S Antonio Da Padova Nursing Home

Performance Report

7 North Road   
RYDE NSW 2112  
Phone number: 02 9809 2211

**Commission ID:** 2003

**Provider name:** S'Antonio Da Padova Protettore Di Poggioreale Sydney Nursing Home Limited

**Site Audit date:** 10 February 2020 to 12 February 2020

# 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) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | 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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-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** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, 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 9 March 2020

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Overall consumers and representatives confirmed the consumer is treated with dignity and respect, can maintain their identity, make informed choices and live the life they choose.

For example:

* They all said the consumer is treated with respect.
* They mostly confirmed consumers are encouraged to do things for themselves and that staff know what is important to them.
* They all said consumers’ personal privacy is respected.

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.

This information shows consumers are treated with dignity and respect with their identity, culture and diversity valued; and they are supported to develop and maintain relationships. It also shows consumers are provided with information about matters relevant to them and their information privacy is maintained.

However, the information shows there are gaps in supporting consumers to exercise choice and independence, including to make decisions about their own care and services, and in supporting consumers to take risks so they can live the best life they can. There is a lack of policy and procedure to guide staff in these areas.

The Quality Standard is assessed as Non-compliant as two 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.

While staff interviewed were generally able to describe how consumers are supported to make informed choices and develop and maintain relationships of choice, consumer feedback shows that staff are not necessarily involving the consumer in these decisions. Instead, service staff consult the consumer’s representative, despite the consumer being able to make decisions for themselves. While there is policy in place to guide staff in supporting consumers to make decisions, there is no procedure to support this policy. The service has stated that new policies and procedures were available, with full implementation by late February 2020, including staff training. It is unclear if these policies contain content relevant to this Requirement in the absence of them. Similarly, while there is some information to show that the service intended to update consumer care plans in accordance with the new Quality Standards, it is not clear whether consumers were actually involved in them.

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

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

The service generally supports consumers to live the best life they can, with staff interviewed demonstrating an understanding of how risk is discussed. However, when interviewed, examples provided by staff do not show that staff understand the need to support consumer choice, where the consumer has agreed to the risk associated with their choice. This was supported by the examples provided and comments made by consumers that they did not know of the risks associated with being able to make a choice about how to live the best life they can. In addition, while care planning documents reviewed prompted for information about risks relevant to the standards of care, do not include consideration of risks as opportunities to enable consumers to live the best life they can. Nor does the organisation have a policy or procedure outlining how to understand, assess and manage risk to enable consumers to do the things they want to do.

The service has undertaken to deliver education to staff regarding risk and restraint management and choice and decision making, with a full review of risk management documentation at the service to ensure it reflects best practice.

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

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

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

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

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Most sampled consumers confirmed that they did not feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Representatives interviewed confirmed that they are involved in care planning to some extent through attending meetings to discuss care and completing paperwork. However, the consumers interviewed confirmed they were not.
* Most consumers and representatives confirmed they are informed about the outcomes of assessment and planning. However, most confirmed they were unaware they could have access to the consumer’s care and services plan if they wish.

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.

Assessment and care planning have not consistently considered risks or identified the individual needs, goals and preferences of each consumer; this has had an impact on the delivery of care and consumer outcomes. The service did not demonstrate advanced care planning and end of life planning has occurred for each consumer who wants to make their wishes known. Care and services are not consistently reviewed for effectiveness when circumstances change or when incidents occur.

The Quality Standard is assessed as Non-compliant as all 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.

While a review of care planning documents showed that staff are considering key risks to the care for some consumers, this is not occurring consistently, with the Assessment Team identifying that for the consumers sampled, most had incomplete assessments or had not been assessed in relation to individual risk, despite evidence that indicated these consumers were at higher risk due to their risk history.

Interviews with staff show that initial assessment and planning for consumers, including the completion of information regarding risk is undertaken by the Aged Care Funding Instrument (ACFI) coordinator. This then alerts the clinical care coordinators once the interim care plan is completed. While this process ensures that initial assessments are occurring, with service management advised they run reports to identify outstanding consumer assessments, the Assessment Team’s review of care plans revealed that this process is not consistently occurring in a timely manner to ensure that risks are identified that relate to the individual consumer. The information supplied by the approved provider does not address the specific issues identified by the Assessment Team.

Service management also advised that new policies and procedures to guide staff in undertaking initial assessments are underway but are yet to be finalised or implemented. Education regarding pressure injury management has occurred, with further education on wound management to follow.

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

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

Staff demonstrated familiarity with the consumers in their care, that showed an understanding of the consumer’s needs, gals and preferences. However, the Assessment Team’s review of care planning documents revealed that the consumers’ goals, needs or preferences are often not included in these documents. Instead, goals are either incomplete, are focused on the service’s needs, rather than the consumers or reflect interventions rather than needs, goals. While some of these consumers were assessed by the service and determined as not having impairments, such as vision loss, the consumers’ goals, needs and preferences in maintaining their vision or preventing vision loss had still not been identified by the service. In other instances, goals have been identified but were not reviewed for currency or were generic.

Consumer’s goals, needs and preferences regarding advanced care planning have not been identified. For the consumers sampled, none had advanced care planning documentation. While there is some evidence that discussions about advanced care directives are occurring as part of agreed care and services, a sample of advanced care directives in the agreed care and services record showed that half of the consumers sampled contained no information. While Management advised they have discussions about the advanced care plan at case conferences with consumers, Management was unable to demonstrate that they follow up with the consumer or representative following these initial discussions. Consumer feedback supports that advanced care planning had not been discussed with half of the consumers interviewed. Service management has acknowledged that improvements are required regarding advanced care planning, including a new advanced care planning and palliative care policy.

### 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.

While a review of care planning documents showed that consumer representatives and others are involved in the care planning and assessment process for the consumer, evidence does not demonstrate that the consumers themselves are involved in this process. This was supported through interviews with consumer representatives and staff. Five consumer representatives advised that they had been involved, yet two consumers associated with these representatives had not been. Care staff stated that they talk regularly with consumers about what they want when delivering care to them. However, management level staff confirmed that the consumer is not always involved in case conferences that occur with consumer representatives. While service management have provided information showing dates that case conferences occurred and their , it is not clear whether consumers were actually involved in these conferences.

### 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.

Following a review of care planning documents, the Assessment Team identified that consumers’ agreed care and services plans is available to staff, a form associated with the plan is used to record information discussed at case conferences, and representatives are informed via phone of changes to consumers’ care. However, the Assessment Team also identified through this review that the outcomes of assessment and planning are often not documented in consumer’s care and services plans. For example, consumers identified as being at risk of falls, developing wounds and having behaviours, do not have interventions documented.

Four of five consumer representatives interviewed stated they were not aware that the consumer’s care plan was available to them and had not seen a care plan for the consumer. Two of three consumers said that they did not have access to their care plans.

The above shows that assessment and planning is sometimes not documented, however when it is, the consumer’s care and services plan is not available or it has not been communicated to them how to it can be made available.

The service has since sent out a letter to all consumers and their representatives that they can access the consumer’s care plan, as well as adding this to the service’s website.

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

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

The Assessment Team identified from care planning documents that for many of the consumers sampled, their care and services plans do not show that they have been reviewed for effectiveness when circumstances change or incidents occur such as to include new interventions. In addition, a review of incident reports showed that the service is not consistently examining the factors that may have contributed to the incident to determine if the risk of re-occurrence can be prevented or managed. However, staff interviews demonstrated an understanding of the need for regular review of care plans, including as needed review and service management were responsive to the Assessment Team’s feedback, with immediate amendments made to care plans and the introduction of improvements, including staff education.

# 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

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

For example:

* Most consumers said they get the care they need; however, two consumers said their pain was not adequately managed.
* Consumers and representatives interviewed confirmed that they have access to a doctor and other health professionals when they need it.

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

The needs, goals and preferences of consumers nearing end of life are generally recognised and addressed. Information about consumers’ condition, needs and preferences are generally communicated effectively within the organisation, and timely and appropriate referrals occur. Standard and transmission-based precautions and practices to promote appropriate antibiotic prescribing are being implemented.

However, consumers do not receive personal and clinical care which is best practice, tailored to their needs and which optimises their health and well-being. High-impact and high-prevalence risks to the care of consumers, such as pressure injuries, falls and pain, are not effectively managed.

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.

A review of care planning documents identified that the care provided is not consistently tailored to the consumer to ensure they receive safe and effective care. For example, documents revealed that there are often no interventions recorded, or have been recorded but not implemented, for consumers at risk of falls or with challenging behaviours. In addition, care plans do not contain a range of interventions, including non-pharmalogical interventions to effectively manage consumers with challenging behaviours, but instead rely on medications to do so. The Assessment Team identified gaps in wound documentation making it difficult for the service to demonstrate effective wound monitoring or identification of wounds prior to deterioration. Consumer progress notes showed that pain relief is not evaluated for effectiveness or is delayed, and while consumers did not raise concerns, the service has not recognised the use of some anti-psychotic medications as chemical restraint.

Service management has since provided information that shows that some why some actions did not occur, however on balance, there is sufficient information that shows that care provided is not effective for individual consumers at the service. Service management has also undertaken to deliver further education regarding skin integrity, restraint, and pain and falls management to enhance staff understanding of the importance of delivering safe and effective care.

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

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

A review of care planning documentation revealed that although key risks to the care of the consumer has been identified, this has not occurred for others. Where risks have been identified, interventions have not been implemented to ensure they are effectively managed. For example, risks relating to falls, behaviours, and skin integrity for a number of consumers, were not effectively, including investigation of cause to prevent recurrence, trial of interventions or other strategies. Staff interviews also demonstrated that while staff could describe high prevalence and high impact risks, their response to managing these risks only reflected what was detailed in care plans for the consumer, rather than a broader range of best practice interventions. The Assessment Team noted from their discussions service management high impact/high prevalence risks are being analysed, trended and discussed with staff. However, further work is required to ensure these discussions translate to changes in how staff respond to identified risks. Service management advised the Assessment Team that at risk consumers will be discussed to determine how their care plans can be enhanced.

### 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.

While the service has not consistently implemented strategies or interventions to prevent risks that may be a precursor to changes in consumer condition or deterioration (refer to Standard 3, Requirement 3(a) and (b)), overall the service is recognising and responding to consumers’ deterioration. The service has responded and acted appropriately including transfer of consumers to hospital where required and timely notification of consumer’s representatives.

### 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 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

Overall consumers and representatives confirmed that the consumer gets the services and supports for daily living that are important for their health and well-being and that enable the consumer to do the things they want to do.

For example:

* They said consumers are supported by the service to do the things they like to do.
* They mostly said consumers are supported to keep in touch with people who are important to them.
* Some said the consumer likes the food.

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.

The information provided shows while assessment and care planning for leisure and lifestyle supports is not consistently occurring, consumers are receiving the supports they need and want.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

Services and supports for daily living assist each consumer to:

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s 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

Most consumers and representatives interviewed said the consumer feels safe in the service environment. They said consumers can find and generally make their way around the service, both indoors and outside. They also said the service environment, furniture and equipment is clean, well-maintained and comfortable.

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.

Observations made show a lack of dementia enabling design features, that some outside areas are not readily accessible, and there are some safety and maintenance issues. However, this was not identified to be impacting on consumers based on consumer, representative and staff feedback. Maintenance is occurring and various aspects of the service environment relevant to this requirement are monitored.

The Quality Standard is assessed as Compliant as all three specific requirements have been assessed as Compliant..

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

### Requirement 5(3)(b) Compliant

The service environment:

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

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

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

# STANDARD 6 NON-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

Overall most consumers and representatives thought that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Several representatives said they know how to make a complaint and attended resident meetings where their views were heard. However, some representatives said they were uncomfortable making complaints saying they felt staff made them feel like “they were being a nuisance” or that “nothing much happens” when they complain.

Overall consumers and representatives interviewed were unable to describe how their feedback and complaints made a difference to the quality of care and services.

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.

The organisation has a system in place to identify and record complaints, however it does not have effective systems in place to analyse complaints and feedback. Consumers generally do not feel their feedback and complaints make a difference to the quality of care and services.

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

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

While the service has a feedback and complaints system that involves some analysis of complaint information, the Assessment Team identified via interviews with staff that the system lacks sufficient detail to identify trends. The Assessment Team also identified that none of the complaints and comments had been transferred to the continuous improvement folder to inform improvements in the quality of care and services. This was supported by interviews with service management, who were at the time, unable to articulate to the Assessment Team how the quality of care and services has been improved as a result of feedback and complaints. While some consumers and representatives said that they felt listened to when making complaints. Others said they still had concerns that their complaints had not been resolved. Service management has undertaken to educate staff in best practice complaints management and review the complaints process.

# 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

Most consumers and representatives interviewed indicated that the consumer gets quality care and services when they need them and from staff who are knowledgeable, capable and caring.

For example:

* Consumers and representatives said staff are kind, caring and gentle when providing care to the consumer.
* The majority of consumers and representatives stated that staff know what they are doing and there are adequate staff to provide care and services.

However, some consumers and representatives said they believed some staff were better than others.

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.

The majority of consumers, representatives and staff stated that staff numbers were adequate to enable the delivery and management of safe and quality care and services and that staff are adequately trained to deliver the outcomes required.

The Quality Standard is assessed as Compliant as all 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.

### 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 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Some consumers and representatives interviewed provided information about the organisation being well run. For example, a representative of an unnamed consumer said, “I think the place is well run, I give it a six out of ten”.

Overall consumers could not provide examples of how they are involved in the development, delivery and evaluation of care and services, some saying they don’t believe their opinions matter.

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).

The organisation was not able to demonstrate that its governing body is accountable for the delivery of safe and quality care and services regarding: promoting a culture of safe, inclusive and quality care or that it has effective governance systems, risk management systems or a clinical governance framework. Consumers and representatives generally did not feel engaged or that they had an impact on care and services.

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

## Assessment of Standard 8 Requirements

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

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

Although service management were able to tell the Assessment Team how they are supporting consumers to be engaged in the development, delivery and evaluation of care and services, they were unable to provide the Assessment Team with information to demonstrate how consumers are actively being engaged. For example, service management advised that there is no consumer representation on committees. In addition, most consumers and representatives said they did not feel they had a say in how the service was run. Records provided to the Assessment Team also confirmed that while feedback is provided, it is not being well utilised by the service.

Service management is working towards improving communications with consumers and their representatives, including more regular consumer experience surveys to ascertain their feedback.

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

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

The service was unable to demonstrate that the governing body promotes or is accountable for the delivery of safe and quality care and services. The head of the service told the Assessment Team that he oversees the day to day operations of the service. However, it was not evident from information obtained through interviews with service management staff that reports to the Board contain sufficient information about the service’s performance against the Quality Standards such that the Board could be satisfied that it is accountable for the services operations. In other instances, there was no information in Board meeting minutes to show that the Board requests information of or gives direction to senior service staff that would satisfy that the Board is accountable for informing the delivery of safe, inclusive and quality care and services for consumers. While service management has advised that the Board Chair receives regular emails and calls from senior clinical staff at the service, the service has acknowledged that they are unable to demonstrate this as it is not documented due to privacy reasons. Service management will ensure that a written report between senior clinical staff and the Board Chair occurs in the future, as well as a new agenda for the Board.

While the service has recently introduced a service level quality and clinical governance meeting, this is still in inception. Service management has stated that the service improvement report is reported to the Board, but not to Board members. However, service management were unable to demonstrate that this occurs. Service management and the CEO were unable to articulate changes at the service that have been driven by the governing body. However, they have undertaken to review their governance structure, among other improvements to ensure that the Board is accountable for the delivery of quality care and services.

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

Effective organisation wide governance systems relating to the following:

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

Although the service has organisation wide governance systems in relation to financial and workforce governance, the service was unable to demonstrate that it has effective systems in place regarding continuous improvement, information management and regulatory compliance. For example, not all opportunities for continuous improvement are identified, particular those relating to feedback and complaints. While information sharing does occur, it is often verbal and is not documented, such as information about what is going on at the service. In addition, the service was not able to show that it is identifying, escalating and recording reportable assaults, with the Assessment Team identifying several assaults that service management were not aware of or not had been recorded in the consolidated register of reportable assaults. Service management has undertaken to provide further education to staff regarding elder abuse.

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

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

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

The service did not demonstrate that a risk management framework is in place outlining how organisational risk is managed, or in relation to the three sub requirements above. For example, while the service prepares a monthly improvement plan which reports some changes in clinical risk, it does not provide written information to the Board regarding how the service is managing high impact or high prevalence risks associated with consumer care. While service management has since provided documents regarding risk taking for consumers and the service’s risk framework, it is not evident that these were in place at the time of the audit.

Although staff have been educated about elder abuse and could articulate examples of how they would report it, in practice, staff are not consistently recognising and escalating it as noted under Standard 8, Requirement 3(c). Service management has undertaken to deliver additional training, including case studies to improve staff understanding of when and how to report elder abuse.

The Assessment Team also identified that the service does not have effective systems in place to support consumers to live the best life the can. For example, care and services are not consistently reviewed for effectiveness when circumstances change or when incidents occur, nor are interventions implemented or recorded to ensure that consumers are supported in living the best life they can. While the Assessment Team recognises that staff had a good understanding of consumer needs and preferences, the Assessment Team found that there was a lack of clear documentation to show that consumers were supported in achieving the best life they can. This has been acknowledged by service management, with education planned prior to 30 June 2020.

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

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

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

The service could not demonstrate that it has a clinical governance framework in place and does not have current policies or procedures in place regarding antimicrobial stewardship and open disclosure, with the policy regarding restraint is out of date. While staff were able to tell the Assessment Team about practical ways that they prevent and control infection, senior clinical staff advised that some doctors are prescribing antibiotics for consumers at the service without first testing. Although the service is not responsible for the prescribing activities of doctors, the staff member said that the service has not involved the doctors in discussions about this such as via the service’s medication advisory committee. In addition, while the service may be analysing and collating information about infections, this is not reported to the Board to understand its impacts on care and service delivery. While service management has since provided a clinical governance, antimicrobial stewardship and open disclosure policy, it is not evident that these were in place at the time of the audit. Service management have undertaken to implement a number of improvements, including a review of the open disclosure policy, review of the clinical governance framework to ensure it meets best practice and education in clinical governance.

The Assessment Team identified through interviews with staff, that service management did not have an understanding of contemporary restraint principles. Service management advised the Assessment Team that hey did not have nay consumers who were physically restrained, apart form those with a bed rail. The use of bed rails constitutes physical restraint. In addition, service management stated that no consumers were chemically restrained, however the Assessment Team identified via a review of documentation that numerous consumers were prescribed psychotropic medication, without a relevant diagnosis. While the service had generally recognised this as restraint, they had not been managing this in line with regulatory obligations and best practice. For example, there was no indication that the service had explored other avenues for managing the consumer’s behaviour before using chemical restraint as a last resort.

Staff were able to demonstrate that open disclosure is being applied to complaints and feedback, even in the absence of a policy.

# Areas for improvement

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

Standard 1, Requirements 3(c) and (d)

* develop and implement strategies to support consumers in making choices that may include risk, and regularly review and adapt strategies to ensure they are current and tailored to the risk
* ensure that the consumer themselves is involved in decision making and where this is not able to occur, develop processes to clearly capture the reasons why they were not able to or elected not to be involved.
* review care planning documentation to ensure that any consideration of risk to consumers, also considers the benefits or opportunities that may arise to enable consumers to live the best life they can

Standard 2, Requirements 3(a), (b), (c), (d) and (e)

* put a system or process in place to ensure that staff ability to assess and identify individual risks to consumer health is consistent and completed for all consumers and considers appropriate interventions to prevent these risks. Interventions implemented must be documented.
* develop a system to ensure that all consumers are not only advised of care outcomes (both verbally and in writing), but can also partner with the service in their care delivery by having direct input into their care planning.
* put processes in place to capture changes in consumer’s care, such as when they return from hospital to ensure that information about their care is effective, correct and consistent.
* ensure that consumer care plans are reviewed regularly to ensure goals, need and preferences for individual consumers are current, effective and reflect changes that have occurred as a result of new circumstances or incidents. In addition:
  + include preventative goals, need and preferences in consumer care plans to articulate how the consumer will maintain and prevent deterioration or decline in their health and well-being
  + develop and implement a palliative care and advanced care policy and demonstrate to the Commission how these policies have increased staff, consumer and representative’s understanding of end of life care

Standard 3, Requirements 3(a) and (b)

* develop processes to ensure that staff know how to implement effective care, including the need to demonstrate in documentation that interventions are tailored to the consumer, are trialled and evaluated to determine whether they are appropriate for the consumer. In addition, educate staff on the need to document wound care such that deterioration can be recognised and acted upon in a timely manner.
* test staff understanding of high risk/high prevalence risks and deterioration of consumer condition and how this impacts on the delivery of tailored, optimal and best practice care in relation to chemical restraint, pain and falls management and skin integrity.
* review all consumers with high impact and/or high prevalence risks to ensure their care plans contain interventions that are current, best practice and appropriate to optimise consumer health and well-being.

Standard 6, Requirement 3(d)

* provide the Commission with an updated copy of your complaints register, including how complaints raised in the 3 months following this decision have been resolved, how these complaints have been used to improve care delivery at the service
* undertake more qualitative analysis of your complaints and feedback information to identify trends and actions that can be identified in the continuous improvement plan.

Standard 8, Requirements 3(a), (b), (c), (d) and (e)

* audit staff practices to ensure that the systems that are in place relevant to the Requirements listed as ‘Areas for Improvement’ are being implemented and provide the Commission with the results of those audits.
* ensure that consumers are represented and engaged in the design, evaluation and delivery of care at the service, document how they are being engaged and provide the Commission with a register of matters raised by consumers and how they have been used to inform the delivery of service
* develop and implement new processes to ensure the Board is informed of matters in writing and its decisions and deliberations about those matters such that it can demonstrate that it is accountable for the delivery of changes to the quality care and services that reflect the issues raised with them.
* provide the Commission with an update regarding the new electronic management system, in particular the status of suite of policies and procedures developed or under review. In addition, demonstrate to the Commission that staff have read and understood the new policies and how to use the new electronic management system
* show that staff have undertaken additional training in elder abuse and how it relates to compulsory reporting, restraint and antimicrobial stewardship. In addition, undertake competency assessments with staff to demonstrate that this training has resulted in a change in staff practice