St Vincent's Care Services Heathcote

Performance Report

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**Commission ID:** 2739

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

**Review Audit date:** 9 March 2020 to 12 March 2020

**Date of Performance Report:** 28 April 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)(b) | Compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Non-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) | Non-compliant |
| Requirement 2(3)(c) | Non-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) | Non-compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-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) | Non-compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-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) | Non-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 Review Audit; the Review 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 Review Audit report received 24 April 2020

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Sampled consumers did not consider 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:

* Consumer and representative feedback, staff feedback, observations and consumers’ care and services records indicate that some consumers are not treated with dignity and respect.
* Some consumers and representatives interviewed stated that staff did not understand what is important to them such as knowing their personal history or what they would like to participate in.
* Consumers and representatives interviewed and documentation reviewed do not demonstrate that consumers were supported to understand how they can take risks to improve their quality of life.
* Several consumers and representatives interviewed stated they did not feel the organisation communicated to them effectively regarding structural and staffing changes at the service.
* Observations and concerns raised by consumers and representatives for example at case conferences do not indicate that each consumer’s privacy is respected.

The approved provider’s response to the Performance Assessment Report shows that the service is working to improve the issues identified. As these improvements occurred after the review audit, they do not change the findings of the audit.

The Quality Standard is assessed as Non-compliant as four 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.*

Staff interviewed spoke of consumers in a way that indicated respect. The service has policies to assist staff in understanding consumer respect, dignity and choice. However, the majority of staff interviewed said that not all staff treat consumers at the service with respect. This was supported by consumer and representative feedback. While a lot of consumers felt that they were respected and treated in a dignified manner, others did not. For those who did not feel their dignity and respect had been maintained, their feedback showed that staff did not respect them in various ways including: leaving them in soiled clothing; not respecting their wishes or seeking to understand their preferences; not helping consumers with impairments to understand their environment; staff attending consumer case conferences without prior consultation with the consumer; failure to attend to consumers’ hygiene and not attending to their needs within reasonable timeframe.

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) Non-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 organisation has a cultural safety framework. Management and staff were generally able to describe how consumers are supported to make informed choices, however the Assessment Team identified that this knowledge was not being applied. In addition, some consumers stated they are supported to maintain relationships of choice and make decisions about their care and services. However, complaint documentation and interviews with consumers revealed that most consumers do not feel that staff support their choices for meal preferences, activities or sleep times, have not asked them what they would like to do, or stated they are not involved in decisions even though they are cognitively aware.

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

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

The service has policies regarding risk enablement. However, care planning documentation reviewed and interviews with consumers and representatives showed that the policies are not consistently applied, with not all options to balance risks considered or consideration of the risks documented and discussed with all consumers. For example, care staff were unable to demonstrate that other options to support a consumer to enter the garden had been considered to support her choice. Another consumer’s General Practitioner (GP) had discussed the effects of pain medication with him, including that it may increase his risk of falls. However, it was not clear whether alternative options had been considered to manage his falls risk, while still supporting the consumer’s desire to minimise his pain. In other instances, conflicting documentation regarding a consumer’s condition made it difficult for staff to support a consumer’s desire to be mobilise independently. In addition, a dignity of risk form had not been completed to show how the service had balanced the consumer’s desire to mobilise independently with the risk on harm or injury.

### Requirement 1(3)(e) Non-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.*

While service care staff advised the Assessment Team about the ways that consumers receive information, including via activities calendars and newsletters, the Assessment Team observed that the activities calendars contained little information about weekend activities, with information about weekday activities very generic. In addition, consumers said that menus sometimes change, with the information provided on the menu no longer accurate or timely.

Overall consumers and representatives had concerns about the accuracy and timeliness of the information provided to them from management regarding resident/relative meetings, information relating to the clinical care of consumers, staffing issues and ambiguous information in emails from the service. In particular, consumers were concerned about the changes that had occurred to the timing of relative and resident meetings and the timing of the distribution of meeting minutes that made it difficult for consumers to come together to discuss matters and exercise choice.

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

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

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Some sampled consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services, while others did not.

For example:

* Consumers expressed dissatisfaction that staff do not always know their needs and preferences. They said regular staff usually understand their care needs but agency staff do not.
* Some representatives said they previously had good communication with staff although there have been some issues where they have not been informed about their relative’s change in condition.

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.

Assessments are not comprehensive and care plans provide minimal personalised information about consumer needs and preferences. Assessment and planning is not always based on ongoing partnership with the consumer and others chosen by the consumer. Other services are sometimes involved in care provision.

Outcomes of assessment and planning are not always effectively communicated to the consumer or documented in a care and services plan and care plans are not readily available to the consumer. Although it is documented that care and services are to be regularly reviewed, their effectiveness is not rigorously evaluated and some information was found to be incorrect.

The approved provider’s response to the Performance Assessment Report shows that the service is working to improve the issues identified. As these improvements occurred after the review audit, they do not change the findings of the audit.

The Quality Standard is assessed as Non-compliant as all 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.*

Documentation reviewed shows that although there is an initial assessment process for consumers, it does not always identify risk or issues of importance to the consumer to support their well-being. For example, there was no sleep assessment or lifestyle assessment for a consumer who was identified as at high risk of wandering during the night. This was despite information in the complaints register about the consumer wandering outside. Other examples include a consumer who was identified as experiencing pain upon entry to the service. However, the service did not monitor the consumer’s pain, despite this risk, to ensure the delivery of safe and effective services. In other instances, assessments have not been undertaken, such as a skin assessment for a consumer with multiple wounds or a physical behaviour assessment for a consumer with episodes of physical aggression.

### Requirement 2(3)(b) Non-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.*

A number of consumer’s care documentation recorded that they had experienced incidents including episodes of choking, yet there were no recent assessments to minimise the risks associated with this risk. Similarly, consumers with skin injuries were found to have not had recent skin assessments in place or further follow up of these assessments following incidents.

In other cases, assessments do not contain information regarding consumer continence care needs, including toileting schedules or for those with constipation, strategies have not been outlined in care planning. This was supported by many complaints about poor continence care for consumers.

Care plans contain minimal personalised information**,** with regular assessments undertaken by staff that are not familiar with the consumer. Pain assessment, including strategies for management is not current due to a lack of or minimal pain monitoring. In addition, it is not evident whether strategies recommended by Dementia Support Australia to provide meaningful activities and monitor bowels have been implemented.

There is limited advanced care or end of life planning for consumers, with staff acknowledging there has been limited time for this. In other cases, consumers have an advanced care directive in place that has been signed by their representative, despite the consumer having no cognitive impairment that would preclude them from signing it themselves.

### Requirement 2(3)(c) Non-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.*

### A review of care planning documentation shows that consumers are not involved in care planning. Instead, their representatives have input into care planning and provision, as evident from progress notes and other documentation. Feedback from consumer representatives indicates that recently the service has also not been informing them about matters relevant to their consumer’s care. This is consistent with information provided via staff interviews, where staff advised that they try to contact family members to advise of incidents relating to their loved one but have had to pass this task to the next staff member on shift due to lack of time or availability.

### 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.*

Outcomes of assessment and planning are not effectively communicated to the consumer and documented in a care and services plan that is readily available. Consumers and representatives interviewed confirm they have not been provided with or offered access to plans of care. Management acknowledged that consumers have not been offered access to their care plan. While management said that representatives would be provided with access to their consumer’s care plan if they requested it, this does not show that the service is actively supporting communication of assessment and planning outcomes with the consumer and the representative (where agreed by the consumer).

### 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.*

Care planning documentation shows that care plans do not always contain meaningful information about changes in consumer’s condition, and where they have been reviewed, they were found to contain inadequate information regarding the consumer’s condition. Although staff interviews confirmed that care plans are regularly reviewed, staff also acknowledged time negatively impacts on their ability to conduct meaningful assessments and reviews when circumstances change.

A review of progress notes identified that some incidents are not reported in the incident management system. In addition, care and clinical audits showed that the service had not identified the issues found during the review audit.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

While some sampled consumers consider that they receive personal care and clinical care that is safe and right for them., others did not.

For example:

* Several consumers and representatives expressed dissatisfaction that changes to staff mean the staff are not familiar with their care needs and preferences.
* Consumers said staff do their best but they wait for assistance for toileting and other areas of care provision.
* Medical officers review consumers regularly.

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.

* Consumers and representatives said personal care and/or clinical care is not always safe and right for them.
* There has been minimal consumer assessment of needs. Care plans have limited personalised information to support consumer care. Representatives said generally, but not always, they are consulted about consumer changes in condition.
* The service does not always deliver safe and effective personal care and/or clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being. Consumer goals and preferences are not always identified.

Each consumer does not get safe and effective personal care and/or clinical care that is best practice; is tailored to their needs and/or optimises their health and well-being. High impact high prevalence risk is not effectively managed or monitored to mitigate risk. There was minimal end of life assessment or planning documentation evident on review of consumers, including those identified as deteriorating.

The approved provider’s response to the Performance Assessment Report shows that the service is working to improve the issues identified. As these improvements occurred after the review audit, they do not change the findings of the audit.

The Quality Standard is assessed as Non-compliant as five 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.*

Following a review of care planning documentation, it is evident that nurse initiated and some ‘as needed’ medications are not signed as administered or as administered incorrectly, including topical and aperient applications. Wounds are not dressed as directed with gaps of up to seven days, wound charts are not comprehensive with only some wounds documented in a wound chart or skin assessments not always undertaken. Weight loss is monitored but action not always taken in response to identified weight loss. Pain is either not monitored to determine if treatments are effective in addressing pain for the consumer or there is minimal pain monitoring. For example, pain had not been monitored for two consumers for six to eight weeks. Consumers with constipation have not opened their bowels for up to 5 days. Staff have not acted upon this to ensure care is optimal and tailored to consumers. Staff confirmed during interviews that they struggle to provide continence care in a timely manner.

Restraint management is not best practice, tailored to consumer needs or optimal for the individual consumer’s health and well-being. Staff do not have a good understanding of restraint guidelines. A number of entries have been made on behaviour charts which demonstrate that staff do not have an understanding of what constitutes behaviours of concern and are interpreting concerns raised by consumers as behaviour problems. In other instances, behaviour management strategies do not support effective management of consumers who display agitation, wandering or anxiety. This shows that staff do not understand best practice behaviour management. Management advised during interviews that staff do not monitor behaviours regularly, however believed their current system of monitoring was sufficient to meet DBMAS guidelines.

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

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

The organisation has a risk management system in which incidents are entered, and risk management policies relating to how to manage and document high impact and high prevalence clinical and personal risks. Despite this, high impact; high prevalence risk is not effectively documented, managed or monitored to mitigate risk. Chemical and physical restraint has not been managed or monitored to minimise use and ensure consumers are as free from restraint as possible. High risk incidents including choking or falls, pain management and risks associated with consumers who display challenging behaviours is not safely managed or monitored and there is minimal pain charting to assist in identifying whether strategies used are working to reduce or prevent the risk of recurring pain.

Management were unable to demonstrate current knowledge of clinical risk when interviewed, with responses provided regarding the number of clinical incidents underestimated. Service reports regarding the use of bedrails did not align with information contained in the service’s clinical indicator report. In addition, there has been a lack of review of some clinical incidents as documented in Standard 8. Meetings have not been held to provide meaningful feedback to staff in relation to clinical incidents. Interviews with staff identified that staff regularly miss out on handovers, resulting in them not being up to date or aware of whether there has been a change in the risk associated with consumers. Agency staff reported to the Assessment Team that they do not have access to the risk management and incident reporting system.

The Assessment Team also identified through observations and other evidence that the service is not monitoring restraint to ensure restraint procedures are followed, including the need to document the reason for the restraint and the need to minimise restraint. In addition, the service is not consistently monitoring or documenting episodes of physical aggression in behaviour charts or progress notes to identify if there are trends associated with the timing of incidents or triggers, such as constipation that may assist staff in implementing strategies to prevent recurrence.

Care planning documents show other instances where risks had not been managed, with clinical staff misinterpreting speech pathology directions, leading to a consumer at risk of choking not given the correct thickened fluids. On another occasion, a consumer (with a recommendation from a speech pathologist for a pureed diet to minimise choking risk) was observed by the Assessment Team to be eating a biscuit and a consumer’s risk of falls was being inappropriately managed by the service by restraining her from being able to walk. At least nine consumers were noted through observation and/or review of other documentation to have experienced repeated falls or to be at a high risk of falls, however minimal incident investigation had occurred to prevent recurrence.

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

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

Although there are systems and policies to support palliative care, assessments and plans have not been available to support end of life care. A review of care planning documentation revealed that there was minimal end of life assessment or planning documentation evident for consumers, including those identified with deteriorating condition. Where the service was able to provide some examples of palliative care assessment that had been undertaken, they were noted by the Assessment Team to contain general information only. The care manager acknowledged that palliative care plans that were provided to the Assessment Team had been developed by the service while the Assessment Team was on site.

While an advanced care directive had been completed, review of documentation for a recently deceased consumer found limited end of life planning had occurred. Care provision appeared to have been considered for the consumer, however there were gaps in the monitoring and management of the consumer’s fluid restriction, falls risk and pain monitoring.

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

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

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

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

A review of documentation shows deficits in consumer assessments and care plans, including a lack of personalised information identifying consumer condition, needs and preferences. Due to a lack of documentation, there are a number of instances where it is unclear whether care had been delivered or reviewed to prevent recurrence of events. Management advised that behavioural incidents are not always documented, and a consumer advised she keeps her own records of her insulin injections as staff are sometimes late in administering these.

Consumers and representatives repeatedly advised the Assessment Team that staff do not know consumer’s needs and preferences. Some staff acknowledged they are unfamiliar with consumer needs. In addition, communication with others is sometimes limited. As noted under Standard 3, Requirement 3(b), staff said that they regularly miss out on handovers, impacting the communication of up to date information about consumer needs, incidents and changes in condition. In addition, the Assessment Team noted that there was no formal handover system in place, although care managers advised that they review the incident management system at the commencement of each shift.

In one case, there was no evidence that blood glucose levels (BGLs) readings that were outside of the normal range for a consumer were being drawn to the medical officer’s attention, showing that information is not always shared or communicated with others at the service.

### 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.*

While the service has systems for infection control and the facility manager was able to advise about the proactive approach they had taken to meeting the challenges of COVID-19, the service was unable to show infection control procedures are understood and/or followed by staff. For example, staff interviews revealed that staff were not aware of how many consumers at the service had a bacterial infection known as MRSA. In addition, while a staff member could explain the precautions that need to be taken for consumers using cytotoxic medications such as colour coding gloves and bin liners, the Assessment Team did not observe any colour coded materials to be in place for the consumer.

Strategies for the minimisation of infections are not always maintained with a consumer with an infectious condition allowed to attend the common dining area. In addition, there was limited information, other than diagnosis contained in care planning documentation for some consumers with MRSA and how to manage the MRSA.

Staff were observed to be using personal protective equipment and hand washing as required, with management advising that a large percentage of staff and consumers had received the flu vaccination in the previous year. However, up to date infection data was not able to be provided to the Assessment Team for the entire service.

# STANDARD 4 NON-COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The majority of sampled consumers indicated that 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 are not provided or are not meeting their needs.

For example:

* Feedback was received about the lack of activities of interest to them including reductions in existing group activities and lack of activities of interest for consumers who cannot or do not wish to participate in group activity programs.
* Feedback was received that consumers are no longer assisted to walk and mobilise independently.
* Some consumers and representatives stated they were either satisfied with meals or ambivalent about them. Several consumers and representatives said they were not satisfied with the quality or size of meals including pureed meals.
* Feedback from consumers, representatives and staff indicated that the laundry was inadequately staffed to provide consumers with sufficient linen and personal clothing on a regular basis.

The service has not undertaken assessments to support the development of effective services and supports for daily living. Plans for meeting consumers’ needs, goals and preferences and to optimise their independence, health, well-being and quality of life have not been developed. Consumers and representatives are dissatisfied with the food services.

The approved provider’s response to the Performance Assessment Report shows that the service is working to improve the issues identified. As these improvements occurred after the review audit, they do not change the findings of the audit.

The Quality Standard is assessed as Non-compliant as five 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 service has not undertaken assessments to support the development of effective services and supports for daily living. Plans for meeting consumers’ needs, goals and preferences and to optimise their independence, health, well-being and quality of life have not been developed. The availability of staff, and high use of agency staff who are unfamiliar with consumers’ needs is causing consumers to be anxious and not have trust that the care they are receiving the services and supports that meet their needs.

None of the care planning documents reviewed by the Assessment Team contained individualised or detailed information about the consumers’ life histories, interests, needs, goals and preferences or how staff might assist consumers in relation to this. In addition, interviews with the Lifestyle Coordinator revealed that there had been a reduction in lifestyle staff on weekdays and weekends, with cuts to lifestyle programs. Individual lifestyle supports that were previously provided to consumers are no longer occurring.

### Requirement 4(3)(b) Non-compliant

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

There is some evidence that emotional and spiritual support is provided as needed, with progress note entries for a number of consumers showing that pastoral care had been provided, including reassurance and emotional support. Two pastoral care staff interviewed said they receive referrals from care staff, registered nurses and care coordinators. They undertake individual visits to any consumers who may need emotional support. During the audit the Assessment Team observed the pastoral carers visiting consumers and offering emotional support.

While there was evidence of emotional, spiritual or psychological assessment being provided as the need arose, the service is not proactively planning or assessing consumer’s emotional, spiritual or psychological needs. No care plans reviewed contained any detail about consumers’ emotional, spiritual or psychological   
well-being or how their needs will be met. While pastoral care staff are currently developing emotional and spiritual assessments for consumers and have completed approximately 70 assessments, this represents only half (approx.) of the number of consumers at the service.

### Requirement 4(3)(c) Non-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.*

### While the service has a program of activities, some consumers provided feedback that activities provided are not of interest to them. The service does not ensure that consumers who are unable to, or do not wish to, participate in group activities are supported to pursue activities of interest to them. This was supported by a review of care planning documents that showed limited records of lifestyle participation for some consumers, including those with challenging behaviours where lifestyle activities may help to minimise triggers for behaviour. On other occasions, consumers who have declined activities have not been followed up to see why they declined and whether they would prefer to participate in an alternative activity. While volunteers assist in providing one of one care to consumers at the service, there was no record of this support being provided to a number of consumers since February 2020. In addition, there is no documentation on the consumer’s file to guide volunteers in what activities might interest individual consumers.

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Non-compliant

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

While several consumers interview stated they were generally satisfied with their meals, some consumers and representatives complained that the quality or quantity of their meals was not satisfactory. For example, consumers stated that meals may be cold, missing items that were requested, contain raw items of food or lack variety. Documentation including consumer care notes and complaints indicate meals overall are not meeting the preferences and dietary needs of consumers, with foods recommended by the dietician not always available or not prepared as per the dietician’s instructions. This was supported by evidence of multiple complaints in the complaint register about food.

### Requirement 4(3)(g) Non-compliant

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

The Assessment Team observed equipment and supplies in the laundry and kitchen. Equipment generally appeared clean and in good order. However, it was not demonstrated that laundry services provided for consumers allowed for adequate supplies of linen and personal clothing for consumers. Consumer feedback provided showed that consumers did not have sufficient clothes, or linen and clothes go missing. Laundry meeting minutes also reflected that there was backlog of unwashed laundry items and relatives and resident meeting minutes confirmed that consumers have raised missing laundry as a concern. The complaints register also shows eight complaints since November 2019 about laundry. Interviews with laundry staff confirmed that their hours had been reduced and that a ward staff member who used to assist them is no longer available. Staff said that there is a backlog of labelling clothes.

While the majority of equipment was in good working order, the Assessment Team observed, and it was confirmed via a complaint in the complaints register that there had been and continued to be missing footplates on wheelchairs.

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

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

For example:

* Consumers interviewed confirmed that they feel safe in the living environment of the service. They acknowledged that the building is secure and visitors to the service are monitored, particularly with regard to their policies in place to manage the outbreak in the community of the COVID-19 virus.
* Consumers interviewed confirmed that they feel at home, and that their visitors are made to feel welcome when they visit the service. The service has communal areas where consumers can host their visitors and provide them with beverages and small meals. The majority of consumers confirmed that the service is nice to live in with regard to the living environment.
* Consumers interviewed confirmed that the service is generally clean and well maintained. For example, a consumer in Parkview stated that they ‘love their room and dining with other residents at breakfast and in the evening’.

However, the service environment does not provide independent access for the majority of the consumers at the service. To access all outdoor areas a swipe card is required to unlock the doors. Consumers are assessed on whether they are safe to independently move outside, including the enclosed courtyards. Only 20% of consumers have been given a swipe card. Consumers in Kingfisher and the ground floors of West wing have their secure screen doors accessing the outdoors locked at all times. They have not been provided with a key to independently open the door and need to ask the Registered Nurse (RN) to open their doors.

The service environment has varying living environments to meet consumer’s needs. The service is in the process of decommissioning one of the wings that has shared rooms with a view to renovate the unit to provide single rooms. A new three storey building was commissioned in October 2019, during the visit one of the floors was open with the others still being worked on to be commissioned.

The approved provider’s response to the Performance Assessment Report shows that the service is working to improve the issues identified. As these improvements occurred after the review audit, they do not change the findings of the audit.

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) Compliant

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

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

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

While the service environment was observed to be safe, generally clean and well maintained, the service does not enable independent access for the majority of consumers. The Assessment Team observed, and it was confirmed by consumer feedback, that access to outdoor areas is limited, with a swipe card required to unlock doors. Only 20% of consumers have been given a swipe card following an assessment of whether they are safe to move independently outside. While an assessment of risk to the safety of consumers is important, the service is also required to consider alternatives to ensure that those who wish to go outside and have been assessed as ‘at risk’ can still do so. In addition, the Assessment Team identified from observations and a review of other documents that the doors to the outdoor areas in the Kingfisher area of the service are not easy to manoeuvre a walker or wheelchair through. Management advised the Assessment Team that they have installed ramps in some of the rooms to enable better access, however the majority of rooms do not have a ramp. Management advised they would revisit accessibility to outdoor areas.

In addition, there was some consumer and/or representative feedback in relation to this Requirement and in relation to Standard 5, Requirement 3(a) above, that the service environment is not comfortable. A consumer advised the Assessment Team that the service had removed the lounge and piano from the communal area, leaving nowhere for a chat. The area was described as dormitory like and institutional.

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Most sampled consumers considered that they are not encouraged and supported to give feedback and make complaints, or that appropriate action is taken.

For example:

* Some representatives reported there was no consultation about changing the format of resident and family meetings and that the changes occurred to reduce negative feedback to the service.
* Consumers and representatives said their concerns are not adequately addressed and responded to.

The service has avenues for raising complaints which are known by consumers and representatives and the consumers have access to services such as interpreting and advocacy to assist in raising complaints. However, management does not demonstrate that it is open and supportive of consumers and representatives who are dissatisfied with the service.

The service has processes for open disclosure, However, consumers and representatives expressed concern about the lack of transparency and thoroughness of complaint investigation. Review of complaint documentation rarely included evidence that stated actions to address the concerns were implemented or monitored to ensure sustainability.

Management were unable demonstrate that complaints are used to improve the quality of care and services. No evidence was provided to demonstrate that repeated concerns raised by consumers and representatives about adequacy and competency of staffing or other trends in complaints have been effectively addressed.

The approved provider’s response to the Performance Assessment Report shows that the service is working to improve the issues identified. As these improvements occurred after the review audit, they do not change the findings of the audit.

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

## Assessment of Standard 6 Requirements

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

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

The service has avenues for raising complaints, including posters and brochures about how to do so and feedback boxes. These avenues are known by consumers and representatives. However, management does not demonstrate that it is open and supportive of consumers and representatives who are dissatisfied with the service.

It is not evident that consumer complaints are being investigated, or where they are, that they are not resolved appropriately. Examples of inappropriate complaints management include, complaints not resolved to the satisfaction of the consumer, not escalated to the appropriate area of the service for follow up or are investigated by the person who was the subject of the complaint. In other cases, case conferences are held with the consumer and their family, however staff have been invited to attend the conference without the consent of the consumer. This made some consumers feel embarrassed and does not encourage them to provide feedback.

Staff interviews confirmed that there is a comment and complaint process, for which the customer service manager is responsible, however the customer service officer confirmed that not all complaints are recorded in the complaints system if they can be resolved easily and informally.

Consumers told the Assessment Team that management changed the structure of consumer and representative meetings from a large gathering, which was attended by senior service management, to smaller unit meetings. Consumer representatives believe that this is an attempt by management to silence criticism by dispersing the negative feedback. Management confirmed that the meeting format was changed to reduce negative feedback from representatives. A consumer advised that she had raised feedback at meetings, however it was not recorded in the meeting minutes.

### 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) Non-compliant

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

Staff interviewed are aware of open disclosure requirements, however feedback provided by consumers and their representatives does not demonstrate that service staff understand or are implementing open disclosure requirements. The service has policies and procedures to support open disclosure and a representative interviewed had been informed of the circumstances in which an incident involving their family member occurred. However, consumers and representatives expressed concern about the lack of transparency and thoroughness of complaint investigation. Review of complaint documentation rarely included evidence that stated actions to address the concerns were implemented or monitored to ensure sustainability. The complaint register entries frequently record that the consumer is satisfied with the outcome of the complaint. However, the Assessment Team only saw one complaint in the register, which management followed up to verify that the action taken was implemented and effective.

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

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

Management were unable to demonstrate that complaints are used to improve the quality of care and services. While management said that comments and complaints are trended and reported through organisation's monthly reporting systems, with documentation provided showing that the number of complaints is reported each month, there is no analysis of trends in the types of complaints. In addition, the continuous improvement plan does not indicate that information obtained from feedback and complaints is used to improve services.

No evidence was provided to demonstrate that repeated concerns raised by consumers and representatives about adequacy and competency of staffing or other trends in complaints have been effectively addressed. For example, almost all consumers and representatives expressed dissatisfaction with changes which had occurred in relation to the adequacy of staffing and the use of agency staff at the service. They indicated that changes have not occurred in response to their complaints.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Most sampled consumers did not consider that they get quality care and services when they need them and from people who are knowledgeable, capable and caring, however consumers felt that the majority of staff were kind.

For example:

* Consumers and representatives were overwhelmingly complimentary about the care provided to them by experienced staff working in the service and indicated that the majority of staff are kind and caring towards consumers.
* Most consumers and representatives raised concerns with the Assessment Team about the adequacy of staffing. They complained that consumers care needs are not attended in a timely manner and that the service has a high reliance on agency staff who do not know the needs of consumers and do not meet their care needs.
* While consumers were generally complimentary about the skills and competency of the experienced staff, they raised concerns about the skills of new and agency staff.

The approved provider’s response to the Performance Assessment Report shows that the service is working to improve the issues identified. As these improvements occurred after the review audit, they do not change the findings of the audit.

The Quality Standard is assessed as Non-compliant as all 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 service has recently made staffing reductions and has a high level of agency staff usage. Feedback from almost all consumers and representatives was that the reductions in staffing and the use of agency staff impacts negatively on their care. For example, representatives advised the Assessment Team that the service used to advise them of changes or incidents in relation to their loved one’s care, however this was no longer occurring. In addition, care documentation and interviews with staff, show that they do not have sufficient time to complete required documentation such as review or updates to care or assessment plans or are unable to provide verbal updates to all staff at handovers.

Consumers also advised that lifestyle activities were limited due to a reduction in staff numbers and that they do not always have enough linen or clothes due to reductions in laundry staff. A review of documentation also showed that medications are not always signed for or not administered on time, consumers are not toileted on time, pain and behaviours (among others) are not monitored consistently and consumers are not always showered on time. It was also raised by consumers that agency staff do not have as much knowledge of their needs and preferences and this impacts continuity of care. Consumers advised they wait for long periods before their call bells are responded to, with no records to sow that the service had followed up on call bell responses that were in excess of 10 minutes. Interviews with staff confirmed that there has been reduction in staff and that they are rushed.

Management advised that many staff had chosen to leave, with some being made redundant due to centralisation of some staff functions. However, the majority of those redundancies were related to hours associated with administrative and care staff functions. The facility manager advised the service is building a pool of casual staff, with 30 new staff being employed since December 2019.

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

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

Consumers and representatives were very complimentary about how they are treated by the majority of staff. However, feedback from consumers and representatives and information obtained from complaints information and clinical documentation demonstrates that all staff are not always kind, caring and respectful. For further information and examples, refer to Standard 1, Requirement 3(a).

### 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.*

Consumer and representative feedback show that not all staff are competent, with issues raised regarding incorrect manual handling techniques and incorrect administration of medicines, among others. While many of these matters have been examined, the outcome has been to remind staff of the requirements. It is not evident that any further training or performance management of the staff members has occurred. For example, following an incident involving the incorrect administration of medications, the action identified in response, was for the staff member to complete a medication competency assessment. However, there is no record to show that she completed a medication competency following the incident. In addition, the personnel file for the member states that her qualifications include medication competency. However, there is no documentation on file to confirm that the staff member completed a medication competency as part of her course.

Staff interviews revealed that volunteer staff, are not permitted to feed any consumers with swallowing difficulties, however the Assessment Team noted from a list of consumers approved to be fed by volunteers that it included consumers on thickened fluids and pureed meals. Interviews with three agency staff showed that they were unfamiliar with the Aged Care Quality Standards.

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

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

While consumers and representatives generally spoke very positively about most of the staff working in the service, they do not believe that some staff have the necessary skills to complete their roles. Refer to Standard 7, Requirement (3)(a) and Requirement (3)(c) for examples. This was confirmed through interviews with staff and management, where management were unable to demonstrate that agency staff had been inducted since October 2019. Agency staff confirmed that the induction they had received was to be taken around the service and shown the fire systems.

In addition, the facility manager confirmed that educator roles had been made redundant, with the managers identifying training needs through gaps analysis. However, the gaps analysis had not been completed for all staff at the service. Management were also unable to demonstrate that new staff had undertaken a full induction program, other than basic induction regarding manual handling, hand washing, fire and St Vincent Care values. Management advised that elder abuse training was not part of the induction program.

Annual compulsory education records show that in the past 12 months, out of the total employees listed at the service (approx. 200), almost 40% had not completed injury prevention education or fire emergency response training and 25-30% of staff had not completed infection control, elder abuse, privacy and dignity or bullying and harassment education.

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

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

The organisation’s process for assessment and monitoring of staff through annual performance appraisals has not been completed for the majority of staff employed by the service. Interviews with the facility manager revealed that about 30% of staff appraisals had been completed in the last 12 months since St Vincent Care Services took responsibility for the service. In addition to appraisals each staff member is required to complete a workforce gap analysis tool which is used to inform the staff appraisal and determine education needs in the service. However, this has not been undertaken for any employees of John Paul Village area of the service. The service could not demonstrate that issues related to staff performance are followed up and responded to.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Most sampled consumers considered that the organisation is not well run, nor that they can partner in improving the delivery of care and services.

For example:

* Consumers interviewed expressed dissatisfaction with the way the service is being run since the new approved provider took over management of the service. For example, consumers and their representatives stated that the service used to have a consumer meeting that all consumers at the service were invited to. Without consultation with consumers, management initiated a new meeting schedule for consumers and for meetings to be held in smaller groups in three different areas of the service.
* Consumers could not provide examples of how they are involved in the development, delivery and evaluation of care and services.

There are processes in place in relation to organisational governance and involving consumers, however consumers do not feel that their concerns or suggestions are considered by management or the executive team or that they are consulted when change is implemented.

While some action has been taken to involve consumers in development, delivery and evaluation of services, major changes were made at the service without the input of consumers and representatives. Issues being raised by consumers are not being effectively recognised and managed by the organisation. Changes to staffing and roles previously provided at the service have been changed without consultation with consumers.

The approved provider’s response to the Performance Assessment Report shows that the service is working to improve the issues identified. As these improvements occurred after the review audit, they do not change the findings of the audit.

The Quality Standard is assessed as Non-compliant as all 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.*

While the organisation has commenced some consumer engagement initiatives these are limited and have not been evaluated. The organisation has undertaken significant changes which impact on care and services received by consumers and their methods for having input into the development of care and services. There has been no involvement of consumers or representatives into the changes. Management acknowledged that there had been no involvement/consultation of consumers and representatives in relation to the changes that occurred regarding the new household model of care or the change to resident and relatives’ meetings.

Management advised the Assessment Team that a recent initiative to involve consumers was to select three representatives in assisting the service to interview new staff. Management advised that this was just a trial and had not been evaluated as yet, with no formal processes to support consumers and representatives in playing a meaningful contribution to the recruitment process.

### Feedback and complaints documented throughout this report demonstrates widespread dissatisfaction with changes made since the organisation acquired the service. While management provided details of their systems in place to receive feedback from consumers and engage them in the development, delivery and evaluation of care and services, it is not evident that management understand the extent of consumer/representative dissatisfaction, welcomed negative feedback, nor appreciate that these systems are not effectively meeting consumer’s needs.

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

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

During interviews, management outlined the processes used by the organisation to promote a culture of safe, inclusive and quality care and service and how they are accountable for their delivery. Processes include regular meetings and reports regarding risk management, clinical indicators, audit results and feedback from consumers to manager and the chief executive officer. In addition, management advised that the board of directors is informed of significant incidents relating to the safety of consumers. Results of audits are also reviewed and discussed by the board. Board members comment on the reports and discuss corrective action in areas identified as requiring improvement. The Assessment Team asked to review evidence such as reports and minutes of meetings to demonstrate the above processes. These were not provided prior to the conclusion of the audit.

While management described processes in place to enable the governing body to promote a culture of safe, inclusive and quality care and services, extensive deficits were identified across the Quality Standards which have not been identified and/or responded to effectively by the organisation.

### 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.*

Documentation reviewed shows multiple areas where the service was not able to demonstrate appropriate information management, including clinical and lifestyle assessments that are frequently not completed or contain minimal information. In addition, consumers and representatives said that they are not kept informed about issues related to the consumer’s care.

Management described how opportunities for continuous improvement are identified; how critical incidents are used to drive continuous improvement; and how the governing body satisfies itself the Quality Standards are being met. Although the service could demonstrate some continuous improvement activities for the benefit of consumers there was not a strong alignment between consumer feedback and critical incidents to drive continuous improvement. Continuous improvement logs were mostly driven by management at the service. Of the 61 improvements logged; three were initiated by consumers and two were trigged by clinical indicator data where trends were identified.

Interviews with service management showed that management could describe how they obtain approval for expenditure to support the changing needs of consumers. Management described incidences where additional equipment was required to support the delivery of care to consumers as the acuity of the consumers rose, and following a review of furnishings and equipment. In addition, the organisation has a risk register, which includes financial risk and strategies to reduce financial risk.

Significant deficits were identified in relation to workforce governance (refer to Standard 7) and the organisation’s systems for managing feedback and complaints have not been effective (refer to Standard 6 for details).

The service has partnerships with peak bodies and industry specialists. Government alerts are sent to the service. Changes in legislation and policies and procedures are communicated to staff at staff meetings and are available on their shared drives and intranet. Staff could demonstrate how to access this information. However, the service could not effectively demonstrate an active procedure for reducing the use of chemical restraint at the service.

In relation to record keeping of reportable assaults, a consolidated register is not evident in accordance with the *Records Principles 2014*. The register did not include incidents where discretion not to report is exercised and there were at least four reportable assaults that had not been included in the consolidated register or incident log.

### 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 organisation has not demonstrated that effective systems are in place for managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can.

While policies and systems are in place relating to identifying and responding to high impact and high prevalence risks, these have not been effective in relation to the use of chemical restraint. In addition, evidence set out under Standard 3, Requirement 3(b) shows that the service does not understand how to manage high impact or high prevalence risks. This is supported by information under Standard 8, Requirement 3(b) where service management were able to describe the governance mechanisms in place for reporting and reviewing clinical incidents, however they were not able to show outcomes or proposed actions in relation to these matters.

Service management advised that staff do not undertake elder abuse training as part of their induction. Potential incidents of abuse and neglect were identified as not having been recorded in the service’s consolidated register, including a lack of follow up to determine what a consumer meant when she reported her concerns about the way that a staff member touched her.

Consumers are not supported to live the best life they can. There was considerable negative feedback from consumers and representatives in relation to their care provision and other issues which impact negatively on their lifestyle, including the ability to participate in activities that interest them, supporting consumers to take risks, exercise choice and make decisions and the provision of supports and services that promote consumer’s emotional, psychological and spiritual well-being. Deficiencies in relation to these areas were not identified and responded to by the organisation.

### 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 service was able to provide policies relating to their clinical governance, antimicrobial stewardship, the minimisation of the use of restraint and open disclosure. While some staff have been educated about the policies, they were unable to demonstrate an understanding of these policies. For example, while a documented clinical governance framework is in place, it has not resulted in clinical needs being regularly assessed or clinical needs being met. Similarly, the Assessment Team observed a considerable amount of environmental restraint in place with consumers not having access to the outdoor areas and gaps in monitoring bed rail use and staff not exercising appropriate infection control measures in relation to MRSA (a bacterial infection that is resistant to antibiotics), despite being able to advise what was contained in the policy.

# Areas for improvement

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

Standard 1, Requirement 3(a) and Standard 7, Requirement 3(b): test staff knowledge of these Requirements and follow up with consumers to ensure staff are implementing this knowledge.

Standard 1, Requirements (c), (d) and (e):

* + develop and implement strategies to support consumers in when making choices that may include risk and regularly review and adapt strategies to ensure they are current and tailored to the risk.
  + ensure that the consumer themselves is involved in decision making and where this is not able to occur, develop processes to clearly capture the reasons why they were not able to or elected not to be involved.
  + review care planning documentation to ensure that any consideration of risk to consumers, also considers the benefits or opportunities that may arise to enable consumers to live the best life they can
  + liaise with consumers and their representatives about ways in which they would like to receive information and implement processes and systems to ensure the information provided is reviewed for currency, accuracy and timeliness.

Standard 2, Requirements 3(a), (b), (c), (d) and (e)

* put a system or process in place to ensure that staff ability to assess and identify individual risks to consumer health is consistent and completed for all consumers and considers appropriate interventions to prevent these risks. Interventions implemented must be documented.
* develop a system to ensure that all consumers are not only advised of care outcomes (both verbally and in writing), but can also partner with the service in their care delivery by having direct input into their care planning.
* you must put processes in place to capture changes in consumer’s care to ensure that information about their care is effective, correct and consistent.
* you must ensure that consumer care plans are reviewed regularly to ensure goals, need and preferences for individual consumers are current, effective and reflect changes that have occurred as a result of new circumstances or incidents. In addition:
  + include preventative goals, need and preferences in consumer care plans to articulate how the consumer will maintain and prevent deterioration or decline in their health and well-being.
  + develop and implement a palliative care and advanced care policy and demonstrate to the Commission how these policies have increased staff, consumer and representative’s understanding of end of life care

Standard 3, Requirements 3(a), (b), (c), (e) and (g)

* develop processes to ensure that staff know how to implement effective care, including the need to demonstrate in documentation that interventions are tailored to the consumer, are trialled and evaluated to determine whether they are appropriate for the consumer. In addition, you must educate staff on the need to document care such that other staff can be made aware of the consumer’s current requirements and condition
* test staff understanding of high risk/high prevalence risks and how this impacts on the delivery of tailored, optimal and best practice care in relation to chemical restraint, continence care, pain and falls management and skin integrity.
* review all consumers with high impact and/or high prevalence risks to ensure their care plans contain interventions that are current, best practice and appropriate to optimise consumer health and well-being.
* in conjunction with consumers and/or their representative/s, discuss and review end of life assessment and planning. Document these discussions and specific interventions agreed in consumer notes and end of life/palliative care plans. Undertake an audit of palliative/end of life planning to ensure all plans have been put in place and discussions have occurred.
* implement processes to ensure that communication within the service is proactive, timely, documented and consistent.
* test staff knowledge of infection control precautions and ensure that clinical indicators for infections are reviewed, trended and analysed to minimise the risk of infection in a timely manner. Ensure that outcomes of these reviews are built into or result in amendments to infection control processes and procedures at the service and staff education.

Standard 4, Requirements 3(a), (b), (c), (f) and (g)

* develop individualised activities that are tailored to the individuals emotional, psychological and spiritual needs and clearly document when these activities are delivered to consumers
* review all planning documentation relevant to supports and services for daily living in conjunction with consumers and/or their representatives. Ensure discussions are documented, including specific information pertaining to the consumer’s individual preferences, interests, goals, histories and needs. Implement processes to ensure that these discussions are reviewed regularly and updated as required.
* Review lifestyle programs in conjunction with consumers and/or their representatives to ensure the program reflects the needs, goals and preferences outlined in consumer’s lifestyle assessments, including frequency, variety and timing of activities
* in conjunction with consumers and/or their representatives, proactively plan, assess, discuss and document mechanisms to support consumer’s emotional, spiritual and psychological needs. Ensure emotional, spiritual and psychological assessments are in place for all consumers at the service. Implement processes to ensure that these discussions are reviewed regularly and updated as required.
* develop a plan of individualised activities for consumers who are unable to or do not wish to participate in group activities
* review meals, menus and dietary preferences/requirements to ensure meals provided are suitable for the consumers. Conduct a survey with consumers to measure their satisfaction and provide the results to the Commission.
* Review all complaints regarding laundry, including about missing laundry and unlabelled laundry to ensure they are resolved for those individuals. Implement processes to ensure sufficient linen is available and the issues raised in complaints do not arise again.

Standard 5, Requirement 3(b)

* improve access to external and outdoor areas of the service for consumers. Ensure that risk assessments of consumer safety in external/outdoor areas considers alternative measures to ensure that those who wish to access outdoor areas can do so, while still managing their safety.

Standard 6, Requirements 3(a), (c) and (d):

* action and document complaints when they are initially received, actioned and closed and apply an open disclosure process
* take appropriate action in response to complaints and train staff in the importance of open disclosure. Test staff knowledge of open disclosure. Survey consumers to ascertain if they are satisfied with the resolution of complaints.
* provide the Commission with an updated copy of your complaints register, including how complaints raised in the 3 months following this decision have been resolved and how these complaints have been used to improve care delivery at the service
* undertake qualitative analysis of your complaints and feedback information to identify trends and actions that can be identified in the continuous improvement plan.

Standard 7, Requirements 3(a), (c), (d) and (e):

* plan and manage the risk of staff absences and attrition, including building a pool of casual staff to ensure that sufficient and competent staff are available to deliver safe and quality care and services.
* improve staff competency through training (in particular on the Aged Care Quality Standards), and test their knowledge via competency assessments, observation and consumer feedback. Where gaps in competency is identified, undertake a performance review with staff
* review all staff files to ensure they contain copies of required qualifications and competency assessments and that these are updated as required
* ensure staff are undertaking initial induction and regular refresher training such that the service can demonstrate that staff are able to deliver their roles in accordance with the Aged Care Quality Standards

Standard 8, Requirements 3(a), (b), (c), (d) and (e)

* audit staff practices to ensure that the systems that are in place relevant to the Requirements listed as ‘Areas for Improvement’ are being implemented and provide the Commission with the results of those audits.
* ensure that consumers are represented and engaged in the design, evaluation and delivery of care at the service, document how they are being engaged and provide the Commission with a register of matters raised by consumers and how they have been engaged in those matters
* ensure meeting discussions and reporting to the Board and executives is documented, including decisions and deliberations such that the organisation’s governing body can demonstrate that it is accountable for the delivery of quality care and services
* demonstrate to the Commission that staff have not only read, but understood the policies and legislative requirements regarding compulsory reporting, restraint and antimicrobial stewardship. Demonstrate that this training has resulted in a change in staff practice.