St Vincent's Aged Care

Performance Report

224 Swan Street West
GUILDFORD WA 6055
Phone number: 08 9279 5055

**Commission ID:** 7797

**Provider name:** Catholic Homes Incorporated

**Site Audit date:** 9 September 2020 to 11 September 2020

**Date of Performance Report:** 17 November 2020

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the 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 6 October 2020.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers interviewed confirmed they are treated with dignity and respect, staff value their unique needs and cultural backgrounds and respect their choices and decisions. Consumers and their representatives interviewed confirmed they are provided with appropriate information in a timely manner to assist them in being informed about care and services including when changes occur. Consumers and their representatives confirmed consumers are supported to maintain important relationships within the service and with family and friends outside the service.

Documentation viewed confirmed consumers’ cultural needs are identified and considered when planning consumers’ care to support the consumers to live their best life. Consumer files clearly record consumers’ decisions including other family or friends the consumer wishes to be involved in decisions. Observations show consumer information is kept in a confidential manner and the privacy of consumers is respected.

The service is supported by the wider organisation and has policies and procedures to guide care and services which are consumer centred and supportive of each consumer’s unique identity and culture. Staff interviewed demonstrated knowledge of how to support consumers in line with the consumers’ goals, preferences and choices.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The finding of Non-compliance is in relation to Requirement (3)(a) which the Assessment Team found the service did not demonstrate appropriate assessment and consideration of risks for each consumer including when a change in consumer’s pain occurred or known risks for a consumer entering the service for respite care. I agree with the Assessment Team’s recommendation and have provided detailed reasons in the relevant Requirement below. All other Requirements in relation to Standard 2 Ongoing assessment and planning with consumers were assessed as Compliant.

The service has a structured assessment and planning process which identifies consumers’ needs and preferences, is completed in consultation with consumers, includes discussion and information on advance care directives and end of life planning and care plans are reviewed regularly.

Consumers and their representatives interviewed confirmed they are involved in the assessment and planning process and staff listen to their preferences in relation to planning their care. Consumers and representatives confirmed regular consultation and meetings occur to discuss and review care plans.

However, the service does not effectively or appropriately assess risks associated with consumers’ care to develop strategies to manage the risks or to inform delivery of care.

## 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 the service did not demonstrate assessment and planning including consideration of risks to the consumer’s health and well-being informed the delivery of safe and effective care. One consumer had a change and increase in pain which was not appropriately assessed to inform staff on how to manage. One consumer did not have their risks of falls, medications, urinary tract infections and pain appropriately assessed and planned to inform the delivery of care following entry to the service. Evidence included:

* One consumer did not have their pain appropriately assessed after clinical staff inserted the wrong urinary catheter causing trauma and pain. Pain charting was not implemented following the incident and no records of monitoring and assessing for pain were evident prior to the consumer being transferred to hospital. While the incident report notes no pain at time of report and ‘as required’ analgesia was given following the incident, no further actions or pain monitoring occurred for eight hours until transfer to hospital with severe pain.
* One consumer entered the service for respite with known risks of falls, cognitive impairment, incontinence and requiring multiple medications. The service did not complete an appropriate assessment on entry to the service to develop a care plan which informed the safe delivery of care. An interim care plan was completed on day one, however, the care plan did not consider all known risks, contain appropriate strategies to manage risks or lead to further assessment of known risks. Documentation shows the consumer had incidents and occasions of missed medications, a fall and behaviours which did not lead to further assessment or implementation of new strategies to manage. Pain was not assessed following a fall. The consumer’s representative was not satisfied the service used information provided by the representative at admission or during the consumer’s time at the service to plan and provide appropriate care. The representative reported the consumer had a suspected infection, however the service failed to assess the consumer for a possible infection in a timely manner.

The approved provider’s response acknowledged the deficits identified by the Assessment Team and have taken timely and appropriate actions to address the system deficits including; a comprehensive review of pain management policies and procedures, training for staff on clinical assessment and new processes and a new ‘admission assessment process’ flowchart and planner to guide staff in completing appropriate assessments. The service also reviewed and implemented guidance on assessment processes for falls, behaviours, medications and identifying infections.

The service has taken appropriate and timely action in response to deficits being identified by the Assessment Team and the service has shown a commitment to ongoing monitoring and improvement in relation to assessment and planning for consumers including considerations of risks. However, at the time of the site audit the service did not demonstrate effective processes or staff practice were in place to assess and identify risks associated with consumer care including when consumers had increased pain, incidents occurred or following admission of new consumers. The deficits in assessing consumers resulted in no strategies being implemented or planned to inform staff on the management of consumers’ risks and current needs.

Based on the summarised evidence above, I find the service Non-compliant in this Requirement.

### 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 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The finding of Non-compliance is in relation to Requirements (3)(a), (3)(b) and (3)(d). The Assessment Team recommended these Requirements not met and I agree with the Assessment Team’s findings and have provided my detailed reasons in the relevant Requirements below. All other Requirements in relation to Standard 3 Personal care and clinical care have been found Compliant.

Consumers interviewed confirmed they receive personal care including daily assistance with showering, hygiene and toileting which is in line with their needs and is safe and effective. However, three consumer representatives were not always satisfied the service managed consumers’ clinical needs effectively including pain and medications.

Documentation including incident reports and reviews of consumer files show majority of consumers receive personal and clinical care in line with their needs and staff are provided guidance on managing consumers’ needs including at end of life.

The service has effective infection control monitoring and processes are established, and consumer antibiotic prescribing and monitoring practices reflect best practice guidelines.

However, not all consumers’ risks associated with care were managed effectively including pain, falls and medications. Staff practice when delivering clinical care including medication administration and catheterisation was not in line with best practice. One consumer who was identified to have deteriorating health did not have the deterioration monitored or managed effectively.

### 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 consumers receive safe and effective personal care in line with their needs. However, one consumer did not receive safe and effective clinical care in line with best practice in relation to the management of a urinary catheter, impacting on the consumer’s health and well-being including requiring hospitalisation, increased pain and infection. Evidence included:

* One male consumer requiring a urinary catheter did not have their catheter changed in line with the service’s policy and procedure or in line with best practice. The consumer had four catheter changes in four days as a result of staff not correctly inserting a new catheter in August 2020.
* Clinical staff inserting the catheter did not use the right fluid to inflate the catheter balloon and did not use the right type of catheter for a male consumer.
* Following the third catheter change due to staff failing to correctly change the catheter, the consumer required hospitalisation for a further catheter change.
* As a result of the catheter changes the consumer experienced trauma, severe pain, injury and bleeding. Secondary to the initial injury an infection developed requiring antibiotic treatment.
* The consumer and their representative raised a complaint with the service about the poor care and impact to the consumer. In response to the complaint the service investigated and took appropriate actions. However, the service did not identify the poor practice and take action prior to the complaint being made.

The Assessment Team identified consumers’ medications were not being administered in line with best practice and ongoing trend in missed medications due to staff error had not resulted in the service taking action to resolve the deficit in medication management. One consumer was administered the wrong medications on the day of the site audit requiring hospitalisation.

The approved provider’s response acknowledges the deficits identified by the Assessment Team and clarifies the service investigated and took action immediately following the incident involving the catheter. Improvements and actions taken include:

* Development of a questionnaire for staff to support the new policy and procedure for catheter management.
* A specialised trained nurse to supervise and complete practical training with clinical staff in relation to catheter management.
* Guidelines and directives on insertion of catheters based on best practice and all clinical staff to be competency tested based on these guidelines prior to undertaking catheter insertion.
* Training provided to all clinical staff and ongoing training in catheter management.
* Monitoring processes have been implemented to track and identify staff involved in medication incidents and errors. A prompt is in place for clinical staff to monitor and evaluate any missed medications each shift. Medication competencies to be repeated by staff identified as having a trend in medications not being administered to consumers.

The service has taken appropriate actions to implement processes and improve staff practice in relation to the delivery of clinical care which is safe, correct and in line with best practice. The service has implemented processes to improve the delivery and management of consumers requiring urinary catheters including catheter changes. The service has increased monitoring of medication incidents to identify where medications are not being administered in line with best practice. However, the failure of the service to provide one consumer safe and effective clinical care in relation to catheter management, resulted in significant impact to the consumer’s health and well-being including severe pain, trauma, infection and hospitalisation. The service has increased monitoring of medication management and administration, however, at the time of the site audit the service did not demonstrate consumers were always administered medications in line with best practice. The service will require time to monitor and evaluate the effectiveness of the improvements implemented to ensure clinical care delivered is safe and effective.

Based on the summarised evidence above, I find the service Non-compliant in this Requirement.

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

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

The Assessment Team found high impact and high prevalence risks associated with consumers’ care including risks associated with falls, medications and pain are not managed effectively resulting in negative impacts to consumers including pain and hospitalisation. Evidence included:

* One consumer identified as a very high falls risk on entry to the service did not have the falls risks managed effectively. Appropriate falls management strategies were not implemented or documented in the care plan to prevent or reduce falls. A handover sheet directed staff to use two staff to assist the consumer with all mobility. However, staff interviewed confirmed the consumer mobilised without staff assistance. The consumer had a fall three weeks after entering the service in the bathroom, resulting in a swollen knee and complaints of severe pain requiring transfer to hospital for investigation. The service did not assess the severe pain or provide analgesia to manage the pain prior to transfer to hospital.
* The service did not manage the high impact risks of pain for one consumer following trauma and injury during incorrect insertion of a urinary catheter. The consumer had three catheter insertions in three days at the service due to incorrect catheter insertion processes being undertaken. The consumer had signs and symptoms of trauma and injury and complaints of severe pain. However, the service did not monitor, assess or implement strategies or medications to relieve and manage the pain associated with the trauma. The service implemented pain charting after the consumer returned from a hospital admission to treat and manage the injury including treatment for pain.
* The service did not identify and manage known risks of ongoing medication administration errors including medications being missed. On the day of the site audit a consumer was administered the wrong medications, resulting in them feeling unwell and requiring hospitalisation. One consumer did not receive multiple medications on two occasions during their three weeks residing at the service.

The approved provider’s response has acknowledged the deficits identified in the Assessment Team’s report and undertaken a comprehensive review of staff practice and processes in relation to falls management, pain management, catheterisation management, medication management, clinical communication and new processes, flowcharts and monitoring systems have been implemented. The approved provider followed up with consumers identified in the report. The response states staff followed correct processes to monitor and manage the consumer following being administered the wrong medication.

The service has provided evidence to demonstrate they have undertaken a review and implemented improvements to address the deficits in managing consumers’ high impact and high prevalence risks including pain, medications and falls. The service is committed to ongoing monitoring and improvement to ensure the deficits are resolved. However, at the time of the site audit the service did not demonstrate it had effective systems to manage consumers’ high impact risks. Two consumers’ pain was not managed effectively following incidents, one consumer did not have an appropriate care plan in place to direct staff in managing the risks associated with their care including risk of falls and known risks associated with medication errors were not managed and one consumer was administered the wrong medication.

Based on the summarised evidence above, I find the service Non-compliant in this Requirement.

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

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

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

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

The Assessment Team found the service did not demonstrate they recognised and responded in a timely manner to the deterioration of one consumer. The consumer had an existing infection and known history of seizures. Evidence included:

* A decline was noted in the consumer including a temperature, excessive sweating and low blood pressure. However, the service did not monitor the consumer for approximately 24 hours following the noted deterioration including monitoring all vital signs or signs of seizure activity. While the medical officer did review and request monitoring, the service failed to appropriately monitor vital signs or seizure activity or respond when the consumer’s condition continued to deteriorate. Two days following the initial signs of deterioration, the consumer was noted to be soaked in urine and having a seizure. The service transferred the consumer to hospital who was diagnosed with urosepsis and bloods showing low levels of his seizure medication which were contributing to the seizures. The consumer died while in hospital.

The approved provider’s response acknowledges the vital signs and observations of the consumer were not consistently recorded or responded to when outside range and observations to monitor seizure activity did not occur. The service has developed a new guideline and flowchart to direct staff in their responsibility to complete observations and monitor deteriorating consumers including the provision of a new tool to assist staff. Staff have been provided additional training in relation to managing deteriorating and palliating consumers. A traffic light system has been implemented as a guide to communicate to staff consumers who are deteriorating or have had a change. The service has upgraded their recording system so observations and vital sign charts now cover all areas and generate alerts when consumers are outside of ranges.

The service has taken appropriate action to review and implement new processes to identify and monitor consumers who are deteriorating and have provided staff with tools and training to support improved staff practice. However, at the time of the site audit the service did not demonstrate they recognised signs of deterioration and increased infection and did not respond with appropriate monitoring for one consumer who was deteriorating and declining over a period of two days. The failure to appropriately monitor through clinical observations and appropriate assessment of signs and symptoms of unmanaged infection and seizure activity resulted in the consumer not being managed for two days and then requiring hospitalisation for treatment.

Based on the summarised evidence above, I find the service Non-compliant in this Requirement.

### 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 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

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

Consumers interviewed confirmed they are supported by the service to participate in activities of interest to them including gardening, knitting, exercises and art classes. Consumers confirmed they are supported to maintain friendships and connections with people outside the service and within the service. Consumers interviewed confirmed they enjoy the dining experience and the food is varied and of good quality.

The service has a planned lifestyle program based on consumer preferences and interests including religious services, social supports, individual and group activities and additional supports for consumers with cognitive impairment. Individual consumer’s goals and preferences are documented in a care plan and communicated to staff and others involved in the delivery of social and lifestyle supports.

The service has specialised staff including occupational therapists and therapy assistants to support consumers and deliver the lifestyle program. Staff interviewed confirmed they have access to appropriate resources and information to deliver services and supports in line with the consumers’ assessed needs. Staff provided examples of activities provided to individual consumers including the provision of equipment to promote consumers’ independence.

The service provides a pastoral care program and staff and consumers confirmed pastoral care practitioners visit and support the consumers’ emotional and spiritual needs and are utilised on a regular schedule and on request.

## 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

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

Consumers interviewed confirmed they feel safe and comfortable at the service and feel they belong. Consumers and their representatives confirmed the service environment is clean, well maintained and they have access to internal and external areas. Representatives confirmed staff support consumers with mobility impairments to access the outdoor areas. Consumers and representatives were complimentary about the furniture and décor of the service both in the consumers’ rooms and communal areas.

Documentation confirmed the service has effective processes for preventative and responsive maintenance and the purchasing of equipment occurs following an assessment of suitability. The service environment was observed to be clean, uncluttered and easy to navigate and furniture and fittings in the internal and external areas appeared to be fit for purpose. Cleaning processes are in place to ensure regular and additional cleaning occurs of the environment, furnishings and equipment.

## 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

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

Consumers and their representatives interviewed confirmed they are supported and encouraged to provide feedback and raise complaints. Consumers confirmed they are encouraged to provide feedback and make suggestions for improvement and provided examples where improvements have occurred based on consumer feedback including in relation to food and the lifestyle activities. Representatives confirmed when they have raised complaints, the service has responded appropriately, and when something has gone wrong the service has used an open disclosure approach.

The service maintains a consolidated register of feedback and complaints which records actions taken and the outcome of the complaint. Complaints, feedback and suggestions are actively used and transferred to the service’s continuous improvement plan to ensure ongoing improvements across care and service delivery.

Staff and management interviewed demonstrated knowledge of service’s complaint system and provided examples of how they support consumers to raise feedback and complaints. Staff encourage consumers to use feedback forms, or will communicate and escalate verbal complaints and feedback to the appropriate person for actioning.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The finding of Non-compliance is in relation to Requirements (3)(a) and (3)(c) which the Assessment Team recommended as not met. All other Requirements were assessed as met. I agree with the Assessment Team’s recommendations and have provided detailed reasons in the relevant Requirements below.

Consumers confirmed they are generally satisfied they receive quality care and services from staff who are kind and caring and capable and staff seem to know what they are doing. Consumers and their representatives were generally satisfied there was enough staff. However, representatives were not all satisfied the right mix of staff were provided as a reliance and significant use of agency staff resulted in staff who did not know consumers’ needs or the service’s processes.

The service has a process for recruiting and training staff and staff have a regular performance review with the manager. However, the processes are not effective at ensuring all staff are competent and have the skills to perform their roles specifically in relation to clinical care.

The service has a planned approach and the roster is developed based on consumer need. However, vacant staff shifts due to planned and unplanned leave are filled by agency staff and the use of agency staff has increased significantly in the last four months. The service was unable to fill the shifts with the current workforce including casual staff.

## 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 while consumers were generally satisfied there were enough staff to provide them with care and services, representatives were not all satisfied the service had an appropriate mix of staff as use of agency relief staff had significantly increased and the staff did not know the consumers’ needs or the service’s processes as well. Documentation confirmed a significant increase and reliance on agency relief staff to fill vacant shifts due to planned and unplanned leave. Call bell reports show staff do not respond to consumers in a timely manner. Evidence included:

* Three of four representatives interviewed raised concerns about staffing levels and the high turnover of staff. The representatives provided examples of how the high turnover and reliance on agency staff has impacted consumer care including medication errors occurring, consumers not being assisted to the toilet in a timely manner and staff taking a long time to answer the call bells especially in the evenings and on weekends.
* Agency relief staff usage reports show a significant increase in the use of agency staff to fill vacant shifts for planned and unplanned leave. In May 2020 the agency use hours were 422 for the month. This has significantly increased over four months and in August 2020 agency use hours were 1500 for the month.
* Management stated they have had an increase in vacant registered nurse shifts due to three registered nurses leaving the service recently. Management stated they are currently in the process of recruiting staff across all areas including registered nursing staff and care staff.
* Three medication competent care staff stated the medication round takes longer and is interrupted when agency staff are on as they need to provide more guidance to them.
* Call bell reports show extended response times in all areas of the service with a trend in call wait times in the mornings. Two consumers with high needs including risk of falls had response times on two occasions each over 20 minutes and up to 40 minutes.

The approved provider’s response acknowledges deficits identified in the Assessment Team’s report and have implemented improvements to address the deficits including:

* A full review of the roster and model of care resulting in an additional registered nurse on morning and afternoon shifts to assist with clinical care and oversight. An additional lifestyle staff will be engaged to work across the memory support areas.
* Agency registered nurse and physiotherapist have been contracted for a long-term placement while recruitment is underway to ensure continuity of staff.
* Eight new care staff and two registered nurses have been recruited and commenced.
* Six casual staff have had their contracts reviewed and are now permanent part-time staff.
* The manager is actively monitoring call bell response times and taking action where required.
* Staff administering medications have been provided bibs to alert staff to not disturb them during medication rounds.
* The Agency information folder and orientation has been reviewed and updated so agency staff have all the information required in one place.
* New daily staff allocation sheets have been implemented.

The service has acknowledged the deficits identified by the Assessment Team and have completed a comprehensive review in response and implemented actions to address the deficit. However, at the time of the site audit the service did not demonstrate they had a workforce which was planned with the appropriate mix of staff to enable safe and quality delivery of care. The significant increase in use of agency staff to fill vacant shifts resulted in consumers not receiving quality care including safe medication management or timely response from staff to attend to their needs. Improvements implemented will require monitoring to ensure they have effectively addressed the underlying cause of the deficits identified.

Based on the summarised evidence above, I find the service Non-compliant in this Requirement.

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

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

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

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

The Assessment Team found the service does not have an effective system to ensure all staff are competent and have the knowledge to effectively perform their roles, specifically in relation to clinical care including; catheter management, pain management and medication management. Evidence included:

* Three registered nursing staff did not competently perform a clinical procedure of male catheterisation for a consumer. The consumer was impacted due to the deficit in staff practice, including experiencing pain, trauma, bleeding, hospitalisation and infection.
	+ The service did not have a competency process or procedure to ensure registered nursing staff had the skills and knowledge to perform catheter changes and no training is provided to clinical staff required to perform catheter changes.
* Clinical and care staff did not demonstrate effective assessment, identification and management of consumers’ pain for consumers sampled during the site audit. Including pain not being assessed or managed after incidents resulting in injury and complaints of severe pain.
* Ongoing and increasing medication incidents due to staff error including missed and wrong medications, since February 2020 show care staff administering medications are not effectively performing their role. The service has a competency assessment for care staff which is completed annually. However, the ongoing medication errors have not resulted in further staff training or review and monitoring of staff competency in administering medications. During the site audit a consumer was administered the wrong medication by care staff which resulted in the consumer not feeling well and being transferred to hospital.

The approved provider’s response acknowledges the deficits identified in the Assessment Team’s report and has implemented an extensive training program for staff including clinical training topics and competency to be completed by December 2020 to address the immediate knowledge deficits of staff. Training includes utilising external and internal training processes and both theory and practical sessions under supervision of specialised staff. The service has implemented a new induction programme for staff including training and competency components. Learning and training packages will also be ongoing on a regular basis and when needed.

The service has implemented appropriate training and supports for staff to address the skills, knowledge and staff practice deficits identified by the Assessment Team and the approved provider has shown an ongoing commitment to improving staff performance. However, at the time of the site audit staff were not competent in performing their roles and the service did not have an effective training and competency system in place to ensure staff providing clinical care to consumers had the skills and knowledge to perform their roles safely and effectively. The evidence demonstrates the failure of the service to ensure staff were competent resulted in significant impacts to consumers including requiring hospitalisation, experiencing pain and not receiving medications required.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The finding of Non-compliance is in relation to Requirement (3)(d) which the Assessment Team recommended the service did not meet. The Assessment Team found the service met all other Requirements in relation to Standard 8 Organisational governance. I agree with the Assessment Team’s finding and have provided detailed reasons in the relevant Requirement below.

Consumers confirmed they felt the service is well run and they are consulted and involved in the development and review of care and services both on an individual level through care reviews and at a service level through feedback and suggestions leading to improvements.

The service’s governance framework is supported through the wider organisation and a Board has oversight of the service. Documentation shows monthly reports are communicated at an organisational level and a Board level to inform, monitor and lead to improvements across the service. The service has effective governance systems including information management, continuous improvement, financial governance and complaints management. The service has effective systems to govern and manage infection control, minimising the use of restraint and using open disclosure when things go wrong.

However, the service does not have an effective risk management system in relation to the management of consumers’ risks associated with their care. Staff practice is not in line with the organisation’s expectations or processes in ensuring consumers’ risks are managed, reduced or prevented. Staff do not assess, identify and manage clinical risks associated with consumers and monitoring systems including monitoring staff competency and practice were not effective at identifying the deficits in staff practice in relation to risk management.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

The Assessment Team found the service has a risk management framework to guide the service on managing risks to consumers. However, the service’s risk management system and practices were not effective in the management of high impact and high prevalence risks associated with consumer care. Staff practice was not in line with the organisation’s expectations or procedures in assessing, identifying, monitoring and managing risks associated with consumers’ clinical care. Evidence includes:

* Staff practice in the management of clinical risks including catheter insertion, pain assessment and management, falls assessment and management and medication management was not in line with expectations or procedures resulting in negative impact to consumers’ health and well-being. Monitoring systems at the service did not identify the deficits in staff practice or the system deficits in relation to staff competency to prevent or reduce the risks associated with poor staff practice.
* Monthly reports outlining ongoing and increasing medication incidents including staff errors, missed medications and wrong medications did not lead to a review or analysis of the cause of the incidents or appropriate actions to reduce and prevent the risks.

The approved provider’s response acknowledges the deficits identified in the Assessment Team’s report and have implemented appropriate improvements and actions to address the deficits in staff practice. The service has implemented a comprehensive training program, review of policies, procedures and implemented flowcharts and guidance material to support staff in improved risk management in relation to consumers’ care. The response clarifies the increase in recorded clinical incidents was contributed by the merging of two sites and an increase in consumers. The service has shown an ongoing commitment to monitor and review the effectiveness of the improvements implemented.

The service has a risk management framework which at the time of the site audit was not being implemented effectively in relation to risks associated with the care of consumers. Staff practice was not in line with the risk management framework and deficits in the service’s provision of monitoring staff competency and practice lead to ongoing deficits in managing risk. Following the site audit the service has implemented improved systems including training, guidance material and monitoring to support the risk management system and address the deficits identified. However, the service did not identify the deficits and ongoing monitoring of the improvements and staff practice in implementing effective risk management systems is required.

Based on the summarised evidence above, I find the service Non-compliant in this Requirement.

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

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

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

# Areas for improvement

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

* Standard 2 Requirement (3)(a): Ensure risks associated with consumers’ care are identified and assessed appropriately when consumers enter the service and when changes or incidents impact the risks associated with care. Ensure care plans contain risk management strategies which are current and reflective to inform the delivery of care and management of risks.
* Standard 3 Requirement (3)(a): Ensure clinical care is delivered in line with best practice including catheter management, pain management and medication management.
* Standard 3 Requirement (3)(b): Ensure risks associated with consumer care are managed effectively and monitoring is implemented to identify risks and lead to implementation of actions or strategies to reduce and prevent injuries or incidents occurring.
* Standard 3 Requirement (3)(d): Ensure deterioration in consumers’ condition is not only identified but monitored appropriately and effectively including use of assessment, charts and tools to inform accurate assessment and lead to timely actions to manage the deterioration.
* Standard 7 Requirement (3)(a): Ensure an appropriate mix of skilled staff is provided to deliver safe and quality care. Ensure monitoring of staff practice including through call bell response times, incident analysis and feedback processes occur to identify and address deficits in sufficient numbers or mix of staff deployed.
* Standard 7 Requirement (3)(c): Ensure staff are competent and have the skills and knowledge to perform their roles and where deficits in staff competency or performance are identified appropriate training is provided.
* Standard 8 Requirement (3)(d): Ensure staff practice is in line with risk management procedures in managing risks associated with consumer care and monitoring processes are implemented to evaluate the effectiveness of the system including staff practice.