Seaforth Gardens Senior Citizens' Residence

Performance Report

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**Commission ID:** 7148

**Provider name:** The Salvation Army (Western Australia) Property Trust

**Site Audit date:** 6 December 2021 to 8 December 2021

**Date of Performance Report:** 10 February 2022

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 consumers, representatives, staff and others
* the provider’s response to the Site Audit report received 14 January 2022.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team found overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers during interviews with the Assessment Team:

* staff always treat them with respect, and their culture, dignity and privacy are respected;
* they are supported to exercise choice and independence and maintain relationships of choice; and
* feel they have the information they need and are supported to understand the information.

Care files sampled reflected each consumer’s diversity and what was important to them. Care plans included information relating to each consumer’s background, and cultural and religious affiliations to enable staff to understand the best way to deliver care and services to cater for each individual consumer’s expectations. Staff consistently spoke about consumers in a way which indicated respect and demonstrated an understanding of consumers’ personal circumstances and life journey.

Information provided to consumers is current, accurate and timely and made available to consumers through a range of avenues, including newsletters, meeting forums and noticeboards. For consumers who have difficulty communicating, information is explained through use of relevant resources, and updates are also provided to consumers’ representatives. Staff were observed to deliver care in a way which promoted and respected consumers’ privacy and personal information is kept confidential.

Consumers’ information is documented and includes next-of-kin or persons responsible to make decisions regarding care. Conferences are held with consumers and/or representatives to discuss the services being delivered, enabling them to make decisions about future care. Staff described ways in which they support consumers to maintain friendships and make day-to-day choices about lifestyle preferences.

Consumers sampled indicated they are supported to take risks to enable them to live the best life they can. Where consumers choose to undertake an activity which includes an element of risk, consultation with the consumer and/or representative occurs to enable them to understand the risk and consequences of harm and strategies to minimise the risk are implemented.

Based on this evidence, I find The Salvation Army (Western Australia) Property Trust, in relation to Seaforth Gardens Senior Citizens’ Residence, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 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

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(a) in Standard 2 not met. The Assessment Team were not satisfied the service demonstrated assessment and planning, including consideration of risks to consumers’ health and well-being, informs the delivery of safe and effective care and services.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

In relation to Requirements (3)(b), (3)(c), (3)(d) and (3)(e), the Assessment Team found overall, consumers sampled considered that they felt like partners in ongoing assessment and care planning, and assessment and planning focuses on their needs, goals and preferences for care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* representatives said staff notify them of any changes in the consumer and their needs;
* the service regularly discusses consumers’ care and services with them and the information provided is clear and easy to understand; and
* care changes are made, and documented information shared with them when there is a change in consumers’ care requirements.

Care files sampled demonstrated consumers’ needs, goals and preferences are identified through assessment and planning processes. This included advance care planning and end of life planning. Conversations relating to consumers’ end of life planning and advance care directives are undertaken on entry, annually at care conference meetings and on an as needed basis. Consumers and representatives stated the service had spoken with them about end of life planning and staff were aware of how to access information relating to consumers’ advance care planning and end of life planning.

Care files demonstrated staff involve consumers and/or representatives, and input from Medical officers and other providers of care and services occurs to ensure care and service provision is in line with consumers’ needs and preferences. Outcomes of assessment and care planning are communicated to consumers and/or representatives and documented in care plans which are available to consumers and guide staff in the provision of care and services. Care plans are regularly reviewed and updated in response to changes in consumers’ circumstance, health and incidents. Assessment of consumers’ care needs occurs annually and in response to incidents or changes in health and condition.

Based on this evidence, I find The Salvation Army (Western Australia) Property Trust, in relation to Seaforth Gardens Senior Citizens’ Residence, to be Compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

**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 were not satisfied the service demonstrated assessment and planning, including consideration of risks to consumers’ health and well-being, informs the delivery of safe and effective care and services. The Assessment Team’s report provided the following evidence relevant to my finding:

* Care planning is not consistently completed accurately, and assessment tools are not consistently used appropriately to assess and document consumers’ clinical needs.
* Registered staff do not consistently follow policies and procedures and/or conduct clinical assessments in a timely manner and in line with policies and procedures to identify consumers’ care requirements.
* Consumer A’s care plan did not identify a diagnosis of diabetes, General practitioner directives for monitoring blood glucose levels or actions to take where blood glucose levels were outside of General practitioner directed parameters.
* Blood glucose levels were not consistently completed in line with General practitioner directives and blood glucose levels were noted to be above directed parameters on three occasions in December 2021. While the chart had been actioned by the Registered nurse, no further follow up or monitoring had occurred.
* The Nutritional and dietary profile did not include interventions relating to Consumer A’s diabetic status.
* A Skin integrity profile, completed a day after entry, indicates Consumer B has no skin integrity issues and does not require pressure relieving devices. The profile did not reference two pressure injuries present on entry.
* Care staff were unsure of what pressure area care Consumer B required. One care staff stated they would refer to the care plan, however, were unable to find any information in the care plan to direct them in relation to pressure area care.
* Consumer C’s Communication and sensory assessment did not identify the consumer’s hearing loss or use of hearing aids.
* Care staff indicated Consumer C spends a lot of time alone in their room and finds it difficult to participate in activities due to their hearing impairment. Staff did not provide further information relating to aids or refusal to wear them or interventions to prevent the consumer from isolating.
* Management stated the consumer refuses to wear hearing aids, however, this was not documented in the consumer’s care plan. Additionally, the care plan does not include information to direct safe and effective care or reduce isolation.
* Consumer D’s primary intervention in the Behaviour support plan is a direct cut and paste of a progress note entry from a behaviour management specialist.

The provider’s response acknowledged the deficits highlighted in the Assessment Team’s report and included further context to the evidence provided, as well as supporting documentation, including a Plan for continuous improvement and a Care improvement plan. Additionally, the response demonstrated the provider’s proactive response in addressing the deficits highlighted. The provider’s response included, but not limited to:

In relation to Consumer A:

* An extended care plan, in place at the time of the Site Audit, included a diagnosis of diabetes, blood glucose level parameters and actions to take if readings are outside of parameters. The care plan was included as part of the provider’s response.
* Staff failed to update the consumer’s care plan in response to a General practitioner directive relating to a change in frequency of blood glucose levels. All diabetic consumers’ care plans and General practitioner directives have been reviewed.
* Acknowledge the Dietary profile lacked information relating to the importance of a healthy balanced diet to manage diabetic status. A review of all diabetic consumers’ care plans has commenced to ensure this information is included.
* Acknowledge follow-up and monitoring of Consumer A following high blood glucose level readings was not adequate. This has been discussed at meeting forums with nursing staff.

In relation to Consumer B:

* The wound chart on entry was created in error. Consumer B did not have any pressure injuries on entry.
* The Skin integrity profile has been updated to reflect management of the consumer’s condition to prevent pressure injuries, and a pain assessment has been completed indicating the consumer’s pain is controlled.
* At the time of the Site Audit, the consumer’s care plan included three key pressure area care interventions. The care plan and profile have been reviewed and further pressure area care interventions implemented.
* Training has been arranged for care staff to ensure they understand how to access and communicate information from consumer care plans.

In relation to Consumer C:

* The consumer spends a considerable amount of their day in the company of a fellow consumer and Consumer C interacts with family. However, these interactions have not been well documented. Staff have been advised to document Consumer C’s interactions with others to evidence they are not self-isolating.
* Consumer C’s lifestyle program is being reviewed to provide further opportunity for them to inform the service of activities they would like to participate in.
* The Communication and sensory care plan has been updated to reflect the consumer’s hearing impairment and management strategies.

In relation to Consumer D:

* The care plan has been reviewed and revised and the Behaviour plan is now more person centred and easier to read and follow.
* Consumer D was re-referred to specialist services for support in strategizing behaviour management interventions.

I acknowledge the provider’s response and commitment to address the deficits identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, assessment and planning processes did not consistently inform the delivery of safe and effective care and services, specifically in relation to Consumers B, C and D. Insufficient information relating to care needs and risks to consumers’ health and well-being was noted in assessments and/or care planning documents, used by staff to guide provision of consumers’ care and services. Additionally, some staff sampled were unfamiliar with consumers’ assessed care needs and were not able to describe strategies for individual consumers to manage hearing loss and skin integrity.

In relation to Consumer B, I acknowledge a Skin integrity profile, in place at the time of the Site Audit, included three key pressure area care interventions. However, I have considered that staff, who are responsible for providing care to consumers, could not describe specific skin management strategies for Consumer B and were unable to locate information relating to pressure injury prevention strategies in the care plan, used by staff to direct consumer care.

In relation to Consumer C, I find assessment and care planning processes have not been effectively undertaken. Hearing loss, which has a potential to impact the consumer’s health and well-being, had not been identified. Additionally, the care plan did not include support strategies to manage the consumer’s hearing impairment and staff sampled were unable to provide examples of strategies to manage and support the consumer’s sensory impairment.

In relation to Consumer D, I have considered that a Behaviour support plan did not include sufficient information to assist staff to manage the consumer’s challenging behaviours. Information documented in the care plan was noted to directly reflect a progress note made by a specialist and did not accurately outline interventions to assist staff to deliver care in a safe and effective manner.

In relation to Consumers C and D, I have considered that lack of information contained in care plans has the potential to impact the effective and safe delivery of care and services, particularly where staff delivering care are not familiar with consumers’ assessed care and service needs. I acknowledge the actions taken by the service in relation to the deficits highlighted since receiving the Assessment Team’s report. However, I have considered that these actions were initiated subsequent to the Site Audit and not as a result of the service’s own monitoring processes, including care consultation/review processes.

In relation to Consumer A, documentation included in the provider’s response demonstrates a care plan, in place at the time of the Site Audit, included information relating to the consumer’s diabetic status, parameters for blood glucose levels and a brief description of actions to take where levels are outside of parameters. The provider acknowledges the care plan was not updated to reflect the changed frequency of blood glucose level readings and this has since been actioned. In relation to lack of monitoring and follow-up for blood glucose level readings outside of parameters, I have considered that the evidence presented in this Requirement does not demonstrate deficiencies relating to assessment and planning. Rather, the evidence presented specifically relates to deficiencies associated with the delivery of care. As such, I have considered the evidence with my finding for Standard 3 Personal care and clinical care Requirement (3)(a).

For the reasons detailed above, I find The Salvation Army (Western Australia) Property Trust, in relation to Seaforth Gardens Senior Citizens’ Residence, to be Non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

**Requirement 2(3)(b) Compliant**

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

**Requirement 2(3)(c) Compliant**

*The organisation demonstrates that assessment and planning:*

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

**Requirement 2(3)(d) Compliant**

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

**Requirement 2(3)(e) Compliant**

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

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team found overall, consumers sampled considered that they receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* consumers are provided timely personal and clinical care that is safe and provided in the manner they have requested;
* consumers have access to appropriate clinical and other specialists to manage their complex health needs; and
* staff know consumers’ care needs and preferences, staff are kind and caring and they feel they are well looked after.

Staff have access to a range of mechanisms to ensure care and services provided to consumers is best-practice and in line with legislated requirements. A range of validated risk assessments are used by the service with information gathered used to develop individualised care plans outlining management strategies based on consumers’ assessed needs. Care files sampled demonstrated best practice care delivery relating management of pain, skin integrity and restrictive practices. However, four Behaviour support plans sampled did not clearly outline behaviours, triggers and non-pharmalogical strategies to be implemented prior to administration of psychotropic medication.

In the context of Requirement (3)(a) in this Standard, I have also considered information documented in the Assessment Team’s report in Standard 2 Ongoing assessment and planning with consumers Requirement (3)(a) relating to Consumer A. On three occasions in December 2021, further follow-up and monitoring of the consumer did not occur in response to blood glucose level readings outside of the reportable parameters. The impact of this for the consumer is not noted. I have considered evidence documented in the Assessment Team’s report relating to Standard 3 Requirement (3)(a) which does not indicate this is a systemic issue. I acknowledge the provider’s response which demonstrates appropriate action has been taken in response to the deficits highlighted relating to Consumer A, including initiating performance management processes for the staff member involved.

High impact or high prevalence risks associated with the care of consumers are identified through assessment and consultation processes, and individualised management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files sampled demonstrated appropriate management of risks relating to skin, falls, wounds, swallowing impairments, pain and behaviours. Clinical and care staff sampled were knowledgeable of high impact or high prevalence risks and described strategies to minimise impact of risks for consumers sampled.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. Staff described processes implemented when a consumer is at end of life, including documentation completed, working in partnership with consumers and/or representatives and input of specialist palliative care teams. Care staff sampled explained their role in providing palliative care, including personal and emotional support requirements.

Where changes to consumers’ health are identified, additional charting, assessments and monitoring processes are implemented and referrals to Medical officers and/or allied health specialists initiated. Additionally, where changes to consumers’ care and service needs occur in response to deteriorating health, there are processes to ensure these are communicated to staff.

The service has an effective infection control system in place to prevent and control infection. Staff demonstrated knowledge and understanding of antimicrobial stewardship principles and strategies to minimise spread of infection.

Based on this evidence, I find The Salvation Army (Western Australia) Property Trust, in relation to Seaforth Gardens Senior Citizens’ Residence, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

### Requirement 3(3)(d) 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 supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team found overall, consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* they are supported to take part in community and social activities of interest to them;
* they can acknowledge and observe sacred, cultural and religious practices and celebrate days that are meaningful to them;
* are generally satisfied with the quality of food and the choices they are provided;
* they are supported to do the things they want to do and described how the services and supports for daily living have improved their independence, health, well-being and quality of life; and
* indicated the service is proactive in ensuring they are supported in an independent lifestyle and is responsive to their preferences.

Initial and ongoing assessment processes identify each consumer’s emotional, spiritual, cultural and social needs. Care plans are developed from the information gathered and identify consumers’ specific interests and preferences ensuring consumers remain as independent as possible and maintain a sense of well-being. Consumers are supported to maintain social and personal relationships within and outside of the service.

Activity programs incorporate consumers’ life experiences to meet their individual cultural, ethnic, religious and spiritual background, and seasonal and cultural events are celebrated. Individual and group therapy activity charts demonstrated consumers are encouraged and supported to participate in activities and do things of interest to them. Consumers at risk of isolation are identified and supports initiated. Lifestyle and therapy programs are regularly monitored through review of activity charts and participation levels, evaluation of new activities and consumer surveys.

Care files sampled demonstrated information about consumers’ condition, needs and preferences is documented and communicated within the service and with others where responsibility is shared. There are processes to ensure appropriate and timely referrals to individuals, other organisations and providers of other care and services occur.

Assessment processes assist to identify each consumer’s dietary needs and preferences and this information is available to catering staff to guide catering processes. Seasonal menus are in place which vary based on consumer feedback, and alternative meal options are available.

There are processes to ensure equipment provided to consumers is clean, safe, suitable and well maintained.

Based on this evidence, I find The Salvation Army (Western Australia) Property Trust, in relation to Seaforth Gardens Senior Citizens’ Residence, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

**Assessment of Standard 4 Requirements**

**Requirement 4(3)(a) Compliant**

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

**Requirement 4(3)(b) Compliant**

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

**Requirement 4(3)(c) Compliant**

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

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

**Requirement 4(3)(d) Compliant**

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

**Requirement 4(3)(e) Compliant**

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

**Requirement 4(3)(f) Compliant**

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

**Requirement 4(3)(g) Compliant**

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* the service environment has spaces to interact with others and for quiet reflection, and is generally welcoming to them, their friends, family, and other visitors;
* the environment to be safe, well maintained and clean; and
* indicated the design of furniture and fittings helps consumers to be independent and adds to the comfort of the service environment.

The Assessment Team observed the service environment to be clean, well maintained and well-lit and consumers are encouraged to bring in personal items to help them feel more at home. The service environment generally maximises support for consumers through environmental strategies which improve function and independence for consumers with limited mobility, sensory loss, and cognitive impairments. However, navigation aids, such as signage and directories are not available to assist wayfinding of each section of the service; this has been recognised by the service and actions to rectify are pending. Consumers sampled indicated they can find their way around the service easily and get to key locations within the wings they reside.

There are preventative and reactive maintenance processes in place and staff described how maintenance tasks and hazards are reported, actioned and resolved. Cleaning processes are in place and staff described their responsibilities for cleaning, in line with a schedule. Furniture, fittings and equipment were noted to be safe, clean and well maintained and suitable for the consumer. Contracted services are utilised to maintain and inspect aspects of the service environment and equipment. There are monitoring processes to ensure a safe and comfortable service environment is maintained.

Based on this evidence, I find The Salvation Army (Western Australia) Property Trust, in relation to Seaforth Gardens Senior Citizens’ Residence, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

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

* are aware of and have utilised the service’s feedback and complaints mechanisms and described how staff support them to provide feedback or make a complaint;
* staff and the service are responsive to their feedback and complaints when raised are acted on in a timely and appropriate manner; and
* confirmed an open disclosure process is used when they make complaints and feel their concerns are addressed.

Consumers and representatives are provided with information relating to internal and external feedback and complaints avenues, language services and advocacy services on entry and ongoing through newsletters and meeting forums. Information in relation to feedback mechanisms and advocacy was also noted to be displayed throughout the service. Consumers are encouraged and supported to provide feedback through a range of avenues, including meeting forums, surveys and directly to staff and management.

Staff described how they support consumers to raise concerns, including assisting them to complete feedback forms and escalating concerns to senior staff. Management and staff demonstrated an awareness of open disclosure principles and practices, and policy and procedure documents relating to open disclosure processes are available to guide staff practice.

A complaints register is maintained and management demonstrated how feedback and complaints are monitored, analysed for trends and used to improve the quality of care and services provided to consumers. Consumers sampled stated changes have been made in response to their complaints and feedback and described improvements the service has made in response to feedback they have provided.

Based on this evidence, I find The Salvation Army (Western Australia) Property Trust, in relation to Seaforth Gardens Senior Citizens’ Residence, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team recommended Requirements (3)(a) and (3)(c) not met. The Assessment Team were not satisfied the service demonstrated:

* the organisation has the right number of workforce members delivering care and services at any time, specifically in relation to planning of nursing and meal services and call bell response times; and
* gaps identified are addressed to ensure staff use best practice in clinical care, specifically in relation to clinical and care staff competency and knowledge of safe and correct medication administration.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirements (3)(a) and (3)(c). I have provided reasons for my findings in the specific Requirements below.

In relation to Requirements (3)(b), (3)(d) and (3)(e) in this Standard, the Assessment Team found most consumers sampled considered that they get quality care and services from people who are knowledgeable, capable and caring.

The service has a person-centred care approach which is used to guide staff in the delivery of care, which is dignified, respectful and culturally safe. The Assessment Team observed staff interactions with consumers to be kind, caring and undertaken in a respectful manner. Most consumers and representatives indicated they generally find staff to be kind, caring and gentle when providing care.

Recruitment and initial onboarding processes, in addition to a scheduled training program ensure staff have the relevant knowledge and qualifications to perform their roles. An annual education calendar, in addition to online and competency based activities are in place. Educational needs are identified through feedback and complaints, audit results, clinical indicator analyses, performance appraisals, industry changes and regulatory compliance.

A staff performance appraisal and development process is in place and assists the service to identify further training needs and upskilling of staff. Staff performance is monitored through observation of staff practice, feedback and complaints, audits, clinical incident data and surveys. Where poor staff performance is identified, a performance management process, supported by organisational policy and procedure documents, is implemented.

Based on this evidence, I find The Salvation Army (Western Australia) Property Trust, in relation to Seaforth Gardens Senior Citizens’ Residence to be Compliant with Requirements (3)(b), (3)(d) and (3)(e) in Standard 7 Human resources.

**Assessment of Standard 7 Requirements**

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

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

The Assessment Team were not satisfied the service demonstrated the organisation has the right number of workforce members delivering care and services at any time. The Assessment Team’s report provided the following evidence relevant to my finding:

* Some sampled consumers said staff do not have the time to deliver quality care and services and feel some care and services are delayed causing them inconvenience. Consumers described impacts relating to assistance with care needs, delayed call bell response times and feeling staff are rushed during delivery of personal care. Seven consumers said they have to wait a long time, 30 minutes or longer, to be served their meals.
* Eight staff sampled, including clinical, care and hospitality staff, said the service does not have enough clinical and care staff to plan and deliver care and services so that consumers get safe and quality care. Comments included:
* they cannot provide proper clinical care and don’t have time to ensure consumers with high risk/high impact issues, including those at risk of falls and choking, get appropriate clinical monitoring;
* are aware of their responsibilities in relation to risk management and incident reporting, however, they don’t have time to complete a thorough investigation even if they know they should;
* medication rounds are late and sometimes they have to take shortcuts; and
* consumers at mealtimes are impacted as there are not enough staff to make sure consumers get there food promptly.
* The service reports monthly on call bell responses greater than 10 minutes or excessive response times based on a week’s sample. However, there is no methodology or systematic approach to data comparisons and analyses that supports improvements in call bell response.

The provider’s response indicates they do not agree with the Assessment Team’s recommendation and included further context and additional information as well as supporting documentation relating to the deficits highlighted in the Assessment Team’s report. Additionally, the response outlined actions initiated in response to the information in the Assessment Team’s report. The provider’s response included, but not limited to:

* Roster development processes consider the building floor plan, size of the centre, occupancy and consumer acuity and needs. The master roster is reviewed with industry benchmark information to ensure it is consistent with the organisation’s model of care and industry standards.
* The direct care hours are in excess of industry benchmark information having taken into account size, occupancy and acuity.
* Ninety-six per cent of call bells were responded to within the service’s key performance indicator in December 2021 and January 2022.
* A memorandum has been distributed to staff reminding them to respond to call bells promptly and the management team is reviewing weekly call bel reports and comparing trends.
* Acknowledge consumer feedback. Plans were developed prior to the Site Audit to better align mealtimes to consumer expectations and meal service arrangements have since been changed so there are more staff to assist with meal service.
* Resident meeting minutes included in the provider’s response included positive comments from consumers relating to the changed meal service arrangements.

I acknowledge the provider’s response and the additional information provided. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, workforce numbers were not consistently sufficient to meet consumers’ needs and deliver safe and quality care and services at all times.

I acknowledge roster development processes and review of the master roster with industry benchmarks. I also acknowledge the provider’s assertion that direct care hours are in excess of industry benchmark information. However, in coming to my finding, I have placed weight on feedback provided to the Assessment Team by consumers which indicates impacts to care and services, including delayed assistance with care needs, feeling staff are rushed during care delivery and delayed meal services. I have also considered feedback provided by care and clinical staff indicating insufficient staffing numbers to plan and deliver care and services. Clinical and care staff described impacts to provision of clinical care resulting from insufficient staffing numbers which has the potential to place the safety and well-being of consumers at risk. As such, I find the service has not ensured the workforce is effectively planned to enable the consistent delivery of quality care and services.

For the reasons detailed above, I find The Salvation Army (Western Australia) Property Trust, in relation to Seaforth Gardens Senior Citizens’ Residence, to be Non-compliant with Requirement (3)(a) in Standard 7 Human resources.

**Requirement 7(3)(b) Compliant**

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

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

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

The Assessment Team were not satisfied the service demonstrated gaps identified are addressed to ensure staff use best practice in clinical care, specifically in relation to clinical and care staff competency and knowledge of safe and correct medication administration. The Assessment Team’s report provided the following evidence relevant to my finding:

* Two clinical staff are overdue for the organisational e-learning certification in Safe medication management and Medication calculation competency. eLearning components for the staff were due in April 2021 for one staff and July 2021 for the other.
* Performance/conduct opportunity logs indicated these staff members are not competently, safely or correctly administering medications to consumers despite undergoing counselling on how to manage medications correctly by following policies and procedures
* Medication tracking reports for diabetes injectable medications for three consumers showed medications had been signed for later than the scheduled times on numerous occasions for a 16 day period in November and December 2021.
* Medication tracking reports for Parkinson’s medications for five consumers showed numerous occasions of medications being administered late over a 16 day period in November and December 2021.
* There was no evidence of medication errors or of consumers with Parkinson’s disease being monitored for increase in symptoms following late administration of medications.
* Electronic Staff attendance training records showed not all required training sessions have been completed by the staff. The system to monitor attendance was not operating effectively and the gaps identified have not been addressed.

The provider’s response acknowledged the deficits highlighted in the Assessment Team’s report and included further context to the evidence provided as well as supporting documentation, including a Plan for continuous improvement. Additionally, the response demonstrated the provider’s proactive response in addressing the deficits highlighted. The provider’s response included, but not limited to:

* The service will ensure the two Registered nurses complete Safe medication management and the Medication calculation competency by end of December 2021.
* Two Registered nurses have completed retraining in medication administration.
* Timeliness of medication administration was discussed at a clinical meeting in December 2021.
* All Registered nurses will undergo assessment and care planning training.
* All staff have completed mandatory eLearning as well as four face-to-face training sessions. Staff who remain overdue have been contacted and have until 16 January 2022 to complete required learnings.
* An audit of administration of Parkinson’s medication and insulin has been conducted and staff identified as signing for medications late have been spoken to and cautioned. Monitoring will continue through weekly audits.
* Education relating to Parkinson’s disease and medication management for staff has been arranged.

I acknowledge the provider’s response and the supporting documentation provided. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service’s monitoring processes were not effective to ensure staff were working in line with their responsibilities and skills.

In coming to my finding, I have considered that two Registered nurses were noted to be up to eight months overdue for mandatory training requirements relating to medication management. However, despite both staff members being involved in medication incidents in October and November 2021, training related to medication management was not identified as being overdue for these staff members. Additionally, time sensitive medications were noted to be consistently administered later than the recommended administration times, and for consumers with Parkinson’s disease, there was no indication the consumers’ condition was monitored for increase in symptoms which could arise from the late administration of medications.

I have also considered that the service has not sufficiently monitored staff training attendance, with a number of staff identified as not attending mandatory training sessions within the service’s required timeframes.

For the reasons detailed above, I find The Salvation Army (Western Australia) Property Trust, in relation to Seaforth Gardens Senior Citizens’ Residence, to be Non-compliant with Requirement (3)(c) in Standard 7 Human resources.

**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-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant.

The Assessment Team have recommended Requirement (3)(d) not met. The Assessment Team were satisfied the service demonstrated effective risk management systems and practices relating to managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and managing and preventing incidents, including use of an incident management system. However, the Assessment Team were not satisfied the service demonstrated effective risk management and prevention systems that encouraged and supported consumers to live the best life they can.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(d). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found most consumers sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. Consumers are engaged in the development, delivery and evaluation of care and services, including through feedback mechanisms, care conferences, meeting forums, focus groups and surveys. Consumers are also involved in recruitment processes through attendance at staff pre-employment interviews.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. An Area manager and centralised and standardised clinical committees provide reporting structures that ensure adequate, appropriate, efficient, and effective information infrastructures are in place. Clinical incidents and consumer feedback, including complaints are regularly reviewed by the organisation’s Quality governance committee to identify improvement opportunities relating to performance and delivery of care and services.

The organisation demonstrated organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance and feedback and complaints. There are processes to ensure these areas are monitored and reported on.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff interviewed demonstrated an awareness of these policies and described how they implement these within the scope of their roles.

Based on this evidence, I find The Salvation Army (Western Australia) Property Trust, in relation to Seaforth Gardens Senior Citizens’ Residence, to be Compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in Standard 8 Organisational governance.

**Assessment of Standard 8 Requirements**

**Requirement 8(3)(a) Compliant**

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

**Requirement 8(3)(b) Compliant**

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

**Requirement 8(3)(c) Compliant**

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

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

**Requirement 8(3)(d) 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team were satisfied the service demonstrated effective risk management systems and practices relating to managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and managing and preventing incidents, including use of an incident management system.

However, the Assessment Team were not satisfied the service demonstrated effective risk management and prevention systems that encouraged and supported consumers to live the best life they can. The Assessment Team’s report provided the following evidence relevant to my finding:

* Clinical indicators showed that not all medication incidents are being captured in the monthly analysis. Three medication incidents were reported in July and two in October 2021. The integrated computerised system showed there are multiple incidents every month that have not been identified, investigated, or evaluated.
* Care staff sampled could not give examples of near miss incidents that should be reported or provide examples of incident prevention. Staff said they had not received any training about risk management.
* A Customer risk safety assessment identifies Consumer E as being at risk of absconding and includes management strategies. The consumer absconded from the service in October 2021.
* Hourly sighting chart for three days in December 2021 had had not been consistently completed.
* A review of Consumer E’s Behaviour support plan had not occurred and an investigation into the incident had not been completed. Additionally, a clinical review of the hourly sighting chart had not been completed.
* A Customer risk safety assessment identified Consumer C as being at risk of absconding and includes management strategies.
* Consumer C was found to be asleep outside in November 2021 and sustained sunburn. The sighting chart had not been completed hourly leading up to the incident or completed hourly post the incident. No health assessment, skin assessment or incident report had been completed in response to the incident.
* In response to the incident, the care plan had not been updated to include strategies to mitigate further occurrence, a plan for treatment of the sunburn had not been implemented and the risk assessment had not been reviewed.
* Consumer F experienced a near miss choking incident in July 2021. An incident form was not completed, an investigation into the cause of the incident was not initiated and monitoring of the consumer post incident for adverse effects did not occur. Additionally, the consumer’s care plan and Risk safety assessment were not updated in response to the incident.

The provider’s response acknowledged the deficits highlighted in the Assessment Team’s report and included further context to the evidence provided as well as supporting documentation, including a Plan for continuous improvement and a Care improvement plan. Additionally, the response demonstrated the provider’s proactive response in addressing the deficits highlighted. The provider’s response included, but was not limited to:

* Conducted a full review of Consumer E’s Behaviour support plan and Risk safety assessment. Staff who did not complete the sight chart have been counselled.
* Consumer C’s sight chart, included in the provider’s response, demonstrates the chart was completed hourly prior to and following the incident.
* An incident form has been completed retrospectively, and the consumer’s Skin integrity profile has been updated. The care plan has been updated and risk assessment reviewed to include strategies to mitigate risk. These have been communicated to staff .
* In relation to Consumer F, acknowledge an incident form was not completed and this has since been completed retrospectively. The care plan was updated after the incident and a Risk safety assessment was completed.
* It is noted that the Risk safety assessment is dated in December 2021, five months post the incident, and care plan review dates do not align with the date the incident occurred.
* Adequate monitoring of consumers post incident has been discussed with Registered staff to make them more aware of their reporting and clinical follow-up responsibilities.
* In relation to medication incident reporting, review of Quality improvement meeting minutes and the incident management system both indicated 20 incidents were reported in July and 10 incidents in October 2021. These results were consistent with data reported in the Quality indicator reporting system.

I acknowledge the provider’s response and the supporting documentation provided. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, while the organisation had a risk management system that supported staff practices, this system was not effective in relation to managing high impact or high prevalence risks associated with the care of consumers or that staff practices supported an effective incident management system.

I find that monitoring, assessment and review processes have not been consistently initiated in response to incidents. This includes Risk and safety assessment processes which, for two consumers, were not updated in response to incidents, in line with the service’s processes. Such practices do not ensure strategies to manage or mitigate the impact of high impact or high prevalence risks to individual consumers’ health and well-being are promptly reviewed and/or new strategies implemented. I have also considered that the organisation’s own monitoring processes have not identified deficits relating to post incident management identified by the Assessment Team relating to Consumers E, C and F.

I have also considered staff have not completed incidents forms for at least two separate incidents which does not support the effective implementation of the incident management framework. Additionally, staff not completing these forms impacts on the accuracy and efficacy of trending and analysis to identify opportunities to improve the service’s performance and delivery of care and services.

For the reasons detailed above, I find The Salvation Army (Western Australia) Property Trust, in relation to Seaforth Gardens Senior Citizens’ Residence, to be Non-compliant with Requirement (3)(d) in Standard 8 Organisational governance.

**Requirement 8(3)(e) Compliant**

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

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

**Areas for improvement**

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

**Standard 2 Requirement (3)(a)**

* Ensure consumer care plans are updated and reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

**Standard 7 Requirements (3)(a) and (3)(c)**

* Ensure appropriate and adequate staffing levels and skill mix are maintained to deliver care and services in line with consumers’ needs and preferences.
* Ensure staff skills and knowledge are monitored and tested to ensure staff are competent to undertake their roles.
* Ensure attendance at training sessions is monitored and non-attendance managed and addressed.

**Standard 8 Requirement (3)(d)**

* Review the organisation’s risk management processes in relation to managing high impact or high prevalence risks associated with the care of consumers and managing and preventing incidents, including the use of an incident management system.