted the Assessment Teams findings believing the requirement was compliant.

I have reviewed the evidence and find that, although some deficiencies were found with the management of behaviour and the use of psychotropic medication as chemical restraint, the approved provider does have effective risk management systems to ensure they manage high impact or high prevalence risks associated with the care of consumers; identify and respond to abuse and neglect of consumers; and support consumers to live the best life they can. I note that the deficiencies identified in monitoring the use of psychotropic medication was identified by the service through their own auditing systems.

I find this requirement compliant.

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

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

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

# Areas for improvement

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

### Requirement 1(3)(c)

*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.*
* Ensure all processes support the consumer to exercise choice and independence.

### Requirement 2(3)(a)

*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.*

* Ensure assessment and planning processes include consideration of risks to consumer’s health and wellbeing and informs the delivery of safe and effective care and services.
* Ensure assessments conducted take into consideration changes in the consumer’s condition and findings are accurately documented to inform the delivery of safe and effective care and services.

### Requirement 2(3)(c)

*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.*
* Ensure that assessment and planning processes involve the consumer (or their representative) in an ongoing partnership and decisions about the involvement of others are with the consumer’s consent.

### Requirement 2(3)(d)

1. *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.*
* Ensure that the consumer is effectively communicated with regarding the outcomes of assessment and planning and offered their care and services plan.

### Requirement 3(3)(a)

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

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*
* Ensure restraint is managed in accordance with the Quality of Care Principles 2014.
* Ensure systems for managing the use of psychotropic medication are robust.
* Ensure assessments of skin integrity identify risk factors and inform the timely provision of pressure relieving equipment.
* Ensure wound assessment is best practice and documentation is consistently completed.

### Requirement 3(3)(b)

1. *Effective management of high impact or high prevalence risks associated with the care of each consumer.*
* Ensure strategies to manage behaviour are evaluated to ensure their effectiveness and this information informs care planning.

### Requirement 5(3)(b)

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*
* Ensure the service environment is safe, clean, well maintained and comfortable and consumers can move freely about the service and to their rooms.