The Good Shepherd Nursing Home

Performance Report

565 University Road   
ANNANDALE QLD 4814  
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**Commission ID:** 5954

**Provider name:** The Good Shepherd Limited

**Site Audit date:** 11 October 2021 to 14 October 2021

**Date of Performance Report:** 15 November 2021

# Performance report prepared by

Gai-Maree Cain, 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** | **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) | 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** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | 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) | Compliant |
| Requirement 8(3)(e) | Non-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 response to the Site Audit report received 11 November 2021
* other information and intelligence held by the Commission regarding the service

# 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 that staff treat consumers with respect and dignity, their culture and diversity and value their individual identities. Consumers and representatives provided examples of how the service supports consumers to be independent, exercise choice and make decisions including information that is accurate, timely and easy to understand. Consumers expressed satisfaction that care and services are undertaken in a way which respects their personal privacy.

Consumers and representatives described how the service supports consumers d to take risks, to do activities of their choosing and maintain their independence. For example, one named consumer enjoys participating in outings in the community, a second named consumer wishes to prepare her own food in the kitchenette.

Staff demonstrated an understanding of consumers’ backgrounds and described consumers’ lifestyle choices and preferences are supported on a day to day basis.

Staff described how consumers are supported to make informed choices about their care and services through menu selection, participation in activities and care preferences. Consumers are supported by the service to exercise choice and take risk/s, and staff are guided in this process by the *‘Right to Take Risks Policy’*. Staff had received training in consumer dignity and choice; and privacy and confidentiality.

Care planning documentation included information regarding consumers’ background, identity and cultural preferences; specific cultural, spiritual and religious needs; and discussions and assessment of potential risk/s for consumers who expressed a wish to undertake activities of potential risk.

The organisation had documented policies and procedures to guide staff practice including privacy and dignity, the protection of personal information and supporting consumers’ choice to take risk.

The Assessment Team observed staff interactions to be kind, caring and respectful of consumers privacy, including staff knocking on consumers’ doors prior to entering, and staff ensuring consumers personal information is appropriately stored.

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 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

Overall consumers and representatives considered they are partners in the ongoing assessment and planning of consumers care and services. Consumers and representatives said the service involved them in the initial and ongoing planning of the consumer’s care, including end of life planning. Consumers and representatives said that they are informed about the outcomes of assessment and planning and advised they can access a copy of the consumer’s care and services plan if they wish to.

Registered Nurses demonstrated an understanding of the service’s assessment, care planning and evaluation process including consideration of consumers risk, needs, goals and preferences. Registered Nurses described the services processes for ongoing assessment and care planning which included a monthly consumer review in collaboration with consumers and/or representatives and update of the consumer care and service plan.

The Site Audit report provided information which evidenced that consumer care documentation reflected consumers, representatives and other providers of care and services are engaged in the assessment and care planning processes; and consumers care and services were reviewed when there was an incident, or a change in the consumer’s condition and/or health and well-being.

Staff had access to the organisation’s policies, procedures and guidelines to guide the assessment and care planning process. Training records identified staff have been provided with training on assessments and care planning in 2021.

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-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

Overall, consumers and representatives considered that consumers received personal care and clinical care which met their needs and preferences, is safe and optimises their ability to live the best life they can. Consumers and representatives said consumers are supported by the service in their clinical care needs, such as management of diabetes. Overall consumers and representatives considered the needs and preferences of consumers are effectively communicated between staff, and that timely referrals are made to other health professionals as required.

Staff described the high impact and high prevalence risks for consumers at the service, and how these are monitored and managed for individual consumers. Staff demonstrated an understanding of their roles and responsibilities in recognising and addressing the needs of consumers nearing the end of their life.

Staff described the ways they recognised and responded to a deterioration or change in the consumer’s condition and health status; including referring the consumer to the Medical Officer and/or transferring the consumer to hospital if appropriate. Staff said receive information on consumers’ changed health care needs via handover at each shift. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

Care planning documentation reflected the identification of and response to, consumer deterioration or changes; and input from Medical Officers and other health professionals was sought and their recommendations were incorporated into care plans.

Staff have access to evidence-based policies, procedures and guidelines to support the delivery of personal and clinical care including in relation to restrictive practices, pressure injury prevention, pain, and recognising and responding to consumer deterioration.

The service has implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Staff confirmed they have received training in infection minimisation strategies including infection control and COVID-19. Practices were in place that demonstrated that the service has planned and is prepared for a potential outbreak.

However, the service was unable to demonstrate safe and effective personal and clinical care that is best practice regarding restrictive practices and skin care integrity/wound management, and in relation to the effective management and monitoring of high impact and high prevalence risks for 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.*

While consumers and representatives expressed satisfaction with the care and supports that consumers received, the Site Audit report provided information which identified the service was not consistently monitoring some consumers with personal and clinical care needs in relation to restrictive practices and wound management. The Site Audit report provided information which evidenced:

Restrictive practices

* the service’s psychotropic register was not complete and did not consistently include information such as the consumer’s relevant diagnosis to support the use of the psychotropic medication. Staff did not demonstrate an understanding of chemical restraint, for example one registered staff considered that all consumers prescribed a psychotropic medication would require an authorisation.
* the service had inconsistent information in relation to the name of consumers who were subject to mechanical restrictive practices.
* not all consumers had assessments, authorisations and consents completed in line with the responsibilities outlined in the ‘Quality of Care Principles 2014’. At the time of the Site Audit, authorisations and consents were not evidenced for all consumers, including, one named consumer with bed rails in place to provided safety when he experienced seizures; and two named consumers who are prescribed a psychotropic medication that is considered a chemical restraint. Authorisations are not consistently completed with the signatures of both Medical Officers and consumers and/or representatives.
* registered staff did not consistently demonstrate a shared understanding of the legislative requirements regarding restrictive practices, including what constitutes mechanical and physical restraints.
* for consumers who are subject to restrictive practices or have responsive behaviours, behaviour support plans capturing individualised strategies and interventions to guide staff in the care of consumers were not consistently completed. At the time of the Site Audit, Management advised the service is aiming to have these completed by 29 October 2021.

Wound Management

* for one named consumer who had a chronic wound, care documentation identified inconsistent review and monitoring of wounds including measurements and photographs.
* Staff and management did not demonstrate and understanding of the service’s processes; and review of the service’s wound management policy and clinical governance work instruction identified contradictory information as to how staff are to monitor consumers wounds including measurement and photography.

The Approved Provider in its written response dated 11 November 2021, provided information which evidenced actions taken and planned to address the deficiencies identified in the Site Audit report. These included:

* review of named consumers care plans, including the completion of restrictive practice authorisations and behaviour support plans; implementation of Registered Nurse daily monitoring schedule of care plans to ensure completion of authorisations; training plan for Registered staff in restrictive practices; and weekly review of the service’s psychotropic and restrictive practices register by clinical management.
* Review and update of service’s wound management policy and guidelines; increased reporting of wound charting (daily and weekly) to ensure charting is complete and accurate; training of Registered staff in wound assessment, care and documentation; and memorandum to Registered staff dated 4 November 2021 to direct review and assessment of all consumers with wounds. Planned activities include monthly wound chart audit and reporting monthly to the Director of Care.

In coming to my decision of Compliance in this Requirement, I have considered the information under this and other Requirements, included in the Site Audit report and the Approved Providers written response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider since the Site Audit, improvements will require time to be implemented and evaluated for effectiveness. At the time of the Site Audit, the service did not consistently demonstrate that all consumers receive individualised care that is safe, effective and tailored to specific consumer needs and preferences. Therefore, it is my decision 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.*

Consumers and representatives expressed satisfaction that they received support for the consumers clinical care needs. Care documentation described the key risks, such as falls, skin integrity and wound management, diabetes management and weight loss. However, the Site Audit report provided information which evidenced incomplete documentation in relation to these risks.

A review of care planning documentation for three named consumers established that blood glucose levels, weight and fluid intake was not adequately charted to enable effective clinical monitoring. Care planning documentation for one named consumer who experienced 22 falls in a three month period, identified while clinical staff ensured the consumer was reviewed by the Physiotherapist following a fall and implemented strategies to manage and/or minimise consumers’ falls risk; post falls risk assessments and clinical observations post fall where not consistently completed to ensure monitoring of the consumer’s condition and to monitor the effectiveness of strategies to manage and/or minimise consumers’ falls risk.

Staff demonstrated awareness of and described strategies used to minimise risks for individual consumers. At the time of the Site Audit, Management acknowledged the feedback in relation to deficiencies in care documentation, and would review work instructions and training for registered staff and to strengthen oversight and monitoring of clinical care. Management described a number of actions taken by the service to improve the effective management of consumers high impact and high prevalence risks including:

* the monitoring and reviewing of clinical data to identify trends and implementing improvement actions
* the implementation of audits in September and October 2021 in the areas of diabetes management and weight loss. Improvements actioned by the service as an outcome of audits include review of policy, procedure and guidelines; development of a diabetes management care plan template; review of diabetes care planning for all consumers and staff education. In relation to unplanned weight loss, improvements included referral to allied health professionals and review of carer availability at mealtimes for consumers who require full assistance with feeding.
* commencement of clinical incident reviews for consumers who experience frequent falls. For example, a clinical incident review was undertaken on the named consumer following multiple unwitnessed falls which identified clinical staff levels not being optimal due to unplanned leave and gaps in clinical handover.

Review of documentation at the time of the Site Audit included a ‘service clinical action plan’ and a Plan for Continuous Improvement prepared in response to the decision of non-compliance in July 2021 which identified most planned improvement actions in relation to staff training and education remain outstanding. Management advised this was due to challenges in organising external trainers during COVID-19 lockdowns at the service.

Review of the service’s clinical indicator reports identified 69 reported incidents of consumer falls and while some improvements actions had commenced, other actions such as a falls staff meeting had not occurred and was planned for October 2021.

The Approved Provider in its written response, has provided information evidencing that a review of the named consumers care planning documentation was undertaken including relevant assessments and updating consumer care plans. In relation to the named consumer who had experienced recurrent falls, information was provided which evidenced the completion of falls risk assessments and clinical observations at the time of the falls. The Approved Provider in its response included information evidencing actions taken in response to the non-compliance in July 2021, including the commencement of a new full-time Care Coordinator in August 2021 responsible for clinical oversight and monitoring of clinical care; and actions in relation to the management of diabetes, falls and unplanned weight loss including review of service documentation and education of staff. The service has committed to a number of further actions including the introduction of mobile devices to enable staff to completed care documentation at the point of care for the consumer.

In coming to my decision of Compliance in this Requirement, I have considered the information under this and other Requirements, included in the Site Audit report, the Approved Providers written response and improvements action in response to the decision of non-compliance in July 2021. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider since the Site Audit, I note there were still deficiencies in the monitoring of consumers with diabetes, weights and fluid intake at the time of the Site Audit. Improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision 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.*

# 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 considered that consumers are supported to do the things they like to do and that optimise their independence, wellbeing and quality of life. Consumers said that the service supports them to undertake lifestyle activities, they enjoy new friendships created through the volunteer program and that they are encouraged to maintain personal and community connections.

Consumers and representatives described ways that staff at the service provide emotional, psychological and spiritual support to consumers. For example, one named consumer explained ways the service supports them to access faith services each week.

Consumers and representatives expressed satisfaction regarding the meals offered at the service, they advised that the quality and quantity of meals cater for individual consumers needs and preferences.

Staff described what is important to individual consumers and how they support consumers’ needs, goals and preferences to promote independence and quality of life. Staff are informed of any changes in consumer’s lifestyle arrangements or their emotional well-being through shift handovers and from lifestyle staff.

Lifestyle staff said each consumer completes a ‘Consumer Story’, and cultural and spiritual profile on entry to the service which captures information in relation to consumers past working life, interests, needs, goals and preferences to inform care and service plans and the lifestyle program.

The service demonstrated timely and appropriate referrals to external providers for lifestyle supports, and consumer care planning documentation reflected the involvement of other lifestyle providers and allied health professionals.

During the Site Audit, the Assessment Team observed consumers and representatives participating in and enjoying individual and group activities; and copies of the activities calendar in consumer’s rooms and other areas of the service.

Staff said they had access to the equipment they needed, and the equipment was maintained. During the Site Audit, observations of equipment used for consumer support identified it was stored appropriately, was clean and maintenance tags indicated regular safety checks were occurring.

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 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

Overall consumers and representatives considered belong in the service, and felt safe and comfortable in the service environment. Consumers and representatives expressed satisfaction with the service environment and advised the service is safe, clean, comfortable, well maintained and suitable for consumers.

Staff described how the service environment supports consumers independence, function and enjoyment such as access to outdoor gardens and seating areas, signage to assist consumers with navigating the service, lounge areas, and an onsite café and hair salon.

The service environment was observed to be welcoming, including a reception area with signage to direct consumers and visitors to various areas of the service. Consumers were observed to move freely around communal areas of the service; and consumer rooms were personalised and decorated to reflect their individuality. The service had two secure living environments, with entry and exit doors which are accessed via a security card. Automated and manual doors are throughout the remainder of the service and are unlocked allowing consumers and visitors to enter and leave freely.

Staff described the maintenance and cleaning schedules undertaken at the service and review of documentation reflected regular and appropriate cleaning and maintenance of the service environment.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives confirmed that they were aware of avenues available for providing feedback and raising complaints, including through advocacy services. They advised they felt comfortable providing feedback and those that had made a complaint expressed satisfaction that their feedback was acknowledged, and changes implemented by the service.

Management described the different ways consumers are encouraged and supported to provide feedback or make a complaint, and how consumers are involved in the implementation and evaluation process once an improvement is made. Staff demonstrated an understanding of the services complaint’s management processes, including awareness of interpreter and advocacy services for consumers if required.

The service had an open disclosure policy and demonstrated the applying of open disclosure in the event consumers raise concerns or make a complaint. Staff have been provided training in open disclosure.

Review of the services plan for continuous improvement identifies improvement actions taken by the service following consumer and representative complaints and feedback.

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 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 and representatives said that staff were kind, caring and competent when providing care and services. Consumers and representatives expressed satisfaction that staff had appropriate skills and knowledge to ensure the delivery of safe and quality care and services.

Overall consumers and representatives expressed satisfaction with the number of staff available to support consumers, and said there were minimal delays in response to requests for assistance.

Management described the service’s processes for workforce planning, including operating from a base roster of staff which had considered the cares needs of consumers. Staff considered there is sufficient staff to provide care and service in accordance with the consumer’s needs and preferences and have the support of clinical management to assist if required.

Management described how the workforce are recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. For example, the services training program includes mandatory training for all staff, and specific training for staff related to their role at the service. Staff expressed satisfaction with the service’s training program.

Management described how they determine whether staff are competent and capable in their role, which included orientation on commencement of employment, mandatory training programs and performance reviews. While some registered staff did not demonstrate an understanding of the legislative requirements regarding the use of restrictive practices, I have considered this information under Requirement 3(3)(a). Overall, staff had an understanding of what constitutes restraint and were able to explain that restrictive practices are last resort interventions and only to be used after alternative strategies have been trialled.

The service has an organisational framework for the assessment, monitoring and review of staff performance, including position descriptions that set out skills, knowledge and experience required for each role.

While some staff advised they had not had a recent formal review of performance, they are provided feedback on their performance on a regular basis during a shift or during meetings.

The Assessment Team observed staff interactions to be kind, caring and respectful; and staff addressing consumers by their preferred name, knocking on consumer doors prior to entering and asking the consumer if they required assistance.

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

Overall consumers and representatives considered that the organisation is well run, that they feel engaged in the delivery and evaluation of services and that they can partner in improving the delivery of care and services

Consumers are involved in the development, delivery and evaluation of care and services through consumer meetings, surveys, feedback forms and discussion with Management and staff.

The organisation’s governing body *‘the Council’* sets the strategic priorities and expectations for the organisation and is accountable for the delivery of safe, inclusive and quality care and services. For example, *‘the Council’* monitors and evaluates the service through meetings and monitoring and reporting processes, meeting regularly to identify and review risks at an organisational and service level.

However, the service was not able to demonstrate there are effective organisation wide governance systems in relation to information management and regulatory compliance. The organisation has not ensured that effective and consistent clinical oversight at a service level is occurring in accordance with the organisation’s clinical governance framework. Clinical oversight at the service were not effective, specifically in relation to consumer assessment and care planning and minimising and monitoring the use of restrictive practices.

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 Site Audit report provided information that evidenced the service was not able to demonstrate that there are effective organisation wide governance systems in place as deficiencies were identified in relation to information management and regulatory compliance, specifically in relation to restrictive practices.

In relation to information management, the service utilised both electronic care documentation system and a paper-based system for the documentation of consumer’s information. However, review of care documentation identified inconsistencies in the recording of information and care documentation of consumers was incomplete. Reports in relation to restrictive practices provided at the time of the Site Audit provided inconsistent information, for example the service’s psychotropic register was incomplete; and consumer authorisations for restrictive practices were not consistently completed.

In relation to regulatory compliance, the Site Audit report provided information that that identified staff did not consistently understand the regulatory compliance obligations in relation to restrictive practices including that all consumers had assessments, authorisations and consents completed in line with the responsibilities outlined in the ‘Quality of Care Principles 2014.’ Consumers subject to a restrictive practice or had responsive behaviours did not consistently have behaviour support plans capturing individualised strategies and interventions to guide staff in the care of consumers.

The Approved Provider in its written response provided information which clarified the service’s processes for the management of information between the electronic care documentation system and paper-based documentation. While I acknowledge, the use of dual information systems is not considered a deficiency in organisational information systems, at the time of the Site Audit there were inconsistencies in the documentation of consumer information. The Approved Provider in its response provided evidence the service has implemented actions to ensure consumer care documentation is consistently recorded (and completed) and has implemented a work instruction to guide staff in documentation processes. In addition, in relation restrictive practices the service has reviewed policy and procedure, consumer care assessments and care planning, and implemented the ‘Clinical Governance Monitoring Schedule’ to ensure timely and accurate completion and monitoring of information and compliance with regulatory requirements. Information was provided which evidenced all consumers subject to restrictive practices now have documented Behaviour Support plans.

In coming to a decision on compliance for this requirement, I have considered the information from the Site Audit Report and the Approved Provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the Site Audit, the service did not demonstrate effective governance systems were in place in relation to information management, or regularly compliance. Therefore, I find the service Non-compliant in this requirement.

### Requirement 8(3)(d) 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.*

### 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 had a policy relating to antimicrobial stewardship; a policy relating to minimising the use of restrictive practices; and an open disclosure policy. Staff demonstrated an understanding of the underlying principles including of open disclosure; and could describe strategies minimise the risk of infections.

However, while the service had an updated policy on restrictive practices, registered staff did not consistently demonstrate an understanding of the legislative requirements regarding restrictive practices, including what constitutes mechanical, physical and chemical restrictive practice.

The service’s ‘Clinical Governance’ framework identified clinical management are responsible for monitoring and maintaining the governance schedule. However, the Site Audit report provided information that clinical oversight was not consistently or effectively occurring at the service to ensure compliance with organisational policies and procedures that guide clinical practices.

The service did not demonstrate consistent assessment, authorisation or consent for consumers subject to restrictive practices. Care planning documentation was not consistently completed to ensure monitoring of the consumer’s condition, and to monitor the effectiveness of strategies to manage and/or minimise consumers’ risk/s in relation to the management of diabetes, wounds, falls and unplanned weight loss.

The Approved Provider in its written response provided information on immediate and planned actions taken by the service in response to the deficiencies identified in the Site Audit report. These include increased clinical oversight and monitoring via daily, weekly and monthly reporting; improved documentation and monitoring of clinical governance actions utilising the service’s ‘Clinical Governance Monitoring Schedule’ implemented in November 2021; staff training in restrictive practices; review of policy and consumer care documentation and implementation of point of care software to ensure contemporaneous information to guide staff practice.

In coming to a decision on compliance for this requirement, I have considered the information from the Site Audit Report and the Approved Provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the Site Audit, the service did not demonstrate the Clinical Governance Framework was effective. Clinical oversight was not consistently or effectively occurring, restrictive practices were not well understood by staff and care planning documentation did not evidence consistent monitoring of consumer’s condition or effectiveness of strategies. Therefore, I find the service Non-compliant in this requirement.

# 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) – Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; is tailored to their needs; and optimises their health and well-being.
* Requirement 3(3)(b) – Ensure the service effectively manages high impact or high prevalence risks associated with the care of each consumer.
* Requirement 8(3)(c) – Ensure the service has an effective organisation wide governance system relating to information management, workforce governance, consumer feedback and continuous improvement.
* Requirement 8(3)(e) – Ensure the service works within a clinical governance framework that includes open disclosure and antimicrobial stewardship.