Sylvan Woods Nursing Home

Performance Report

500 Old Cleveland Road East   
BIRKDALE QLD 4159  
Phone number: 07 3207 2830

**Commission ID:** 5937

**Provider name:** Queensland Rehabilitation Services Pty Ltd

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

**Date of Performance Report:** 2 December 2021

# Performance report prepared by

Susan Turner, delegate of the Aged Care Quality and Safety Commissioner.

# 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** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | 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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-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) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 responses to the Site Audit report received 22 and 24 November 2021.

# STANDARD 1 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

Consumers and representatives considered they are treated with dignity and respect, can maintain their identity, are provided with information about care and services, can make informed choices about the care they receive and live the life they choose. They said that staff respected their privacy, valued their culture and diversity and that they were encouraged to do things for themselves and remain independent.

Consumers provided examples of how staff supported them to attend religious services external to the service, provided privacy when they were spending time with family and friends, and acknowledged their cultural backgrounds. They said they were supported to take risks that enabled them to live the best life they can.

Care planning documentation reflected what is important to consumers including gender preferences for care delivery, religious faith, and other personal preferences such as how the consumer likes to spend their time. Documentation evidenced consultation with consumers, representatives and primary contacts including Enduring Power of Attorney.

The Assessment Team found staff consistently spoke about consumers in a respectful manner and had a sound understanding of each consumer’s personal circumstances. Staff were able to describe how the care they delivered was influenced by the consumer’s personal preferences.

Information was provided to consumers in various ways including verbal communication from staff, the consumer handbook, the activity calendar, menus, noticeboards, and consumer meetings. Information sheets were available in various languages and provided support to consumers when accessing other support services.

Staff said they were satisfied with the way their colleagues treated consumers and if they did witness unacceptable staff treatment of consumers they would report their concerns to management. Registered staff said they monitor staff interactions with consumers and would take action if necessary.

Staff described the practical ways they respect the personal privacy of the consumers sampled. They said handover processes are undertaken in areas where consumers cannot hear them and they do not discuss consumers’ care with other consumers. The Assessment Team found staff demonstrated an awareness of privacy and confidentiality by being discreet when providing personal cares and information in shared rooms.

Guidelines and policies relating to dignity, choice, autonomy and risk supported staff in the delivery of care that empowers consumers to maintain their identity, feel safe and live a life of their own choosing.

Staff have been provided with education including ‘dignity in care’ that outlines the need to treat consumers with dignity and respect, with their identity, culture and diversity valued. Other education included communicating with the older person with diverse needs, language barriers and how to use translation applications.

The Assessment Team observed staff interacting with consumers respectfully. Observations showed staff understand each consumer’s preferred communication style and that they allowed time for consumers to respond. Information about the menu, feedback mechanisms and lifestyle activities was displayed within the service.

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

## Assessment of Standard 1 Requirements

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

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

The service demonstrated consumers are treated with dignity and respect and can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers and representatives interviewed by the Assessment team said staff speak to them in a kind and respectful manner, take time to find out what matters to them and address them by their preferred name.

Staff spoke respectfully about consumers and demonstrated an understanding of consumers’ personal preferences and how they wished to be treated.

Staff have received education and training that outlines the need to treat consumers with dignity and respect their diversity, identity and culture.

The Assessment team observed staff interacting with consumers in a respectful way and offering support and assistance at mealtimes.

I find this requirement Compliant.

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# 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

Consumers and representatives said that they were involved in conversations with staff about care delivery, case conferences and care plan reviews and were confident staff understood their preferences and care needs. Consumers described how the people who are important to them such as family and nominated health professionals were involved in their care.

Care planning documentation for consumers whose files were reviewed by the Assessment Team evidenced involvement of the consumers and their representative, medical officers and allied health. Updates to care plans occurred following an incident or when needs changed with involvement of health professionals as appropriate.

The Assessment Team found that care planning documentation included strategies to support consumers with chronic health conditions, complex wounds, cognitive impairment and falls risks. For consumers who had recently died, documentation demonstrated an end of life pathway and the commencement of palliative care.

Registered staff demonstrated an understanding of their role in assessment and care planning and could describe the care plan review process and how they make referrals to allied health professionals. Registered staff said they liaise with the consumer and representatives when there has been a change in the consumer’s condition and when there are changes to planned care delivery.

Staff said they are able to access information about consumers through care plans, handovers and electronic messaging. Staff said consumers can access their care plans.

A suite of evidence based clinical assessment tools, clinical guidelines and policies and procedures are available to guide staff in relation to assessment and care planning and include end of life care and referral processes.

The organisation has implemented new policies and procedures relating to assessment and care planning and this guides staff to review consumers’ care plans regularly on a four-monthly basis. This process has been supported through the recent implementation of the electronic care management system which alerts staff when care plans are due for review. Registered staff have received training in these processes and in clinical governance, care plan evaluation and choice and decision making. Additionally, the organisation has a team of clinicians and educators that has provided support to registered staff in relation to assessment and care planning.

While the organisation had implemented a number of actions to improve assessment and care planning processes, the Assessment Team found that in some instances, strategies to minimise identified risks associated with the care of some consumers, for example those who smoke cigarettes, had not been detailed in care plans.

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

## Assessment of Standard 2 Requirements

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

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

While consumers and representatives interviewed by the Assessment Team said they were involved in assessment and care planning and were satisfied with care and service delivery. The Assessment Team reviewed care planning documentation and identified deficiencies in aspects of the assessment and care planning process for some consumers.

For consumers who smoke cigarettes, assessment and care planning documentation did not consistently capture information to minimise risks that had been identified for individual consumers.

The Assessment Team reviewed assessment and care planning documentation and other related clinical documentation for one consumer who was observed smoking during the Site Audit and identified that the consumer was unable to safely manage cigarettes and that there had been previous smoking related incidents, however individualised strategies to manage these risks were not reflected in assessment and care planning documentation.

I note the service has taken action to update and review the smoking and risk care plans for some consumers and these now include strategies to guide staff. The approved provider has also advised that some consumers no longer choose to smoke cigarettes.

For one consumer with mental health related issues including anxiety, care planning documentation did not include strategies to support the consumer’s sense of safety and emotional well-being. I note the approved provider’s response includes evidence that this has been addressed and strategies to guide staff as to how to allay anxiety for this consumer are now detailed in the care plan.

The Assessment Team brought forward deficiencies in relation to the development of Behaviour Support Plans for some consumers. The approved provider in its response has addressed these concerns and submitted evidence identifying that the organisation had delivered education to staff and that organisational support was being provided to the service in relation to this requirement. I accept this.

I note too that the Assessment Team have brought forward information that the service’s plan for continuous improvement included actions to improve performance in relation to assessment and care planning and this was confirmed in the approved provider’s response to the Assessment Team’s report. This included the transition to an electronic care management system, the provision of a transition support team that included clinicians and educators to assist registered nurses with assessment and care planning and the delivery of associated education and training.

While I acknowledge the actions that have been taken by the approved provider, I am satisfied that at the time of the Site Audit, strategies to minimise risks for consumers who smoked cigarettes and to support a consumer with anxiety, were not detailed in care planning documentation to guide and inform care delivery.

I find this requirement is Non-compliant.

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

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

The service demonstrated that assessment and care planning processes generally identified consumers’ current needs, goals and preferences and that information relating to advanced care planning for consumers is held by the service.

Consumers and representatives interviewed by the Assessment Team said they have input into how their care is delivered and believed that staff understood their care needs and individual preferences.

Staff could describe what was important to consumers in terms of their personal and clinical care needs, and their goals and preferences.

I find this requirement is 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.*

### 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.*

The service demonstrated that care plans are regularly reviewed including when the consumers’ circumstances change.

The Assessment team found there were policies relating to assessment and care planning and established review processes in place. Staff were familiar with their responsibilities in relation to review of care.

All consumers’ assessments and care plans were reviewed/redeveloped when the service implemented the electronic care management system in August 2021. The electronic care management system includes an alert when the care plan is due for review and a register of due dates supports monitoring of this by senior clinical staff.

I find this requirement is 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

Most consumers and representatives felt that consumers received personal and clinical care that was safe and met their needs and preferences. They were confident that any changes in the consumer’s condition would be identified promptly and responded to appropriately including when this involved referral to a health care professional. Consumers and representatives confirmed that staff had discussed end of life care and/or advance health directives with them.

Care planning documentation demonstrated that staff identified and responded to a change in the consumer’s condition and where appropriate there was involvement of health care professionals including medical officers, specialists, physiotherapist, podiatrist, mobile dentist and psychologist.

For consumers who were approaching end of life, the Assessment Team found that care planning documentation detailed comfort care measures together with the consumer’s individual preferences.

Registered staff described the assessment process when there has been a change to a consumer’s condition. They said they report changes to the clinical management team, medical officers and allied health professionals. A registered nurse is on site 24 hours a day with the ability to contact senior clinical staff for support and advice. Registered staff said that if necessary, they can contact an afterhours medical officer or transfer a consumer to hospital. Staff demonstrated an understanding of how to care for consumers and how to maximise their comfort and dignity as they approached end of life.

Staff had received education including in relation to infection control and processes to minimise infection related risks were evident.

The service has policies and procedures to guide staff relevant to this Standard and these include assessment, reassessment, escalation of a consumer’s care, palliative care, end of life care and infection control.

However, the Assessment Team found the service did not consistently deliver care that was tailored to the consumer’s needs or that optimised the consumer’s health and well-being with the Assessment Team bringing forward deficiencies in relation to the the management of restrictive practice, some aspects of specialised nursing care and medication management. Additionally, high impact and high prevalence risks associated with cigarette smoking, were not managed for some consumers.

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

### Assessment of Standard 3 Requirements

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

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

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

Consumers were not consistently receiving care that was tailored to their needs and optimised their health and well-being with the Assessment Team identifying deficiencies in specialised nursing care, medication management practices, and the management of restrictive practices.

The Assessment Team found that specialised nursing care relating to wound care and catheter care was not consistently delivered in accordance with healthcare directives and in one instance this was related to insufficient clinical supplies.

One consumer experienced two medication incidents in five days and another consumer was found by clinical staff to be drowsy after receiving an incorrect medication.

Nursing staff did not have a shared understanding of restrictive practices and the Assessment Team brought forward information identifying some consumers who were subject to environmental restraint without having the appropriate authorisations in place.

For consumers with pain, care plans did not consistently reflect non-pharmacological strategies that had been identified in assessments as pain management interventions. Further to this, the Assessment Team found that non-pharmacological interventions were not always documented as being trialled prior to the administration of pain-relieving medication. Management confirmed with the Assessment Team that they had identified some registered nurses were not offering alternative pain management interventions prior to administering medication and that education was being provided to address this. The approved provider in its response states that additional alerts in relation to pain interventions have been placed on a consumer’s file, that registered staff are aware of non-pharmacological pain management interventions and that there is increased monitoring of staff compliance to ensure consumers receive pain management as directed. I note too that while the Assessment Team brought forward deficiencies in the documentation relating to pain management they stated that pain management was generally effective. Therefore I am satisfied that consumers’ pain is being managed.

The approved provider’s response states that actions have been taken to address the deficiencies identified by the Assessment Team. The electronic care management system is being used to alert staff when specialised nursing care and other related procedures/tasks are due for completion and evidence of this was provided. Processes to improve the ordering of clinical supplies have been streamlined.

In response to the Assessment Team’s findings that wound care wasn’t being delivered as prescribed, the approved provider states this was as a result of the consumer refusing wound care however evidence of this was not provided. I accept however that the consumer was satisfied with wound care and stated the wound was healing.

The approved provider’s response includes a completed a root cause analysis of recent medication incidents that identified staff failure to follow process as being implicated in medication incidents. Strategies to improve staff adherence to organisational processes have been implemented and include increased education and training, completion of medication competencies and increased monitoring including audits. A medication safety alert has been issued to staff to improve the management of medication patches.

The organisation has completed consent forms for restrictive practices for consumers who had been identified during the Site Audit as being environmentally restrained without the appropriate authorisations in place.

While the approved provider has taken action to address the deficiencies identified by the Assessment Team, I am satisfied that at the time of the Site Audit consumers were not receiving care that was tailored to their needs and optimised their health and well-being.

I find this requirement is Non-compliant.

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

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

The Assessment Team found that while the organisation had previously identified risks associated with cigarette smoking for some consumers, individualised strategies to manage those risks were not detailed in care planning documentation and had not been implemented.

The Assessment Team observed a consumer during the Site Audit smoking cigarettes unsupervised. The Assessment Team noted the consumer was not wearing a smoking apron to minimise the risk of burns despite there being evidence that clothing had been damaged by cigarette smoking. The Assessment Team reviewed assessment and care planning documentation and other related clinical documentation for this consumer and identified that the consumer was assessed as being unable to safely manage cigarettes and that there had been previous smoking related incidents. However, individualised strategies to manage these risks were not reflected in assessment and care planning documentation and were not being implemented by the service.

The approved provider’s response states that one of the named consumers no longer smokes cigarettes and that for another consumer, the smoking assessment and care plan have been revised and that monitoring of the consumer has demonstrated their ongoing safety.

While I acknowledge the approved provider’s response, I remain concerned that previous assessment processes (in August and September 2021) had identified that two consumers were unable to safely manage cigarette smoking. However, these assessments had not informed the consumer’s care planning and care delivery.

The Assessment Team found registered staff and care staff could generally describe high impact and high prevalence risks for consumers including falls, pressure injuries, swallowing deficits and complex behaviours and that these risks were reflected in care plans. I note too that there are policies and procedures to guide staff in relation to this requirement. However, I am satisfied that staff were not effectively minimising risks associated with cigarette smoking particularly for consumers who had been identified by the organisation’s assessment processes as being unsafe when smoking cigarettes.

I find this requirement is Non-compliant.

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

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

### Requirement 3(3)(d) 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) 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 service demonstrated it minimises infection related risks and promotes the appropriate use of antibiotics.

Staff said they have received education relating to hand hygiene, personal protective equipment, donning and doffing and other related infection control topics, and provided examples of how they use this to minimise infection related risks. They described how they isolate consumers who show signs of a transmissible infection until pathology results have been received and reviewed by appropriate personnel.

Staff interviewed by the Assessment Team said that in the event they are unwell, they do not attend work and that they had been vaccinated for influenza and COVID-19.

Staff said they minimise antibiotic use by increasing consumers’ fluid intake as appropriate, using personal protective equipment, and screening urine samples prior to commencing antibiotic therapy. Registered staff were familiar with antimicrobial stewardship and how they were able to facilitate this.

Clinical management staff said that consumers are monitored each shift for signs of respiratory illness

The organisation has written policies and procedures relating to antimicrobial stewardship, infection control and an outbreak management plan.

The Assessment Team observed signage throughout the service that related to hand hygiene, cough etiquette and social distancing. Pre-entry screening occurred for all staff, visitors and contractors prior to entry and included temperature checking, use of ‘quick response’ codes that also involved a health status declaration.

Consumers and representatives said they had received information about how to minimise infection related risks including COVID-19.

The Assessment Team identified deficiencies in relation to the service’s processes to monitor visitors’ influenza vaccinations and the service’s outbreak management plan. The Assessment Team observed one instance of poor hand hygiene practiced by a staff member.

The Assessment Team’s report included information that some furnishings and equipment were not clean and I have considered this information under Standard 5.

The approved provider in its response has provided additional information that includes evidence of an influenza vaccine register for visitors, an emergency supplies reference guide, a detailed COVID-19 Outbreak Management Plan, transition plans and a COVID-19 risk response and monitoring framework. I note that infection data submitted by the approved provider in its response also evidences a reduction in infections. The service has taken action to address the hygiene practices of the staff member who demonstrated poor practice to ensure they understand their responsibilities in relation to infection control.

I am satisfied the service is taking action to minimise infection-related risks.

I find this requirement is Compliant.

# STANDARD 4 COMPLIANT Services and supports 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

Consumers and representatives said consumers are able to exercise choice in relation to their day-to-day life and have access to equipment and other resources that supported their independence. They said consumers determine their sleeping and rising times, the meals they choose to eat and the activities both within and outside the service that they wish to attend.

Consumers were satisfied with the lifestyle program and said that they were supported by staff to keep in touch with the people who are important to them.

Most consumers were satisfied with the food and said they have input into the menu and have enough to eat both at meal times and in-between meals. They said their feedback leads to improvements in the variety of meals that are available.

Care planning documentation reviewed by the Assessment Team demonstrated assessment processes captured what and who is important to consumers and this information is available to guide staff. Strategies to support consumers’ emotional and spiritual well-being were reflected in care planning documentation including guidance for staff as to how best to support consumers if they are feeling low. Dietary needs and preferences were recorded, including allergies, texture modification, likes and dislikes.

Care staff had a clear understanding of what is important to consumers and how they like to spend their time and the Assessment Team found staff knowledge about consumers was aligned with care planning documentation.

Lifestyle staff advised that an activity program is available seven days per week and that consumers’ suggestions inform activity planning. Staff explained how the lifestyle program is adjusted to accommodate the needs of consumers with declining health or those who are less mobile. Staff supported consumers to stay connected with loved ones using phone calls and mobile video/audio platforms. Where a consumer/or consumers were identified as requiring additional support, lifestyle staff liaise with external groups or service providers to supplement the lifestyle program.

Staff said they have access to the equipment they need to provide a range of activities and leisure interests and pastimes to consumers. A preventative maintenance schedule was in place and the Assessment Team confirmed maintenance of equipment occurred in accordance with the schedule.

The Assessment Team observed consumers participating in a variety of activities throughout the Site Audit including playing bingo, shuffleboard and other board games, attending exercise classes, and going to concerts. Staff were observed assisting consumers with their meals, offering them alternatives and providing drinks.

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-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

Consumers were generally satisfied with the environment and said they can decorate their rooms with ornaments and photographs that remind them of home. They said their visitors are made to feel welcome and that they have private spaces where they can meet. Some consumers however, expressed concern at their inability to move freely outdoors without staff assistance.

The Assessment Team observed that the reception area was welcoming and that staff assisted consumers entering the service. They found the layout of the service enabled consumers to move freely indoors and that handrails were available in corridors which supported consumers’ ability to mobilise.

Staff described the features of the service environment that were designed to support the functioning of consumers with a cognitive or mobility impairment. Staff were familiar with maintenance processes and knew how to escalate an urgent maintenance request; they said these requests are usually actioned on the same day.

Cleaning staff advised consumers’ rooms are cleaned daily with a deep clean occurring on a weekly basis. Mechanisms were in place for consumers to provide feedback on their satisfaction with cleaning processes.

Consumers were observed using various sitting areas located throughout the service.

However, the Assessment Team identified that the service was not consistently providing a safe, clean, comfortable and well-maintained environment for consumers.

Staff were not supervising consumers who were smoking cigarettes, including in those circumstances where there had been smoking related incidents.

Odour control was not well managed and the Assessment Team noted cigarette smoke filtered into communal areas and malodour from a sluice room was present during the Site Audit.

In some instances, furniture and equipment was observed to be unclean and unsuitable for consumers’ use. Staff reported they did not clean shared staff equipment such as computers after use.

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

The Assessment Team brought forward information under this and other requirements, that demonstrated the service environment was not consistently safe, comfortable and clean.

Consumers who were identified as having unsafe cigarette smoking practices were not being supervised by staff while smoking cigarettes to ensure their safety. The Assessment Team identified that in the weeks prior to the Site Audit a small fire occurred when a cigarette was dropped onto leaf matter.

Cigarette smoke and other malodours could be smelt in communal areas.

Areas within and outside the service were observed by the Assessment Team to be unclean and poorly maintained. This included bathrooms, walls and skirting boards. Outdoor garden beds were unkempt with leaf litter and dead plants evident.

The Assessment Team identified that consumers had access to kitchen chemicals including dishwashing liquid and commercial kitchen equipment including knives. The approved provider states that a further risk assessment of the area was completed and additional risk minimisation strategies are being implemented to enhance consumer safety.

The approved provider in its response has said that the designated smoking area is to be moved to an area of the service where cigarette smoke will not filter into the building. In addition to this, staff have been reminded of their responsibilities under relevant policies and procedures which provide guidance in relation to the positioning of designated smoking areas and supervision requirements.

Strategies to manage odours from the sluice room have been implemented. Cleaning programs for the bathrooms have been enhanced and monitoring has been formalised.

The Assessment Team brought forward information about two consumers who said they could not independently access some outdoor areas of the service. The approved provider in its response has advised of actions that have been taken to improve egress for consumers.

While I acknowledge the actions taken by the service in response to the Assessment Team’s findings, I am satisfied that the service environment was not consistently safe, clean and comfortable at the time of the Site Audit.

I find this requirement is Non-compliant.

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

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

The Assessment Team found that furniture and equipment was not clean and well maintained.

The fabric upholstery of seating in communal areas was observed to be stained with grime marks on armrests and seat pads. One sofa was missing a seat cushion and the Assessment Team observed that ill-fitting substitute cushions were used as an alternative, offering little support.

Shared equipment, including reclining chairs and mobility equipment that was being stored in the courtyard was observed to be dusty and dirty.

Equipment such as computers, keyboards and the keypad of the electronic weight chair were observed to be marked with fingerprints and the Assessment Team noted that there was no ready access to cleaning wipes. Staff reported the they don’t clean computer equipment after each use as there are no cleaning wipes available. However, staff did say that they clean equipment after each consumer’s use. I note the approved provider in its response includes posters alerting staff of the need to clean high touch point equipment including keyboards and computers.

The Assessment Team reviewed the service’s maintenance schedule and identified that furniture was not cleaned on a regular basis. The approved provider in its response states that the furniture was cleaned on a regular basis however stains could not be removed and therefore the furniture has since been disposed of.

The approved provider’s response states that substandard furniture has been replaced. Equipment that is no longer in use has been moved from communal areas to storage areas and this has enhanced the functionality of the communal areas. Information and schedules relating to cleaning, including high touch cleaning requirements were submitted as an element of the approved provider’s response.

I acknowledge consumers reported satisfaction with furniture, fittings and equipment and that the approved provider has taken action to improve the suitability of equipment provided to consumers. However, I am satisfied that at the time of the Site Audit, some furniture and equipment was not clean, well-maintained and suitable for consumers.

I find this requirement is Non-compliant.

# 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

Consumers and representatives told the Assessment Team that they were encouraged and supported to provide feedback and make complaints and felt comfortable doing so. Consumers said that their complaints were responded to appropriately and that an apology was provided.

Consumers are provided with written information about how to provide feedback or make a complaint and posters were displayed within the service outlining internal and external complaints processes. Written information included a consumer handbook, newsletter, brochures and feedback forms. Consumer meetings were held regularly and provided a forum for consumers to provide feedback or make suggestions. The Assessment Team found that consumer meetings were used to discuss improvements, suggestions, concerns and complaints.

Staff and management were familiar with complaints processes and described how complaints are logged into an electronic system with the information used to inform the plan for continuous improvement where appropriate. Staff were aware that they could access language and advocacy services on behalf of the consumer.

Examples of how the service uses consumer feedback to improve care and service delivery were provided and included adding pancakes to the breakfast menu, improving the dining experience and sourcing audiobooks from the library.

Management demonstrated an understanding of open disclosure and said they communicate with consumers and representatives in an open and transparent way. They said they apologise and reassure consumers that actions have been taken to prevent a reoccurrence.

Policies and procedures relevant to this Standard were in place to guide staff and included open disclosure and complaints management. Staff training records demonstrated that staff have received training in this area.

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 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

Consumers generally felt that they received quality care and services from staff who knew them well. They said staff are kind, caring and respectful of their identity, culture and diversity. Consumers and representatives said there are sufficient staff to meet consumers’ needs and that when they call for assistance, staff are prompt to respond to them.

The service is supported by the organisation’s human resources framework that includes recruitment and onboarding processes. Management said workforce planning is undertaken using a master roster which is reviewed to ensure appropriate skill mix to meet consumers’ needs and preferences. Staff said they have sufficient time to meet consumers’ needs. All staff said that vacant shifts are backfilled when there is unplanned leave.

Management advised that a schedule for conducting performance appraisals is in place and described how performance management processes are commenced where there have been identified deficits in staff performance.

Policies and procedures relevant to Standard 7 were in place to guide staff and the service is supported by the organisation’s senior leadership team.

The Assessment Team observed staff interacting with consumers in a kind, respectful and caring manner. Staff knocked on consumers’ doors and sought their consent before entering their room.

Management staff said training needs are identified through feedback from consumers and representatives, audit results, observations of staff practice, clinical indicators and changes in legislation. A training program that includes a mandatory component is delivered to staff either via an online portal or face to face and there are mechanisms to monitor completion of the program.

However, the Assessment Team brought forward information that identified staff did not have the knowledge and skills to perform all aspects of their role including areas such as an understanding of restrictive practices, incident management and reporting obligations.

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) Non-compliant

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

The Assessment Team brought forward information demonstrating that staff did not consistently demonstrate the knowledge and skills required for their role.

Staff did not have a consistent understanding of their responsibilities in relation to the application of restrictive practice, care planning processes specifically in relation to the identification and implementation of risk minimisation strategies, medication management, incident management and associated reporting requirements.

The approved provider’s response includes information that an external quality/training organisation with expertise in aged care has been enlisted to support the service. A clinical nurse training facilitator has been employed to further develop workforce knowledge and practice. Staff education, coaching and monitoring of understanding has been implemented in targeted areas, for example in relation to the serious incident response scheme. Performance management processes are being implemented where appropriate to ensure compliance with organisational policies and processes.

I acknowledge the actions that are being taken to ensure staff have the required knowledge however, at the time of the Site Audit, lack of knowledge was impacting the ability of staff to perform their roles and meet reporting obligations.

I find this requirement is Non-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) Compliant

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and representatives generally felt that the organisation was well run and that they were involved in how care and services were delivered. Consumers and representatives provided examples of how they felt engaged by the service including through the use of feedback forms, participation in consumer meetings and through the completion of surveys. Consumers and representatives said they engaged with management and staff on a day to day basis and also had meetings/case conferences with clinical staff and other health professionals to discuss care and service provision.

Management were able to provide examples of planned improvements to the service which were initiated following feedback from consumers and meeting minutes reviewed by the Assessment Team demonstrated consumer involvement in the planning of activities and service improvements.

Management described the reporting arrangements between the service and the organisation’s governing body.

A clinical governance framework is documented and includes policies relating to antimicrobial stewardship, restraint minimisation and open disclosure.

However, the Assessment Team brought forward information that identified deficiencies in governance systems relating to continuous improvement, workforce governance and regulatory compliance. Additionally, deficiencies were identified in risk and incident management systems and processes.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The Assessment Team found that staff had access to policies and procedures and felt they had the information they needed to perform their role. Consumers said they were provided with the information that informed their decisions relating to care and service delivery.

Feedback and complaints were used to improve the results for consumers and consumers said they felt safe to lodge a complaint and said their concerns were responded to appropriately.

The service was able to demonstrate that financial governance systems and processes are established and support care and service delivery.

The service has a plan for continuous improvement and management staff advised that continuous improvement is monitored at the service and organisational level. Management were able to provide examples of recent improvements at the service that were initiated from consumer feedback and improvements that have been implemented since the change in approved provider that occurred earlier in 2021. While I acknowledge improvements are occurring at the service I am concerned that the Assessment Team have brought forward deficiencies across 5 Standards.

In relation to workforce governance, staff did not have a consistent understanding of responsibilities associated with their roles particularly in relation to the appropriate prevention, reporting and management of risks and incidents.

The organisation demonstrated that it tracked changes to aged care law through the receipt of information from peak bodies, the Aged Care Quality and Safety Commission and other industry alerts. These changes were communicated to the service through the senior leadership group, forums, delivery of education, memoranda and policies.

However, processes used by the service to monitor compliance with legislative responsibilities including in relation to the incident management system and the application of restrictive practices were not effective. The Assessment Team found that incidents were not being reported within legislative timeframes and in some instances the appropriate authorisations were not in place for consumers where restrictive practices had been applied.

I note the approved provider’s response states that registered nurses have received additional education about incident reporting and that policies relating to this have been revised.

Further to this, the approved provider in its response states that it has enlisted the services of an external quality/ training organisation that has expertise in aged care to support the service and that additional improvements have been made to governance systems and processes since the Site Audit.

While I am confident the approved provider is addressing the deficiencies identified by the Assessment Team in relation to staff knowledge, continuous improvement and regulatory compliance, at the time of the Site Audit governance systems in these areas were not effective and this has been acknowledged by the approved provider. I am of the view that it will take some time to effectively address these deficiencies and ensure that systems and processes are ensuring appropriate consumer outcomes.

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

The Assessment Team brought forward information under this and other requirements demonstrating that the service did not have an effective risk management system.

Risks associated with cigarette smoking had not been addressed and smoking related incidents had occurred that had the potential to impact consumer safety.

Clinical risks including those associated with specialised nursing care and medication incidents had not been effectively managed.

Incidents impacting consumer health and/or safety were not consistently identified, addressed or escalated to appropriate external organisations within required timeframes.

Staff did not demonstrate a shared understanding of their responsibilities in relation to the reporting of incidents.

The approved provider in its response acknowledges that the service had experienced recent concerns in relation to incident management including the management of medication incidents.

The approved provider has taken action to improve risk management systems and processes including through the introduction of new policies and providing additional information to staff about the organisation’s expectations regarding incident management and escalation pathways. Registered nurses have received additional coaching and mentoring and their knowledge and understanding of incident reporting has been tested.

The approved provider states that a new leadership team is supporting the service and ensuring that processes are being followed including that correct reporting pathways are being utilised.

While I acknowledge the actions that are being implemented by the approved provider, I am of the view they will take some time to fully implement and evaluate to ensure that risk management systems are effective on an ongoing basis.

This requirement is Non-compliant.

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

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

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

The organisation provided evidence of policies relating to clinical governance, antimicrobial stewardship, minimising restrictive practices and open disclosure.

Staff said they had received education relating to these policies and could provide examples of how they were relevant to their work.

The approved provider’s response included evidence that the service uses clinical data to support care delivery. An external quality/training organisation with expertise in aged care has been enlisted by the organisation to provide support to the organisation. A Clinical Nurse Training Facilitator has been employed to further develop and strengthen workforce knowledge and practice. A new leadership team is in place at the service and monitoring mechanisms are ensuring that organisational processes and reporting occurs in accordance with organisational and regulatory requirements.

I find this requirement is Compliant.

# Areas for improvement

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

* The organisation is required to ensure that assessment and care planning includes consideration of risks to the consumer’s health and well-being and that information is included in care planning documentation that informs the delivery of safe and effective care and services.
* The organisation is required to ensure that consumers receive personal and clinical care that is tailored to their individual needs and promotes their health and well-being including in relation to specialised nursing care, the application of restrictive practices and medication management.
* The organisation is required to ensure that high impact, high prevalence risks, including for those consumers who smoke cigarettes, are effectively managed.
* The organisation is required to ensure that the environment is safe, clean and well maintained.
* The organisation is required to ensure that furniture and equipment is safe, clean, well-maintained and suitable for consumers.
* The organisation is required to ensure members of the workforce have the knowledge to perform their roles.
* The organisation is required to ensure that effective governance systems are in place including in relation to continuous improvement, workforce governance and regulatory compliance.
* The organisation is required to ensure that effective risk management systems and processes are in place and that risks are identified, addressed and appropriate reporting occurs.