Sunnymeade Park Aged Care Community

Performance Report

362-376 King Street
CABOOLTURE QLD 4510
Phone number: 07 5495 4233

**Commission ID:** 5208

**Provider name:** Jomal Pty Ltd

**Site Audit dates:** 3 November 2020 to 6 November 2020

**Date of Performance Report:** 22 December 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **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** | **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) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the 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 Assessment Contact - Site report dated 9 December 2020.
* the Infection control monitoring checklist completed 9 November 2020.
* referral information received by the Commission.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Sampled consumers and representatives confirmed that consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they choose. More specifically, interviewed consumers and representatives stated they were treated with respect by staff, that staff encouraged and supported consumers’ independence, and that staff knew the consumers as individuals. Consumer personal privacy was respected, and staff respected their confidentiality and those of others residing at the service.

Staff interviews demonstrated that staff knew what was important to each of the sampled consumers. Staff were able to describe how they ensure consumers’ preferences are known and respected.

Care documentation provided guidance regarding who and what were important to the consumers and their individual preferences in relation to care and services.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Sampled consumers considered they felt like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed reported that they were involved in assessment and care planning to some extent. They were aware of the outcomes of assessment and planning, and representatives were informed when there was a change to care delivery.

Staff interviewed were aware of the consumer’s needs, goals and preferences and the care required to ensure these were met.

Sampled care documentation demonstrated regular review and updates when changes were required.

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

## Assessment of Standard 2 Requirements

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) Compliant

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

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Overall sampled consumers considered that they received personal care and clinical care that was safe and right for them. They confirmed that they received the care they needed, and they had access to a medical officer or other health professional when they needed it.

Generally, care planning documents demonstrated deterioration or changes in the consumer’s condition or health status were responded to in a timely manner. However, the service did not respond in a timely manner when a consumer displayed possible symptoms of COVID-19.

Clinical records demonstrated input from medical officers, allied health professionals and other specialist services including a geriatrician and wound care specialist.

While overall care documentation for consumers reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer, the Assessment Team identified that the service’s monitoring of clinical information, strategies to manage behaviours and understanding of restraint management was not best practice.

The Quality Standard is assessed as Non-compliant as five of the seven specific

requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team identified multiple examples of individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. This was evidenced generally in care documentation, feedback from consumers and in interviews with both registered and care staff. Documentation confirmed that clinical meetings to monitor and review clinical care were held fortnightly, and review meetings held weekly.

Pain management and skin integrity management were observed to be appropriate and effective.

However, the Assessment Team identified the following summarised concerns regarding this requirement.

1. The administration of the external software system used to assist in monitoring clinical care delivery involved data input that was not always reviewed for correctness before the information was used in clinical review meetings. Errors arose where administrative staff incorrectly doubled up reports or miscategorised reports, leading to errors in clinical trend identification.

The Approved provider advised on site that data will be entered by clinical staff to address this issue. The provider has confirmed in its response that a registered nurse will both enter and analyse data entry.

1. In relation to physical restraints a named consumer had a low bed (a restraint) however neither the care plan identified the restriction of movement and management had not identified the low bed as a form of restraint. Further, two sampled consumer representatives stated that the service had discussed the need for bedrails with them but had not discussed the associated risks with them.

Another named consumer had a diagnosis of dementia, poor mobility, was assessed as a high falls risk and liked to walk and stand. Care planning strategies to address the consumer’s fall risk was to advise the consumer to sit down as they may fall. This strategy was ineffective, and the consumer continued to experience falls.

The Approved provider response indicates the consumer’s care plan with the low bed has been amended to facilitate the use of a high/low bed as a form of restraint. Consultation has occurred with the consumer, consumer representative and general practitioner. Consents have been obtained.

The Approved provider response states that the named consumer with a propensity to mobilise independently has been reflected in their care plan and strategies have been implemented to minimise risks of falls. Staff have been advised of this and further training in relation to this issue is forecast for completion before February 2021.

Documents evidencing the service response above were provided.

1. In relation to chemical restraint, overall care documentation demonstrated the required restraint authorisations were in place for consumers who required this, however management did not always demonstrate an understanding of physical and chemical restraint and could not provide consistent or accurate information related to assessment and monitoring of restraint practices at the service. The information the service provided at the entry meeting about chemical restraint numbers was inconsistent with information the Assessment Team identified upon review of the chemical restraint register.

Having considered the matters above and having considered the Approved provider responses I find the service is non-compliant. I note the service responded promptly to onsite advice and the written response evidences this further. However, having regard to the gravity of the matters; the fact the service responded only after audit findings, and not through an internal process of audit, governance measure or continuous improvement process; and being unable to at this stage ascertain the efficacy of any changes made, I find this Requirement is Non-compliant.

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

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

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

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

### 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) Compliant

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team interviewed staff and concluded the pharmacist monitored antibiotic usage at the service, infections were tracked through the electronic care system and were reported as part of the monthly audits, and that antimicrobial usage was minimised in a number of ways.

In October 2020 a named consumer was identified as having an upper respiratory tract infection and met the Queensland Health guidelines for COVID-19 testing. The service’s protocols were not followed. The required reviews of the consumer, physical observations and isolation procedures were not undertaken. These were commenced more than 24 hours after symptoms were known by a clinical staff member.

The outbreak management plan omitted how isolation zones would be designated at the service and did not address how staff would cohort to work in wings. A number of other anomalies were identified and brought to the service’s attention.

The Approved provider response identified six series of remedial actions taken by the provider including an update of the outbreak management plan.

Having regard to the number and nature of the deficiencies identified by the Assessment Team and considering the actions have not been tested for their effectiveness of the remedial actions taken, I find that this Requirement is Non-compliant.

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Overall sampled consumers considered that they received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Consumers were supported by the service to do the things they liked to do including activities in the service, in the general community and with family and friends. The service assisted them to keep in touch with people who were important to them and they enjoyed the food as it was varied and of suitable quality and quantity.

The Assessment Team observed a variety of activities being undertaken at the service during the audit. This included bingo, happy hour and an event for Melbourne Cup.

Care plans reviewed under this Standard demonstrated lifestyle assessments had been undertaken to determine the preferences of each consumer. Menu documentation and interviews with hospitality staff demonstrated food options are varied and cater to specific dietary preferences such as vegan and gluten free diets.

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.*

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall sampled consumers considered that they felt they belong in the service and felt safe and comfortable in the service environment. In particular consumers interviewed confirmed that they felt at home and could provide examples of how their visitors felt welcome and what made the service feel safe and comfortable for them and their visitors.

Consumers/representatives interviewed were satisfied that equipment was inspected and maintained, and the environment was monitored to minimise risks and comments indicated that the staff were kind and caring, and the service was clean, tidy and well maintained.

The Assessment Team observed the service’s environment to generally be clean, tidy and well maintained. The Assessment Team observed cleaning and maintenance staff working safely within the service and using appropriate equipment.

The Assessment Team identified consumers were not able to move freely within the service and the environment was not safe for consumers.

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.*

Consumers were not able to move freely in two areas of the service.

The Assessment Team identified a number of matters in relation to entry and exit for two wings at the service. Management feedback was not clear whether these wings were considered secure, however they were signed as such and a number of environmental attributes presented unassessed barriers for consumers such as heavy doors and an exit mechanism that was not easy to identify. Following feedback from the Assessment Team, management undertook to assess consumers, signage was changed and physical barriers were assessed and/or modified. This enabled free access.

The Approved provider has not asserted that all risk assessments are yet complete and that restrictions are universally appropriate in accordance with the risk assessments. The Approved provider confirms remedial actions were taken in relation to ensure consumers had easy access to outdoors areas.

Consumers within the memory support unit (MSU) could move freely from their rooms (inside door not locked) but could not move back into their room (outside door locked). Consumer restriction of movement into their (own) rooms had not been identified as possible physical restraint, assessed or consented to. Representatives had not been consulted.

The Approved provider response advises physical restraint authorities for consumers residing in the MSU, including bedroom access and egress, have been or are being obtained.

The Assessment Team observed a designated smoking area with evidence of ash debris on towelling cloth on the seating, and the absence of either a call bell or a fire extinguisher.

The Approved provider response indicates that call bells have been installed and that fire safety equipment and signage have been ordered.

In the context of yet to be completed assessments for consumers in the service wings referred to above and the MSU, I find that the physical environment described above represents a restriction of free movement. In relation to the fire risk and potential unintended harm to consumers, I consider the environment is still unsafe.

For these reasons the Requirement is Non-compliant.

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

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

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Most sampled consumers and representatives did not consider that they were encouraged and supported to give feedback and make complaints or that appropriate action was taken. A majority of sampled consumers provided examples where they had raised issues around care and service delivery which were not escalated or responded to appropriately by staff members or the service generally.

Most sampled consumers and representatives also reported they were not supported or provided with additional information about alternative and external means of complaint resolution.

Most consumers and representatives interviewed did not feel that changes were made at the service in response to complaints and feedback. Those sampled also reported they had not consistently received a response to their complaint or were involved in the resolution of it.

The Assessment Team reviewed the organisation’s approach to reviewing and addressing complaints through an examination of service-based policy, relevant complaints data, plans for continuous improvement and undertaking observations of information available to consumers about complaint avenues. This review identified the service’s system for dealing with feedback and complaints was not consistently effective in informing continuous improvement in care and service delivery for consumers.

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.*

Consumers were not satisfied with the service’s handling of complaints including feeling ostracized after lodging a complaint and the lack of appropriate action following a complaint regarding staff practices.

The materials supplied by management and information supplied by staff disclosed that the only complaint mechanism identified was direct complaints to the Approved provider. The material and information did not identify that complaints could be raised directly with relevant third parties e.g. the Aged Care Quality and Safety Commission.

The Approved provider response shows that a number of complaint information material have been updated, training has or will be undertaken, and that number of further modifications have been made following onsite advice from the assessment team.

Given the recency of the remedial actions and no evidence at this stage of their effectiveness, I find that this Requirement is Non-compliant.

### 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.*

Management was unable to provide evidence of an open disclosure process used in relation to a particular complaint. More generally when care and registered staff were interviewed they were generally unable to provide a response that demonstrated a clear understanding of the open disclosure concept.

The Approved provider response shows that the complaint resolution system has been updated such that a complaint cannot be finalised until the complainant or representative has been contacted and advised of an outcome. Also education and training is programmed to be completed before February 2021.

Given the recency of the remedial actions and no evidence at this stage of their effectiveness, I find this Requirement is Non-compliant.

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

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

Consumer feedback to the Assessment Team identified a lack of response to a consumer’s complaint regarding the smoking area.

Staff interviewed gave examples where their complaints regarding rough handling of consumers had not been acted upon by management.

Management acknowledged complaints had not been registered for a three month period. Consequently, management were unable to describe what the main trends were in complaints, how these trends have been analysed to improve the service or provide an example from their complaints register which has recently informed their plan for continuous improvement. In relation this management did not follow the Approved provider policy around feedback and complaints.

The Approved provider response shows that analytical data and reporting functionality have been added to the complaints management system and that training across a range of areas relating to complaint management has been undertaken or is programmed.

While additional functionality has been added to the complaint management system, in the absence of positive evidence that the remedial changes lead to effective review and are used to improve the quality and care and services, I find the requirement Non-compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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. Overall, most consumers considered that they got quality care and services when they needed them and from people who were knowledgeable, capable and caring.

Consumers and representatives sampled confirmed there were adequate staff numbers to receive the care and assistance consumers require. They also provided positive feedback that staff engaged with consumers in a respectful, kind and caring manner.

While some staff and consumers identified an inadequate number of staffing at the service and review of the roster identified a number of unfilled shifts, the Assessment Team did not identify an impact to care and services provided to consumers.

The workforce has not been adequately trained to deliver outcomes required by the Aged Care Quality Standards.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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.*

### 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.*

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

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

Mandatory and ongoing training has been provided to staff, however this training has not been effective and staff practices demonstrated inappropriate actions taken in regard to behaviour management, fire safety and mandatory reporting.

Staff have received training in relation to restraint however the Assessment team found that staff do not have a clear understanding of restraint management. For example the service has not considered restraint for consumers who would be physically or cognitively unable to open a locked door.

Staff have received mandatory training in relation to elder abuse, however the Assessment Team found that staff are not consistently escalating identified elder abuse incidents and management are not consistently identifying reportable elder abuse.

Staff have not received education in relation to managing challenging behaviours since September 2019. The Assessment Team identified strategies to manage challenging behaviours for a number of consumers includes locking the bedroom doors of consumers who wander into other consumer’s rooms. The service advised other strategies to manage this behaviour have not been trialled. Strategies to manage what staff describe in progress notes as challenging behaviours for a consumer who frequently attempts to stand up and move, is to repeatedly sit the consumer down.

The provider response shows a number of remedial actions in relation to restraint management. Training for workplace aggression and difficult behaviours has been programmed for completion before February 2021.

### Whilst remedial action is planned at the time of the site audit staff did not demonstrate appropriate skills to deliver the outcomes of the Aged Care Quality Standards and therefore, I find this Requirement Non-compliant.

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The organisation did not understand its requirement to engage consumers in the development, delivery and evaluation of care and services. It did not evidence effective governance wide systems and risk management systems and practices and did not demonstrate documented evidence of a framework of systems and practices such as policies and procedures related to the standards.

Representative feedback did not support their engagement in the delivery and evaluation of care and services.

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

## Assessment of Standard 8 Requirements

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

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

While management advised they supported consumers to engage with the service through personal care plan reviews, provided feedback at consumer meetings and conducted surveys of consumers, management advised consumers were not supported at an organisational level to be engaged in the development, delivery and evaluation of care and services because the service was not undertaking any new projects or works in relation to which input could have been sought.

Consumers interviewed were unable to describe how the organisation had supported them to engage in the running of the service outside of providing feedback at consumer meetings. Consumers did not participate in activities such as service committees, management meetings, interview panels or other avenues for providing input into the development, delivery and evaluation of care and services.

The Approved provider in its written response to the Assessment Team’s findings refuted there was an issue to the access to policies and procedures for the Assessment Team. However, in making my decision I have placed weight on the information the Assessment Team received through interviews with management and consumers’ responses. The Approved provider also indicated a consumer advisory committee is in the process of being established.

As remedial actions are underway and not yet implemented or evaluated I find this Requirement is Non-compliant.

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

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

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

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

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

### The Assessment Team identified seven areas of deficiency in relation to the service’s management of information. These included:

* Incorrect data entry of incident report analysis, and review by clinical management have not identified and addressed this.
* Staff complaints are being recorded within the service’s comments and complaints data.
* Complaints data is not being captured within the service’s register.
* Conflicting information in relation to the services restraint reports.
* Inconsistent recording and reporting incidents of reportable elder abuse.
* Review of the staff handbook includes outdated information.
* Review of the consumer handbook identified outdated information.

### The Approved provider response identifies remedial action in respect of each.

In relation to continuous improvement the Assessment Team identified complaint information was not consistently captured for continuous improvement opportunities. Verbal complaints and complaints relating to incidents have not been recorded and therefore not appropriately addressed. The Approved provider response states that all complaint types are now caught for this process.

Mandatory reporting requirements were not effective, including the absence of investigation to an episode of rough handling for one consumer. The complaint was not recorded on the reportable assault register. The provider response accepts that this was inconsistent with regulatory requirements and has implemented additional training relating to mandatory reporting.

While I acknowledge the actions planned by the Approved provider to address these deficiencies, these actions have not been fully implemented or evaluated for their effectiveness, therefore, I find this requirement is Non-Compliant.

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

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

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

The organisation could not demonstrate a documented risk management framework, including policies in relation to matters relevant to this requirement.

The Approved provider response refuted the Assessment Team did not have access to the service’s policies and procedures.

The Approved provider has supplied a single document (annexure A3) which is a summary page of a training course titled “Restraint – Aged Care Quality Standard 8”.

The availability of this course does not satisfy the present requirement to have effective risk management systems and practices.

### For the reasons given I find this Requirement is Non-compliant.

### 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 organisation was unable to demonstrate a documented clinical governance framework, a policy relating to antimicrobial stewardship or a policy relating to minimising the use of restraint.

The Approved provider response refutes the Assessment Team did not have access to policies and procedures relevant to this Requirement.

In its written response to the Assessment Team’s finding the Approved provider has provided a number of documents to constitute evidence of compliance with this Requirement.

It is my decision the documents provided by the Approved provider do not adequately address the deficiencies identified by the Assessment team and therefore it is my decision this Requirement is Non-compliant, as the organisation does not have a documented clinical governance framework.

# 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 3(3)(a) - The service is required to ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice and is tailored to their needs and optimises their health and well-being, especially in relation to physical and chemical restraint assessment and authorisations.

### Requirement 3(3)(g) - The service is required to ensure minimisation of infection related risks through implementing standard and transmission based precautions to prevent and control infection; and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Requirement 5(3)(b) - The service is required to ensure its service environment is safe, clean, well maintained and comfortable and enables consumers to move freely, both indoors and outdoors.

### Requirement 6(3)(a) - The service is required to ensure consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

### Requirement 6(3)(c) - The service is required to ensure appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

### Requirement 6(3)(d) - The service is required to ensure feedback and complaints are reviewed and used to improve the quality of care and services.

### Requirement 7(3)(d) - The service is required to ensure its workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

### Requirement 8(3)(a) - The service is required to ensure consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

### Requirement 8(3)(c) - The service is required to ensure effective organisation wide governance systems relating to the following information management, continuous improvement, financial governance, workforce governance, including the assignment of clear responsibilities and accountabilities, regulatory compliance, and feedback and complaints.

### Requirement 8(3)(d) - The service is required to ensure effective risk management systems and practices, including but not limited to the following, 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.

### Requirement 8(3)(e) - The service is required to ensure where clinical care is provided—a clinical governance framework, including but not limited to the following antimicrobial stewardship, minimising the use of restraint, and open disclosure.