Southern Cross Care Tenison Swansea Residential Aged Care

Performance Report

201 -203 Northcote Avenue   
SWANSEA NSW 2281  
Phone number: 02 4971 5577

**Commission ID:** 0556

**Provider name:** Southern Cross Care (NSW & ACT) Limited

**Site Audit date:** 26 August 2020 to 28 August 2020

**Date of Performance Report:** 08 October 2020

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received on 29 September 2020.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall consumers sampled (or representatives on their behalf) 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:

* They provided information about the staff making them feel respected and valued as an individual. A consumer said the service’s staff know she likes to be independent and they support her in this regard.
* They provided information about the service’s staff being aware of and appreciating their culture, values, and diversity. A consumer said management and staff know he has strong views about the type of consumers who should be allowed to live at the service and while they do not agree with him they listen and have respectful discussions with him about this.
* They provided information about being supported to exercise choice. All of them said they have been involved in discussions with service management/staff about the consumer’s care and services and they provided information about being supported to make decisions in this regard.
* Most said they are being supported to maintain relationships of choice. A consumer spoke of having friends at the service and staff supporting her to spend time with her friends. The representatives of a consumer described some difficulties maintaining telephone contact with the consumer during the time of visiting restrictions and lack of timely assistance from the service to address this.
* They all confirmed the consumer’s personal privacy is respected.

This feedback and the interviews with management and staff, review of documentation and observations made show consumer dignity and choice is being supported and maintained.

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.

Overall sampled consumers (or representatives on their behalf) considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Most consumers (or representatives on their behalf) said they are involved in care planning and believe they have access to the care plan if requested. Two representatives made comment that there has been improvement in this area.
* All representatives said they are informed of any changes to care and services or when incidents occur.
* All but one consumer representative said they had been given an opportunity to communicate the consumers’ wishes for advanced care planning.

While initial assessment and care planning is conducted to identify consumer needs, goals and preferences including in relation to risk, care plans for some consumers sampled are not accurate or up to date. For consumers sampled where change in condition or incidents occur, reassessment does not always occur to identify impact and to develop further strategies to meet the consumer’s needs, goals and preferences.

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

## Assessment of Standard 2 Requirements

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

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

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

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

The Assessment Team found that the service demonstrated that most consumers sampled have shared their goals and preferences in relation to advanced care planning and end of life wishes. In relation to other current care needs, for two consumers sampled these are not identified or addressed and incorporated into care plans. For the consumers sampled assessment and care planning does not adequately address all areas of care and service, does not address consumers’ individual goals or preferences and contains out of date or incorrect information. The organisation provides documented guidance for staff on assessment and care planning however this remains in a draft form. It has however been available to staff to guide practice since May 2020. The organisation’s self-assessment of performance against the Quality Standards in relation to this requirement is that the service is developing.

In their response, the approved provider submitted information to partially address the issues raised by the Assessment Team. For the sampled consumers, the approved provider confirmed that documentation could be improved, to demonstrate they are monitoring bowel patterns in accordance with consumer needs on the bowel charts. While I accept for the second consumer mentioned in the Assessment Team’s report concerning bowel management, that the Approved Provider did monitor and record bowel movements in the progress notes, rather than bowel charts, the Approved Provider did not address the issue raised by the Assessment Team, that the consumer’s needs, goals or preferences in relation to his normal bowel pattern are not documented.

While I acknowledge the information submitted by the Approved Provider to address the end of life planning for the sampled consumers, this confirmed the view of the Assessment Team that this is being conducted appropriately at the service and is not related to the noncompliance.

While I have also considered the information from the Approved Provider relating to an acute decline in emotional state of a consumer, the principle issue of this not being mentioned in the consumers care plan, was not addressed by the Approved Provider in their response to the site audit report. They also did not explain why strategies listed in the consumers depression care and services plan such as monitoring sleep patterns and behaviour have not been addressed as part of ongoing planning and assessment.

I accept that the information provided by the Approved Provider concerning weight management demonstrates that the service is responding to the consumers needs re. weight management and is generally updating the care plan satisfactorily.

On balance, considering all of the information before me, I am of the view that the Approved Provider does not comply with this requirement as it does not consistently demonstrate that assessment and planning identifies and addresses consumers current needs, goals and preferences for areas of care other than end of life 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) Non-compliant

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

The Assessment Team found that while care plans are reviewed regularly by registered nurses, further review is not conducted when consumers’ conditions or needs change. The regular review of care plans has not identified whether interventions have been effective in meeting the needs of all consumers sampled. The organisation has a range of assessment and care planning procedures to guide clinical staff practice however staff have not complied with the guide for all consumers sampled.

In their response, the Approved Provider submitted information to partly address the issues raised by the Assessment Team. While I accept the information from progress notes about the consumer who demonstrated a similar pattern of sleep disturbance, in the period 28 June to 13 July 2020 as in the period since the sleep assessment which was conducted on 25 May, this does not demonstrate that an evaluation occurred, and a decision made that no change was required to her care plan. The sleep disturbance continued and appears to be accepted by the Approved Provider. It would appear in the absence of this evaluation, that the current strategies were not reviewed for effectiveness and alternatives considered, as the pattern continued, with the consumer having frequent periods of little sleep. The Approved Provider did not address the issue raised by the Assessment Team that there was no re-assessment of toileting or continence during this period, to identify whether this was a contributing factor to a lack of sleep. While the narrative of information provided by the Approved Provider gave me confidence that they know and understand the consumers history, it was not evident to the team or in evidence provided by the Approved Provider, that formal review of strategies is documented, when circumstances change for consumers or incidents impact on consumer needs.

While I accept the Approved Providers timeline of events that the same consumer had emotional supports listed on their care plan and had consulted with a psychologist prior to an acute experience of increased confusion and lowered mood, and that they had tested urine to eliminate a contributing factor for confusion being related to a urinary tract infection, the information did not demonstrate that the service re-assessed the consumer for symptoms of depression during this acute episode. This is despite a known history of depression as evidenced in the care plan, and a recommendation from a geriatrician that if the consumer experienced depressive features, the consumer should be referred to a psycho-geriatrician. The first reference to emotional state being reviewed in connection with the episode described in the Assessment Team’s report, is after the site audit on 1 September 2020. While I accept that the consumer has chosen to continue to see a psychologist to manage their depression, the Approved Provider did not submit any information to support that a referral was made to a Psycho-geriatrician as per the geriatrician’s recommendation in November 2019. The geriatrician was aware of the consumers treatments and had requested a specialist opinion for management. While I accept that it is the consumer’s right to refuse, there is no information to support that this was offered and declined. I accept that the service was providing assessment and planning for some of the consumers emotional needs overall, however I support the Assessment Team’s view that there are gaps in how this episode was managed.

The Approved Provider also responded with information concerning a second consumer described by the Assessment Team who has not been reviewed for Depression in accordance with the Service procedures when they experienced an episode of increased aggression and resistive behaviour. This response did not describe why the staff did not follow procedure and review the consumer for Depression other than to say procedures are only guidance. While I accept that for two periods in June and July the service considered pain as a potential reason for a change in the consumers behaviour, they have not addressed the issue raised by the Assessment Team. No formal information was provided to support the statement by the Approved Provider that the change of behaviour was experienced as part of a purposeful review and reduction in psychotropic medication. While I’m satisfied that there was some recognition, recording and reporting in relation to the consumers change in behavioural care needs, I am not persuaded that the strategies for management were adequately reviewed and evaluated for effectiveness or in line with the organisation’s procedures. I have addressed the consumers bowel patterns monitoring in Requirement 2(3)b and accept that this was being monitored for effectiveness.

While I have considered the information submitted by the approved provider about interventions not being evaluated for challenging behaviour, the two examples previously described provide evidence to support the Assessment Team’s recommendation that the Approved Provider is not compliant with this requirement. I accept that for one of the sampled consumers, the Approved Provider updated assessments and care plans for challenging behaviours, however there is no evidence that strategies were evaluated for effectiveness.

I am not persuaded that there is a systemic issue with the review of end of life care needs and wishes and accept the information of the Approved Provider concerning the sampled consumer.

I am of the view that the Approved Provider does not comply with this requirement as they do not demonstrate that care and services are reviewed regularly for effectiveness and when circumstances change or when incidents impact on the needs, goals or preferences of consumers.

# 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 examined relevant documents.

Overall consumers (or representatives on their behalf) considered that they receive personal and clinical care that is safe and right for them.

For example:

* Consumers (or representatives on their behalf) said in most cases they receive the care they need. They said generally staff know them and communicate well about their needs.
* Consumers (or representatives on their behalf) said they believe the consumers have ready access to medical and allied health professionals when they need it.

The needs and preferences of consumers nearing the end of life have been met and consumers receive clinical care that is best practice and optimises their health and wellbeing in relation to falls prevention, behaviour management and pain There are opportunities for improvement in the documentation of management of the use of chemical restraint and behaviour management to avoid confusion.

While the Assessment Team received positive feedback from consumers/representatives, the review of care and service records does not support that personal and clinical care is appropriate and safe for all consumers sampled, especially where there is an acute change in circumstances.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that while consumer (and representative) feedback is generally positive, the review of care and service records of the consumers sampled indicates clinical care provided is not best practice and does not optimise consumers’ health and wellbeing. The behaviour of consumers living with dementia is not fully assessed and strategies developed to minimise the risk of reoccurrence. Behaviour management does not reflect staff understanding of the interaction between pain and aggressive and resistive behaviour. For one consumer sampled chemical restraint is not used as a last resort and physical causes of escalation in behaviour have not been fully explored. While the organisation has a range of policies and procedures to guide staff practice, staff have not complied with them.

In their response, the Approved Provider submitted information to address the issues raised by the Assessment Team. I have reviewed the detailed and extensive information submitted by the Approved Provider to address the issues relating to behaviour management and, pain as a potential trigger. I accept that the Approved Provider has a systemic and consistent process of assessing, recognising and responding to pain for consumers. They have shown that staff are also familiar with nonverbal expressions of pain. This was demonstrated by the Approved Provider’s audit of pain comparing Abbey pain score results, for each resident post the Commission’s visit in January, and reassessment in May 2020. There has been a reported reduction of pain due to improved pain management, improved wound care, improved education and the addition of equipment including king size mattress, visco/memory foam mattress, foot and leg elevation wedges.

I accept the Approved Providers acknowledgement that there are opportunities for improvement in how staff document their interactions with consumers on some occasions to avoid confusion and better describe challenging behaviours or staff’s actions in managing them. While I also accept that there is insufficient evidence to demonstrate a systemic failure in the appropriate use of psychotropic medication and use of chemical restraint, I am of the view that this would not have been unclear to the Assessment Team, had the staff documented more carefully the review process of the use of psychotropic medication for the sampled consumer.

I accept the Approved Provider’s information which is also documented in the Assessment Team’s report, that triggers for challenging behaviours are identified and known to staff.

I accept the information provided by the Approved Provider about the sampled consumers blood pressure monitoring and contributing factors to fluctuating blood pressure readings, to be most likely related to the consumers symptoms of Parkinson’s Disease. This is also the case for the Nocturia in the absence of any other indications of a urinary tract infection. I also accept, and the Assessment Team confirm that there is documented investigation of this consumer’s fall history to identify causative factors and implement appropriate strategies to minimise the impact for the consumer. I accept the Approved Provider’s view that it is more likely than not, that this is related to the Parkinson’s Disease impacting on the consumers gait and balance. However, I am of the view that there is an opportunity for improvement in the documentation of these considerations in the management of these elements of the consumer’s care. I acknowledge these improvements have occurred since the site audit.

I accept the Approved Provider’s explanation of their guidance documents not being prescriptive and that it allows for clinical judgement and consideration of individual circumstances. I do however believe there is an opportunity for improvement in the staff’s documentation of their actions when they are deciding to not undertake certain elements of the guidance, which records their critical thinking and provides evidence for anyone conducting a review of actions taken in respect of care provision or for staff such as agency staff, who are not familiar with consumer’s needs.

I am of the view that the Approved Provider does comply with this requirement as they do demonstrate that consumers get safe and effective personal care and clinical care.

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

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

The Assessment Team found that care plans include information about some high impact and high prevalence risks for consumers however interventions are not adequate to minimise risk. For the consumers sampled, negative outcomes have been identified in relation to behaviour management, pain management, falls prevention and the use of chemical restraint.

In their response, the Approved Provider submitted information about the sampled consumers to address the concerns raised by the Assessment Team. The issues associated with behaviour management and pain management and chemical restraint have been addressed in my compliance finding in Requirement 3(3) a. I am satisfied that the information provided by the approved provider about the management of falls risks demonstrates that they are aware of this risk and are managing it effectively. They investigate falls for causative factors and implement preventative strategies and document specific risks for each consumer in a fall’s prevention plan. Consumers have allied health reviews to ensure strategies are tailored to each consumer which include equipment to alert staff of falls. The Assessment Team confirmed that the facility manager reviews the clinical indicator data and is aware of the high prevalence risks at the service. Minutes also confirm that this information is communicated with staff. The service has also undertaken a behaviour management and restraint audit in July 2020 and a compliance rating of 93% was achieved. Opportunities for improvement have been identified.

I am of the view that the Approved Provider does comply with this requirement as they do demonstrate 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) 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 processes for the identification, escalation and response to deterioration in consumers’ mental health, cognitive function and condition has not been effective for all consumers sampled. Systems in place for clinical oversight of when a consumer’s condition deteriorates have not been effective for all consumers sampled. While there are organisational procedures relating to this requirement, staff do not appear to use them to guide practice.

In their response, the Approved Provider submitted information to address the concerns raised by the Assessment Team in their report. While I acknowledge that care and services overall are delivered for most consumers in a safe and effective way, and risks associated with care are identified and addressed generally, there are examples provided by the Assessment Team and discussed in the compliance decision for Standard 2, that support that deterioration or change in acute circumstances for consumers is not always recognised or responded to in a timely manner. The Approved provider does not dispute that for the consumers sampled, they did experience a temporary change in circumstances. The information provided by the Approved Provider demonstrated their general assessment, planning and delivery of care and services for the consumers usual circumstances, however they did not adequately support how care and services were assessed, planned and delivered and document how they considered the change in circumstances. Regardless of whether care needs required a change or not, their consideration of the change in circumstances and a point in time review of plans, was not evident.

I am of the view that the Approved Provider does not comply with this requirement as they do not demonstrate that they recognise and respond appropriately to deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition, 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 found that while there are systems in place for communicating information about the care of consumers, these have not been effective in all cases. Sharing of information has not always occurred and some information in consumer care and service records is incorrect or inconsistent.

In their response, the Approved Provider submitted information to address the concerns raised by the Assessment Team in their report. As described in the compliance finding for Requirement 3(3) a, the Approved Provider acknowledges opportunities for improvement in documentation. I accept the Approved Providers acknowledgement that there are opportunities for improvement in how staff document their interactions with consumers on some occasions to avoid confusion and better describe challenging behaviours or staff’s actions in managing them. While I also accept that there is insufficient evidence to demonstrate a systemic failure in the appropriate use of psychotropic medication and use of chemical restraint, I am of the view that this would not have been unclear to the Assessment Team, had the staff documented more carefully the review process of the use of psychotropic medication for the sampled consumer. I accept the Approved Provider’s information which is also documented in the Assessment Team’s report, that triggers for challenging behaviours are identified and known to staff. While I accept that improvements have been made since the last visit, which include a handover sheet, updated care plan folder, care alerts and an interactive handover report, I am of the view that these improvements require some further time to be consolidated. They’re not yet demonstrating that they’re fully effective. This risks to consumers of their care needs not being well communicated amongst staff are amplified by having a high proportion of Agency staff who are not as familiar with consumers care needs. This is reflected in consumer/representative feedback in the Assessment Team’s report for this requirement.

On balance and considering all the information before me, I am of the view that the Approved Provider does not comply with this requirement as they do not demonstrate that 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.*

The Assessment Team found that while consumers (or representatives on their behalf) said they have access to medical officers and allied health professionals, the review of care and service records and discussions with staff identify that timely and appropriate referrals do not occur for the consumers sampled. Behaviour is managed using chemical restraint and the consumers have not been referred to specialist services to assist staff with the development of interventions to manage the behaviour.

In their response, the Approved Provider submitted information about the sampled consumers to address the issues raised by the Assessment Team in their report. I accept that while there were isolated occasions of where referrals were not followed through, the information submitted by the Approved Provider confirms that overall, they have a practice of involving others in the care of consumers where required, such as psychologists, geriatrician’s, Allied Health and GPs. I accept for the consumers sampled, behaviour management strategies and falls prevention strategies were evident and informed by others involved in their care.

I am of the view that the Approved Provider does comply with this requirement as they do demonstrate that timely and appropriate referrals are made to individuals, other organisations and providers of other care and services.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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 and made observations.

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.

For example:

* Consumers (or representatives on their behalf) confirmed they are supported by the service to do the things they like to do. The service has an activities program that supports consumers to lead the best life they can.
* Consumers (or representatives on their behalf) confirmed they are supported to keep in touch with people who are important to them and described various ways they stay in touch, including phone calls, video conferencing and window visits.
* Consumers interviewed advised that they like the food provided at the service. Consumers expressed that the catering staff are receptive to their feedback and preference for meals.

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 and made observations.

Overall consumers sampled (and representatives on their behalf) provided information about having a sense of belonging at the service and about feeling safe and comfortable in the service environment.

For example:

* They confirmed they feel safe living at the service.
* They feel welcomed and at home at the service.
* They said the service is clean and well maintained.

This feedback and interviews with management and staff, review of documentation and observations made show consumers are safe and comfortable in the organisation’s service environment.

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 consumers interviewed (and representatives on their behalf) considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* They felt they could make complaints and felt safe to do so.
* They felt that improvements were made at the service in response to feedback.
* Two consumers and a representative who had made a complaint were satisfied with the action taken and the outcome of their complaint.

This feedback and interviews with management and staff, review of documentation and observations made show consumers feel encouraged and supported to give feedback and make complaints, and when they make a complaint are engaged in the processes to address this and appropriate action is taken.

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, made observations, and reviewed a range of records including staff rosters, training records and performance reviews.

Some consumers interviewed (and representatives on their behalf) considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. This feedback and interviews with management and staff, review of documentation and observations made show staff interactions with consumers are kind, caring and respectful.

However, some consumers (and representatives on their behalf) thought there is not enough staff in general or there is not enough staff who know the consumers’ needs and can provide the care and services they need.

Workforce planning is evident through the master roster, recruitment to fill permanent positions/shifts continues, positions are being covered and shifts are generally filled, however there is significant use of agency staff. Staff interviewed generally did not identify any issues regarding the adequacy of staff numbers however call bell/sensor alert response times show delays on numerous occasions for three recent days and the representative of a consumer impacted by this expressed dissatisfaction with the situation although the consumer did not.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found that workforce planning is evident in the master roster, recruitment to fill permanent positions/shifts continues, positions are being covered and shifts are generally filled, however there is significant use of agency staff and some consumers (or a representative on their behalf) provided information about dissatisfaction with this and/or impact on the consumer. Staff interviewed generally did not identify any issues regarding the adequacy of staff numbers however call bell/sensor alert response times show delays on numerous occasions for three recent days and the representative of a consumer impacted by this expressed dissatisfaction with the situation although the consumer did not.

In their response, the Approved Provider submitted information to address the issues raised by the Assessment Team in their report. They described actions taken to reduce risk for example, agency RNs have been given three to five-month contracts to try and ensure regular and consistent care during the ongoing recruitment process. They have also improved the handover sheet to ensure any agency staff have a very informed overview of residents. This improved handover sheet was developed because of consultation and feedback from families in relation to this concern. The Approved Provider sincerely acknowledges that the use of agency staff is a last resort and they describe their commitment to continue to recruit full time carers and RNs. They agree with both residents and families that ideally all staff would be SCC employed and the use of agency would be nil to minimal.

On balance of all the information before me, I am of the view that the Approved Provider does comply with this requirement as they do demonstrate that the workforce is adequately planned to enable 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.*

The Assessment Team found that it was not demonstrated through interview with management and review of documentation or through the organisation’s self-assessment of performance at the service, that the workforce is competent. Competencies are not in place to cover all roles and the competencies which are in place have not been completed by all relevant staff. Temporary staff have not received orientation to give them the knowledge they need to perform their role effectively.

In their response, the Approved Provider submitted information to address the issues raised by the Assessment Team in their report. Regarding omitted competencies, this was due to two medication competency packs, which had been completed but not signed off by the Manager and filed in a timely manner in the staff file. The Approved Provider apologised for this oversight. Evidence of completion was presented during the accreditation visit and the assessors appeared satisfied. The Assessment Team’s report confirms that the facility manager and quality support manager were able to describe the system for staff competency assessment within the organisation and at the service. The issues around agency staff familiarity with consumers needs have been addressed in the compliance finding for Requirement 7(3) a. Regarding the orientation of new or temporary staff, this concern is acknowledged by the Approved Provider and was clarified. In the instances described in the Assessment Team’s report, they appear to relate to a missing signature on the last page, despite multiple signatures throughout the previous two of the three pages. The Approved Provider apologised for this and have brought the concerns to the attention of the RN and Manager to ensure no further signature omissions are to occur and to clarify all three pages must be signed, despite it appearing to be a duplicate process. Since the accreditation visit Human Resources have been asked to review the orientation documentation system with the hope of streamlining the process.

On balance of the information before me, I am of the view that the Approved Provider does comply with this requirement as they do demonstrate that the workforce is competent and the members of the workforce have the 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.*

The Assessment Team found that it was not demonstrated through interview with management and review of documentation or through the organisation’s self-assessment of performance at the service, that the workforce is trained to deliver the outcomes required by these standards. However, they also found that care staff and other staff interviewed regarding the training they received said there has been plenty of it and they have found it useful. They did not think there was any training they’d like but have not been able to access. Management provided information about the various ways staff were provided with training about the Quality Standards in preparation for their implementation and when they were new. The acting facility manager and quality support manager described the system for staff orientation and training within the organisation and at the service. Training records for 2020 and earlier demonstrate training has been undertaken by staff in relation to the Quality Standards. It was not demonstrated the effectiveness of the training was evaluated.

In their response, the Approved Provider submitted information to address the issues raised by the Assessment Team in their report. The Approved Provider acknowledges that there is a low number of staff who have not completed mandatory training modules. One of whom has been unable to return to the service since April due to COVID 19 and remains in the Philippines. The Approved Provider described the reason why some training has not been attended by RNs as suggested until recent months, is due to the fact all SCC employed RNs have attended and completed the training. They added that it is not in the consumer’s best interests to pay for an agency RN to complete SCC mandatory education when they receive education from their employer and are fully orientated to the site. While I accept that this is true in part, training from a third party is not under the quality control of the organisation and unless they have reviewed modules to ensure it’s commensurate with their training, they can not be assured that agency staff have the required level of training. I concede however that with an effective orientation program and competency assessments undertaken as addressed in the compliance finding for 7(3) c, the risk to consumers is low.

On balance of all the information before me, I am of the view that the Approved Provider does comply with this requirement as they do demonstrate that 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.*

The Assessment Team found that interviews with management and staff and review of documentation shows that regular assessment, monitoring and review of the performance of each member of the workforce has not been undertaken. However, the acting facility manager explained there is a tracker for monitoring completion of staff performance appraisals and that performance appraisals are underway.

In their response, the Approved Provider submitted information to address the issues raised by the Assessment Team in their report. They described how their investigations suggest that three staff were interviewed during the site audit, one staff member was in fact overdue for their performance appraisal. The other two staff had been employed for less than one year and therefore their annual appraisal was not due. They went on to say that “It is a requirement that each frontline employee is given the opportunity once a year to meet with their line manager to discuss their performance, goals and development”. The Approved Provider stated that staff did acknowledge during the interview with the assessor that the appraisal process was underway. They presented information to show how this was the only performance appraisal that was due.

On balance, I am of the view that the Approved Provider does comply with this requirement as they do demonstrate that they undertake regular assessment, monitoring and review of the performance of each member of the workforce.

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall consumers interviewed (and representatives on their behalf) considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Management described ways that consumers are engaged in the development, delivery and evaluation of care and services. Review of documentation and/or interviews with consumers confirmed this has occurred and consumers have had opportunities for input.

Interviews with management and review of documentation shows that the organisation’s governing body promotes and is accountable for a culture of safe, inclusive and quality care and services. Improvements have been made to assist the governing body to know if there is a change in service performance against the Quality Standards.

Management demonstrated effective organisation wide governance systems and a clinical governance framework. A risk management system is in place and was effective in relation to supporting consumers to live their best life.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Compliant

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

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

### Requirement 8(3)(d) Compliant

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

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

The Assessment Team found that effective risk management systems have been demonstrated in relation to supporting consumer to live their best life, but not in relation to high impact or high prevalence risks associated with the care of consumers and not in relation to two incidents of possible unreasonable use of force by staff with consumers. However, in relation to elder abuse, the acting facility manager described actions taken by staff and by herself when a consumer made a complaint via their representative in August 2020 about staff roughly handling them during care. While the service’s consolidated record of reportable incidents did not reflect reporting to the authorities occurred within 24 hours of the approved provider becoming aware of this allegation, the acting facility manager provided other information to show this occurred. The service’s consolidated record reflected the incident before this, in January 2020, was reported to the authorities within that timeframe.

The Assessment Team also found that the organisation has a draft risk management policy and the organisation’s clinical governance framework document has a section about risk management. Additionally, the organisation has policy and/or procedure about high risk [associated with the care of consumers] and elder abuse; and various policy and procedure incorporating information about supporting consumers to live the best life they can. Staff could also describe what these policies mean to them in a practical way.

In their response, the Approved Provider submitted information to address the issues raised by the Assessment Team in their report. They stated that they would like to reassure the Commission that although there may exist scope for improvement in the way staff record interactions between staff and consumers, it does not imply that the consumers were subjected to unreasonable use of force in the two examples described in the Assessment Team’s report. The service investigated the comments, reaching the same conclusion, and concluded these are not mandatory reportable incidents.

I have considered all the information before me and I am of the view that the Approved Provider does comply with this requirement as they do demonstrate that they have effective risk management systems for managing high impact or high prevalence risks associated with the care of consumers or for identifying and responding to abuse of consumers.

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

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

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

# Areas for improvement

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

### Requirement 2(3)(b)

*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.*

The Approved Provider must demonstrate that:

* In relation to care needs other than end of life wishes, these need to be identified and addressed and incorporated into care plans;
* assessment and care planning adequately addresses all areas of care and service, addresses consumers’ individual goals or preferences and contains current and correct information;
* the organisation provides finalised documented guidance for staff on assessment and care planning; and

### 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.*

The Approved Provider must demonstrate that:

* while care plans are reviewed regularly by registered nurses, further review is conducted when consumers’ conditions or needs change;
* the regular review of care plans identifies whether interventions have been effective in meeting the needs of all consumers sampled;
* staff comply with the organisation’s range of assessment and care planning procedures, to guide clinical staff practice.

### 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.*

The Approved Provider must demonstrate that:

* processes for the identification, escalation and response to deterioration or acute change in consumers’ mental health, cognitive function and condition have been effective;
* systems in place for clinical oversight of when a consumer’s condition deteriorates have been effective;
* organisational procedures relating to this requirement, are used to guide staff practice; and
* Regardless of whether care needs require a change or not, their consideration of the change in circumstances and a point in time review of plans, is evident.

### 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.*

The Approved Provider must demonstrate that:

* systems in place for communicating information about the care of consumers are effective;
* effective sharing of information occurs and information in consumer care and service records is correct and consistent;
* staff document their interactions with consumers in a way that avoids confusion and better describes challenging behaviours or staff’s actions in managing them;
* staff document more carefully the review process of the use of psychotropic medication.
* new systems such as the handover sheet, updated care plan folder, care alerts and an interactive handover report, are fully embedded and effective;
* consumer/representative feedback reflects that care needs are known by all staff, including agency staff.