Southern Cross Care Thornton Park

Performance Report

72-78 Empire Circuit   
PENRITH NSW 2750  
Phone number: 02 9135 8900

**Commission ID:** 0495

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

**Site Audit date:** 2 March 2021 to 4 March 2021

**Date of Performance Report:** 29 April 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | 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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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) | 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 Assessment Team’s infection control monitoring checklist completed during the site audit on 2 March 2021.
* the provider’s response to the Site Audit report received 9 April 2021.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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.

The Assessment Team found overall sampled consumers considered 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 confirmed they are supported to have and maintain friendships and intimate relationships.

* Staff provided examples of how they are mindful and supportive of consumers who have formed friendships and have relationships of importance to them.

The Assessment Team found that consumers expressed an overall satisfaction with how they are supported to express their culture and diversity. However, the team identified that staff do not have an understanding of cultural safety and unable to demonstrate how they support each consumer with a culture of inclusion and respect.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

The Assessment Team found that the service is unable to demonstrate that care and services are culturally safe. The Assessment Team found that documentation including the service’s cultural considerations report did not clearly reflect some consumer's cultural background and provided conflicting information that was not supported in care planning documentation.

The team’s report includes information about the ethnicity of some consumers being recognised, celebrated and supported. However, the Assessment Team found that sampled staff did not always understand the concept of cultural safety and were unable to provide examples of how they respect and support consumers in a culturally safe way. While some care plans documented consumers history, they did not describe the possible impacts of these experiences for individualised care needs.

The approved provider submitted a written response describing how the service documents and shares information which considers how care and services are culturally safe for consumers. The provider’s response refutes the team’s findings. It includes information about how cultural safety considerations form part of the service’s, ‘My Life Events and Preferences’ assessment and cultural and spiritual assessment, and that education has previously been undertaken for staff in relation to cultural safety. The provider’s response includes actions taken in relation to feedback about the sampled consumers. These included case conferencing, reassessment and the updating of planned care documents to reflect the consumer’s specific cultural needs, preferences and wishes.

While the approved provider’s response described processes at the service, they did not support this with information about how this has been applied for the sampled consumers across all the areas of concern. The approved provider has undertaken immediate actions during and following the site audit to address matters raised by the Assessment Team and are committed to continued work on improvement strategies relating to the delivery of culturally safe care and service needs of consumers. While the approved provider has undertaken and is undertaking improvements, these occurred following feedback from the Assessment Team. The response did not include actions which address the staff’s limited knowledge of what cultural safety means to them and how they tailor delivery of care and services to ensure that it is

culturally safe. I am of the view that the changes described need time to demonstrate sustained improvement.

I find this requirement is Non-compliant.

### 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 Assessment Team found most consumers and representatives interviewed considered they are partners in the ongoing assessment and planning of consumer’s care. Most sampled consumers and representatives said the service had discussed end of life planning and preferences with them regularly during care plan reviews and case conferences. However, some consumers and representatives expressed dissatisfaction about some aspects of assessment and care planning including their involvement, effective communication and having ready access to view and discuss the care plan.

The Assessment team found care plans are not consistently individualised and relative to the risk to each consumer's health and well-being. The Assessment Team viewed documentation that indicates inconsistencies in the ongoing assessment of consumer needs, and care plans are not consistently evaluated to reflect changes to consumer’s care, nor are these changes effectively communicated.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found that the sampled consumers care planning documents do not always consider specific risks or reflect evidence of comprehensive assessment and planning for each consumer. The Assessment Team noted that where consideration to specific risk has been identified, assessment and planning did not demonstrate this information is used to inform the delivery of safe and effective care for consumers. The Assessment Team’s report described examples of this for consumers such as the ineffective management of swallowing difficulties, changes in mental health status, and safety while smoking. The service has processes that the registered nurses are responsible for the completion and review of each consumer's assessments to identify risks associated with their care and to direct safe and effective care.

The approved provider submitted a written response and information about the issues raised by the Assessment Team. The provider disagrees with the team’s findings. They make statements about each sampled consumer having initial assessment in relation to risks relevant to the consumers health and wellbeing. However, the information does not demonstrate that timely and effective review occurs including the consideration of ongoing risk to inform the delivery of safe and effective care and services for consumers.

While the approved provider has responded constructively to feedback from the Commission, the provider’s response does not provide sufficient information to support that assessment and care planning documentation encompasses and is responsive to all relevant risks identified in assessment for the sampled consumers. While some risk assessments had been completed for sampled consumers, I am not satisfied these assessments were used to inform delivery of care and services, nor updated to reflect the recency of risk identified for some sampled consumers.

I find this requirement is Non-compliant.

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

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

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

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

The Assessment Team found the service demonstrates care plans have been made available for consumers and representatives, however, some care plans that were provided were not an accurate reflection of the consumers' current care needs. The team’s report identifies the assessment outcomes for consumers were not effectively communicated and documented in the care plan following reassessment of consumer’s when their care needs change, following incidents, and returning from hospital.

The Assessment Team found that feedback from consumers and representatives was mixed in relation assessment and planning. Some representatives said they were not aware that they could access the care plan and were not aware of outcomes of assessments.

The approved provider submitted a written response and it includes further information in relation to the outcomes of assessment and planning for the sampled consumers. The approved provider’s response also includes details about continuous improvement activities to ensure the outcomes of assessment and planning are effectively communicated and the availability of care plans. These actions include a care consultation register and continuous improvement activities including consultation strategies with consumers and representatives following recent feedback received by the service from consumer/ representatives.

While the approved provider has undertaken and is undertaking improvement activities, this does not confirm they were compliant at the time of the site audit. In the absence of supporting information from the approved provider to confirm that specific outcomes of assessments have been effectively communicated to sampled consumers or their representative, I have preferred the feedback from sampled consumers which states they’re not satisfied with their knowledge of outcomes of assessment and planning. The approved provider also needs time to demonstrate that the actions taken, results in sustained improvements in effective communication about the outcomes of assessment and care planning and that care plans are readily available.

I find this requirement is Non-compliant.

### 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 care plans are not consistently reviewed when consumers' care and service needs change. Examples of this includes when a change occurred in a consumer’s diabetes management directive, blood pressure directive and the risk of choking.

The team’s report identifies that incidents are generally reviewed; however, this review does not always occur and is not always timely. The service demonstrates they have a four monthly care plan review process in place. However, this process is not occurring in accordance with the organisational policy and practices at the service and the team found care plan information is not always accurate and reflective of the consumer’s current needs, goals and preferences.

The Assessment Team noted that the service implemented an electronic care planning system upgrade in November 2020, and this requires the service to complete/transfer all assessments and plans for consumers using the new system. However, the Assessment Team’s report described that for the sampled consumers, care plans are not always current and have not been reassessed using the new templates since the electronic care planning system upgrade.

The approved provider submitted a written response to show how the service regularly reviews care and services for effectiveness and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer. The provider disagrees with the Assessment Team’s findings however, they acknowledged an entry error about a consumer’s care needs in the electronic care planning system and has made corrective actions in response to the team’s feedback. They also acknowledge that turnover of management may have impacted the effectiveness of their system of care plan evaluation and that some sampled consumer’s care plans were not reviewed according to the organisations requirements.

The provider’s response includes information about the sampled consumers relating to the issues raised by the Assessment Team. I have considered the Assessment Team’s report and the approved provider’s response. While I acknowledge that a review of care following a sampled consumers discharge from hospital was delayed due to the consumers preference not to participate, I am not persuaded that there was adequate documentation in the care planning documents reviewed by the Assessment Team, to support that the re-assessment was attempted, and this reasoning was applied at the time of the refusal to participate. While I acknowledge the service has implemented actions following the team’s feedback and the organisation’s documentation upgrade project is in progress, this does not confirm they were compliant with this requirement at the time of the assessment. The approved provider also needs time to demonstrate that the actions taken results in sustained improvements in regular review of assessment and planning for effectiveness, and when circumstance change or incidents occur.

I find this requirement is Non-compliant.

# 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.

The Assessment Team found that overall sampled consumers and their representatives consider that consumers receive personal and clinical care that is safe and right for them. Most consumers/representatives confirmed that consumers have access to doctors and other health professionals when needed.

While the Assessment Team identified the service has processes for the delivery of safe and effective personal and clinical care, the Assessment Team noted during the site audit that:

* The team reviewed care planning documentation and identified deficiencies in the management of high impact and high prevalence risks for the consumers. Such as medication management, medical directives, restraint management, infections, observation recording and assessment, falls and behaviour.
* Care and other records indicate that each consumer does not always get safe or effective care that optimises their health or well-being.
* The Assessment Team found there is insufficient clinical oversight and monitoring of processes to ensure care plans, assessments, and changes in health status are regularly reviewed and evaluated.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that while consumers are generally satisfied with the care and services they receive, documentation and file reviews indicate consumers are not always receiving care tailored to their needs to optimise their health and wellbeing. Examples include ineffective restraint management, pressure area care, diabetes management, blood glucose level and blood pressure monitoring.

The Assessment Team noted the service has evidence of documentation and processes to record specialised nursing care needs including medical orders and directives in relation to the care and service needs for consumers. However, the team identified occasions where these orders and directives were not consistently followed, documented or escalated for review when changes occurred. Examples of these include the monitoring and escalation of a consumer’s blood glucose levels and oral fluid restrictions. The team’s report reflects that for some sampled consumers, clinical documentation and progress notes show inconsistencies in individualised care that is safe, effective, and tailored to the consumer's specific needs and preferences.

The approved provider submitted a written response which acknowledged some of the team’s findings however, it also rejects the team’s analysis or conclusions drawn. In their response, further information and supporting documents were provided about other issues raised by the team. However, this information and does not show that personal and clinical care for all consumers sampled was at the time, best practice, tailored to individual needs or had optimised health and well-being.

In their response, the service provided information about the issues raised by the team in relation to medication management, medical directives, skin integrity and wound management. It includes details about actions the provider has taken since the site audit including a discussion with the pharmacy about dispensary of medications to assist with medication management processes, review of assessments, updating skin integrity care plan, working with general practitioners to update directives, restraint register implemented, and appointment of an additional clinical governance role, a senior clinical care coordinator.

The approved provider has undertaken immediate actions during and following the site audit to address the matters raised by the Assessment Team and are committed to continued work on a wide range of improvement strategies relating to the personal and clinical care needs of consumers. While the approved provider has undertaken and is undertaking improvements, these occurred following feedback from the Assessment Team at the time of the site audit.

I find this requirement is Non-compliant.

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

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

The Assessment Team identified a systemic gap in the clinical documentation, management, and monitoring regarding consumers with identified risk. Examples of these include chemical, physical and environmental restraint, and consumers exhibiting behaviours. The Assessment Team found care planning documents do not show identification of restraint risk assessments, appropriate authorisations/ consent, restraint monitoring and review to demonstrate compliance with the legislation and the services restraint management policy.

The Assessment Team found sampled consumer observation charts, including blood glucose monitoring chart, fluid balance chart and repositioning charts showed several inconsistencies in recording this information. The team’s report identifies information documented did not demonstrate timely review and evaluation. The Assessment Team’s report described a review of consumer medication charts and the medication equipment including trollies used at the service. The review identified gaps in safe and effective management of medication such as the use of expired medications.

During interviews, the Assessment Team found some registered nursing staff were able to demonstrate an understanding of consumers assessed needs, however, some nurses were not able to describe specific high impact or high prevalence risk for consumers in the service.

The approved provider submitted a written response and supporting documents which acknowledged some of the team’s findings. In their response, it provides details about actions the provider has taken since the site audit. These include an audit of medication storage, medication usage (including chemical restraint), medication education has been scheduled for all nursing staff and medication competent staff to reinforce best practice principles in relation to medication management. The service has planned further continuous improvement actions including the implementation of an electronic medication management system and the recent appointment of an additional clinical governance, a senior clinical care coordinator role at the service. To address the feedback raised by the Assessment Team, the service provided information that they sought the registered nurses understanding of high impact or high prevalence risk. While, notwithstanding the discretion of the registered nurses, the information provided does not show sufficient evidence to support their understanding of these risks. There was also no information to support that risk assessments have been undertaken for sampled consumers relating to chemical restraint, or that authorisations were in place or effective monitoring was occurring.

The approved provider has undertaken immediate actions during and following the site audit to address the matters raised by the Assessment Team. While the approved provider has undertaken and is undertaking is improvements, these occurred following feedback from the Assessment Team at the time of the site audit and this confirms they were not compliant at the time of the assessment.

I find this requirement is Non-compliant.

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

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

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

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

### Requirement 3(3)(e) 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 the service has systems to allow for information about the consumer’s condition, needs and preferences to be documented and communicated with all health professionals that are responsible for consumers care. However, a review of the sampled documents and care staff interviews showed care staff are not always aware of consumers’ needs and/or preferences. At times, information is not effectively documented and/or communicated.

The team’s report describes examples which demonstrate that while the service has a comprehensive suite of clinical monitoring charts, the charts were not adequately completed and monitored by nursing staff. Examples of this include the repositioning chart, fluid intake chart, and blood sugar monitoring chart.

The approved provider submitted a written response that included further information about the service’s handover procedure. It included details about the shift to shift handover process including the handover report and interactive handover between staff. It also described the clinical catch up that involves management and the clinical team who meet at least three times per week for clinical and operational discussions and updates.

The provider’s response does not recognise that information about the consumers condition, needsand preferences is not always effectively documented and communicated using the service’s handover processes, between staff and with others where responsibility for care is shared. The provider did not demonstrate compliance with this Requirement as while the organisation had processes at the time of the site audit, effective implementation of these processes to assist staff to effectively share and document information about the consumer’s condition, needs and preferences were not observed. For that reason, the service requires time to ensure the corrective actions taken have maintained compliance.

I find this requirement is Non-compliant.

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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 they get the service and supports for daily living which are important for their health and well-being and that enable them to do the things they want to do. Consumers provided examples of interests such as crosswords, gardening, regular exercise and socialising which they are supported to participate in. For example:

* Consumers are supported to keep in touch with those who are important to them through regular Skype sessions and phone calls.
* Consumers said their friends and family are welcomed to the service and there are plenty of places for socialising including the café and sitting areas inside and outside the service.
* Most consumers stated they enjoy the meals, stating there is a good variety of nutritious food, which is well presented.

The Assessment Team found care planning documentation does not always contain personalised and detailed information about consumers preferences and interests. However, the organisation is undertaking actions to address gaps in documentation are underway through the upgrade of the electronic care planning system and interviews with staff identified they have a good knowledge of consumers’ interests and preferences.

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, all sampled consumers considered they have a sense of belonging in the service and they feel safe and comfortable in the service environment. For example:

* Most consumers stated they enjoy living at the service, they feel at home, safe and very comfortable.
* Consumers expressed satisfaction with the outside areas and gardens which they are able to access.
* Consumers stated their visitors are welcomed, and there is adequate space for them to socialise in many of the small lounge areas or on balconies and outside the home.
* Consumers expressed satisfaction with the standard of cleaning, stating their rooms are always kept clean and tidy.

The Assessment Team observed that some external and back of house areas of the service required attention to cleaning and maintenance. Some issues have arisen as a result of the pandemic and are in the process of being addressed by the service. The Assessment Team’s report details that management was responsive to feedback and committed to ensuring cleaning issues are addressed through the allocation of responsibilities and ongoing monitoring.

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 and representatives interviewed expressed high level satisfaction with complaints and feedback processes provided by the service and they felt safe to make complaints.
* Consumers and representatives said they were informed of several ways they can provide feedback and said they were encouraged to participate in meetings, care conferences and surveys to provide feedback and suggestions for improvement. An improvement example includes the involvement of consumers and representatives in the planning and implementation of new projects such as the primary registered nurse model of care at the service.

The Assessment Team found management 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 service. The Board and sub-committees monitor complaints resolution processes to ensure the best possible outcomes are achieved for 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 NON-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 roster information, call bell data and training records.

The Assessment Team found overall consumers considered they get quality care and services when they need them and from staff who are knowledgeable, capable and caring. While there have been changes of staff in management roles at the service over the last year, consumers and representatives are confident in the new management team and know the regional manager (previously the facility manager) is continuing to oversee service improvements.

The Assessment Team’s report details that the service is now at full occupancy and the regional manager is implementing strategies and monitoring improvements to stabilise staffing and operations at the service. There have been delays in employing a registered nurse to initially focus on conducting case conferences for consumers and their representatives and to complete effective care plans to reflect consumers current needs and preferences.

Some consumers and representatives said on occasions staff did not respond to call bells in a timely manner which impacted the quality of care provision and increased their risk of falling when they try to mobilise without assistance. The Assessment Team found call bell data demonstrated there are high numbers of call bells every day that are taking 10 minutes or longer for staff to respond to and management have identified this as a priority issue and are implementing actions to reduce this rate.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found staff are often not responding to call bells in a timely manner and there have been unplanned delays in employing a registered nurse to meet consumer assessment and planning needs for the service which is now at full occupancy.

The Assessment Team’s report details the organisation’s policy and procedure that guides that any call bell wait time exceeding 10 minutes is to be investigated and recorded by the service. This process will be the responsibility of the facility manager and improvements will continue to be actioned by the service with the stabilisation of their new management team. The Assessment Team reviewed the call bell report that identified in one week of February 2021, an average of 40 call bells, the response time by staff was greater than 10 minutes.

Some consumers and representatives sampled confirmed there are enough staff to provide safe quality care and the staff know what they are doing. However, some consumers and representatives interviewed by the team were not satisfied with call bell response times when activated and said they have experienced significant delays. An example of this included the staff responsiveness to consumers call bell when the consumers required staff assistance with care needs such as continence care.

The approved provider submitted information about the issues identified by the Assessment Team. It includes several recent human resource improvements implemented by the service to generally improve the delivery and management of safe quality care for consumers. It advises that the service will always attempt to replace staff when unplanned leave occurs. It also acknowledged the short-term Agency use and resignation of the deputy Facility Manager which led to a re-prioritisation of some administrative tasks. They also confirmed challenges in recruiting suitably skilled registered nursing staff.

In their response, the approved provider disagrees with the team’s findings and provided further information and a summary table about call bell response times which shows an average response time of just over 4 minutes. It stated that 10% of call bells were responded to above 10 minutes in the period reported by the Assessment Team. The information describes actions taken by the service to address issues relating to the new call bell system. These include discussions at staff meetings and email updates, and the organisation’s increased awareness as well as their maintenance investigation due to some door and bathroom sensors leading to extended call bell wait times. It advises the service commenced a training package in March 2021 to ensure all staff are aware of how to respond to and use the new call bell system. It did not confirm whether investigations have occurred in line with their policy for the call bell response times above 10 minutes.

While the work the approved provider has undertaken and is undertaking is recognised, this work was still underway at the time of the site audit and will take some time to implement and understand the effectiveness of the improvement strategies. The approved provider also needs time to demonstrate that the actions taken reduce the likelihood of any impact to the consumer care and service needs when delays in call bell responsiveness is experienced.

I find this requirement Non-compliant.

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

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

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

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

### 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).

The Assessment Team found overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Consumers and representatives confirmed they participate in activities to ensure and improve the delivery of safe, quality care and services.
* Consumers and representatives have been informed about how they can be partners in the development, delivery and evaluation of care and services. Such as regular consultation with staff and management about care and services, participating in the lifestyle committee and inclusion in improvement activities directly with management, on a one to one basis or through group meetings.

The Assessment Team found that management and the Board are not always accountable for the delivery of safe and quality care and services. While the service has a clinical governance framework and policies and procedures to manage high impact and high prevalence risk, the Assessment Team found that governance systems and practices were not always implemented or effective in managing clinical care and risks for all consumers.

The Quality Standard is assessed as Non-compliant as one 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) 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 while the service has policies and procedures to manage high impact and high prevalence risk, the team observed these systems and practices were not always effective in managing risks for all consumers. The service provided a documented risk management framework, including policies describing how:

* high impact or high prevalence risks associated with the care of consumers is managed
* the abuse and neglect of consumers is identified and responded to
* consumers are supported to live the best life they can.

The Assessment Team’s report identifies the service has a documented risk management framework that includes assessment and planning. The Assessment Team’s report details the steps the service has taken in relation the management of compulsory reporting and ensuring consumers are supported to live the best life they can. This includes various monthly reporting processes used for escalation of compulsory reporting and supporting consumers to live life to the full through their comprehensive activities program. The team’s report includes the service has policies and procedures to manage high impact and high prevalence risk, however, the Assessment Team found that these systems and practices were not always effective in managing risks for all consumers.

The approved provider’s written response includes information in their previous responses and acknowledged their ongoing commitment to safe and effective care and services for consumers. The provider’s response includes the monitoring and implementation of changes at the service that have led to changes in management and support from their quality team with education and capability development of registered nursing staff. It includes information about the services risk management framework in assessment and care planning, to manage high impact and high prevalence risk, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

The Assessment Team recommended this requirement is not met. However, there is evidence to show the provider has a documented risk management framework. While I am of the view that there remains room for improvement with effective risk management systems and practices, I have addressed this in my compliance findings in Standards 2 and 3. The provider has undertaken and is undertaking improvements to address and manage areas of concern identified in their organisations clinical governance processes.

For these reasons, I find this requirement is 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 viewed the organisations documented clinical governance framework, and policies relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. While the service has a clinical governance framework and system in place, the Assessment Team found that areas within the framework were not always implemented and there has been a lack of clinical oversight for effective clinical governance. This includes a lack of clinical governance and supporting information and evidence about a deficiency in minimising the use of restraint, assessment and planning and staff understanding and implementation of processes in these clinical areas.

The Assessment team found staff confirmed these policies had been discussed with them and what they meant for them in a practical way with specific examples including the use of open disclosure. Staff had been educated about the policies and were able to provide examples of their relevance to their work. The Assessment team found consumers and representatives confirmed that communications with management were open, transparent and actions occurred in a timely manner.

The approved provider’s written response includes information about the organisations frameworks and clinical policies. It includes the organisation has undertaken and is undertaking improvements such as internal audits, spot checks and education for capabilities for development of registered nurses employed at the service. The approved provider’s response disagrees with the team’s findings and refers to information they have provided earlier in their response about these issues. The provider’s response also includes their recognition of the need for the appointment of an additional clinical governance role, a senior clinical care coordinator that will be based at the service full time.

As noted across this report the provider’s response has not overcome or negated the evidence gathered by the team across the report, as referred to by the team and the provider in relation to this requirement. The clinical governance systems were not demonstrated to have been implemented with effect in relation to information and evidence to support minimisation of restraint and effective assessment and planning for consumers.

I find this requirement is Non-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.

**Standard 1: Consumer dignity and choice**

Required improvements

* Ensure staff have an understanding of the concept of cultural safety and the delivery of care and service needs of consumers are culturally safe.

**Standard 2: Ongoing assessment and planning with consumers**

Required improvements

* Ensure assessment and care planning identifies and address the current needs, goals and preferences and any risks associated with the care of each consumer; and that these are reviewed regularly and when consumer circumstances change or incidents occur. This includes reviewing interventions which have not been effective and developing and trialling new interventions.
* Ensure assessment and care planning is based on ongoing partnership with the consumer and others they wish to be involved in their care; and outcomes of assessment and care planning are communicated to the consumer.
* This encompasses in discussion with those consumers (or a representative on their behalf) who elect to be involved, understanding preferences and setting goals, planning care and services delivery commensurate with these, and evaluating the effectiveness of the care and services and whether the goals have been met.
* Ensure each consumer is informed they can access their care plan and that the care plan is readily available to them.

**Standard 3: Personal care and clinical care**

Required improvements

* Ensure the provider/service has adequate guidance about best practice in personal and clinical care in the residential aged care setting, and that this is understood by management and staff.
* Ensure personal and clinical care is safe and effective, best practice, tailored to individual needs and optimises health and well-being for each consumer.
* Ensure high impact and high prevalence risks associated with the care of each consumer are understood by staff and effectively managed.
* Ensure information about each consumer’s condition, needs and preferences is documented, easy to access and communicated effectively among staff.

**Standard 7: Human resources**

Required improvements

* Ensure the workforce deployed enables the delivery and management of safe and quality care and services to consumers.
* Implement the planned actions underway regarding the use and maintenance of the call bell system, include to educate staff about the importance of the use and call bell response.
* Monitor the effectiveness of the actions taken to ensure timely and appropriate care and service provision to consumers, including by consulting consumers/ representatives.
* Continue to monitor the staffing levels to determine suitability of numbers to deliver safe and effective care and services.

**Standard 8: Organisational governance**

Required improvements

* Review and improve the ongoing quality assurance/self-assessment systems for monitoring compliance with the Quality Standards as they have not been effective.
* Ensure policy/procedure is tailored to the organisation and service and is implemented, including with education for staff about the key policies and procedures relating to their role.
* Ensure there is a system for the effective management of high impact and high prevalence risks associated with the care of consumers for the service as a whole.
* Ensure there is a system for the identification and minimisation of restraint of all types across the service.