SummitCare Wallsend

Performance Report

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**Commission ID:** 0841

**Provider name:** Stelcom Pty Limited

**Site Audit date:** 19 April 2021 to 26 April 2021

**Date of Performance Report:** 3 June 2021

# Publication of report

This Performance Report **will 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) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 27 April 2021 and 24 May 2021.

# 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.

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.

Other information gathered confirmed that consumers were provided with culturally safe care and services that met their needs and preferences.

For example:

Consumers and representatives said that they are regularly given information by the organisation and they are able to understand information provided to them to make choices.

While consumers and representatives had mostly positive feedback, they recalled occasions where they did not feel respected and they did not feel supported to voice their choices and preferences. Additionally, from review of documentation and staff interviews, the organisation did not support consumers to take risks to live their best lives in a way that balanced the consumer’s autonomy and management of risk. Furthermore, whilst consumers and representatives received regular updates, care planning documents provided are not always current and may not be accurate.

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.*

The Assessment Team found staff were able to demonstrate that they knew the individual backgrounds of consumers sampled and care planning documents reflected the consumers’ identity. Furthermore, staff were observed to interact with consumers respectfully. However, the Assessment Team found some consumers sampled recalled specific occasions where they did not feel respected by staff in terms of delivery of their care and services. The Assessment Team also found that some consumers were not being treated with respect and dignity with regard to how their personal care and services were being delivered.

The approved provider responded to the Assessment Team’s report and was dismissive of the concerns raised by the consumers in the report stating that one consumer lacked ‘insight’. The provider argued another consumer was not treated disrespectfully as she had consented to having her complex dressing attended to at 9.45pm after she had been asleep for a few hours. The provider did not accept that consumers are able to make confidential statements to the Assessment team about their treatment and disputed that the behaviour of one consumer living with advanced dementia was detrimentally impacting on the care of other consumers. Furthermore, the provider stated that information provided by a Registered Nurse about how she showered a consumer on the toilet may have been ‘misconstrued’ by the Assessment Team.

I have considered the approved provider’s response and the information in the Assessment Team’s report. I find that consumers are not always being treated with dignity and receiving care and services that are respectful of their individuality and their choices.

I find this requirement non-compliant.

### 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 Assessment Team found each consumer is not being supported to exercise choice in relation to making decision about their own care and services or about others who should be involved in their care. Whilst staff were able to explain ways they supported and respected consumers’ choices a number of consumers did not feel that they are supported to communicate their preferences and decisions regarding their care and services and felt that their choices were compromised. The consumer survey also contained this feedback.

The approved provider responded to the Assessment Team’s report and was dismissive of the concerns raised by one consumer stating that the consumer was able to make decisions everyday regarding meals and activities and therefore his comment was ‘completely erroneous’. Another consumer’s preference to have a shower twice daily was deemed ‘not in her best interests’ due to skin integrity issues with no evidence provided that this concern had been discussed with her. The provider disputed the consumer’s statements about not being able to attend breakfast with her husband at 8am due to the staff being unable to attend to personal care for both of them by that time. Another consumer stated that she would like a shower everyday in the morning but cannot always get this. The approved provider stated this was more of a timing issue as the consumer wished to be showered at 8am everyday which is breakfast time but I note that the care plan provided by the approved provider states ‘second daily in AM, sponge on alternate days’ which does not reflect the consumer’s choice about how her personal care is delivered. I note the Resident Survey report January 2021 includes statements that ‘staff are rushed and do not let consumers do what they want to do’ and staff were reminded by management that they need to support consumer choice and decision making.

Lastly, I am of the view that the behaviour of one consumer is adversely affecting the choice and decision making of other consumers living in the Dementia Specific Unit in relation to their care and services. I note that one consumer had to move out of this unit due to the behaviour of this consumer which was not in accordance with her wishes but done to protect her safety.

Having considered the approved provider’s response and the information in the Assessment Team’s report I find that consumers are not always being supported to communicate their choices and make decisions about their own care and services.

I find this requirement non-compliant.

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

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

The Assessment Team found whilst consumers are able to take risks in order to enable them to live the best life they can, staff interviews and documentation reviewed did not demonstrate that consumers are completely supported to do this. Staff and management were able to explain what the procedures are to support consumers to take risks and these explanations are consistent with the organisation’s policy framework. However, staff could not demonstrate they fully followed these procedures. There were inconsistences in documentation that analysed the likelihood and consequences of risk and case conferencing with consumers to agree on an action plan to manage and mitigate risk occurred after these activities had commenced.

The approved provider responded to the Assessment Team’s report and provided risk assessment documentation for one of the consumer’s cited in the report. This documentation showed that a risk assessment had last been undertaken regarding the use of tools for craft work in November 2019 and did not appear to have been reviewed since. A risk assessment worksheet for this consumer was also supplied which appeared to have been completed in February 2021. This was completed immediately after the consumer was seen in the car park about to drive his vehicle away. The registered nurse completing this form documented that she explained the risk of driving by himself and documented that ‘GP was to be contacted re risk’. There appears to have been no follow-up to this event, including contacting his GP, until 25 April 2021 when a dignity of risk case conference was held with the consumer to discuss risk mitigation strategies. This was a considerable time after he had begun undertaking this activity. The same issues were identified in relation to another consumer who wished to be able to go the local club independently. The risk assessment worksheet was completed in February 2021, but the dignity of risk case conference not held with the consumer until 25 April 2021 after the consumer had been undertaking this activity.

I find that, whilst consumers are supported to take risks, there is no planned approach involving the consumer to managing risk before the activity has commenced placing the consumer at unnecessary risk.

Having considered the approved provider’s response and the information in the Assessment Team’s report I find that consumers are not sufficiently supported to take risks to enable them to live the best life they can.

I find this requirement non-compliant.

### 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.*

The Assessment Team found that whilst consumers and representatives said that information is given to them on a regular basis and they feel that they are able to understand the information and use it to make choices, information provided may not be current and accurate. Review of care planning documents showed that care plans for several consumers have not been reviewed for a considerable amount of time. As a result, information given to each consumer and representative is not current and may not accurately reflect the consumer’s current condition.

### The approved provider responded to the Assessment Team’s report accepting that a number of care plans emailed to consumers and their representatives in December 2020 had not been current and provided evidence that these care plans have since been updated.

Having considered the approved provider’s response and the information in the Assessment Team’s report I find that information provided to consumers about their care and services was not current, accurate and communicated in a way that enables them to exercise understand and exercise choice.

I find this requirement non-compliant.

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

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

The Assessment Team found most consumers said that they felt their personal privacy was respected. Additionally, staff were able to demonstrate ways that they protected consumer’s privacy. It was demonstrated that all staff have completed training in privacy as part of their mandatory training modules. Furthermore, the organisation has a privacy policy detailing collection of information and use and disclosure of information. However, there were several observations made by the Assessment Team where there were potential compromises of consumer’s personal information. There were also issues regarding how the privacy of consumers who share bathrooms is respected. One consumer was seen to gain access to a shower list and was reading it.

### The approved provider responded to the Assessment Team’s report explaining that there are systems in place to ensure consumers personal information is kept confidential. The issue with the bathroom door had been addressed prior to the performance assessment.

### As reported in the Assessment Team’s report staff are aware of their responsibilities to maintain consumer’s privacy and keep personal information confidential. I of the view that a consumer having access to a shower list was a ‘one off’.

Having considered the approved provider’s response and the information in the Assessment Team’s report I find that consumer’s privacy is respected and personal information is kept confidential.

I find this requirement compliant.

# 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

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 feel like partners in the ongoing assessment and planning of their care and services.

For example:

Consumers and/or their representatives interviewed stated they have regular care planning consultations with the staff at the service and are kept informed of changes to the consumer’s condition. Most consumers and representatives said staff have had discussions with them about advance care and end of life planning.

For the consumers sampled, care documentation showed evidence of consultation with consumer and/or their representative, and the representatives said they have received copies of the consumers care plans. For example:

* A representative said they had received a care plan recently.
* A representative said they had had a case conference with the registered nurse.

The organisation has policies, procedures and processes to guide staff practice in relation to conducting assessments, developing care plans and having a collaborative approach during assessment and care planning.

A review of assessment and planning documentation identified registered staff did not recognised, monitor and address a consumer’s diabetic risk to ensure their health and wellbeing was not compromised.

The Assessment Team identified the assessment and planning process is not effective to ensure the consumers health risk, current needs, goals and preferences are consistently assessed, documented and reviewed. Care planning documents do not show evidence of regular review for effectiveness and when circumstances change 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 the service has policies to guide staff practice in relation to conducting assessments and developing care plans. However, review of clinical documentation identified risks to a consumer’s current health and well-being are not addressed in their care plans. Furthermore, there are no processes in place to ensure the health risks of the consumer are being recognised and monitored to inform the delivery of safe and effective care.

### The approved provider responded to the Assessment Team’s report, providing comprehensive information about the consumer cited in the report.

### Having reviewed this information, I note the consumer was admitted to hospital immediately prior to her entry to the service with ‘poor oral intake and a general decline in her health’. The consumer was diabetic (diet controlled). On admission her blood sugar levels were not monitored by the service as per the medical directive. Her weight was low and a dietician referral not sought despite concerns about her poor oral intake identified in hospital and her refusal to eat as identified by staff at the service. A food chart was only partially completed for two days on entry in December 2020 and not repeated. I note that a referral to a dietician was completed after the Assessment Team expressed concerns during the performance assessment. The approved provider in their response argued that a dietician referral had not been made as the consumer had not lost weight since entry and thus there was no reason for a referral.

### In addition, I note there were delays in treating a wound that was ‘oozing’ without due consideration given to the consumer being diabetic, the presence of staphylococcus in an existing wound and the consumer’s refusal to have her dressing attended which placed her at a higher risk of infection. I note that the consumer was seen by the Out of Hours doctor after the Assessment Team expressed concerns during the performance assessment. The provider did not respond to the issue of the delay in seeking medical attention for the ‘oozing’ wound but stated there was no clinical evidence to support unmanaged risk to the consumer from her diabetes or wound management.

Having considered the approved provider’s response and the information in the Assessment Team’s report I find that I find that assessment and planning processes did not result in the consideration of risks to this consumer’s wellbeing from her pre-existing conditions impacting on the delivery of safe and effective care and services.

I find this requirement non-compliant.

### 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.*

#### The Assessment Team found the service has a computerised clinical care system and the consumer goals sections of care planning documentation is in generic terms not everyday terms, or in the consumer’s or their representative’s own words. For two consumers sampled, care planning documentation did not identify their initial needs and preferences on entry or when assessment and care planning process had been completed. Assessment and planning addressesadvance care planning and end of life planning when the consumer wishes.

### The approved provider responded to the Assessment Team’s report stating that care plans are care directives for staff to provide care and are based on the consumers individual needs, goals and preferences and have been developed in consultation with consumers/their representatives. The approved provider argued that the care plans for the consumers cited in the report reflect their known preferences but these can vary from day to day due to each consumer’s advanced dementia.

### Having reviewed the information provided in the provider’s response I note that of the six very detailed care plans submitted information in the Assessment/care plan goals/aims column for each consumer is identical and generic. Having reviewed the goals documented for the two consumers in the Assessment Teams report I consider it unlikely that these personal goals have been expressed by either the consumer or their representative on their behalf. I have formed this view based on the very detailed information the provider has submitted in their response regarding the care needs of both of these consumers. I also find that there are multiple gaps in the care plan for one consumer regarding her communication, medication, sleep, personal hygiene and dietary needs, goals and preferences.

Having considered the approved provider’s response and the information in the Assessment Team’s report I find that assessment and planning processes do not demonstrate sufficient involvement of the consumer in identifying and addressing their current needs, goals and preferences, including advance care planning and end of life planning.

I find this requirement non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

#### The Assessment Team found the majority of consumers and/or representatives expressed their satisfaction with their involvement in care planning and assessment process. Review of care documentation showed a consultation process is occurring through case conferences and discussions. Care documentation also demonstrated involvement of various organisations and individuals including medical officers, physiotherapists, mental health specialist and speech pathologists. However, a review of documentation and feedback from two consumers identified deficits in an ongoing partnership with the service to ensure their dietary needs are being met.

#### The approved provider responded to the Assessment Team’s report and demonstrated that the two consumers identified were indeed having their dietary needs met.

Having considered the approved provider’s response and the information in the Assessment Team’s report I find that assessment and planning is based on ongoing partnership with the consumer and others and includes other organisations.

I find this requirement compliant.

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

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

### Requirement 2(3)(e) 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 identified the service is not incident reporting on all incidents documented in the consumer’s behaviour charts, wound charts and progress notes and, as a result, no investigation or evaluation has been completed for each incident. Furthermore, for some consumers the care plans have not been updated to include the incidents and strategies to address the impact on the needs, goals or preferences of consumers.

### The approved provider responded to the Assessment Team’s report by submitting a register containing details of incidents involving one consumer between 15 February 2021 and 30 April 2021. The period referred to in the Assessment Team’s report is from 1 March 2021 to 10 April 2021. The Assessment Team stated the consumer has been involved in 30 incidents of physically aggressive or near miss episodes in that period as documented in her behaviour chart. In the register received from the Approved provider I can identify only three incidents for that period. This validates the information provided by the Assessment Team that incidents are not being reported and documented as such.

### I note in the incident register supplied two medication incidents are documented as occurring for this consumer on 6 and 23 February 2021. This compares with the consumer’s medication chart viewed by the Assessment Team which recorded 16 episodes of medication refusal from 1 March 2021 to 19 April 2021. The consumer’s son stated on 25 February 2021 at a case conference with the service that his mother has always had issues with taking medication but these incidents have not resulted in a review of her care and services.

### The register submitted by the provider confirms that the skin tear incurred by this consumer on 11 April 2021 referred to in the Assessment Team’s report has not been entered into the register. The service’s policies dictate that incident forms are completed for all behaviour incidents and new wounds and this does not appear to be happening.

Having considered the approved provider’s response and the information in the Assessment Team’s report I find that care and services are not reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

I find this requirement non-compliant.

# 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

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.

For example:

Most consumers said they had no issue with the way personal and clinical care was provided and confirmed they get the care they need. Consumers and consumer representatives interviewed said they were not aware of any issues in relation to accessing medical services or allied health professionals for consumers.

* A consumer said they had been seen by a wound consultant.
* A representative said they had been notified after a consumer had a fall.

For the consumer sampled in relation to end of life care, the care and service records reflect their comfort was maximised and dignity preserved.

* Representative feedback was positive in the management of a consumer care and the support provided to the family by the service.

Deficits in care were identified in the management of consumers with advanced dementia, managing deterioration, and communicating information about the care of consumers within the service.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 while consumers and their representatives gave mostly positive feedback about clinical and personal care, the review of care and service documentation does not support that clinical care provided to the consumers sampled is best practice and optimises consumers’ health and wellbeing. The service was unable to demonstrate wound management and pain management are effectively managed.

### The approved provider responded to the Assessment Team’s report. The Approved Provider submitted documentation showing that a pressure injury to a consumer’s sacrum was a Stage 1, not Stage 2 as indicated by the Assessment Team, and was being successfully managed by regular pressure area care. The approved provider also submitted information disputing that the booties on the consumer’s heel were the cause of a pressure injury to his toe. The approved provider accepted that there were issues with pressure mattresses not being checked and set at the correct level. The approved provider has accepted that there were gaps in pain monitoring for one consumer.

### I note the approved provider has not responded to the issue of wound dressings and pressure area care was not being documented for one consumer during March and April 2021.

Having considered the approved provider’s response and the information in the Assessment Team’s report I find that none of the above seem to have had an impact on the health and well-being of these consumers.

I find this requirement 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 the management of a consumer with ongoing physically aggressive behaviours towards other consumers and care staff has not been managed effectively. Documentation and feedback from representatives and staff demonstrate the ongoing impact caused by this consumer’s behaviours towards other consumers. Documentation identified gaps in the reporting of incidents and some incidents have not been reported as a mandatory report or as an incident under the Serious Incident Reporting Scheme.

### The approved provider responded to the Assessment Team’s report by providing evidence to show how they have been attempting to manage the behaviour of a consumer with advanced dementia. Evidence was provided of numerous consults with multiple health professionals including doctors, geriatricians, a psychiatrist, the Older Persons Mental Health Unit and Dementia Services Australia.

### Despite this evidence I find that this consumer’s behaviour has not been managed effectively resulting in both staff and other consumers being assaulted on a regular basis. I find the service did not implemented a planned approach to assessing and managing this consumers behaviour and staff and consumers have not been adequately supported and protected. The provider did not take sufficient steps to monitor this consumer’s whereabouts and engage him in suitable activities of interest to him to reduce the risk he poses to both himself and other consumers. After the Assessment Team raised serious concerns during the performance assessment about the risk posed, particularly to other consumers, the provider took steps to trial additional staff to engage this consumer in meaningful activities.

Having considered the approved provider’s response and the information in the Assessment Team’s report I find that the management of high impact or high prevalence risks associated with the care of each consumer has not been effective.

I find this requirement 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 found processes for recognising and responding to deterioration in the consumer’s condition have not been effective for consumers sampled. Staff were able to describe the process for escalating changes in the consumer’s condition, however, care documentation did not show timely recognition of deterioration and monitoring of the consumer experiencing clinical deterioration. Two consumers who exhibited episodes of self-harm were not followed up when depression scales for both consumers indicated ‘probable major depression’.

The approved provider responded to the Assessment Team’s report andprovided information about the consumers sampled. I have reviewed this information and note the approved provider states the clinical deterioration for one of the consumers is due to the progression of her dementia.

I find, however, the approved provider is unable to demonstrate that this consumer’s deterioration has been fully recognised, assessed and responded to. She was last seen by Dementia Support Australia on 2 March 2021 but since then her behaviours have continued to escalate and she has become more restive to care. Staff are finding her behaviour difficult to manage yet she has not been reviewed again by DSA and a recent geriatric appointment has been delayed.This consumer also experienced delays in notifying the medical officer regarding a deteriorating wound and seeking a dietitian opinion when her food intake declined.

#### The approved provider did not provide any further information with regard to the two consumers who were not followed up post self-harming incident when depression scales indicated ‘probable major depression’.

Having considered the approved provider’s response and the information in the Assessment Team’s report I find that deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is not recognised and responded to in a timely manner.

I find this requirement non-compliant.

### 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.*

The Assessment Team found deficits were identified in communicating information about the care of consumers impacting on the effective delivery of care. Care documentation is not always complete, which does not ensure adequate information sharing. Deficits in incident reporting resulted in incidents not being reported. Two consumers received the wrong meals due to communication issues.

### The approved provider responded to the Assessment Team’s report and clarified the issues regarding meals offered to two consumers. With regard to incident reporting, the approved provider denied incidents had not been reported appropriately but acknowledged that the information and language used in behaviour charting was not sufficiently clear.

I find that care planning documentation does not reflect the involvement of the consumer in identifying their needs, preferences and goals in their own terms. Care documentation is not always current, complete or clearly written resulting in misinterpretation. Feedback from staff is that information provided at the handover is basic and lacking in detail which does not assist them in carrying out their duties. All of the above does not ensure adequate information sharing.

Having considered the approved provider’s response and the information in the Assessment Team’s report I find that information about the consumer’s condition, needs and preferences is not effectively documented and communicated within the organisation, and with others where responsibility for care is shared.

I find this requirement non-compliant.

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

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

#### The Assessment Team found care and service records indicate appropriate and timely referral to providers of services in most cases. However, for one consumer referral in regard to the deterioration in their health status and wound has not been completed in a timely manner.

#### The approved provider responded to the Assessment Team’s report and provided information regarding the consumer cited. I note that the Assessment Team identified deficits in relation to a consumer’s deterioration in their health status and wound which I have dealt with in Standard 2 (3)(e) and Standard 3 (3)(d).

Having considered the approved provider’s response and the information in the Assessment Team’s report I find consumers receive timely and appropriate referrals to individuals, other organisations and providers of other care and services.

I find this requirement compliant.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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.

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

For example:

Consumers and representatives interviewed confirmed they are supported by the service to engage in activities they enjoy and are supported by staff keep in touch with people who are important to them.

Most consumers and representatives interviewed said they are happy with the variety, quality and quantity of foods provided. However, some consumers who had food and meal complaints said the service has engaged with them to find solutions and have provided alternative meals for them and acknowledged they have experienced improvements in the quality of food and meal service.

Consumers and representatives interviewed said services offered to consumers are safe and effective to support their daily living needs and preferences.

The lifestyle team are actively engaged in providing activities and services to meet the needs and preferences of consumers.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

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

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

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

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

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

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

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

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

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

The Assessment Team found some consumers and representatives were satisfied with the variety, quality and quantity of meals provided, while other consumers reported they were dissatisfied. Some consumers and representatives with food complaints said they have seen an improvement in the variety, quality and quantity of meals and the service has made efforts to meet their preferences and tastes and provide alternative meals which they enjoy.

### The approved provider responded to the Assessment Team’s report and provided a very detailed response about their efforts to meet consumer’s meal preferences. I note the majority of consumers are satisfied with their meals and the provider has a number of mechanisms in place for continually monitoring consumer satisfaction.

Having considered the approved provider’s response and the information in the Assessment Team’s report I find that where meals are provided, they are varied and of suitable quality and quantity.

I find this requirement compliant.

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

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

For example:

Consumers interviewed generally felt the service environment is safe, clean and well maintained and have a variety of areas to engage with other consumers and family members or enjoy privacy in a quiet area.

Consumers felt the outdoor areas and gardens make the service a nice place to live and enjoy the outdoor café and lounge areas.

The service has a wing devoted to consumers with dementia and cognitive impairment which incorporates dementia design principles.

The furniture, décor, wall art and fittings appear to be clean, functional and well maintained. Lounges, chairs and carpets are clean and free of excessive wear and tear or stains. Wall art is tasteful and provide artistic appeal and create a positive atmosphere. Outdoor furniture, gardens and a large fountain are clean and well maintained and provide a pleasant atmosphere for consumers and their guests to enjoy.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and 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 consumers and representatives interviewed consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

All consumers/representatives interviewed said they feel comfortable and safe making complaints if needed and have been provided with information on complaints mechanisms, including external mechanisms. Changes are implemented, and service planning is updated in response to complaints and other feedback which improves the quality of care and services for consumers.

The organisation demonstrates that consumers are made aware of and have access to advocates, language service and other methods for raising and resolving complaints and that an open disclosure process is used.

The service has a documented complaints management process available to staff and management outlining responsibilities.

Management were able to describe the main areas of current complaints and what has been done in these areas to improve care and services.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANT Human resource

### 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.

Sampled consumers / representatives considered that they mostly get quality care and services when they need them and from people who are knowledgeable, capable and caring. All consumers and representatives interviewed confirmed that staff were kind and caring. Consumers did not identify any areas of training that staff needed.

However, the majority of consumers and representatives indicated that the service is understaffed, and this impacted negatively on care and services. For example, consumers complained of delays in answering to call bells, not being assisted with continence needs and delays in meals delivery and assistance with eating their meals.

All staff members interviewed during the site audit indicated that the service is understaffed, and this impacted on their ability to perform tasks and complete assigned duties.

The service did not demonstrate that performance appraisals are completed in a timely manner for the majority of the staff.

The Quality Standard is assessed as Non-compliant as two 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 consumers and representatives interviewed considered there are not enough staff at the service to provide the care consumers require and staff are always rushing. Care staff have provided feedback to the organisation and to the Assessment Team that there is not enough staff rostered and they spoke of impacts of this on consumers. There are a large number of unfilled shifts.

### The approved provider responded to the Assessment Team’s report and provided very detailed information about hours spent per consumer based on the service’s staffing allocation. The provider acknowledged that there were unfilled shifts and described their efforts to attract, recruit and retain staff. The provider pointed to call bell data as evidence that consumer care is not adversely impacted by the current staffing levels.

Whilst I acknowledge the approved providers response, I am not persuaded that staffing numbers are sufficient given the number of unfilled shifts and the needs of consumers within the dementia specific unit. The statements from both staff and consumers support that staff are rushed and this is impacting on the quality of care provided to consumers.

Having considered the approved provider’s response and the information in the Assessment Team’s report I find that the workforce is not deployed in sufficient numbers to enable the delivery and management of safe and 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 whilst the service is able to demonstrate staff have the qualifications to perform their roles they may not have the knowledge. Deficits were identified with staff not recognising a consumer’s deteriorating health status, documentation was not adequately completed and the early detection of pressure injuries not identified. Representative feedback regarding the management of a consumer who has exhibited continual physical behaviours was that staff did not have necessary knowledge to manage the consumers behaviours. Staff were not provided the necessary specific training to minimise the consumers behaviours and thus reducing the impact on other consumers and staff members.

### The approved provider responded to the Assessment Team’s report and provided evidence of the mentoring and mandatory training provided to staff. The issue around pressure sore identification was clarified. Evidence of multiple training sessions provided to staff between January 2021 to April 2021 in managing behaviour were provided. I have dealt with issues around documentation not being completed in Standard 2 and 3.

Having considered the approved provider’s response and the information in the Assessment Team’s report I find that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

I find this requirement compliant.

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

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

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

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

The Assessment Team found regular assessment, monitoring and review of staff performance is not up to date.

The approved provider responded to the Assessment Team’s report and confirmed that only 10% of care staff and leisure and lifestyle officers have completed performance appraisals.

Having considered the approved provider’s response and the information in the Assessment Team’s report I find that regular assessment, monitoring and review of the performance of each member of the workforce has not been undertaken.

I find this requirement non-compliant.

# STANDARD 8 NON-COMPLIANT Organisation 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 well run and that they can partner in improving the delivery of care and services.

For example:

Most consumers and representatives said they believe the service is well run by the organisation and the current management team. Consumers were able to speak to how they are involved in decision making around all aspects of care and service.

Management described corporate governance as the key aspects of organisational structure, business performance monitoring and management arrangements. The aim of which is to ensure the organisational design reflects and delivers the Quality Standards within the framework of a business model and in partnership with key stakeholders but primarily consumers.

Effective risk management systems and practices have not been demonstrated and there are gaps in relation to managing high impact and high prevalence risks associated with the care of consumers and in supporting them to live the best life they can. Gaps in Regulatory Compliance have also been identified, relating to the reporting and escalation of incidents.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) 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 effective organisation wide governance systems were not demonstrated in relation to workforce governance.

### The approved provider responded to the Assessment Team’s report and stated that they believed the care needs of consumers are being met through their workforce governance arrangements.

Whilst I find that a lack of staff has impacted on the consumer experience and the quality of care and service provided, the provider has demonstrated in their response to the Assessment Team’s report that they have effective wide systems to attract, recruit, train and retain staff. Whilst there is a backlog, the approved provider also has systems to monitor and review the performance of each member of the workforce.

Having considered the approved provider’s response and the information in the Assessment Team’s report I find that effective organisation wide governance systems are in place in relation to workforce.

I find this requirement 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found that although the service has policies for the risk management of high impact or high prevalence risks associated with the care of consumers, identification and responding to abuse and neglect of consumers and supporting consumers to live the best life they can, deficits were found.

The approved provider responded that they have strategies in place to manage high impact/high prevalence risks including wound care, diabetes and behaviour management. The provider disputed that the behaviour of consumers with advanced dementia was impacting on the quality of life and freedom of movement of other consumers due to concerns for their safety.

I find the service does not have effective risk management systems to manage the behaviours of consumers with advanced dementia which places their safety, health and wellbeing at risk. The health, safety and wellbeing of other consumers is also placed at risk as they are being regularly physically assaulted and verbally abused by consumers living with advanced dementia. Consumers are not being supported to live the best life they can in an environment free from abuse.

Incident reporting mechanisms do not capture all incidents and all incidents are not investigated to minimise risk.

Consumers are not being supported to live the best life they can as not being adequately supported to take risks through appropriate risk management systems. Furthermore, not all consumers feel they are treated with respect and dignity and able to make choices about their own care and services.

Having considered the approved provider’s response and the information in the Assessment Team’s report I find that effective risk management systems and practices are not in place.

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.*

# Areas for improvement

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

### Requirement 1(3)(a)

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

* Ensure consumers are being treated with dignity and receiving care and services that are respectful of their individuality and choices.

### Requirement 1(3)(c)

*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.*

* Ensure consumers are supported to communicate their wishes and supported to make their own decisions about their care and services.

### Requirement 1(3)(d)

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

* Ensure consumers are supported to take risks through processes that enable them to live the best life they can.

### Requirement 1(3)(e)

*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.*

* Ensure information provided to consumers is current, accurate, and communicated in a way that enables consumers to understand and exercise choice.

### 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 assessment and planning processes result in consideration of risks to consumer’s wellbeing and informs the delivery of safe and effective care and services.

### Requirement 2(3)(b)

*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.*

* Ensure care planning and assessment processes identify each consumer’s current needs, goals and preferences, including advance care planning and end of life planning, if the consumer wishes. Ensure consumer involvement is evident in care planning and assessment and their needs, goals and preferences are expressed in terms they themselves recognise.

### 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.*

* Ensure incident reporting is carried out following all incidents in accordance with the service’s policies. Ensure care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Requirement 3(3)(b)

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

* Ensure a planned approach to effectively manage high impact or high prevalence risks associated with the care of each consumer.

### 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 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.*

* Ensure systems and processes for sharing information about the consumer’s condition, needs and preferences within the organisation and with others where responsibility for care is shared are robust.

### 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.*

* Ensure sufficient staffing to enable the delivery and management of safe and quality care and services.

### Requirement 7(3)(e)

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

* Ensure systems to undertake regular assessment, monitoring and review of the performance of each member of the workforce.

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

* Ensure systems are in place to manage risk effectively to minimise risk of injury
* Ensure information management systems support effective incident management
* Ensure consumers are support consumers to live the best life they can in an environment where they are respected and can make choices.