Shepparton Aged Care

Performance Report

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**Commission ID:** 4357

**Provider name:** Menarock Aged Care Services (Victoria) Pty Ltd

**Site Audit date:** 11 May 2021 to 13 May 2021

**Date of Performance Report:** 19 July 2021

# 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) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **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) | 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 7 July 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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 other relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

Consumers reported that they are treated with respect and dignity, and that their individuality is valued.

Consumers provided feedback on being able to do things that are important, that their independence and relationships are supported and that their privacy is respected.

Staff interviewed consistently described consumers as individuals and described specific details of what is important to them and how this shapes the care that they provide.

Care planning documents reflected the diverse experience of each consumer and provided details as to the meaningfulness of a particular aspect of identity to that individual consumer.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

### Requirement 1(3)(d) 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-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The service failed to demonstrate all consumers and their representatives are consulted about all aspects of care and service delivery. The service did not demonstrate through sampled consumer files that assessment and planning includes the assessment of risk(s) to the consumers health and well-being and strategies to deliver safe and effective care. This was evident when assessing behaviour management, dysphagia management and diabetes management.

Assessment and care planning documents did not reflect input or consultation from consumers and/or their representatives. Representatives expressed dissatisfaction with the overall process of consultation about consumers’ care and services.

The service did not always demonstrate documentation of the care and services within consumers’ care plans and it did not demonstrate care plans are accessible and readily available to consumers or their representatives.

The service did not respond to the deterioration in one consumer’s health and did not immediately reassess or review the behaviour management plans for two consumers following an incident of aggression between them.

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

## Assessment of Standard 2 Requirements*.*

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

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

The organisation was unable to demonstrate that assessment and planning include the assessment of risk(s) to the consumer’s health and well-being to inform the delivery of safe and effective care. Although the service’s assessment and care planning processes include a list of assessments for consumers not all information is consistently documented. For example, behaviour was not assessed, and specialist referrals were not initiated after an episode of physical aggression between two consumers. There were delays in a medical practitioner review and a behaviour assessment was not completed until 12 days later for one consumer and 20 days later for the other consumer. Neither consumer was referred to behaviour specialists such as Dementia Support Australia, a geriatrician or a psycho-geriatrician to further assess and support management of their behaviours.

The approved provider’s response to the Assessment Team’s findings included evidence that the consumers had assessments and care plans. However, evidence that assessments and care planning was consistent and relevant to the risks identified for the consumers, for example monitoring of two consumers with Type two diabetes, was not included in care plans sampled.

The approved provider does not comply with this Requirement as the organisation has not demonstrated that all consumers’ assessment and care plans, consider risks to the consumer’s health and well-being and results in the delivery of safe and effective care and services.

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

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

### Requirement 2(3)(c) 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.*

Consumers and representatives expressed dissatisfaction with the overall process of consultation about consumers’ care and services. Assessment and care planning documents sampled did not always reflect regular input or consultation from consumers and/or their representatives in relation to clinical care. The service failed to demonstrate assessment and planning is based on ongoing partnership with the consumer and others they wish to be involved in assessment, planning and review of care and services.

Management and clinical staff could describe the importance of involving consumers or their representatives in the care planning process. However, they were unable to explain why this had not occurred at the service. They acknowledged that this was an area for immediate action moving forward and stated that it would be added to the service’s plan for continuous improvement.

Representatives of three of the consumers said that they had never been asked to provide consent for the use of psychotropic medication, nor were they aware of any risks or side effects from psychotropic medication use. Whilst clinical staff were aware of the requirement for consent and regular review for consumers prescribed psychotropic medication, they were unable to explain why this had not occurred for consumers currently prescribed this class of medication.

Assessment and planning documents generally contained input from specialists involved in the care of consumers where indicated. These include geriatricians, general practitioners, allied health professionals, external experts and the leisure and lifestyle team.

The approved provider’s response to the Assessment Team’s site audit report included evidence of a resident of the day template and care plan assessment or review and or resident of the day review for four consumers sampled. The service acknowledged that two of the four consumers had a care plan review omitted. The evidence supplied indicates only one of the four consumers has had regular review and assessment with a representative or family contacted or consulted.

The approved provider does not comply with this Requirement as the organisation has not demonstrated that all assessment and planning of consumers’ care 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. There was no documented evidence of consumer or representative consent for medication use.

### 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.*

Whilst the service was able to demonstrate that most care and services are documented within a care plan, the service was unable to demonstrate that the outcomes of assessment and planning are effectively communicated, or that care plans are accessible and readily available to consumers.

Three out of three consumers interviewed about this requirement were unable to describe what a care plan is and did not know whether their care plan is available for them to access. Three out of three consumer representatives were unaware of consumers’ care plans or whether they are available to be reviewed.

The approved provider’s response to the Assessment Team’s site audit report for this requirement was inconclusive and made a general referral to other sections of the response provided.

The approved provider does not comply with this Requirement as the organisation has not demonstrated that the outcomes of assessment and planning are effectively communicated, or that care plans are accessible and readily available to consumers.

### 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 service failed to appropriately re-assess and refer the consumers for assessment about behavioural concerns following an incident of aggression. The service did not reassess the behaviour management plans for two consumers following a serious incident response scheme (SIRS) priority one incident. One of the consumers had a progress note for another date documenting they had been administered ‘as required’ (PRN) olanzapine for ‘behaviour’. There was no record of any non-pharmacological interventions trialled prior to the administration, nor was there any entry documenting whether the medication was effective.

The service also failed to review the care and services for a consumer who experienced a rapid deterioration in their physical condition and general well-being.

The approved provider’s response to the Assessment Team’s site audit report includes evidence of an initial general practitioner review and emails and referral requests for review as the consumer deteriorated over seven days. A general practitioner note is provided following a visit to review the consumer on the seventh day. The response also includes information that interventions are documented in the Assessment and care plan following diagnosis and assessment. Assessments and care plans detail usual and known triggers interventions and successful management strategies.The service said the medication given for behaviour was always successful in managing the consumer’s agitation/agitating behaviours. Exceptional documentation is therefore not required each time this medication is administered or each time a care intervention is delivered if this detail is communicated in the current care plan.

The approved provider does not comply with this Requirement as the organisation has not demonstrated it regularly reviews care and services of consumers for effectiveness. While I acknowledge the service sought referrals for a deteriorating consumer it was seven days before a review occurred. I also consider the service is not reassessing and monitoring the management of behaviours to ensure the effectiveness of interventions and strategies.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Consumer files sampled did not demonstrate all consumers receive safe and effective personal and clinical care that is tailored to their individual needs, is best practice and optimises their health and well-being.

The Assessment Team found the service did not effectively manage high risk needs placing consumers at increased risk of poor health outcomes.

The service demonstrated an understanding of the end of life care needs of consumers and showed how this can be applied to individual consumers.

The Assessment Team found that the service did not respond in a timely or effective manner, to the clinical deterioration of a consumer.

The service has processes to document and communicate information about consumers’ condition, needs and preferences including verbal and written handover. However, these were not always effective as correct information was not always documented or communicated within the service.

Specialist recommendations were reflected in consumers’ care documentation following assessment. Consumers and representatives confirmed they have access to their medical practitioner and/or other health professionals when needed. However, the Assessment Team found a lack of timely referrals for six consumers.

The service did not demonstrate the implementation of standard precautions to prevent and control infection at the service. Specifically, the Assessment Team found multiple and frequent instances of staff with poor compliance with the correct use of face masks.

The Quality Standard is assessed as Non-compliant as six 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.*

While the Assessment Team found this requirement met when considering the deficits in Requirements 3(3)b and 3(3)d I also consider Requirement 3(3)a is non-compliant. This is because it was found the service had deficits including that it did not assess or refer consumers to specialists in a timely way for example after issues with behaviour. There is a lack of clarity and documentation about the monitoring and management of consumers’ complex care needs, incorrect identification of chemical restraint of consumers and the service was found not to have responded to the pain and deterioration of a consumer until the Assessment Team brought the consumer to the service’s attention.

The Assessment Team found six consumers were subject to chemical restraint and had chemical restraint care plans developed by the service. For all six consumers reviewed, there was no documented evidence of consent or three-monthly review by clinical staff or a medical practitioner.

For two consumers with stage two pressure injuries, while negative outcomes are not established, documentation sighted did not demonstrate the consumers’ high risk of skin breakdown or wounds was always effectively communicated, managed and monitored by the service. For example, the interventions listed in the care plans such as two hourly repositioning and hydration support were not consistently documented as having been actioned. For one consumer there was no documented evidence that wound management was occurring consistently, time frames were changing, wound photos were not taken weekly to monitor any wound changes and wound assessment on 9 May 2021 states ‘requires general practitioner review, however there was no documented evidence that this had occurred.

The approved provider’s response to the Assessment Team’s site audit report included evidence that did not address the Assessment Team’s findings. The response also indicated a lack of understanding about identification of chemical restraint.

The approved provider does not comply with this Requirement as the organisation has not demonstrated all consumers get safe and effective clinical care.

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

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

The Assessment Team found examples of risks for six consumers sampled that were not managed effectively. The consumers had complex care needs and monitoring and management of the risks is not clearly indicated or documented within the consumer’s care plans.

The approved provider’s response refuted the findings of the Assessment Team. The response included an explanation of the approach to care planning for the identified consumers. The service said plans are in place if consumers were to display symptoms, for example in relation to Type two diabetes and provided evidence of medical records.

In making my decision I have considered the Assessment Team report and the response from the service. The response does not clearly demonstrate that documentation of complex care needs in care plans is always complete and clearly states the requirements for monitoring each consumer and/or the recommendations for management of consumer’s complex care needs. I therefore am not satisfied that there is effective management of risk associated with the care of each consumer and find this Requirement not met.

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

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

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

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

The Assessment Team found that the service did not effectively respond to the deterioration in the health and well-being of a consumer after a fall. Despite initial review by a general practitioner and a physiotherapist the day after the fall and pain charting indicting pain and pain relief provided, no further response or review occurred for another six days. In that time significant deterioration was being documented in progress notes. The consumer’s representatives expressed shock at the rapid deterioration. Following feedback from the Assessment Team, management immediately requested an urgent review of the consumer with the local hospital In-reach team and acknowledged information recorded in the recent progress notes indicated the need for a more urgent medical review.

The approved provider’s response to the Assessment Team’s site audit report included evidence about the consumer’s medical history and previous referral to the general practitioner for known medical conditions. The response did not address the findings in the report raised by the Assessment Team.

The approved provider does not comply with this Requirement as the organisation has not demonstrated deterioration or change of a consumer’s physical function, capacity or condition is recognised and responded to in a timely manner.

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

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

The Assessment Team identified numerous and significant gaps in the documentation of care reviews, delivery of care, and consultation with consumers and representatives.

The Assessment Team identified documentation inconsistencies in the electronic documentation system and the handover sheet for consumers. Conflicting information was identified about directives for three consumers with complex care needs. Management of a consumer’s type two diabetes mellitus was inconsistent with the medical practitioner directives.

The approved provider’s response included evidence that did not address the concerns raised in the Assessment Team report.

The approved provider does not comply with this Requirement as the organisation has not demonstrated correct information about the consumer’s condition and needs is documented and communicated within the service and to others involved in care.

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

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

The service is affiliated with several specialist services. However, not all consumers have been referred to appropriate specialists for review where indicated. The Assessment Team identified significant failures in this process. For example, care documentation for a consumer had a general practitioner request made on 9 May 2021 for a dietitian review and at the time of the audit, no referral had been arranged. A consumer with a history of physical aggression and four incidents of aggression since late January 2021 has not had a referral actioned to a specialist behaviour management service. The service did not recognise that a consumer required urgent referral for medical assessment following an acute deterioration until the consumer was brought to the service’s attention by the Assessment Team. Clinical staff and management acknowledged the lack of timely referrals for consumers.

The approved provider’s response to the Assessment Team’s site audit report included evidence relating to some referrals made for some consumers.

I have considered the Assessment Team report and the response from the provider. On balance and taking in to account the admission of clinical staff and management that there is a lack of timely referrals for consumers, I find the service is non-compliant with this Requirement.

### Requirement 3(3)(g) Non-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.*

The Assessment Team found the service demonstrated the promotion of appropriate antibiotic prescribing for consumers. However, the service did not demonstrate the implementation of standard precautions to prevent and control infection at the service. Specifically, the Assessment Team observed multiple and frequent instances of staff failing to comply with the effective use of face masks, including touching or adjusting a face mask and not sanitising afterwards and lowering a mask to talk to consumers, visitors or other staff. Additionally, the Assessment Team noted there was a lack of reminder signage and equipment available to clean high touch point areas and shared equipment.

The approved provider’s response to the Assessment Team’s site audit report did not address the deficits identified in the Assessment Team report about minimising and controlling infection at the service.

Based on the information and evidence available I find this requirement is non-compliant. This is because the service has not demonstrated it has controls in place to ensure the minimisation of infection related risks.

# 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

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

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers said that their needs, goals and preferences are respected when participating in one to one or group activities. Lifestyle and care staff know the consumers and care plans mostly reflect the wishes of consumers.

Consumers explained how the service supports them to maintain their spiritual, emotional and psychological well-being. Staff facilitate access to church services and links to community venues/organisations based upon the requirements of consumers.

Consumers sampled are supported to participate in activities within the service and in the outside community as they choose. The service supports consumers to maintain social and personal connections. Individual consumer interests are documented, and staff demonstrate they know what consumers’ preferences are.

Consumers said their needs and preferences for participation are communicated. Staff use daily handover meetings, care plan updates and progress note entries to remain informed of any changes in the care, interests and support needs of consumers.

Consumers and representatives sampled are satisfied with support they receive from external support services.

Most consumers interviewed expressed satisfaction with the variety, quality and quantity of food being served. A small proportion of consumers indicated there is room for improvement.

Equipment provided is safe, suitable and well maintained. Staff have access to appropriate equipment when it is needed and described how they report equipment faults. Maintenance staff described established systems for cleaning and servicing of equipment including emergency maintenance.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

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

Consumers interviewed felt at home at the service and said that they enjoy the physical aspects of the service.

Staff were attentive, and the service makes the consumers and their visitors feel welcome and comfortable. The service environment is open and enables consumers to move about freely.

Consumers are encouraged to personalise their rooms and the shared areas include TV lounges, activity rooms, dining rooms, billiard room, library and common sitting areas. Shared furnishings and fittings are safe and maintained in good condition.

The Quality Standard is assessed as Compliant as three of the 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 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

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

Consumers felt they were able to make complaints and were aware of the processes to do so. All consumers felt that if they had a complaint they could raise it with staff and management.

Staff and management described a culture of encouraging complaints and viewing them positively so that care and services could be improved.

Staff were able to describe open disclosure and how the service promoted an open and transparent approach.

Management stated no complaints and feedback have been raised in the past eight months by consumers and representatives.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 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

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.

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

Consumers and representatives interviewed described how staff are kind, caring and gentle when providing care to the consumer.

Consumers and representatives interviewed described how staff know what they are doing and did not express any areas where they feel staff require further training.

Consumers and representatives interviewed described how there are enough staff at the service and the consumer does not need to wait for long periods when utilising their call bell.

The service is supported by the organisations human resource department and has recruitment processes in place to ensure quality and experienced staff have the qualifications, skills, and knowledge to successfully complete their job. The service monitors and reviews staff performance in relation to these requirements.

There is an effective workforce in place which workforce is recruited and supported to ensure the provision of safe, high quality and person centred care.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

### 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

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).

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

The sampled consumers interviewed stated the service is well run, living environment is clean and their input to suggestions were considered and acted on.

Consumers are involved in monthly committee meetings if desired, feedback and concerns regarding their care are provided to management and the staff.

The service has systems in place to identify, report and manage incidents with consumers. The staff and management are aware of the policies and procedures in place regarding incident response and management, however a SIRS priority one incident was not reported within 24 hours.

Two consumers involved in the incident which was a physical alteration where one consumer struck another consumer to the head, were not reviewed, assessed or reassessed in a timely way.

The Assessment Team found staff and management did not demonstrate risk management systems have been effectively practiced, in particular, in relation to high impact or high prevalence risks associated with some aspects of the care of consumers.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) 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 found staff lack understanding and application of the organisation’s documented risk management framework. Staff and management did not demonstrate risk management systems have been effectively practiced, in particular, in relation to high impact or high prevalence risks associated with some aspects of the care of consumers. For example, the Assessment Team found the practices and management of risk associated with dysphagia, behaviour, diabetes and complex care have not been effectively implemented.

The approved provider’s response to the Assessment Team’s site audit report refuted the finding of not met. The response included evidence of policies and procedures and stated education is provided and monitored, as is staff performance No evidence of the staff education or staff performance was supplied.

The response stated audit tools are well established and guide audit sampling and audit the effectiveness of systems and processes however evidence of the audit tools and the effectiveness was not supplied.

In making my decision I have considered the Assessment Team report and the response from the service. The response from the service does not demonstrate that the managing high impact or high prevalence risks associated with the care of consumers or managing and preventing incidents. I therefore find this Requirement not compliant.

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

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

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

The Assessment Team found the clinical governance framework includes the antimicrobial stewardship, minimising the use of restraint and an open disclosure policy however while a clinical governance framework and policy is in place clinical governance minimising the use of restraint has not been demonstrated.

The service records psychotropic medication including benzodiazepine and antipsychotic medication(s) prescribed on a regular and/or ‘as required’ basis on an electronic based monitoring tool. While management advised that no consumers were subject to chemical restraint and one consumer was subject to physical restraint at the service, the Assessment Team identified six consumers subject to chemical restraint and who had chemical restraint care plans developed by the service.

For all six consumers reviewed, there was no documented evidence of consent or three-monthly review by clinical staff or a medical practitioner.

Whilst clinical staff were aware of the requirement for consent and regular review for consumers prescribed psychotropic medication, they were unable to explain why this had not occurred for consumers currently prescribed this class of medication.

The approved provider’s response to the Assessment Team’s site audit report refutes the finding of non-compliance in regard to the service not minimising restraint. The service stated it is confident their Quality framework, inclusive of policies and a suite of Audit Tools enables them to understand, apply and monitor the requirement, and review outcomes and adjust any practices based on the reviews to keep improving. Policies related to the Requirement were provided in the response.

In making my decision I have considered the Assessment Team report and the response from the service. I acknowledge the policies provided by the service and the response from the service. However based on the evidence available, I consider the service has not demonstrated that when clinical care is provided the clinical governance framework including implementation of the service’s policies is always applied. I find this Requirement is not compliant.

# Areas for improvement

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

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

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

* Implement effective processes to ensure assessment and care planning, including consideration for risk, informs delivery of safe and effective care.
* Ensure staff have the knowledge and skills to support the processes.

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

*The organisation demonstrates that assessment and planning:*

*(i) 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*

*(ii) includes other organisations, and individuals and providers of other care and* *services, that are involved in the care of the consumer.*

* Ensure assessment, planning and review of consumers’ care is undertaken in partnership with the consumer and/or representative and others as required for the care of the consumer.

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

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

* Ensure processes are in place to effectively communicate outcomes of assessment and planning and review to all stakeholders in the consumer’s care.

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

*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.*

* Ensure all consumers’ care plans are reviewed regularly and following incidents or changes, for effectiveness, particularly in relation to pressure injuries, falls, diabetes and behaviour. Ensure new interventions are recorded and evaluated for effectiveness.

**Requirement 3(3)(a)**

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

*(i) is best practice; and*

*(ii) is tailored to their needs; and*

*(iii) optimises their health and well-being.*

* Ensure consumers’ psychotropic medications including chemical restraint are managed according to best practice and as required under current legislation.
* Ensure staff have the skills and knowledge to understand and apply a minimisation of chemical restraint at the service.
* Ensure resources and staff skills and knowledge enable the effective management of all clinical assessment and care.

**Requirement 3(3)(b)**

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

* Ensure processes enable the effective management of high impact or high prevalence risks associated with the care of each consumer.
  + Ensure consumers’ requiring pressure care have interventions implemented as recorded on care plans
  + Ensure there is clarity about management of consumers with complex care needs
  + Ensure behaviour is managed and strategies and interventions are documented and implemented as alternatives to restraint
* Ensure staff have the skills and knowledge to manage, review and evaluate the effectiveness of the management of high impact high prevalent risks relevant to consumers living at the service.

**Requirement 3(3)(d)**

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

* Ensure the service’s processes enable deterioration or change to be recognised and responded to in a timely manner.

**Requirement 3(3)(e)**

*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.*

* Ensure information about consumers’ conditions, needs and preferences is accurately recorded in clinical files and effectively communicated on handover sheets and other to other service providers as required.

**Requirement 3(3)(f)**

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

* Implement processes to ensure consumers have access to timely and appropriate referrals to providers of other care and services and these are actioned in a timely way.

**Requirement 3(3)(g)**

*Minimisation of infection related risks through implementing:*

*(i) standard and transmission based precautions to prevent and control infection; and*

*(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics*.

* Implement and monitor effective infection control and minimisation practices and educate staff to ensure ongoing planning, preparation and practice is in place for a COVID-19 outbreak and other transmissible infections.

# Requirement 8(3)(d)

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

*(i) managing high impact or high prevalence risks associated with the care of consumers;*

*(ii) identifying and responding to abuse and neglect of consumers;*

*(iii) supporting consumers to live the best life they can.*

* Effectively implement organisational risk management and incident management systems.

# Requirement 8(3)(e)

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

*(i) antimicrobial stewardship;*

*(ii) minimising the use of restraint;*

*(iii) open disclosure.*

* Effectively implement organisational governance policies and procedures in relation to recognising and minimising the use of restraint and the management of psychotropic medications.