St Vincent's Care Services Heathcote

Performance Report

15 The Avenue
HEATHCOTE NSW 2233
Phone number: 02 8508 3304

**Commission ID:** 2739

**Provider name:** St Vincent's Care Services Ltd

**Assessment Contact - Site date:** 23 July 2020 to 24 July 2020

**Date of Performance Report:** 18 September 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** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | 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)(e) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(a) | 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) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 Assessment Contact - Site report received 20 August 2020.
* The Assessment Team’s report for the Assessment Contact – Desk conducted on 5 June 2020 to monitor progress against the Service’s plan for continuous improvement arising from the Assessment Contact – Site on 9 March 2020.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Most sampled consumers and representatives considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

Consumers and representatives interviewed stated they are treated with dignity and respect at all times by permanent staff at the service. However, some negative feedback was received regarding agency staff.

Consumers interviewed confirmed they are encouraged to do things for themselves, including assisting with personal cares, moving about the service if able and making choices regarding delivery of care and services. Consumers also related that the permanent care staff know what is most important to them.

Consumers interviewed agreed their privacy is respected at all times. This includes during the delivery of personal care and while discussing sensitive information with staff. Consumers were also aware their records were kept securely in nurses’ stations.

Consumers used words such as “angels”, “kind and caring” and “very attentive” to describe permanent care staff.

Staff interviewed were consistently able to describe the likes and dislikes of their consumers. Care staff and registered nurses alike were aware of individual consumers’ choices regarding participation in activities or their preference to be alone. All staff were able to explain strategies used to assist consumers to maintain relationships, particularly during periods of restricted visiting relating to COVID-19. These preferences were found reflected in the sampled consumers’ care plans.

While consumers and representatives confirmed that permanent staff treat consumers with respect and dignity in accordance with their individual circumstances, most agency staff do not. The Assessment Team reviewed other evidence which showed that consumers’ dignity is not always maintained or respected.

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

## Assessment of Standard 1 Requirements

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

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

The assessment team acknowledges that for the sampled Consumers at the service, they were observed and reported to be treated with dignity and respect by permanent members of staff. Observations made, documentation reviewed, and interviews conducted reflect that permanent staff at the service are aware of and value each consumer’s unique identity and cultural background. Most care staff and registered nurses acknowledged the diverse population of consumers at the service. However, some permanent staff and agency staff were not familiar with consumers who have limited English language skills or who are from Non-English-Speaking Background (NESB). Complaints information reflects that not all consumers feel they’re treated with dignity and respect.

The Assessment Team’s report provided examples from complaints raised in the three months prior to the assessment where consumers dignity has been compromised including a consumer’s bathroom door being broken and remaining open; personal effects piled on the floor after a room movement instead of displayed in the manner he preferred and in keeping with his previous room; representatives concerns re. how their mother was toileted and treatment that they considered inappropriate and unacceptable; rough treatment by agency care staff while administering medications and a consumer left on the toilet attached to a sling.

While I accept the information in the approved providers response, that they responded to these complaints at the time and addressed them to the satisfaction of the consumer and their representatives, on balance, I am not persuaded that consumers are always treated with dignity and respect. While the consumers sampled during the assessment were satisfied, the information from the complaints log demonstrates that there are a significant number of occasions where consumers have not been satisfied. The approved provider also confirms that it was required to apply an open disclosure process and undertake counselling to staff for their actions when managing complaints. While the way these complaints were handled appears appropriate, it does not convince me that consumers dignity hasn’t been compromised at the service.

I am of the view that the approved provider is not compliant with this requirement as they did not demonstrate that all staff treat consumers with dignity and respect and value their culture and diversity.

### 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.*

The assessment team found that consumers and representatives are satisfied that each consumer at the service is supported to make choices and maintain their independence. Consumers are assisted by staff to make and communicate decisions regarding how their care and services are delivered, who can be involved in their care and when. Additionally, consumers at the service are encouraged and enabled to maintain relationships with those most important to them, either in person or with the assistance of video calling technology. Staff could provide examples of how they support sampled consumers to make decisions about their care and services. The documentation reviewed confirmed this.

I am of the view that the approved provider is compliant with this requirement as it has demonstrated that it supports consumers to exercise choice and independence.

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

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

The assessment team found that the Consumer feedback received during the interview process reflected there is nothing they are not permitted to do. Consumers were observed participating in activities of their choice, talking, laughing and cheering during games. Many consumers explained that they are content in the environment of the service given the current COVID-19 pandemic and they feel safer not going out. Staff provided examples of how they supported consumers to take risks associated with mobility. For the majority of consumers sampled, their care documentation supports that they are supported to take risks to enable them to live the life they choose.

I am of the view that the approved provider is compliant with this requirement as they have demonstrated that consumers are supported to take risks 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.*

The assessment team found that Consumers and representatives agree the information they receive assists them to make informed choices, is current, accurate and timely. Consumers interviewed felt the information they are provided with is clear and easy to understand. Representatives interviewed acknowledged receipt of regular updates regarding visitor restrictions relating to COVID-19. All staff interviewed including clinical, catering and lifestyle advised that menu choices, activities calendars and newsletters are circulated to consumers in many ways. The Assessment Team observed daily menus updated in each dining area, reflecting a choice of meals at lunch and dinner. Activities calendars were observed throughout the service, written with daily activities on white boards and printed calendars posted on notice boards. Consumers were also observed to have copies of the activities calendar in their room. The Assessment Team observed around the service, information regarding for example: staff and visitors use of masks at the service, precautions relating to COVID-19, consumer advocacy services and the Charter of Aged Care Rights.

I am of the view that the approved provider is compliant with this requirement as they have demonstrated that they provide information to consumers that is current, accurate and timely and understood by the consumers sampled.

# 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

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

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

Review of consumer care planning documentation provided evidence that comprehensive assessment and planning in relation to clinical matters occurs for most consumers.

Most consumers interviewed confirmed that they are informed about the outcomes of assessment and planning, and they have ready access to their care and services plan if they wish.

Most consumers and consumer representatives interviewed stated that they know how to access the care plan when they would like and that it makes sense to them. One consumer representative stated that he was not aware nor have been notified by the service on how to access their care plan. Another consumer representative shared that the service has repeatedly discussed how to access consumer care plans in recent resident and family meetings.

However, assessment and planning, including consideration or risks to the consumer’s health and well-being does not always inform the delivery of safe and effective care and services for each consumer. Outcomes of assessment and planning are not always effectively communicated to the consumers or documented in their care plans. The service was unable to demonstrate care and services are consistently reviewed for each consumer when circumstances change of when incidents impact on the needs, goals or preferences of the consumer. While the Assessment Team acknowledges care and services are reviewed regularly, some of the consumer care plans sampled did not demonstrate appropriate review when circumstances change, or when incidents occur.

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

## Assessment of Standard 2 Requirements

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

While the service has made improvements on this aspect of consumer care and staff interviewed could describe how they use assessment and planning to inform how they deliver safe and effective care, the Assessment Team found that assessment and planning, including consideration or risks to the consumer’s health and well-being does not always adequately inform the delivery of safe and effective care and services for each consumer. Care plans were not always individualised relative to the risks to each consumers health and well-being.

The assessment team’s report provided examples of where the assessment and planning did not adequately identify risks to consumers health and well-being such as malnutrition and choking and care plans were not always not consistent with the Dietician’s plan. Examples of gaps in identifying and considering risks associated with skin integrity and diabetic care were also described. Management acknowledged that improvements are required in relation to updating consumers care planning and care file documentation.

While the approved provider submitted information about actions taken since the assessment concerning the obsolete hard copy diabetic management direction for the sampled consumer, I am not satisfied that it was clear at the time of the assessment that risks associated with his diabetes management were being appropriately managed. While permanent staff may be aware that the appropriate source of direction was the electronic record, I am not confident that staff who are unfamiliar with the service’s operating environment or consumer’s needs would know this. Conflicting information in the electronic and hard copy records increases the likelihood of the wrong action being taken. I accept the approved providers response that there was no requirement for insulin during the sampled period as the consumer’s BGL did not exceed the GPs recommendation.

I am of the view that the approved provider is not compliant with this requirement as it has not demonstrated that assessment and planning adequately includes consideration of risks to consumers health and wellbeing.

### 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.*

The assessment team found that care plans reviewed demonstrated the organisation undertakes assessment and planning which addresses the consumer’s current needs, goals and preferences. Consumers and consumer representatives interviewed stated that the clinical staff such as the care manager, palliative care nurse and registered nurses have spoken to them about advance care and end of life planning and were satisfied with the information provided. A consumer representative advised that the level of care at the service is very person-centred, adapted to the individual and staff are aware of what is important to the consumer. Care staff interviewed were able to describe what is important to the consumers sampled in terms of how their personal and clinical care is delivered, including their individual needs, goals and preferences.

I am of the view that the approved provider is compliant with this requirement as it has demonstrated that assessment and planning identifies and addresses consumer’s current needs, goals and preferences including consumers wishes about end of life planning.

### 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.*

The assessment team found that assessment and planning is conducted in partnership with most consumers and/or their representatives. Management advised that consumers are given access to their care plans, and when necessary assisted to read and understand them. Representatives, when appropriate, are provided a full copy of consumer care plans to review. For the consumers sampled, staff were able to describe how they involve consumers in assessment and care planning. Registered nurses interviewed explained that the service’s monthly resident of the day process prompts them to consult with the consumer and or their representative about the consumer’s care plan. The care planning documents of the consumers sampled reflect that others are involved in assessment and planning.

I am of the view that the approved provider is compliant with this requirement as they have demonstrated that assessment and planning at the service is based on an ongoing partnership with the consumer and includes others involved in consumers care.

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

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

The assessment team found that while care planning documentation and interviews with consumers, representatives and staff identified that information relating to care planning is discussed regularly, outcomes of assessment and planning are not always effectively communicated to the consumers or documented in their care plans.

The Assessment Team’s report described examples of where dietary instructions in the care plan were not consistent with the Dietician’s recommendation; and where diabetic management plans recorded inconsistencies between the electronic and hard copy versions; and lack of communication contributed to prolonging a consumer’s isolation which had an impact on his mental wellbeing.

In their response, the approved provider described actions taken after the assessment to individualise and review all care plans. I accept that they have committed to work with consumers to ensure they are aware of the care plans and that these plans are readily accessible and where they would like them kept.

I am of the view that the approved provider is not compliant with this requirement as outcomes of assessment and planning are not always adequately communicated within the service.

### 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.*

The Assessment Team found that, for some consumers sampled, care and services are reviewed regularly for effectiveness. However, some of the consumer care plans sampled did not demonstrate appropriate review when circumstances change, or when incidents occur. Management acknowledged improvements are required in relation to updating the review of consumer care planning and care file documentation.

While the Assessment Team’s report provided examples of where consumers care plan documentation was not updated appropriately following a review and described how the Management accepted that this needs improvement, I am persuaded by the information provided by the approved provider and the Assessment Team that the actual care and services were reviewed appropriately. I have addressed the noncompliance regarding communication of outcomes of reviews under Requirement 2(3) d.

I am of the view that the approved provider is compliant with this requirement as they have demonstrated that care and services are reviewed regularly and when circumstances change.

# 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

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

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them whereas some do not.

For example:

Consumers and representatives provided feedback that the consumers care is consistent, and they have continuity of care when it is provided by the permanent staff.

Consumers and representatives’ feedback and information derived from care documents indicate that consumers’ care and services are generally adapted to meet the needs of consumers nearing the end of life.

The service demonstrated systems are in place for managing consumers with suspected and known infections. A plan to manage an infectious outbreak including COVID-19 has been developed.

Most staff were able to describe the high impact and high prevalence risks for consumers within the service. However, for some consumers, necessary observations, monitoring and assessments were not conducted according to their respective management plan and the relevant policies.

Most consumers and representatives confirmed consumers generally get the care they need. They however consistently raised the issue about the use of high agency staff and constant change in staffing at the service and the impact on consumers care.

The consumers and representatives said agency staff are not familiar with the consumers care needs and this have and continue to negatively impact not only on consumers care delivery but their health and general wellbeing. They said some staff, mostly agency staff lack the requisite knowledge or skills to adequately manage high impact and high prevalence risks for consumer.

Some consumers and representatives also complained that consumers are not adequately supported during their period of isolation for suspected infectious diagnosis or as per the service’s COVID-19 outbreak management protocols.

Information derived from consumer feedback and from care documentation review showed that each consumer do not always receive care that reflects best practice, that is safe and effective or optimises their health and well-being.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team acknowledges that the service demonstrates an understanding of this requirement and has made efforts to deliver safe and effective care to the consumers, however each consumer does not receive the safe and effective personalised care concerning falls prevention and management and skin integrity management that is best practice and optimises their health and well-being. While there are policies to guide best practice, inaccuracies in restraint reporting and staff’s inconsistent understanding of restraint were also identified during the Assessment Contact. While most consumers confirmed they get the care they need, some of them raised various concerns about issues affecting consumers care such as the high use of agency staff and lack of staff knowledge and skills and lack of support during isolation.

The Assessment Team’s report described examples where clinical and personal care were not tailored to their needs and wishes. For example medications were not administered in a way that was consistent with a consumers care plan or her preferences and the consumer felt she was forcefully made to comply with the staff members approach; consumers dentures were lost; a consumer expressed concern that staff don’t know how to put on her leg boot/brace appropriately and a representative was not satisfied with the effect of psychotropic medication on his mother’s level of alertness. Staff were not able to identify that a lo lo bed may be considered a restraint. While the restraint assessment forms specify the reasons for restraint, they did not specify the risk of restraint application. The sampled consumers’ files documented that the need for physical or chemical restraint have been explained, however they did not clearly document what the risks are and that the risks have been explained to the consumers or their representatives. Care records reviewed for sampled consumers who are at risk of developing pressure injury showed this risk is not always minimised for the consumers. Regular skin integrity monitoring was not effective to detect or prevent pressure injuries for sampled consumers and monitoring charts for pressure area care were not put in place until a consumer developed two pressure injuries on his sacrum

The approved provider submitted information to confirm that the agency nurse did not follow the approved provider’s policy when administering medication to the consumer who complained about how she received her medication. I acknowledge that the approved provider has taken actions since the assessment to address the dissatisfaction with lost dentures however they remain misplaced. While I accept that the complaint about staff’s correct application of the consumers leg boot/brace has been addressed by the Service, they did not dispute that the leg boot/brace had been incorrectly applied by staff. I also acknowledge that the Service has taken actions to address the consumers psychotropic medication regime that the representative was dissatisfied about. The approved provider acknowledged that the nurse practitioner misinterpreted the use pressure injury prevention equipment. They did not provide information about how other strategies had failed to prevent pressure injuries for sampled consumers nor their monitoring charts and regimes.

I am of the view that on the balance of information before me, that the approved provider is not compliant with this requirement as they have not provided personal and clinical care that is always safe or effective.

### 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 that effective management of high impact or high prevalence risks occurred for most consumers sampled. Most staff were able to describe the high impact and high prevalence risks for consumers within the service. However, for some consumers, their high impact and high prevalence risks such as for falls, diabetes and medications are not adequately managed or monitored. Necessary observations, monitoring and assessments were not conducted according to their respective management plan and organisation’s policies. Some consumer medications were also not administered correctly, primarily due to agency staff.

While the approved provider confirmed in their response that they provided statistics to the Assessment Team from their comprehensive review of clinical risk and clinical indicators which demonstrates a reduction in clinical risks between March and May, they did not dispute the issues raised by the Assessment Team for the sampled consumers where clinical risks were not effectively managed relating to falls and medication management. They also did not address the peak in falls in the month prior to the assessment. A number of these falls were associated with significant injury occurred to consumers.

While it is apparent that there is a system to identify and manage clinical risk, I am not persuaded that it has been effective for the sampled consumers.

I am of the view that the approved provider does not comply with this requirement as it does not demonstrate effective management of high impact and high prevalence risks associated with the care of each consumer.

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

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

The assessment team found that Consumers’ feedback and care documents for sampled consumers confirmed that care and services are adapted to meet the needs of consumers nearing the end of life. This included their needs in relation to oral medications, essential medications, review of analgesia, monitoring of bowels and provision of regular mouth care. External services such as palliative care specialists were engaged to improve the consumer’s end of life care. Staff could describe the way care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised near the end of life, for example: emotional support, aromatherapy, calming music, more repositioning and oral care every two hours to maintain comfort.

I am of the view that the approved provider is compliant with this requirement as it demonstrated that it recognises and addresses needs, goals and preferences of consumers nearing the end of their life.

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

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

While care documentation for most of the sampled consumers show evidence of updates, reviews and communication alerts, this does not always result in effective communication or sharing of consumers care needs.

Consumers generally provided feedback that their care is consistent, and they have continuity of care when permanent staff provides it, however this does not occur with agency staff as consumers said they often found themselves repeating their care needs to agency staff.

Staff could describe how they receive up-to-date and relevant information related to their roles and how they share this information.

The approved provider did not submit a response to this requirement. As the approved provider did not dispute the recommendation of the team I am of the view that they are not compliant with this requirement. They did not demonstrate that information about the consumers condition, needs and preferences is communicated effectively, especially with agency staff. This is consistent with the compliance finding in Requirement 2(3) d.

### 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.*

The assessment team found that systems are in place for managing consumers with suspected and known infections. Infection prevention and control is promoted, and the service has a plan to manage an infectious outbreak. Staff interviewed all demonstrated an understanding of how they minimise the need for or use of antibiotics and ensure they are used appropriately. Registered nurses asked about antimicrobial stewardship were familiar with the terminology and could describe its applicability in their practice in promoting appropriate antibiotic prescribing and reducing the risk of increasing resistance to antibiotics. Care documentation for sampled consumers showed consumers with symptoms of suspected infectious disease are managed as per the service’s infectious outbreak management policy and also reflect current guidelines.

I am of the view that the approved provider is compliant with this requirement as it has demonstrated appropriate infection prevention and control practices in addition to acting appropriately in reducing the risk of increasing resistance to antibiotics.

# STANDARD 4 Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

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

For example:

Consumers interviewed confirmed they are supported to do the things they like to do at the service. Alternatively, consumers advised they are enabled to spend time alone if the wish.

Consumers and representatives interviewed confirmed they have been supported to keep in touch, particularly during recent restricted visiting periods relating to the COVID-19 pandemic. Consumers advised if they feel low they have been assisted by lifestyle staff to make a video call to their family members.

Consumers interviewed related they enjoy improvements made to the menu at the service. Specific comments from sampled consumers included: “Lunch was fantastic”, “The new bain-marie has helped the food a lot”. “The food is terrific, it always has been”.

While consumers confirmed they receive services and support for daily living that meets their goals and optimises their wellbeing, some do not. Concerns were consistently raised by some consumers that they do not receive adequate support to enhance their emotional or psychological wellbeing. There has also been complaints about lack of activities and stimulation for some of the consumers sampled.

The Quality Standard has not been assigned a compliance rating as not all requirements were assessed. For the requirements assessed, they were found 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.*

The assessment team found that most consumers sampled were found to receive effective services and supports for daily living that meet their needs, goals and preferences, optimise their independence, health, well-being and quality of life. This includes enabling consumers to participate in doing their own laundry, making choices regarding whether to participate or not in activities as they desire and providing consumers with adequate information to make these choices.

I am of the view that the approved provider is compliant with this requirement as it has demonstrated that consumers get safe and effective services and supports for daily living that meet the consumers needs, goals and preferences to optimise their independence.

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

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

Consumers consistently reported they are supported emotionally and spiritually at the service by care, lifestyle and pastoral care staff alike. The Assessment Team found that consumers are enabled to participate in group activities if they wish or maintain their privacy. Those consumers who choose not to participate in group activities are supported with scheduled one on one time from lifestyle and pastoral care staff. The service complaints register showed that when decisions are made, the impact on consumer’s emotional wellbeing is not always considered.

The approved provider submitted information relating to the sampled consumers which confirmed that consumers feel their emotional, spiritual and psychological well-being is well supported.

While there are occasions in the complaints register where consumers or representatives were dissatisfied, I am persuaded on balance, that these were responded to appropriately and did not demonstrate a systemic failure to provide appropriate emotional, spiritual and psychological well-being, and that at the time of the assessment, they were compliant with this requirement.

### 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.*

The assessment team found that during interviews with consumers, they reflected that they are encouraged to participate and interact within their community and have social relationships. Consumers reflected that since the initiation of COVID-19 infection control precautions they are not freely able to access the outside community and people as they were. Review of documentation reflected that since the last performance assessment consumer lifestyle, spiritual and emotional care plans have been completed and reflect their current preferences in these areas. Sampled care plans included information regarding community interests and relationships of choice.

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

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

The assessment team found that meals provided at the service were found to be varied, of suitable quality and quantity. Consumers interviewed were aware of the process for requesting alternatives to the set menu if they did not want what was set. Catering staff have resources available to identify each consumer’s individual dietary requirements and preferences. Of the consumers sampled, most provided positive feedback regarding food at the service. Care plans sampled were reflective of dietary needs and preferences. These were found to align with progress notes and stated needs and preferences of consumers. Kitchen staff explained the process for being notified of each consumer’s dietary needs. This process consists of review by dietician and/or speech pathologist who then updates the consumer’s care plan in the electronic records. When the diet/nutrition care plan is updated staff in the kitchen receive an alert in the electronic system.

I am of the view that the approved provider is compliant with this requirement as they have demonstrated that 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.*

The assessment team observed that equipment provided for provision and support of lifestyle services to be safe, suitable, clean and well maintained. Where issues are identified with the equipment, they are actioned, and as necessary additional training provided to prevent further problems.

I am of the view that the approved provider is compliant with this requirement as it has demonstrated that equipment is safe, suitable, clean and well maintained.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

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

For example:

All consumers interviewed confirmed they feel safe at the service, including when being assisted with equipment such as lifters and wheel chairs or commodes.

Consumers and representatives advised they are comfortable in their rooms, relating they are happy to be able to personalise their space to make it more like home. One consumer stated he feels more at home every day at the service, even though “home” is in the neighbouring village.

All consumers interviewed confirmed the service is well cleaned. One consumer stated the cleaners are very friendly and always ask if there is anything else they can do.

The Assessment Team observed cleaning staff disinfecting touch points throughout the service during the assessment contact. In response to the Assessment Team’s query regarding sticky floors in the Kingfisher/Lyrebird kitchenette areas, the floors were polished immediately and were found to no longer be sticky.

The Quality Standard has not been assigned a compliance rating as not all requirements were assessed. The requirement was assessed as compliant.

## Assessment of Standard 5 Requirements

### 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.*

The assessment team found that the service environment was observed to be safe, clean, comfortable and maintained. Consumers were observed to be enabled to move freely both indoors and outdoors including those with limited mobility. Since the review audit on 9 March 2020, a new outdoor courtyard has been constructed in the Kingfisher/Lyrebird area and includes a water feature, gazebo and outdoor seating. There are raised garden beds which the hotel services manager advised the lifestyle staff or care staff will be able to assist consumers to plant in once they are filled. Sampled consumers said they feel the environment is comfortable, homely and they feel safe living at the service. They can find their way around the service and there are plenty of places to take a break and rest if required. Registered nurses, care staff and clinical coordinators interviewed described specific ways consumers with limited mobility are supported to move throughout the service. Since the review audit on 9 March 2020, progress has been made in rectifying defects identified in the new St Anne’s wing. The Assessment Team’s review of the maintenance logs at the service reflected identified issues are attended to within the designated 24-hour period.

I am of the view that the approved provider is compliant with this requirement as it demonstrated the service environment is safe, clean, well maintained and comfortable and consumers are supported to move freely within the service.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

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

For example:

Most consumers and representatives interviewed felt they could make complaints and felt safe to do so however one of them said they do not always feel comfortable to raise issues.

Consumers and representatives generally felt that changes were recently made at the service in response to complaints and feedback.

**Some of their comments include:**

* A representative said of the new residential manager “I think this lady is good. I am very happy with her that she is employed more people”.
* Another representative said their complaints have been sorted out and dealt with “since April” but previously “the right hand didn’t seem to know what the left hand was doing”.

Some consumers and representatives complained that they are not always provided feedback or information when they raised concerns.

The organisation’s approach to reviewing and acting on complaints is generally reflective of the requirements of this Standard however, improvements that have been are recent. There is also recent evidence of open disclosure process being used to address consumers and representatives concerns however, this is not always practice at the time. Complaints impacting on consumers’ care, safety and general wellbeing continued to occur.

The Quality Standard has not received a compliance rating as not all requirements of this standard were assessed. The requirements that were assessed are found 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.*

The assessment team found that most of the consumers and representatives interviewed expressed appreciation of the recent improvements on how the service support consumers to raise issues regarding their care and services, make complaints and provide feedback to management. However, another consumer said whilst they are generally satisfied with their care, they do not feel comfortable raising certain issues with management. Staff could describe how they respond when a consumer raises an issue or concern. The organisation has written materials about how to make complaints (including details for advocated and language services) reflecting the intent of this requirement.

I am of the view that the approved provider is compliant with this requirement as they have demonstrated that consumers and representatives are encouraged and supported to provide feedback and make 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.*

The Assessment Team found that the service is making efforts to undertake appropriate actions in response to complaints and feedback. While the service’ complaints handling documents evidenced open disclosure process for a number of complaints, these improvements are mostly recent and are not fully embedded. The consumers and representatives however, expressed concern about the continued use of high agency staff and the impact on consumers care and wellbeing. They are also worried that these changes may not continue when the interim management team’s tenure at the service ends. Most staff including agency staff were not immediately familiar with the term, open disclosure however some of them were able to articulate the process when it was explained to them. Most sampled consumers and their representatives confirmed that open disclosure process was generally used to address their complaints.

I am satisfied that the approved provider has implemented an open disclosure process which is enhancing public confidence in the provider. This is evidenced by the overwhelming positive feedback from consumers and representatives since the last assessment. I acknowledge that despite the process being recently implemented, the team have described its application for sampled consumers complaints over a two-month period prior to the assessment. I do note however, that there are still opportunities for improvement at the service in demonstrating a consistent understanding amongst all staff, and consistent application in all complaints that require the application of an open disclosure approach.

In considering the information before me, on balance I’m persuaded that it is more likely than not that the approved provider complies with this requirement. They have demonstrated that they have taken appropriate action following complaints and apply an open disclosure approach when things go wrong or harm is caused to a consumer.

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

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

The assessment team found that there is evidence that the service is making efforts and has made improvements in addressing consumers and representatives concerns around the specific but ongoing issue about staffing and the use of agency staff. Management demonstrated that they had reviewed complaints and identified themes and trends. They confirmed that the use of agency staff is a key theme in complaints. However, complaints around this have continued and in some instances the impact on consumer’s care has been significant.

In their response the approved provider confirms that they are tracking and trending complaints and are working with consumers to address the use of agency staff, however it is a work in progress. They acknowledge and accept the finding of the Assessment Team relating to Human Resources in Standard 7(3) a, c, d, e.

When I consider that the provider is undertaking review of complaints and identifies actions they are taking to resolve issues raised by the consumers, I am persuaded that the intent of this requirement is met. Notwithstanding that they have continued improvements to make in regard to human resources, they are effectively reviewing and addressing complaints at the service to improve care and services.

I am of the view that the approved provider is compliant with this requirement.

# 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

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

For example:

Overall consumers and representatives interviewed confirmed that the permanent staff are kind and caring however some them complained that other staff including agency are not always kind and caring.

Most of the consumers and the representatives confirmed that permanent staff know what they are doing, however they consistently said most agency staff do not.

Most of the consumers and representatives said that they do not think there are adequate staff at the service to adequately provide the care that the consumer needs. Some of the comments include:

* A representative said, “the permanent, part time girls are extremely caring and helpful, but agency staff have no idea, and are not helpful because they are never to be found”.

Evidence derived from feedback, document reviews and the Assessment Team’s observations indicate ongoing issues regarding adequacy of staffing. A number of agency staff were seen throughout the two-day assessment contact and most of them were observed to be unfamiliar with consumers care needs and could not articulate the various aspects of the Quality Standards.

Consumers and representatives consistently raised issues not only about the adequacy staff but also about their training and skills.

While the service has made efforts in recruiting new staff, unfilled or open shifts occur regularly, there is evidence of high use of agency staff specifically in the afternoon and night shifts.

While there are efforts to minimise excessive call bell response times, these occur daily and the impact on consumers’ care is documented.

While there is evidence of recent education and training being provided to and undertaken by staff, mandatory education and training and other records showed some staff have not completed them or are overdue.

Records showed that annual staff performance appraisal is not always undertaken as required by the service’s policy or when required.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found that following the review audit on 9 March 2020, the service has made improvements through their action plans and recruitment drives to ensure the workforce is planned to have the number and mix of staff. However, it does not always enable the delivery of safe and quality care to consumers. Many consumers and representative raised concerns about the adequacy of staff numbers and particularly around the use of agency staff and their ability to provide appropriate care to consumers. Consumers and representatives said some efforts have been made with timely response to call bells however shortage of staff continued to affect several aspects of consumer’s care including their toileting and mobility needs. Some of them said they would observe other consumers calling for help and hear call bells left unanswered for long periods- this is matched by the service’ call bell data.

In their response the approved provider accepts the recommendation of the team.

I am of the view that in the absence of any contrary evidence to that of the team, that the approved provider is not compliant with this requirement.

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

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

The assessment team found that Consumers and representatives consistently provided feedback that the permanent staff are kind, caring and respectfully of their individual background. The Assessment Team observed the majority of staff interactions with consumers to be kind, caring and respectful although most agency staff were not familiar with the background or care needs of the consumers. Permanent staff could articulate how they deliver care that is tailored to the individual consumer’s diverse background.

I am of the view that the approved provider is compliant with this requirement as it has demonstrated that workforce interactions with consumers are kind, caring and respectful of each consumers 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 that while the organisation has documented core competencies/capabilities for different roles and has recently introduced respective duty lists for staff as part of the service’ action plan following the review audit on 9 March 2020; most consumers and representatives raised concerns about the ability of agency and other staff. Records showed that some staff have not completed core competency and capability assessments, mandatory education and training modules as required by the service policy.

In their response the approved provider accepts the recommendation of the team.

I am of the view that in the absence of any contrary evidence to that of the team, that the approved provider is not compliant with this requirement.

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

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

The Assessment Team found that while there has been efforts to recruit, train, and equip staff to deliver the required outcomes required by the Quality Standards, opportunity for further training is not always considered or immediately undertaken following feedback or when incidents occur. There has been consistent feedback from consumers and representatives that staff are not adequately recruited or trained to consistently deliver the care that the consumer needs. Consumers and representatives also commented that the quality of the care is compromised at times, specifically on the weekends where there is an increased use of agency staff.

In their response the approved provider accepts the recommendation of the team.

I am of the view that in the absence of any contrary evidence to that of the team, that the approved provider is not compliant with this requirement.

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

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

The Assessment Team found that while some staff performance reviews have occurred, and a planned action is in place to complete them, there is insufficient evidence that regular assessment, monitoring and review of the performance for each member of the workforce. This is confirmed by the Compliance rating in Standards 2 & 3. About 40 of the 150 permanent staff performance appraisals are not current or overdue.

In their response the approved provider accepts the recommendation of the team.

I am of the view that in the absence of any contrary evidence to that of the team, that the approved provider is not compliant with this requirement.

# 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

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

Most sampled consumers and representatives considered that recently, the organisation is well run.

Most of them said while communication and the complaints handling process have improved, they however could not confirm that they fully participate in improving the delivery of care and services.

For example:

Most of the consumers and representatives interviewed confirmed that the service is well run as of recently although some of them raised concerns whether these improvements could be sustained when the tenure of the interim management ends.

While consumers and representatives could provide examples of how they are involved in some of the development, delivery of care and services through feedback and complaint mechanisms they are not an active partner in the overall decision and evaluation of care and services.

* A representative who was satisfied with recent interventions put in place to address the consumers’ care replied “no, can't say” whether they or the consumer are engaged in the development, delivery or evaluation of care and services at the service.
* A consumer felt that the service is run “some of the time”.

The organisation’s governance systems and processes including through the plan for continuous improvement have been effectively utilised to exert recent improvements at the service however there are instances where these have not been effective.

While there is recent evidence that open disclosure process has been used to address issues for consumers, complaints affecting consumers care, safety and wellbeing continue to occur as described in Standard 6.

Consumers are not directly engaged or supported to drive decisions or evaluation of care and services.

There are organisation-wide consumer committees which influence the way care and services are delivered however none of the consumers at the service or their representatives forms part of these committees.

There has been one resident and relative meeting held since March 2020 however, no representatives were involved or invited in that meeting. It was not immediately evident how consumers with cognitive or other impairment were represented in the meeting.

High impact and high prevalence risks for consumers have not been effectively managed to minimise these risks.

While efforts are being made to minimise the use of restraints, psychotropic medications use has however increased.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team found that consumers are generally engaged in the development and delivery of care and services through general feedback and complaints mechanisms. They are however not directly engaged or supported to drive decisions or evaluation of care and services. When asked to what extent consumer’s or their representatives are supported as envisioned by this requirement, management said a consumer was an ex-board member when the service was under John Paul Village and there is an organisation wide consumer committee, but management did not know if any consumer or representative at the service forms part of that committee. The state-based executive team comprising of the Chief Executive Officer (CEO) said there is an organisation-wide clinical governance committee which includes consumer representatives from other services, but they don’t have a consumer representative from St Vincent Heathcote. While no consumer or their representative sits on the organisation’s board or committees, meeting minutes regarding food focus group evidence that some consumer input have been considered to influence recent changes to the food menu.

In their response, the approved provider stated that consumers have been encouraged and supported to join the National Consumer Clinical Governance committee through advertising expressions of interest in the newsletters sent during the year. At this time, no-one from Heathcote has chosen to take up that offer however, support and encouragement have been offered. While I have no reason to doubt this, no supporting documents were provided to substantiate the expression of interest, nor how frequently this is advertised. There was no description of how consumers are specifically encouraged to take up the offer. I acknowledge that the Organisation has confirmed that no St Vincent’s Heathcote consumers sit on any organisational boards. While the information they provided confirms consumers involvement in general feedback mechanisms, I’m not satisfied that consumers are engaged in the delivery, development or evaluation of care and services. There is evidence however that they’re encouraged to do so.

I am of the view that the approved provider does not comply with this requirement.

### 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.*

The assessment team found that the organisation has been making efforts and generally demonstrate that its governing body promotes a culture of safe and inclusive care and services and is accountable for their delivery. The board relies on the oversight of the organisation’s clinical governance committee in regard to meeting the Quality Standards.

The clinical governance team receives a monthly scorecard on activities and areas of risk from their services. A sample of this scorecard for the service was requested. The clinical governance manager said this has not been attained for the service however this is reflected in the service’ plan for continuous improvement.

Management said all the policies and procedures are ratified by the executive team before they are implemented, and this included the recent National Quality Indicators. Communication is also aided by regular emails from the board through to the governance committee, the state manager and facility managers regularly meet via Zoom video conference.

I am of the view that the approved provider is compliant with this requirement as they have demonstrated that the organisations governing body has made adequate improvement in how it 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 Assessment Team found that while there have been actions undertaken as directed by the service’ plan for continuous improvement since the review audit on 9 March 2020, deficits around information management, regulatory compliance, feedback and complaints were identified. There has been consistent feedback about impact of staffing issues on consumers care and services.

In their response, the approved provider stated that they acknowledge and continue to work on several areas for improvement however they are of the view that it is the effective governance systems that provided the Assessment Team with the required information throughout the assessment. They opined that they were able to effectively and efficiently identify risks, trends and opportunities for improvement in these areas which continue to be actioned and were also able to communicate to the Assessment Team where these risks and opportunities for improvement are and provided a comprehensive continuous improvement plan to demonstrate this governance – that is overseeing the control and direction of the facility’s actions and required improvements. They also stated that whilst they accept the Assessment’s Teams finding under Standard 7, the governance of this requirement is in place and actions are underway to resolve this as evidenced by the comprehensive action plan confirmed by the assessment team. The approved provider acknowledges the team’s comments there have been further reportable events since the review audit however, the governance of this and regulatory obligations have been followed since the event in March.

While I’m satisfied that sufficient improvement has occurred regarding complaints and feedback systems and have addressed that in my compliance rating in Standard 6, I am of the view that the approved provider is not compliant with this requirement as there were deficits found in information management in Standard 2 and 3. I will address the approved providers comments concerning clinical risks in the compliance decision for 8 (3) d and e. I am also of the view that this requirement is not compliant as the approved provider is not demonstrating effective workforce management. They accepted the team’s recommendation in standard 7. While the approved provider has improved its regulatory compliance obligations since the review audit, the assessment team provided examples of incidents where staff were alleged to have rough handled two other consumers and where the requisite training and education were not immediately provided or undertaken by staff.

### 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 that while there is a documented risk management system and there have been efforts and improvements in supporting consumers to live the best life they can, deficits were identified in the management of high impact and high prevalence risks for consumers as described in Standards 2 and 3. Permanent staff were able to describe what policies meant to them in a practical way.

In their response, the approved provider confirmed that they have an established risk management system to manage high impact and high prevalence risks which identifies and trends clinical risks.

While I accept that a risk management system exists, and it is identifying clinical risks, I am of the view that this is not yet effective. While issues relating to agency staff have been addressed in Standard 7 I am of the view that for the risk management system to be effective, all staff must be able to describe what policies mean to them in a practical way and demonstrate appropriate management of high impact and high prevalent risks. The compliance finding relating to medication management, falls management and skin integrity in Standard 2 and 3 confirm that this isn’t always occurring.

I am of the view that the approved provider does not comply with this requirement as they do not have an effective risk management system.

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

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

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

The Assessment Team found that the organisation has an overarching clinical governance framework including an outbreak management plan for COVID-19 infection and relevant policies that are up to date and current. However, while the service has made recent efforts to reduce their use of restraints through collaboration with other clinical personnel including the nurse practitioner, their psychotropic medication use has not been adequately managed as per current guidelines. Psychotropic medication use has also recently increased. There is evidence of open disclosure process being utilised to address complaints and feedback from consumers and representatives. Permanent staff had been educated about the policies and were able to provide some examples of their relevance to their work.

In their response the approved provider acknowledged the high use of psychotropic medication. They also described a variety of methods implemented to work with the GPs to lower this use. They did not provide any information about the practices within the service to ensure that chemical restraint is used as a last resort, monitored for effectiveness and proactively reviewed. They acknowledged that documentation relating to risk assessments for restraint was not in a consolidated location.

While issues relating to agency staff have been addressed in Standard 7, I am of the view that for the clinical governance system to be effective, all staff must be able to describe what policies mean to them in a practical way and demonstrate appropriate management of the use of restraint and antimicrobial stewardship. The compliance finding relating to management of restraint in Standard 3 confirms this is not occurring. While improvements are being made to minimise the use of restraint this has not yet been effective at decreasing the use of psychotropic medication.

I am of the view that the provider does not comply with this requirement

# Areas for improvement

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

###  Requirement 1(3)(a)

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

The approved provider must demonstrate that:

* All staff, including agency staff are treated with dignity and respect; and
* All staff including agency staff sre familiar with consumers who have limited English language skills or who are from Non-English-Speaking Background (NESB).

### Requirement 2(3)(a)

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

The approved provider must demonstrate that:

* Where relevant, assessment and planning, includes consideration of risks of malnutrition, choking, skin integrity and diabetes to the consumer’s health and well-being adequately inform the delivery of safe and effective care and services for each consumer;
* Care plans are individualised relative to the risks to each consumers health and well-being; and
* Care plans accurately reflect assessments conducted by other professionals involved in their care in a timely manner eg. Dietician’s.

### Requirement 2(3)(d)

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

The approved provider must demonstrate that:

* Outcomes of assessment and planning are discussed regularly and effectively communicated to the consumers, and documented in their care plans;
* Dietary instructions in the care plan are consistent with Dietician’s recommendations; and
* Where there are two sources of information relating to Diabetic management plans, information is consistent between the electronic and hard copy versions; or remove the duplication.

### Requirement 3(3)(a)

*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 approved provider must demonstrate that:

* Each consumer receives safe and effective personalised clinical and personal care for falls prevention and management, medication administration and skin integrity management that is best practice and optimises their health and well-being and is consistent with the preferences in their care plan.
* All staff, including agency staff are consistent in their understanding of policies to guide best practice, in restraint, including reporting; and
* Agency staff have appropriate knowledge and skills and lack of support during isolation.

### Requirement 3(3)(b)

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

The approved provider must demonstrate that:

* High impact and high prevalence risks such as for falls, diabetes and medications are adequately managed and monitored;
* All staff, including agency staff can describe the high impact and high prevalence risks for consumers within the service; and
* Necessary observations, monitoring and assessments are conducted according to their respective management plan and organisation’s policies.

### Requirement 3(3)(e)

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

The approved provider must demonstrate that:

* Updates, reviews and communication alerts, are effectively communicated or shared regarding consumers care needs with all staff;
* Agency staff know about consumers care needs and know where to find this information; and
* Consumers are satisfied that agency staff are familiar with their care needs and don’t have to tell them.

### Requirement 7(3)(a)

*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 approved provider must demonstrate that:

* The workforce enables the delivery of safe and quality care to consumers;
* Consumers are satisfied that there is enough staff; and
* Call bell response times improve to a point where consumers toileting and mobility needs are not compromised.

### Requirement 7(3)(c)

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

The approved provider must demonstrate that:

* All staff demonstrate practices that are consistent with the documented core competencies/capabilities for different roles;and
* Records confirm that all staff have completed core competency and capability assessments, mandatory education and training modules.

### Requirement 7(3)(d)

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

The approved provider must demonstrate that:

* further training is considered or immediately undertaken following feedback or when incidents occur; and
* There is consistent feedback from consumers and representatives that staff are adequately recruited or trained to consistently deliver the care that the consumer needs.

### Requirement 7(3)(e)

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

The approved provider must demonstrate that:

* All overdue staff performance reviews have occurred;
* There is regular assessment, monitoring and review of the performance for each member of the workforce.
* This is confirmed by an improvement in the Compliance rating in Standards 2 & 3;

### Requirement 8(3)(a)

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

The approved provider must demonstrate that:

* Consumers are not only engaged in the development and delivery of care and services through general feedback and complaints mechanisms, but they are also directly engaged or supported to drive decisions or evaluation of care and services.

### Requirement 8(3)(c)

*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 approved provider must demonstrate that:

* they have effective governance systems for information management, regulatory compliance and workforce management. This will be evidenced by compliance in the relevant requirements in Standard 2, 3 and 7 and; where incidents occur where staff are alleged to have rough handled consumers, the requisite training and education will be immediately provided or undertaken by staff.

### Requirement 8(3)(d)

*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 approved provider must demonstrate that:

* the risk management system that is in place, evidences effectiveness by compliance with the relevant requirements in Standard 2 & 3 for delivery of care and services relating to the risks associated with medication management, falls management and skin integrity.
* Agency staff can describe what policies mean to them in a practical way.

### Requirement 8(3)(e)

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

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

The approved provider must demonstrate that:

* psychotropic medication use is adequately managed as per current guidelines.
* Psychotropic medication use has reduced.
* Agency staff are educated about the policies and can provide some examples of their relevance to their work.