St George's Care Centre

Performance Report

2 Essex Street   
BAYSWATER WA 6053  
Phone number: 1300 653 166

**Commission ID:** 7257

**Provider name:** Amana Living Incorporated

**Site Audit date:** 15 February 2021 to 17 February 2021

**Date of Performance Report:** 1 June 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** | **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** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | 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) | Non-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 23 March 2021
* other information and intelligence held by the Commission in relation to the service.

# 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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation (for alignment with the feedback from consumers) and tested staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

The Assessment Team were informed by staff or consumer representatives that four consumers had not been treated with dignity or respect. I have considered this information alongside the response from the Approved provider and have come to a different decision to the Assessment Team in relation to consumers treated with dignity and respect.

Consumers could maintain their identity, make informed choices about their care and services and live the life they chose. Staff knew what was important to consumers and they were encouraged to do things for themselves. Consumers felt staff valued their culture and the services provided were culturally safe for them. Consumers stated staff respected their privacy and treated them respectfully when providing personal care.

Each consumer was supported to exercise choice and independence including decisions relating to with care and the way services are delivered. They are supported to maintain relationships of choice. Most consumers said they had choice, and documentation demonstrated consumers made a variety of choices.

Consumers understood the information they received to help them make decisions such as menu choices, activity calendars and event information.

Staff were observed to have meaningful interactions with consumers and care plans contained information to guide staff on each consumer’s cultural requirements.

Consumers wishing to take risks had a discussion with the service and they were provided with mitigating strategies and could choose to take risks if they wish to do so.

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.*

The Assessment Team were informed by staff or consumer representatives that four consumers had not been treated with dignity or respect.

For one named consumer the Assessment Team were advised the consumer is confined to their room and left in bed to manage their behaviours. The Approved provider in its response has refuted the statement provided to the Assessment Team and states it is not a true reflection of comments provided to the Assessment Team. The Approved provider has evidenced restraint charting was not completed for a period of four days as it was the consumer’s preference to stay in bed on those days, making the need for the restraint obsolete. Progress note entries include directives from a behavioural specialist to guide staff when performing hygiene cares and behaviour care planning directs staff to reassure the consumer, provide the consumer with a quiet environment and to refer to their medication profile. There is no evidence to support the consumer was segregated to their room or kept in bed to manage their behaviours. The service continues to identify opportunities to support the social needs of the consumer.

For a second named consumer, the Assessment Team were informed the consumer was left alone on the toilet for a prolonged period of time, despite care planning directives instructing staff not to leave the consumer alone. The consumer fell while being assisted by their representative who located the consumer in the toilet. The Approved provider has not refuted this incident and has submitted a memorandum sent to staff identifying a consumer was left on the toilet unattended and fell sustaining a head trauma. The consumer is also known to use the toilet independently and not use the call bell for assistance. While it was an unfortunate accident, it is my decision this does not support a lack of dignity or respect for the consumer, rather it evidences workforce concerns.

For a third named consumer whose representative provided feedback the consumer is physically and chemically restrained to manage their behaviours due to a lack of staff, there is insufficient evidence to support this claim. Progress note entries, behaviour charting and correspondence between the service and the representative document the activities the consumer has attended and the requirement of the lap restraint with leg loops as a fall’s management strategy. Permission was granted by the consumer’s representative to continue the use of the restraint. The service has sought additional resources to support the social needs of the consumer.

The Assessment Team were informed a fourth consumer was left in their continence aid for a prolonged period of time due to insufficient staffing. Staff informed the Assessment Team the consumer was not attended to as per their care planning requirements and when attended to it was noted their continence aid was wet indicating they had not been attended to in a timely manner. The Approved provider refutes this information as there were no progress notes to substantiate this claim or to reflect the escalation of this incident to registered staff. The consumer is attended to for hygiene cares as a priority to support their social needs and visitation by family. This deficiency relates more appropriately to staffing insufficiency.

It is my decision there is insufficient evidence to support consumers were not treated with dignity or respect and therefore this Requirement is Compliant.

### 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 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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

The Assessment Team brought forward deficiencies in relation to ongoing assessment and planning for consumers. These deficiencies related to monitoring of restraints, the utilisation of care planning documentation when caring for consumers with behavioural needs. I have considered the information in the Assessment Team’s report alongside the Approved provider’s response and have come to a different view to the Assessment Team in relation to Requirement 2(3)(a).

#### Consumers’ current care needs, goals and preferences were identified in relation to end of life planning and the wishes of the consumer. Assessment and planning of care and services was conducted in partnership with the consumer, and others the consumer wished to be involved. Where appropriate other organisations and providers of care were also involved in planning and assessment process. Effective communication of the outcomes of assessment and planning occurred, and consumers had individualised care plans which reflected the care and services provided. Care plans were readily available to the consumer. Care and services were reviewed regularly for effectiveness, or when incidents impacted on the needs, goals or preferences of the consumer.

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

The Assessment Team brought forward deficiencies in this Requirement relating to the assessment of restraint and behaviour management. I have considered the Assessment Team’s information alongside the Approved provider’s response and consider assessment processes were effective in identifying risks to consumers’ health and well-being. Consumers who required physical restraints had evidence to support the release and re-application of restraints in line with the consumers’ care needs. Consumers have not suffered any injuries including pressure injuries while utilising the restraints. The service has acted on improving care planning documentation to include restraint application and release times. Staff have been provided with restraint policies and are required to acknowledge their understanding and review of the said policies.

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

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

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

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

### Requirement 2(3)(d) Compliant

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

### Requirement 2(3)(e) Compliant

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

# STANDARD 3 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 understood and applied 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 ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Consumers received safe and effective personal or clinical care in accordance with their needs, goals and preferences to optimise their health and well-being. The service had best practice guidelines and policies to guide the assessment, monitoring and safety of consumers in relation to restraint and behaviour management, care was delivered in line with these guidelines and policies.

In relation to high impact and high prevalent risks, the Assessment Team identified evidence of consumers subjected to physical and chemical restraint in the absence of alternative interventions being trialled. I have reviewed this information alongside the Approved provider’s response and have come to a different decision to the Assessment Team.

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

Changes in consumer’s mental health, cognitive or physical capacity or condition were responded to appropriately in a timely manner.

Information about consumers’ condition, needs and preferences was documented in their care plans and was communicated within the organisation and with others where responsibility was shared.

Appropriate and timely referrals were sent to relevant organisations and individuals and were reviewed with subsequent recommendations and interventions applied by the service.

Infection control processes were effective including appropriate antimicrobial stewardship and the use of standard and transmission-based precautions.

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

Consumers did receive safe and effective care including in relation to restraint management or behaviour management. The Assessment Team identified two consumers with challenging behaviours whose care did not optimise their health and well-being. I have considered the Assessment Team’s findings alongside the Approved provider’s response and have decided consumers received safe and effective care.

For one named consumer, the Assessment Team were advised the consumer was confined to their room and bed for a period of four days in February 2021. The Approved provider has refuted this information and stated the restraint chart for the consumer was blank for four days as it was not required. This is not an indication the consumer was confined or segregated to their room and bed. Progress note entries support the consumer was provided with hygiene and nutritional cares and did not display challenging behaviours during this time.

The consumer had been reviewed by a dementia behavioural specialist prior to the site audit and the Assessment Team noted an absence of these recommendations in the consumer’s documentation. Care planning submitted by the Approved provider included comprehensive strategies for staff guidance when performing hygiene cares to the consumer. provided to the Assessment Team. Progress note entries submitted by the Approved provider evidence two episodes of aggression during hygiene care which staff de-escalated to provide the consumer with hygiene and continence cares.

The Assessment Team had concerns regarding the restraint management of this consumer. I note the consumer requires a lap belt restraint with leg loops to reduce their risk of falls due to jerky movements increasing the risk of falls from their wheelchair. Restraint charting demonstrated the consumer’s restraints were documented as released four times on each of the days of the site audit. The Assessment Team spoke to staff who were unaware of the restraint release requirements and did not observe the restraints released for the consumer during the site audit. This is not in accordance with restraint charting.

The Assessment Team identified for a second named consumer with challenging behavioural needs, staff were unaware of any behavioural support recommendations to support the consumer. The Approved provider in its response has evidenced a comprehensive review of the consumer by a behavioural management specialist service and a care plan with detailed interventions to support and decrease the consumer’s challenging behaviours. It is my decision the deficit relates to staff knowledge and understanding rather that a lack of strategies in place for the consumer. Staff stated the behaviours for the consumer are escalating but have not demonstrated this as being recorded in progress notes or communicated to registered staff for actioning.

For a third consumer the Assessment Team identified their preference for being in their wheelchair each day has not been supported by staff at the service. The Approved provider submitted progress notes from June 2020 and a dementia behavioural specialist report in their response. Strategies to support the consumer’s well-being included being out of bed, playing their musical instrument and engaging in smoking. Progress notes submitted by the Approved provider indicated the consumer is offered the opportunity to get out of bed, but at times refuses. I do not have any evidence to support the consumer requested to be placed out of bed and was refused by staff.

Based on the information contained above, it is my decision this Requirement is Compliant as consumers have received safe and effective care to optimise their health and well-being.

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

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

The Assessment Team identified five consumers who require physical restraints did not have care planning instruction relating to the release and monitoring strategies of the restraints. The Approved provider has contested that care plans must include these directives, however, has taken action to include restraint application and release times on care plans. I note there was no evidence to indicate restraints were used without authorisation or for prolonged periods of time. Restraint charting submitted by the Approved provider indicates restraints were removed regularly and not applied when consumers were resting in bed.

For one consumer who requires medication in the form of chemical restraint, the Assessment Team identified staff trialled limited interventions prior to the administration of restraint medication. Medication chart entries submitted by the Approved provider evidenced a range of strategies trialled prior to and after the administration of the medication. Feedback was provided the consumer required medication due to their lack of activities and stimulation. Information provided by the Approved provider indicates the consumers is supported and participated in activities over a prolonged period of time. Provision of additional social support and companionship is being sought by the service as part of the consumer’s disability packaged funds. Concerns were raised in relation to the usage of physical restraints for the consumer, as care planning stated restraints were to be used for outings or social leave and were observed to be in place during the site audit. The Approved provider evidenced restraint authorisations for the consumer are not limited to outings or social leave but were put into place following two falls the consumer sustained while they were in their wheelchair.

Risks for one consumer who has a physical restraint have been discussed with the substitute decision maker who has requested the physical restraint is to remain. While the service has committed to ongoing discussions with the consumer’s decision maker regarding the use of the restraint, it may be beneficial for an assessment of need for the restraint be conducted, as allied health staff have noted it is no longer required and restraints are not to be applied at the request of others in the absence of an assessed requirement.

Care plans have been reviewed to include release and monitoring instructions, I have noted while the Assessment Team identified restraint release times that did not align with two-hourly release schedules, the Approved provider has evidenced restraints were not in use when not recorded on restraint charts. While the Assessment Team were informed there was no specific process to record high impact and high prevalence risks for consumers apart from progress notes, handover and incident management, the Approved provider evidenced a range of processes to monitor high impact and high prevalence risk including a clinical and care governance framework and a committee who reviews the service’s performance against the framework.

Based on the information recorded above, it is my decision high impact and high prevalence risks for consumers including restraint management were effectively managed.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. The Assessment Team had concerns regarding the lifestyle support and services for consumers with cognitive impairment who required physical restraints in place. I have reviewed this information alongside the Approved provider’s response and have come to a different decision to the Assessment Team.

The lifestyle team had a program with a variety of group and individual activities along with a staying connected program which allows consumers to stay in touch with those who can’t visit in person. There were church services for different denominations held on site and a Chaplin to provide support to those who need it. The service delivered services and supports to consumers to promote their emotional, spiritual and psychological well-being. Consumers were supported by staff when they feel low and they could attend activities of their choosing including church.

Consumers were supported to participate in the community both within and outside of the service including social and personal relationships and doing things that interested them.

Information about consumers’ condition, including care needs and preferences in relation to services and supports for daily living were effectively shared within the service and with others where responsibility was shared. The service had processes in place to refer consumers to individuals, other organisations and providers of other care and services to supplement the lifestyle services offered at the service.

Consumers were provided with meals that were varied and of suitable quality and quantity. Consumers were able to make catering requests that were provided by the service where possible. Consumers felt safe using mobility equipment provided and that equipment was clean and well maintained.

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.*

Consumers received safe and effective care and services for daily living which optimised their independence, health, well-being and quality of life. The Assessment Team brought forward concerns consumers with cognitive impairments and behavioural concerns were not supported with services and support for daily living. I have considered the Assessment Team’s findings alongside the Approved provider’s response and have come to a different decision to the Assessment Team.

Staff provided feedback restraint are used as a primary option to manage the behaviours of consumers, without implementing other lifestyle options. The Approved provider has refuted this information and has stated it is not in line with the organisation’s restraint/restrictive practice minimisation policy and procedure. Activity data demonstrated consumers were offered and participated in a range of activities and care plans contain management strategies for staff to mitigate and manage consumer behaviours.

For one named consumer the Assessment Team identified while the consumer can still take a few steps, there was no care planning strategies to maintain the consumer’s mobility. The Approved provider has stated the consumer is considered non-ambulant due to their high falls risk and the requirement for a physiotherapist to assist with ambulation. The consumer is noted to be non-compliant with the physiotherapy assessment and is encouraged to participate in group exercises, step transfers and weight bearing. The Assessment Team observed the consumer watching television wearing a leg restraint. Activity records submitted by the Approved provider supports the consumer attended at least three activities during the site audit. While the consumer is required to wear a physical restraint in relation to their falls risk, it is my decision this has not impacted on the consumer’s presence at group or individual activities, and continual physiotherapy support is maintaining the consumer’s mobility levels. The Approved provider has updated the consumer’s care plan to include walking practice with physiotherapy staff.

For a second named consumer who requires a lap sash restraint with leg hoops to safely remain in their wheelchair, the Assessment Team had feedback from a care staff member the consumer receives medication when he becomes aggressive. Medication reports submitted by the Approved provider evidenced a range of strategies provided to the consumer before and after medication was provided for their challenging behaviours. The Assessment Team raised concerns alternative strategies had not been trialled before restraints were used to keep the consumer safely in their wheelchair. The Approved provider documented a range of devices trialled which were deemed ineffective due to the consumer’s medical diagnosis. As previously documented the Assessment Team was informed the consumer was placed in bed for four days to manage their behaviours, this was refuted by the Approved provider who stated restraint charting was not completed for four days as the consumer was in bed and did not require restraints. While the Assessment Team have stated there was limited evidence of meaningful activities provided to the consumer during these four days, I have reviewed progress note entries which demonstrate primary care was delivered alongside emotional support.

For a third named consumer identified by the Assessment Team as requiring leg restraints on outings only, this has been refuted by the Approved provider and evidence was submitted acknowledging the consumer’s representative authorising the restraints to be used when the consumer is in their wheelchair. Non-restraint strategies have been trialled for the consumer but were deemed ineffective after falls sustained by the consumer. Activity records confirm the consumer engages in activities and the service is sourcing additional volunteers through the consumer’s disability funding to further support the lifestyle requirements of the consumer.

It is my decision this Requirement is Compliant based on the information contained above.

### 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 if the organisation understood and applied 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 Assessment Team also examined relevant documents.

Consumers felt they belonged in the service and felt safe and comfortable in the service environment. Consumers could personalise their rooms with their personal items of importance to them. Consumers said visitors were made welcome at the service by management and staff.

The service environment optimised each consumer’s sense of belonging, independence, interaction and function. Consumers and representatives agreed the service environment was welcoming and easy to understand and they could easily navigate the service.

The service environment was well maintained and comfortable and enabled consumers to move freely both indoors and outdoors. Documentation reflected the service had effective processes for preventative and responsive maintenance.

Furniture, fixtures and fittings were safe clean and well maintained. Consumers stated equipment was clean and suitable for their use. The service environment was observed to be clean, uncluttered and easy to navigate. Indoor and outdoor areas were inviting, and furniture and fittings were fit for purpose.

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 if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – asked them about how they raised complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Consumers were encouraged and supported to give feedback and make complaints, and that appropriate action was taken in response to their feedback or complaints. Consumers and representatives knew how to submit feedback or a complaint through utilising the customer feedback forms and felt comfortable to do so. Consumers and representatives stated they felt confident in raising issues with management where required.

Most consumers and representatives felt that complaints were adequately dealt with by the service and that they had access to information about external complaints bodies and other services to assist with raising issues.

Complaints were managed by the service in accordance with the overarching customer feedback policy. Complaints and feedback were stored, managed, updated, resolved and reviewed in accordance with best practice guidelines. The service incorporated open disclosure into its complaints resolution process, ensuring consumers, staff and representatives are provided with up to date and relevant information pertaining to complaints, feedback and critical incidents.

The service provided examples of how it acted on feedback provided by consumers, representatives and staff and initiated changes through the service's continuous improvement process.

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 if the organisation understood and applied the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Consumers did not receive care and services in a timely manner. Consumers were required to wait for prolonged periods for assistance and consumers were observed to not receive nutritional assistance due to staffing levels. Consumers who wished to be as independent as possible were not provided opportunities to exert their independence.

Staff demonstrated competency and knowledge to effectively perform their roles. While the Assessment Team brought forward deficiencies in staff knowledge relating to restraint and behaviour management, I have come to different decisions to the Assessment Team in Standards 1, 2 and 3 in relation to the provision of clinical care in relation to restraint and behavioural management. While I acknowledge responses provided to the Assessment Team did not consistently demonstrate staff knowledge and skills, it is my decision this is not reflective of the workforce in general. The provision of clinical care and services and support for daily living demonstrate staff have the skills and knowledge to perform their roles, which is evident from the level of satisfaction voiced by consumers and representatives. procedures.

While staffing levels have been reviewed and adjusted this has not improved staffs’ ability to provide care and services.

Workforce interactions by staff with consumers were kind, caring and respectful of consumers’ identity, culture and diversity. Consumers and representatives were satisfied with how staff treated their loved ones, while it was acknowledged that staff were often rushed and busy, consumers and representatives noted that this did not affect their attitude and how staff interacted with consumers.

The service conducted regular assessment, monitoring and review of the performance of each member of the workforce. All staff were required to undertake performance appraisals on an annual basis where performance is reviewed against job requirements and opportunities for extra training and up skilling is identified.

Staffing levels were not adequate to support staffs’ ability to deliver care and services in a timely manner. This caused delays in care provision including assistance with cares and meal provision.

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 workforce was insufficient to enable the delivery and management of safe and quality care. Consumers and representatives were not satisfied with the availability or timeliness of care delivery by staff. Staff feedback included the inability to complete their workload or provide care in a timely manner in accordance with eh consumers’ preferences. While a roster review has been undertaken, this has not improved the sufficiency of staff to deliver care and services.

Consumers provided feedback their preferences were not upheld by staff as staff did not have time to support their independence when delivering cares. For one named consumer a delay in staff assistance contributed to a fall while unsupervised in a bathroom. Consumers and representatives were not satisfied with assistance provided at meal times and the level of assistance to provide consumers during meal service.

The Approved provider acknowledged the feedback provided to the Assessment Team during the site audit, but also stated this feedback does not support standard practice at the service. Call bell response times are monitored at the service and escalated when they are not answered within a specified time frame. The Approved provider demonstrated the majority of call bells are answered within fifteen minutes unless staff are attending to other consumers’ priorities. Staff are encouraged to escalate their concerns regarding their workload to management and families are encouraged to raise any concerns, so investigation can be undertaken in a timely manner.

Staff described their workplace as understaffed which impacted on their ability to provide care and services. Staff provided feedback including consumers were not provided with morning tea in one area of the service due to staff workload. The Approved provider stated in its response that maintaining the hydration needs of consumers is an essential task which should be prioritised. Staff are encouraged to escalate any concerns regarding not meeting consumers’ needs to management, as management have the ability to reassign staff duties or provide additional staff. Staff were reminded of their responsibility to escalate workforce concerns to management, this was discussed at a staff meeting in March 2021.

While the service has implemented additional four hours of staffing in the roster, staff advised this shift is utilised to cover unplanned leave and does not translate to additional hours. The Approved provider acknowledged this feedback but also stated the additional shift is not routinely used to fill vacancies, but at times this is required when unsuccessful attempts to fill shifts occur at short notice. The Approved provider has committed to implementing a strategy whereby staff from two other areas will assist staff in the remaining two houses when their workload is completed.

The Assessment Team brought forward concerns regarding staffs’ ability to implement behaviour strategies and hence the use of chemical restraint is used. I have come to different decisions in other Standards regarding behaviour and restraint management and do not consider this a workforce issue. Consumers requiring restraint have authorisations, staff monitor and release the restraints as per directives and alternative methods are trialled prior to the use of chemical restraint.

It is my decision staffing levels were inadequate to deliver safe and quality care and services. While I acknowledge the Approved provider is seeking an external review of current and future staffing requirements, this process was not in place at the time of the site audit and will need time to be implemented and tested for its effectiveness. Therefore, my decision is this Requirement is 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.*

I have come to a different decision to the Assessment Team in this Requirement. I have found the use of restraint to be consistent with safe and effective care. While the Assessment Team received feedback from some staff which demonstrated a lack of in-depth knowledge regarding the use of restraints. There is no evidence to support consumers were restrained either physically or chemically without authorisation or in the absence of monitoring practices. The Approved provider has committed to increasing staff knowledge regarding restraint management. It is therefore my decision the workforce while understaffed, was competent and had the knowledge and skills to 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 if the organisation understood and applied 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).

Consumers were engaged in the development, delivery and evaluation of care and services at the service and were supported by management and staff in that engagement. The governing body promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery.

The organisation had effective organisation wide governance systems in place relating to information management, continuous improvement, financial governance and feedback and complaints.

The organisation did not ensure effective workforce governance in relation to sufficiency of staffing. Staffing levels were not sufficient to ensure the safe delivery of care and services and consumers and representatives were not satisfied with the timeliness of care delivery.

The Assessment Team identified deficiencies in relation to regulatory compliance and the records kept by the service when a discretionary decision has been made not to report an incident. It is my decision this does not evidence an organisational governance deficit, rather errors made by staff when creating records of the events.

The organisation had effective risk management systems in place relating to managing high impact, high prevalence risks to consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

The organisation had an effective clinical governance system in place relating to antimicrobial stewardship and open disclosure.

I have considered information and evidence in other Standards relating to restraint management, and it is my decision restraints were not used to manage consumers’ behaviours, restraints were used as a last resort after trialling other interventions and authorisations were sought prior to the use of restraint. Therefore, it is my decision the clinical governance framework includes the minimisation of restraints.

The organisation had an effective clinical governance system in place relating to antimicrobial stewardship and open disclosure.

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) Non-Compliant

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

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

The organisation did not ensure effective workforce governance in relation to sufficiency of staffing. Staffing levels were not sufficient to ensure the safe delivery of care and services and consumers and representatives were not satisfied with the timeliness of care delivery. Staff were unable to provide care in accordance with their roles and responsibilities.

It is my decision staffing levels were inadequate to deliver safe and quality care and services. While I acknowledge the Approved provider is seeking an external review of current and future staffing requirements, this process was not in place at the time of the site audit and will need time to be implemented and tested for its effectiveness. Therefore, my decision is the workforce governance aspect of this Requirement is Non-compliant.

I have come to a different decision to the Assessment Team regarding the regulatory compliance aspect in this Requirement. While I acknowledge there was some documentation errors in the mandatory reporting register, it is my decision this does not account for a system deficiency in relation to reportable assaults.

The Approved provider has acknowledged three incidents which were treated as discretionary not to report incidents were not recorded in the register. Incident reports were generated, and each incident was reported and actioned accordingly. New strategies were recorded in behavioural care plans for the consumers involved within 24 hours, which is in accordance with legislative requirements. The register was amended following feedback from the Assessment Team.

In relation to the incident of verbal abuse by a staff member against a consumer, the Approved provider has stated verbal abuse is not considered a reportable assault under legislation in place at the time of the site audit. I have considered the actions of the service in relation to the staff member and consider them to be fair and justified. Actions included performance management and a formal written warning.

It is my decision there was organisational governance systems in place including regulatory compliance.

### 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.*

As per my decision in Standard 3 Requirement 3(3)(b) it is my decision the organisation has effective processes to manage the high impact and high prevalence risks for consumers. This is inclusive of restraint and behaviour management. It is my decision restraints were not used to manage consumers’ behaviours, restraints were used as a last resort after trialling other interventions and authorisations were sought prior to the use of restraint.

The organisation had effective risk management systems in place relating to managing high impact, high prevalence risks to consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

Therefore, it is my decision this requirement is Compliant.

### 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.*

I have come to a different decision to the Assessment Team in relation to this Requirement. As discussed in Standards 1, 2, 3 and 4, it is my decision restraints were not used to manage consumers’ behaviours, restraints were used as a last resort after trialling other interventions and authorisations were sought prior to the use of restraint. Therefore, the organisation had effective processes to minimise the use of restraints. The Approved provider has committed to ensuring care planning is inclusive of release and monitoring guidelines of restraints.

The organisation had an effective clinical governance system in place relating to antimicrobial stewardship and 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.

* 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.
* Effective organisation wide governance systems relating to the following:
* workforce governance, including the assignment of clear responsibilities and accountabilities.