St Vincent's Care Services Heathcote

Performance Report

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**Commission ID:** 2739

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

**Site Audit date:** 19 January 2021 to 21 January 2021

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

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Non-compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | 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 8 March 2021.

# STANDARD 1 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 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. However, many consumers stated there is a different in care received from agency staff compared with permanent staff.

Staff demonstrated respect towards consumers and an understanding of their preferences. The service has a policy in place which emphasises the importance of consumer choice and control. The Assessment Team observed evidence that consumers and their representatives have information provided to them to make informed choices and decisions about all aspects of care and services through newsletters, handbooks, emails about care, and meeting minutes. However, there was a current complaint from a consumer regarding privacy issues which was not resolved.

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

## Assessment of Standard 1 Requirements

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

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

The Assessment Team found that while some consumers report issues with agency staff, most consumers reported they feel valued and accepted, are treated with dignity and individual differences are respected. Staff were able to describe how they respect consumer preferences and consistently spoke to and about consumers in a way that demonstrated an understanding of their individual personalities. The organisations policies and procedures include the promotion of respect and compassion for each consumer.

I find this requirement Compliant.

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

The Assessment Team found most consumers confirmed their privacy is respected and provided examples of staff knocking on doors and waiting for an invitation prior to entering. This was consistent with staff observations who were also observed to knock on doors and speak quietly to consumers in the communal area. Review of the resident agreement and handbook outlines the importance of maintaining confidentiality and personal information is not discussed in public areas.

Although most consumers stated their privacy was respected, one consumer expressed dissatisfaction with their room being in a position frequently accessed by staff, residents and visitors and the negative impact of this on their privacy.

The approved provider submitted additional information and confirmed that the service has worked with the consumer and their representative to resolve the issue regarding privacy.

On balance, the overall positive consumer feedback provided at the time of the site audit along with the actions of the approved provider, I am satisfied this requirement is Compliant.

# 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.

Most sampled consumers considered that they and/or their representatives feel like partners in the ongoing assessment and planning of their care and services, however some do not. For example, while some consumers confirmed they are satisfied with the care planning process and are informed about the outcomes of care assessment, some consumers reported they have not been provided with or offered access to a copy of the care plan

The service undertakes assessments when consumers enter the service, however they are not always comprehensive or responsive to consumer’s individual risks and circumstances. Outcomes of assessment and planning are not consistently documented, and care is not always reviewed in response to changes in the consumer’s circumstances or when incidents occur.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found that assessment and planning is not comprehensive for each consumer and does not always consider risks which impact on the consumers health and wellbeing. Deficits were found related to the completion of falls risk, skin care and nutrition/hydration care plans, which did not reflect comprehensive assessment and lacked detailed information. Gaps were identified with assessments relevant to the consumer’s diagnoses not being completed as required such as a Cornell Scale not being completed for a consumer with a diagnosis of depression.

The approved provider submitted additional information in relation to gaps in assessments for the named consumers and this is provided additional context for the named consumers. The approved provider agreed that there were deficits in assessment and planning for two of the named consumers and did not provide adequate evidence to demonstrate how consideration of risks informs safe and effective care.

I am satisfied this requirement is Non-compliant.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

The assessment team found that some consumers are aware that their care plan is available upon request, however other consumers and their representatives were unaware that their care plan is available nor could recall being offered a copy of the plan. Review of care plans demonstrated minimal communication with consumers and their representatives and some plans had limited goals documented. Staff and management acknowledged issues around effectively communicating outcomes of assessment and planning and that additional nursing staff have been employed to address this issue.

The approved provider disputed information related to two named consumers and argued that assessment and planning for those consumers were documented and communicated although did not submit information to the contrary. The approved provider was unable to refute consumer, representative and staff feedback obtained during the visit and acknowledged that the updating of care plans in process at the time of the audit has now been completed.

I acknowledge the actions of the approved provider to address the gaps, however this will take time to effectively embed in practice. I am satisfied that based on feedback and findings at the time of the site audit this requirement is Non-compliant.

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

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

The assessment team found that while most sampled care plans showed evidence of review on a regular basis, they did not always reflect the current needs of the consumer nor were appropriately reviewed and updated when circumstances change, or incidents occur. Staff could describe how and when care plans are reviewed, however. documentation revealed alerts on file for incomplete assessment forms and care plans. For example, for one consumer the assessment team identified an incomplete diabetes screening review and for other consumers incomplete post falls assessment and skin and pain assessment review. The continuous improvement plan indicated the service is in the process of implementing new procedures inclusive of three-monthly care plan reviews for all consumers.

The approved provider refuted some of the assessment teams’ findings about individual consumers which is acknowledged. However, the approved provider conceded that at the time of the site audit the organisations system for documenting review and care of services was being updated which resulted in some consumer files indicating no review had occurred.

Based on the findings at the time audit and that the new system will take time to become entrenched in practice I find this requirement Non-compliant.

# 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, some do not. For example:

* Consumers and representatives interviewed confirmed that they have access to a doctor or other health professional when they need it.
* Another consumer said that the staff here are ‘excellent and you can’t get any better’ care that what they are receiving.

Despite the mostly positive feedback from consumers, deficiencies were found in the management of high impact and high prevalence risks, restraint and timely identification and response to a deterioration in the consumer’s condition. The service has implemented some precautions to prevent and control COVID-19 infections, although some deficiencies in staff practices were noted.

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

### Assessment of Standard 3 Requirements

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

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

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

The assessment team found that each consumer does not always receive personal and clinical care that is safe and effective. Many consumers raised concerns about the impact of inconsistency in staff numbers on the delivery of personal and clinical care with greater impact for those consumer’s requiring two staff assist. The assessment team reported that staff were able to describe how the consumer receives safe personal and clinical care and to articulate the clinical policies and guidelines governing best practice. The service has guidelines and policies available to staff for restraint, skin integrity and pain management.

Despite the existence of policies and guidelines, the assessment team found that restraint, skin and pain management is not always aligned with best practice protocols and does not ensure the consumers health and well-being is optimised. Deficits were observed in restraint authorisation documentation and the forms did not always contain the type of restraint and diagnosis or three-monthly review. There was a high number of unexplained bruises and other skin injuries and gaps in wound management documentation.

The approved provider submitted additional contextual information for individual consumers and this is acknowledged. However, the approved provider acknowledged the gaps in wound management for one named consumer and that this has been raised with clinical staff. The approved provider was unable to provide information to negate consumer feedback provided during the audit. Additionally, the approved provider did not submit sufficient evidence to demonstrate that personal and clinical care for each consumer is tailored to their needs and aligned with best practice protocols.

I am satisfied this requirement is Non-compliant.

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

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

The assessment team found that despite interventions put in place to address the effective management of high impact or high prevalence risks, improvements are ongoing, and deficits still exist. Deficits were specifically found in the management of falls prevention and management, medication management and behaviour management. Staff could describe the high prevalence and high impact risks for consumers and the organisation does record, trend and respond to high impact and high prevalence clinical risks for consumers. Despite this, risks are not always adequately addressed or managed.

The assessment team report that for a consumer with complex clinical issues and receiving high risk medication, the signing chart shows that the medication is not consistently administered as per care plan instructions, with several occasions where administration occurred several hours outside of that recommended to maintain therapeutic effect. Gaps were identified in the recording of behaviour incidents and evaluation of the effectiveness and follow up of interventions were not always documented. Despite preventative measures being in place, clinical indicators reflect in an increasing trend in falls with unwitnessed falls accounting for the majority of these.

The approved provider refuted the assessment teams’ findings in relation to several named consumers, however they were unable to provide sufficient evidence to negate the findings at the time of the site audit. The approved provider acknowledged that there are several consumers who are identified appropriately as high falls risk, however they were unable to demonstrate or provide evidence for how the falls risk is being effectively managed nor able to demonstrate effective behaviour management practices.

I am satisfied this requirement is Non-compliant.

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

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

### Requirement 3(3)(d) 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 reported that staff were able to describe how they recognise and respond to any changes in the consumer’s condition and observed that the service has procedures to support staff with this. However, some consumers expressed concerns in relation to the ability of some staff to respond when there is a deterioration in condition and that there can be delays in answering call bells.

The assessment team found that care planning documents and/or progress notes for each consumer did not always reflect timely identification of and response to deterioration or changes in function or capacity. It was identified that a consumer’s increasing refusal of oral intake and ongoing nausea was not recognised or responded to along with pain and infection for another consumer not being recognised in a timely manner.

The approved provider refuted the assessment teams’ findings regarding named consumers and advised that for one consumer who refused oral intake and experienced nausea, the general practitioner and nurse practitioner conducted a review, however, did not provide evidence in support of this. The approved provider was unable to provide information to negate consumer feedback or provide adequate evidence to demonstrate the service has processes in place for staff to recognise and respond to a deterioration or change in the consumer’s condition.

I am of the view this requirement is Non-compliant

### 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.*

The assessment team found that the service generally demonstrates that it has effective communication systems and processes such as utilising alerts and prompts generated by their electronic and paper- based care documentation system. Most consumers and representatives confirmed that the permanent clinical and care staff regularly communicate with them about their care and services and clinical documentation showed visiting medical officers, and/or allied health have access to the care documentation system. Consumers files had documentation which included results of medical tests and external referrals,

I am satisfied this requirement is Compliant.

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

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

### Requirement 3(3)(g) Non-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 most consumers and representatives said they were satisfied with the actions that the service has put in place to manage risks associated with the COVID-19 pandemic and other infectious outbreaks. Staff were able to explain their understanding of antimicrobial stewardship, infection control and prevention in relation to COVID-19 and other infectious outbreaks and the service has policies and information in relation to these areas.

However, the assessment team found that while the service has written procedures for infection prevention and control and antimicrobial stewardship, staff knowledge and practices did not consistently demonstrate an understanding of nor adherence to these concepts. In many instances staff were observed not wearing their face masks correctly, not practicing safe disposal of contaminated personal protective equipment (PPE) and not conducting hand hygiene as per established guidelines including for COVID-19 infectious outbreak.

One consumer who required transmission- based precautions to reduce the risk of infection was observed not to have the appropriate precautions in place. For some consumers who have active Methicillin-resistant staphylococcus aureus (MRSA), no PPE or waste bins were observed in their rooms or nearby.

The approved provider acknowledged the observations of the assessment team in relation to staff not adhering to using personal protective equipment appropriately. The approved provider was unable to demonstrate evidence to support that staff practice and implement transmission-based precautions to reduce infection or explain why there was no PPE or waste bins near the rooms for named consumers

I am satisfied this requirement is Non-compliant.

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# STANDARD 4 NON-COMPLIANTServices 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 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, most consumers said the feel supported by the service and staff to do the things they like to do and to keep in contact with people who are important to them. While the feedback in relation to food was varied, overall, most consumers said they enjoy the meals and are able to access alternatives.

Some consumers and/or representatives said there is not enough activities at the service, particularly on weekends. Assessment and care planning documentation for lifestyle was generic and did not include goals or preferences to meet consumers’ needs.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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 interviewed said they are encouraged to do things to optimise their independence, however some of the consumers and their representatives said there are insufficient activities. Some staff demonstrated an understanding of each consumer’s goals and preferences while others did not. Although the service aims to achieve safe and effective services and supports for consumers these do not always meet the consumer’s needs.

Care planning documentation was incomplete for some consumers and was generic in nature with limited information about consumer’s needs, goals and preferences. Consumers were observed to participate in activities and exercise classes, however there is no formal review schedule for lifestyle plans to ensure activities are being tailored to meet individual needs.

The approved provider acknowledged the gaps in documentation containing generic information at the time of the audit and advised that due to the new electronic database being operational this has been rectified. However, the approved provider was unable provide evidence to overturn some of the negative feedback provided by consumers and their representatives in relation to lack of activities nor negate that some staff did not demonstrate an awareness and understanding of some consumers’ needs, goals and preferences.

I find this requirement Non-compliant.

### 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) Non-compliant

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

The assessment team identified that the service has a policy which oversees the referral process and documentation and volunteers attend the service to assist with activities. For those consumers who are participants of the National Disability Insurance Scheme (NDIS) the assessment team found that referrals to external supports as part of this scheme have not occurred in a timely manner. Additionally, for a consumer who could have benefited from an alternate lifter to those available at the service, an external organisation to source the equipment had not been considered

The approved provider refuted the assessment team findings and argued that the service has attempted to liaise with the NDIS for one consumer however the difficulties inherent in this due to the NDIS placing the consumer at the centre of their processes and not wanting to speak with third party representatives. Additionally, the approved provider commented that NDIS related services were ceased in relation to COVID-19 restrictions yet have recommenced again. I no longer find this specific issue a concern. However, the approved provider did not adequately address their attempts to refer to NDIS services for the other named consumers along with why a referral for equipment to an external provider had not been considered.

I am satisfied this requirement is Non-compliant.

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

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

The assessment team found that some consumers said they do not enjoy the meals, however all consumers said that they are able to access more food or an alternative if required. Some consumers said that they felt the meals were becoming repetitive and there was some negative feedback provided about the Christmas Day lunch. The assessment team found that the menu reviewed provided consumers choice and variety at breakfast, lunch and dinner and it also provided a vegetarian or texture protein option. Staff were also observed to offer consumers food options. Care planning documents demonstrated dietary assessments and preferences reflected individual needs and preferences. The service has a food safety manual and kitchen staff were observed to practice general safe food handling protocols.

The approved provider response asserted that given the volume of meals provided to consumers it is not possible to always achieve 100% satisfaction from all consumers at all times. The approved provider acknowledged the negative feedback from named consumers about Christmas Day lunch and stated that there was limited planning involved in this due to last minute COVID-19 related restrictions and disappointment from consumers that plans had to be changed.

The approved provider argued that most of the feedback about food was positive and that the assessment teams’ findings supported that meals are varied and of suitable quality and quantity.

I am satisfied this requirement is Compliant.

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 NON-COMPLIANTOrganisation’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.

Most sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed said their families and friends are made to feel welcome when they visit and confirmed that the service is generally clean and well maintained. However, some consumers said they found the layout to be confusing to navigate and it was observed the layout does not adequately reflect dementia enabling principles. It was also observed that the service did not have adequate lighting to support independence and function.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Non-compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

The assessment team observed that the service is generally welcoming and spacious in most parts of the environment, with several unlocked outdoor areas including small private areas. However, it was also observed that the service does not contain clear signage in all five wings and there was inadequate lighting along the main corridors which presents a safety issue. Some consumers said the environment is not easy to understand and does not optimise a sense of independence and function. Consequentially, some consumers advised they were unable to navigate the environment without staff assistance. The assessment team observed that in two areas of the service the entry/exit doors were locked inhibiting free access for consumers and raised this with management who rectified the issue and advised that the doors should not be locked.

The approved provider response advised that the service is undergoing renovations and the area of the home where clear signage was not observed has been decommissioned and does not currently have consumers residing in it. I accept this response and no longer find this specific issue an area of concern. I also accept that the approved provider acknowledged and rectified the locked doors during the visit. I acknowledge the response from the approved provider that poor lighting was attributed to electrical maintenance being conducted on the second day of the site audit. However, based on findings at the time of the site audit that some consumers found the environment difficult to navigate and that doors that should be unlocked were locked I am satisfied this requirement is Non-compliant.

### 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 NON-COMPLIANTFeedback 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 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.

Most sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed said their families and friends are made to feel welcome when they visit and confirmed that the service is generally clean and well maintained. However, some consumers said they found the layout to be confusing to navigate and it was observed the layout does not adequately reflect dementia enabling principles. It was also observed that the service did not have adequate lighting to support independence and function.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

### Requirement 6(3)(d) Non-compliant

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

The assessment team found that consumers are not confident the organisation uses feedback and complaints to improve the quality of care and services and where improvements are made that they are short-lived. Consumers and their representatives provided specific examples where their complaint resulted in interim changes, however the changes were not maintained for any consistent period of time. Review of resident meeting agenda items were consistent with the Consumer Feedback Review and indicated some complaints in relation to food and other ‘s about agency staff. Additionally, review of complaints made in the preceding six months indicated several complaints from one specific wing, yet there was no plan to address this issue.

The approved provider response acknowledged and accepted the specific examples provided by consumer’s and representatives where feedback and complaints did not result in improvements for sustained periods of time, however asserted that overwhelmingly consumers and their representatives feel heard when providing feedback. The approved provider response outlined the actions the service has taken in relation to agency staff and this is acknowledged. However, the approved provider did not adequately address how care and services are being improved in response to feedback and complaints nor does the response negate the consumer and representative comments at the time of the site audit.

I find this requirement Non-compliant.

# 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 and their representatives said considered they receive quality care and services from permanent staff who are kind and caring and that most staff know what they are doing. However, other feedback expressed concerns that staff are adequately skilled to meet the consumer’s needs. However, some consumers expressed concerns that there is insufficient staff to deliver effective personalised care to each consumer.

It is acknowledged that recruitment and review of the services’ staffing processes are ongoing, however the workforce is not effectively planned to ensure the delivery of quality and safe care to each consumer. The service has education and training available to staff although some staff do not have up to date records or are overdue to complete mandatory training competencies.

The Quality Standard is assessed as Non-compliant as three 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 while the service has implemented interventions to enable the required staff numbers and skill mix, this has not been consistently effective in ensuring that each consumer receives quality care and services. Consumers expressed dissatisfaction with the care provided by agency staff, however, were complimentary towards the level of care received from regular staff. One consumer expressed concerns that there are insufficient staff to deliver care and that staff are overworked while another consumer expressed concerns about the shortage of staff on managing consumers with behavioural issues. One consumer expressed concerns about staff not responding promptly to call-bells.

Staff feedback provided to the assessment team was varied with some come clinical staff expressing the view that there was sufficient staff while others did not. Additionally, some staff said they could complete their daily tasks within their designated shift and take their breaks, while other staff said they struggle to manage their work-load particularly attending to consumers who require two or more staff assist.

The approved provider response advised that the service has been proactive and recruited a significant number of staff over the past five months to reduce the reliance on agency staff and this is acknowledged. The approved provider submitted data that reflected monthly call bell audits and that over 96% of call bells are answered within ten minutes. I am satisfied with this response and no longer find this specific issue a concern. However, the approved provider did not address feedback in relation to insufficient staff to manage consumer’s with behavioural issues, or how some staff are not able to complete their duties within designated shift times. The actions of the approved provider are acknowledged; however, this process is yet to become embedded in practice to ensure that the workforce is appropriately planned to enable all consumers to receive quality care and services.

I find this requirement Non-compliant.

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

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

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

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

The assessment team found that the service has developed and implemented efficient processes to ensure that staff are competent and have the relevant qualifications and knowledge to effectively perform their roles. Despite some consumers and their representatives raising issues about agency staff members knowledge, they said that most staff are qualified to deliver care and services to meet the consumers needs.

I find this requirement Compliant.

### 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 the workforce is recruited, trained, equipped and supported this does not always ensure the delivery of outcomes to consumers. Some consumer and representative feedback indicated that long-term staff are very well trained to deliver care and that they know each consumers’ needs, however that agency staff lacked training to deliver the care that they need. A few consumer’s commented that while additional staff have been rostered on, there are insufficient quality staff to attend to consumers with complex needs.

The assessment team reported that staff confirmed they receive regular training and have access to education and training resources. While most staff have completed the services mandatory training modules, several staff had not. Review of mandatory reporting register and staff personnel files indicated that opportunity to support further staff training and education is not consistently undertaken following incidents.

The approved provider response submitted that all staff working at the service are suitably qualified and trained and that there are established processes for on-boarding, induction and orientation for all staff. The approved provider corrected the assessment teams’ findings and advised approximately 90% of staff have completed mandatory training requirements and this is accepted. Despite the service having processes in place to ensure the workforce is recruited and trained appropriately the approved provider response was unable to demonstrate how this translates into practice to deliver optimal outcomes to consumers.

I find this requirement is Non-compliant.

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

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

While the assessment team found the organisation has a staff performance framework which was being reviewed at the time of the site audit, performance review and monitoring for many staff has not been undertaken consistent with the organisational policy. Some staff who have been employed at the service long-term confirmed they have not had a recent performance review. Although the assessments teams review of the service records demonstrated some staff performance appraisals have occurred, approximately 50% of staff have not had a performance appraisal or was overdue including staff who had allegedly used poor manual handling skills.

The approved provider submitted that it is feasible that only approximately 50% of staff had performance reviews completed at the time of the audit given it was conducted half way through the financial year and I accept this and no longer find this a concern. The approved provider submitted documents to demonstrate the mechanisms in place to monitor and review the performance of staff and these are acknowledged. Despite processes in place, the approved provider did not address why there was no record of performance appraisal for staff who had allegedly used poor manual handling skills.

I am satisfied this requirement is Non-compliant

# 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 the organisation is well run and mostly consider themselves as a partner in improving the delivery of care and services for the consumer. For example, consumers and representatives provided positive feedback about the way the service has managed the COVID-19 pandemic and other consumers confirmed their involvement in the resident environment committee.

However, the service has not consistently achieved effective governance systems and practices in relation to information management, continuous improvement workforce governance, feedback and complaints, infection related risks, managing high impact and high prevalence risks and managing the use of restraint and psychotropic medications.

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

## Assessment of Standard 8 Requirements

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

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

The assessment team found that consumers are supported and are being engaged in the development, delivery and evaluation of care and services. The service has established a resident environment committee where issues and improvements relating to the service environment are discussed. Most consumers and representatives said they attend resident and relative meetings and for those that are unable to attend they receive the meeting agenda and minutes.

I find this requirement Compliant

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

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

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

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

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

The assessment team found the service has put in place effective organisation wide financial governance and regulatory compliance systems. However, the service has not demonstrated effective governance systems in relation to information management, continuous improvement, workforce governance and feedback and complaints. Despite most of the actions in the continuous improvement plan being put in place they have not been consistently effective. Additionally, there are some deficiencies with the information management system, particularly the electronic care and service documentation system.

The approved provider response refuted the assessment team findings and argued that the service does have organisation wide governance systems in place and advised that the electronic care system has undergone a major upgrade due for completion the end of February 2021 which will ensure full complement of review of resident care plans and this latter point is acknowledged. However, while it is acknowledged that the approved provider does have governance systems in place they were unable to demonstrate how the systems are effective and deficiencies were observed at the time of the audit.

I find this requirement Non-compliant

### 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 organisation has a documented risk management framework and processes to respond to the abuse and neglect of consumers. Additionally, most consumers are supported to live the best life they can, however commented about the impact of staffing on their enjoyment of life at the service and not consistently being able to exercise choice. Despite the presence of a risk management framework, high prevalence and high impact risks have not been effectively managed in practice.

The approved provider response outlined a suite of policies, systems and practices the service has in place to contribute to an effective risk management framework and this is acknowledged. However, the approved provider was unable to provide evidence of how the risk management systems ensure the delivery of effective practices.

I find this requirement Non-compliant

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

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

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

The assessment team found the service has a documented clinical guidance framework, a policy relating to antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. However, the assessment team reported that the service has not achieved effective governance systems and practices in relation to infection related risks, managing the use of restraint including psychotropic medications and aspects of complaint handling. Management were able to explain changes that had been made to the way that care and services were delivered due to the implementation of a clinical governance framework. However, some staff advised that the framework had been discussed with them and how the policies apply to their work however, other staff advised that they had not been adequately educated about these policies and the relevance to their work.

The approved provider refuted the assessment teams’ findings and argued that the service does have a comprehensive and consistent clinical governance framework in place and that results achieved from the framework are fluid and dependent on many other variables and factors. The approved provider submitted that some staff not being able to provide examples of the framework in practice to the assessment team is insufficient to demonstrate noncompliance.

I am satisfied this requirement is Compliant.

# Areas for improvement

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

### 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.*

* Ensure that assessments identify and include management strategies for individual risks specific to consumers.
* *Conduct regular review of care planning documentation to ensure care is being delivered to optimise safety and well-being.*

### 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.*

* *Offer consumers and their representatives the opportunity to review their care-plan and communicate contents to ensure understanding.*
* *Ensure consumer input is sought and included in the care plan with goals documented.*

### Requirement 2(3)(e)

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

* *Follow the identified actions in the continuous improvement plan to conduct three monthly reviews of care plans.*
* *During review of care-plans ensure appropriate assessments specific to the individual needs of the consumer are completed, current and documented.*

### 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.*
* *Review restraint and wound management practices to ensure delivery is aligned with organisational policies and best practice guidelines and protocols*
* *Ensure that all staff are delivering personal and clinical care that is tailored to consumers individual needs, goals and preferences*

### Requirement 3(3)(b)

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

* *Develop and implement processes to ensure that behaviour management, falls management and medication management practices enhance consumer wellbeing*
* *Continue to monitor and trend high impact and high prevalence risks to effectively inform the management plan*

### Requirement 3(3)(d)

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

* *Ensure there are effective organisation wide processes for staff to respond to any deterioration in the consumers condition*
* *Monitor staff practices to ensure they adequately recognising and responding to any deterioration or change in the consumer’s condition and that the response is clearly documented*

### Requirement 3(3)(g)

*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.*
* *Review staff infection control practices to ensure adherence with best practice infection control protocols.*
* *Implement a review of staff competency levels in infection control practices and conduct appropriate training if required.*

### Requirement 4(3)(a)

*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.*

* *Review supports and services to confirm alignment with individual goals and preferences. Where necessary incorporate individual needs and goals into the delivery of services and supports.*
* *Ensure there is a process to review lifestyle plans and that they contain tailored and personalised information.*

### Requirement 4(3)(e)

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

* *Develop and implement a process for ensuring that all referrals are made in a timely manner.*

*Record and document any attempts to collaborate with external organisations and services.*

### Requirement 5(3)(a)

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

* *Review the environment to ensure that it is easy to understand and navigate and that appropriate signage is in place.*
* *Ensure staff are aware of internal doors which are to remain unlocked and that there is a process for monitoring these doors.*

### Requirement 6(3)(d)

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

* *Implement a review process for complaints with associated improvement actions.*
* *Monitor any changes in response to feedback and complaints for sustainability.*

### 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.*

* *Review current roster and staff mix to ensure that the workforce is suitably planned to deliver quality care and services.*
* *Continue to conduct recruitment of regular staff to reduce reliance on agency staff.*

### Requirement 7(3)(d)

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

* *Review staff records to ensure that all staff have completed required mandatory training courses and initiate time-frame completion if needed.*
* *Encourage and support staff to complete additional training and education to enable them to deliver best practice care to consumers.*

### Requirement 7(3)(e)

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

* *Ensure that performance appraisals are completed annually for all staff and updated accordingly to reflect any performance issues or concerns.*
* *Implement the organisations policies for reviewing and monitoring staff performance.*

### 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.*
* *Review current governance systems to ensure they are effective in achieving operational outcomes*
* *Review information management systems to ensure accurate consumer information is recorded*

### 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.*
* *Review existing risk management systems and practices for effectiveness in delivering optimal outcomes to consumers*
* *Ensure that the risk management frameworks translate and become embedded in practice*