Treeby Parklands Care Community

Performance Report

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**Commission ID:** 7424

**Provider name:** DPG Services Pty Ltd

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

**Date of Performance Report:** 4 August 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | 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) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | 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** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-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) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others
* the provider’s response to the Site Audit report received 25 May 2021.

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Most consumers interviewed by the Assessment Team considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Feedback from consumers and some representatives indicated that care provided is culturally safe and that consumers are supported to make connections with other consumers. The service was able to demonstrate it has a documented framework in place to guide staff in providing culturally safe care. Staff were able to demonstrate an understanding of principles surrounding confidentiality and were able to put their knowledge to practice during the Site Audit.

However, the service was unable to demonstrate that it treats each consumer with dignity and respect and, was unable to demonstrate that it supports each consumer to take risks to enable them to live the best life they can. Observations by the Assessment Team demonstrated that not all consumers are not treated in a respectful or dignified manner. The Assessment Team also found that while the service has systems in place to manage consumers taking risks, such as dignity of risk forms, risk taking behaviour by consumers is not always identified and managed appropriately by the service to ensure other consumers are not put at risk. Through observations and interviews the Assessment Team identified that not all consumers are supported to take risks and live the best life they can.

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

## Assessment of Standard 1 Requirements

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

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

While most consumers and representatives interviewed by the Assessment Team said staff treat them with respect and dignity, observations by the Assessment Team demonstrated that not all consumers were attended to in a respectful and kind manner. The Assessment Team observed consumers walking around the service dressed in an undignified way, and staff assisting consumers with their meals in a way that was not dignified or respectful. One consumer identified an allegation of assault that was not reported in line with mandatory reporting requirements by the service. One representative raised concern about staff ignoring consumers and being disrespectful towards them.

The approved provider’s response identifies that for some of the consumers identified in the Assessment Team’s report, how they were dressed, and the personal care attended was in line with the consumer’s choice. However, the risk assessments and interventions implemented to support these consumer’s dignity was completed after the Site Audit.

The approved provider’s response acknowledges that the consumer’s alleged incident was not reported in line with mandatory reporting requirements, and this has since occurred.

The approved provider’s response identifies following the Site Audit, additional team members were allocated to the wing to help manage consumer’s dignity and to assist in more respectful mealtime engagement. The approved provider also identified that further education has been provided regarding facilitating a positive dining experience, dignity and respect, and customer service.

At the time of the Site Audit, the service did not demonstrate each consumer was treated with dignity and respect.

I find this requirement is Non-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.*

Staff interviewed by the Assessment Team were able to demonstrate an understanding of principles surrounding dignity of risk and the Assessment Team found that some consumers were supported by staff to engage in risks of their choice. However, for one consumer who was undertaking an activity involving some risk, the service was not aware of the extent of this activity and no risk assessment was completed. For another consumer, interviews with the consumer’s representative and observations by the Assessment Team did not demonstrate that the service supports the consumer to engage in activities that enhance their well-being and enable them to live their best life.

In their response, the approved provider demonstrated that since the Site Audit for the consumer undertaking an activity involving some risk, a dignity of risk form was signed, and a risk assessment completed. The Assessment Team’s report and approved provider’s response do not indicate any concerns with the consumer’s competency and capability to participate in the activity, and this was supporting the consumer to live their best life.

For the consumer who was not supported in activities to enable them to live their best life, the approved provider’s response demonstrates the service has consulted with the consumer’s representatives and have made changes to the services provided to the consumer to better enhance their well-being.

While for one consumer, they were not supported to engage in activities that enhanced their well-being and enabled them to live their best life, I have considered this in my assessment of Standard 4 Requirement 4(3)(a). Overall, the service demonstrated that consumers are supported to take risks to enable them to live their best life.

I find this requirement is Compliant.

### 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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, consumers interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services and staff involved them in the development of their care plans. Consumers advised clinical staff inform them of the outcomes of assessments and how they would guide their care and services. Representatives advised the service kept them informed of any reviews of assessments and when any changes occurred that impacted care and service delivery.

Care planning documentation reviewed by the Assessment Team demonstrated assessments inform the development of the care plan to guide safe and effective care and service delivery.

However, the service was unable to demonstrate that it regularly reviews care and services for effectiveness. Staff do not always review consumers when they fall and for two consumers who regularly fall and are assessed as high falls risk, nursing staff do not always review and assess their pain post incidents. Staff do not always review strategies to manage consumer behaviour when incidents of physical or verbal aggression occur during activities of daily living.

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

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

The Assessment Team found that the service was unable to demonstrate that care and services are reviewed for effectiveness when circumstances change, or incidents occur that impact on the needs, goals and preferences of the consumer. For two consumers following falls, the Assessment Team found that interventions to reduce the risk of further falls were not consistently reviewed for effectiveness after each fall.

Care documents reviewed by the Assessment Team demonstrated that assessment and review of consumer pain was not always completed following incidents including falls and incidents of aggressive behaviours. The Assessment Team found that staff did not always review and evaluate strategies to manage one consumer’s physical and verbal aggression during activities of daily living resulting in deficits in personal care for the consumer.

In their response, the approved provider acknowledged gaps in staff documentation of review of falls risk assessments, strategies to prevent the risk of further falls, and pain assessment and monitoring. However, the approved provider identified that for both consumers who had incidents of falls, physiotherapy review occurred in an appropriate timeframe and consumers had an up-to-date care plan and falls risk assessment in place.

The approved provider’s response identifies since the Site Audit, staff have completed training on documentation and incident review processes, including for pain management.

For the consumer who experiences aggressive behaviours, the approved provider demonstrated that following the Site Audit, the consumer was reviewed by a dementia support service and a number of recommendations have been implemented to manage these behaviours.

At the time of the Site Audit, the service did not demonstrate consumer care and services were consistently reviewed for effectiveness when incidents impacted on the needs, goals or preferences of the consumer.

I find this requirement is Non-compliant.

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Team also examined relevant documents.

Consumers interviewed by the Assessment Team stated they were satisfied with personal care and clinical care delivered to them. They stated when changes occur in their card needs, the service is prompt in responding to those and information is communicated appropriately where required.

While the service has policies and procedures to deliver personal and clinical care, it was unable to demonstrate that it delivers clinical care in line with best practice in relation to the use of physical and chemical restraint. Four consumers had either a physical or chemical restraint in place without consent or authorisation, and for one consumer, PRN (as required) psychotropic medications were administered, and staff do not always document it is given as a last resort. Staff do not always monitor pain when incidents of physical or verbal aggression occur.

The service was unable to demonstrate that it manages high impact and high prevalence risks associated with consumer care. Consumer care plans do not always reflect updated strategies to manage consumer behaviour including physical and verbal aggression and strategies to manage aggressive behaviours during personal care is not always reviewed or evaluated.

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.*

The Assessment Team found that the service did not demonstrate that personal and clinical care consistently optimised consumer’s health and well-being and was best practice. For one consumer who was prescribed PRN antipsychotic medication without an appropriate supporting diagnosis, the service did not identify this as chemical restraint, and did not have informed consent for the use of the medication. For this consumer, care documents reviewed by the Assessment Team did not demonstrate that this medication was consistently used as a last resort after non-pharmacological interventions to manage behaviour were evaluated as not effective. For some consumers who utilised falls prevention strategies such as low-low beds and half-height tables in front of their chairs, the service had not assessed if this was restricting the consumer’s movement and therefore if it should be considered a physical restraint. One consumer was not regularly showered or washed as a result of staff not being able to manage their aggressive behaviours during personal care.

The approved provider’s response identifies that the consumer prescribed PRN antipsychotic medication has a diagnosis of anxiety that the medication is prescribed for. However, the Assessment Team’s report indicates that the medication has been administered for agitation on several occasions. The Assessment Team’s report and the approved provider’s response demonstrates that some non-pharmacological interventions to manage behaviours were identified but were not always documented as utilised prior to administration of the medication. The approved provider’s response identifies that since the Site Audit the consumer has been referred to dementia support services to assist in identifying and implementing further non-pharmacological interventions to manage behaviours.

In their response, the approved provider states that physical and chemical restraint practices will be reviewed to ensure they are in line with the organisation’s approach. The approved provider identified that following the Site Audit, the service gained consent for the use of low-low beds and appropriate documentation was put in place. The approved provider’s response includes clarifying information about the use of the half-height table in front of the chair, and identifies that training has been conducted around the usage of restrictive devices and the documentation required prior to the implementation of these devices.

For the consumer who experiences aggressive behaviours, the approved provider demonstrated that following the Site Audit, the consumer was reviewed by a dementia support service and a number of recommendations have been implemented to manage these behaviours.

While the service has worked quickly to rectify the gaps identified by the Assessment Team, at the time of the Site Audit the service did not demonstrate that personal and clinical care was consistently best practice and optimised consumer’s health and well-being. The service requires time to demonstrate more proactive processes to ensure restrictive practices and behaviour management interventions are best practice.

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 the service did not demonstrate the effective management of risks associated with behaviours of physical and verbal aggression, consumer falls and pain. The memory support unit has several consumers requiring double assistance for mobility and transfers, and consumers that are to continually be separated from each other to assist in managing their behaviours. However, observations by the Assessment Team and staff interviews demonstrated that staffing levels in the unit do not support effective management of these risks. For one consumer, the service did not demonstrate effective monitoring of the consumer’s pain in line with recommendations to help manage their behaviours. For one consumer who displays behaviours including disrobing, the Assessment Team found these behaviours and interventions to manage these behaviours were not identified in the consumer’s care plan.

The approved provider’s response includes clarifying information about the staffing levels in the memory support unit at the time of the Site Audit. The approved provider also identifies that since the Site Audit, additional staff have been allocated to the memory support unit to assist with mobility, transfers, and supervision of consumers to assist in managing behaviours. The approved provider states that following the Site Audit, there has been a noticeable reduction in incidents due to staff allocation and training and review of staff workflow.

For the consumer identified in the Assessment Team’s report who did not have effective pain monitoring, the approved provider’s response identifies that the consumer’s pain assessment and management plan have been reviewed and updated for effectiveness. The approved provider identified that staff training has been delivered on pain and behaviour management.

For the consumer who displays behaviours including disrobing, the approved provider’s response identifies that the consumer’s care plan was reviewed during the Site Audit to ensure it was reflective of their current needs and included recommended interventions to manage behaviours.

While the service worked quickly to rectify the gaps identified by the Assessment Team, at the time of the Site Audit, the service did not demonstrate the high impact and high prevalence risks associated with consumers were effectively managed.

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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 4 NON-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

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

Most consumers interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers stated that the service offers a wide variety of activities and services and that consumers get the choice of what they would like to do. Consumers and representatives stated through the wellness centre, consumers are offered different healthcare packages to suit their needs, goals and preferences. Timely and appropriate referrals are made by staff at the service when changes to a consumer’s condition, preferences or needs occur.

However, the service was unable to demonstrate it provides effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life for some consumers who reside in the memory support wing. Observations by the Assessment Team found, and interviews with staff and representatives corroborated, that activities are not facilitated for consumers in this wing. Documentation reviewed found that sampled consumers participated in a limited amount of activities, despite their needs, goals and preferences in documentation advising otherwise.

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

The Assessment Team found that the service offers a variety of services and supports that are meaningful, engaging and promote independence and quality of life for most consumers. The service was able to demonstrate continuous improvement initiatives to support and optimise independence, well-being and quality of life for consumers, such as the development of a ‘men’s shed’. However, consumers in the memory support unit were not offered or supported to engage in the same services and supports, having a negative impact on their quality of life. Lifestyle documents reviewed for sampled consumers from the memory support unit demonstrated limited participation in activities, including activities of interest.

The approved provider’s response included clarifying information about the completion of lifestyle participation documents, and continuous improvement actions that have been made to the lifestyle program in the memory support unit.

While not all consumers in the memory support unit were engaged in activities of interest, I have considered this in my assessment of Standard 4 Requirement 4(3)(c). Overall, the service demonstrated that consumers receive services and supports for daily living that meet their needs, goals and preferences and optimise their independence, well-being and quality of life.

I find this requirement is Compliant.

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

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

The Assessment Team found the service was unable to demonstrate services and supports for daily living promoted each consumer’s emotional, spiritual and psychological well-being. For two consumers who reported allegations of abuse by staff and other consumers at the service, the service did not demonstrate that these consumers were provided with emotional or psychological support following these allegations. The Assessment Team found that recently, there had been little spiritual and emotional support services available at the service for consumers such as Chaplin support or church services.

In their response, the approved provider identified continuous improvement actions implemented since the Site Audit to improve the emotional, spiritual, and psychological support provided to consumers. This includes staff training, improved communication channels between management and lifestyle staff, and church services and Chaplin support scheduled.

For the two consumers who reported allegations of abuse, the service demonstrated care and services were updated in consultation with the consumer to improve emotional and psychological well-being. One consumer was allocated a ‘mate’ to spend time with and encourage to express their mood and feelings.

At the time of the Site Audit, the service did not demonstrate that services and supports for daily living promoted each consumer’s emotional, spiritual and psychological well-being.

I find this requirement is Non-compliant.

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

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

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

The Assessment Team found the service did not demonstrate that the services and supports for daily living assist each consumer to participate in their community within and outside the service environment and do things of interest to them. Most consumers and representatives provided feedback to the Assessment Team that they were supported to do a variety of things of interest to them. However, for consumers sampled from the memory support unit, the Assessment Team found that services and supports for daily living did not support the consumers to participate in activities within and outside the service environment, allowing for each consumer to do things of interest to them, including the engagement in meaningful activities. Interviews with consumer representatives and observations by the Assessment Team did not demonstrate that the service supports all consumers to engage in activities that enhance their well-being and enable them to live their best life.

In their response, the approved provider identified continuous improvement actions implemented since the Site Audit to improve the activities and services offered for consumers, especially those in the memory support unit. This includes an activities program and calendar developed specifically for consumers in the memory support unit which has been designed in consultation with consumers and representatives to meet consumer’s interests. The service has implemented a new ‘star of the day’ process where staff discuss consumer’s needs, activities and interest and any concerns are action. A new lifestyle coordinator has been appointed to the memory support unit, and the service is reviewing all consumer lifestyle care plans with a view to meet consumer’s needs and interests.

At the time of the Site Audit, the service did not demonstrate that services and supports for daily living supported each consumer to participate in activities within and outside the service environment and do things of interest to them.

I find this requirement is Non-compliant.

### 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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall, consumers interviewed by the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers and representatives interviewed confirmed the service environment is always presentable, comfortable, clean, and well maintained. Observations made by the Assessment Team corroborated this information and found that consumers and their families often utilised common areas, outdoor areas, and the service’s internal café. Consumers interviewed said they are encouraged to bring in personal items to ensure their room feels like home.

Maintenance staff advised of the service’s effective cleaning and routine and ‘as needed’ maintenance processes. The service logs maintenance requests on logs located at nursing stations which are available for consumers and their representatives for use. Maintenance is prioritised and actioned according to risk and safety concerns.

Consumers are supported to move indoors and outdoors by staff at the service. The Assessment Team observed staff taking consumers on walks outside the service who have limited mobility and are confined to wheel or princess chairs. The service has purchased equipment as part of their plan for continuous improvement to support consumers who are immobile to access outdoor areas and activities.

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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Most consumers interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. However, one consumer interviewed was not satisfied their concerns were taken seriously and acted on. The concerns included changes in their care needs which were not acted on for approximately three weeks and sourcing of equipment which was stated as preferred. While the service acted on the concerns during the Site Audit and provided an apology to the consumer, the consumer said they were frustrated and distressed it took so long to be resolved.

The service demonstrated there is generally an open disclosure process followed when things go wrong, and the Assessment Team was provided examples of this happening. The service demonstrated examples of where they have improved care and services for consumers following concerns raised, feedback provided, and suggestions made. Examples included where staff have been provided with training to increase their clinical skills and equipment provided to ensure call bells are answered promptly.

Consumers have access to internal and external complaints information and are encouraged to raise concerns, suggestions and provide feedback through a number of ways.

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.*

The service demonstrated that most of the time appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Staff interviewed by the Assessment Team had an understanding of how open disclosure is used in response to complaints and the service has policies and procedures to provide guidance on open disclosure. However, for one consumer interviewed by the Assessment Team, their feedback was not acted on in a timely manner. Appropriate actions taken to resolve the consumer’s concerns were undertaken during the Site Audit.

In their response, the approved provider stated that for the consumer identified in the Assessment Team’s report whose complaint was not acted on in a timely manner, the service had taken action on this complaint prior to the Site Audit. While there were gaps identified in the service’s documentation and keeping the consumer updated, the consumer’s concerns were finalised during the Site Audit. The approved provider’s response identifies that since the Site Audit the service has set up weekly feedback meetings with the consumer to discuss any complaints or feedback.

While for one consumer action taken in response to a complaint was not undertaken in a timely manner, this had been actioned prior to the Site Audit and was finalised during the Site Audit. Overall, the service demonstrated that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

I find this requirement is Compliant.

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

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

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### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. However, one consumer provided feedback that staff had been rough with them on an occasion which upset them and although they had reported it, they were still waiting on feedback. The service has investigated the matter and said the incident did not happen. However, the consumer has not received emotional support or been provided feedback following the incident.

The service demonstrated processes for replacement of staff as required. The service has a roster that increases staffing as consumers enter the service. However, the Assessment Team observed there were not enough staff to meet consumer’s needs including meaningful activity in the memory support wing.

The service recruits and onboards staff who complete initial and ongoing training dependent on their role. Staff are provided with job descriptions and confirmed they complete regular training and education. Training is monitored and non-attendance is addressed. The service is rolling out dementia specific training to increase staff understanding and approaches in providing meaningful support to consumers who may have diagnosis of dementia.

The service demonstrated monitoring of compliance for police certificates, visa requirements and professional registrations. Staff participate in an appraisal process as part of onboarding, six monthly, and annually thereafter. The service supports staff to upskill and develop new skills in other roles within the organisation.

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

## Assessment of Standard 7 Requirements

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

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Assessment Team found that while the service has systems in place to plan the number and mix of members of the workplace, the workforce deployed does not consistently enable the delivery and management of safe and quality care and services. The memory support unit has several consumers requiring double assistance for mobility and transfers, and consumers that are to continually be separated from each other to assist in managing their behaviours. However, observations by the Assessment Team and staff interviews demonstrated that staffing levels in the unit do not support effective management of these risks. The Assessment Team observed that staffing did not facilitate a dignified or respectful mealtime experience for consumers who required assistance with their meals.

The approved provider’s response includes clarifying information about the staffing levels in the memory support unit at the time of the Site Audit. The approved provider also identifies that since the Site Audit, additional staff have been allocated to the memory support unit to assist with mobility and transfers, supervision of consumers, and to facilitate an activity program. The approved provider states that following the Site Audit, there has been a noticeable reduction in incidents due to staff allocation and training and review of staff workflow.

At the time of the Site Audit, the service did not demonstrate the workforce deployed enabled the delivery and management of safe and quality care and services.

I find this requirement is Non-compliant.

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

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

While most staff interactions with consumers were observed to be kind, caring and respectful, the Assessment Team observed staff to rush consumers at lunchtime, not provide meaningful engagement and did not demonstrate consumers were treated with respect. One consumer told the Assessment Team they had been subject to an alleged physical assault and is dissatisfied they have not received feedback, or that this alleged incident has been investigated.

The approved provider’s response identifies following the Site Audit, additional team members were allocated to assist in more respectful mealtime engagement. The approved provider also identified that further education has been provided regarding facilitating a positive dining experience, dignity and respect, and customer service.

Regarding the consumer who alleged they had been subject to a physical assault, the approved provider’s response identifies that an investigation has occurred regarding incident and feedback has now been provided to this consumer. In their response, the approved provider states that the consumer has since said this alleged incident was an isolated one and has had no further concerns.

At the time of the Site Audit, the service did not demonstrate that all staff interactions with consumers were kind, caring and respectful.

I find this requirement is Non-compliant.

### 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.*

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### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Consumers interviewed by the Assessment Team confirmed they are supported in opportunities to be involved in the development, delivery and evaluation of their care and services. Consumers provided examples where their suggestions have been acted on and where they have been consulted about services.

The service has an organisational structure in place with defined roles, responsibilities and accountabilities. The organisational executive team and Board are provided with regular updates on information through an electronic dashboard. Information includes but is not limited to financial, clinical, feedback, compliance and workforce. Continuous improvement is driven from all levels of the organisation and includes when incidents impact others.

The service has an information management system in place to monitor and support reporting to the Serious Incident Response Scheme (SIRS). Staff are completing training to understand SIRS and documentation reviewed showed the service has uploaded incidents to SIRS for assessment. However, the service did not demonstrate it considered and acted on information provided by a consumer who alleged they were verbally and physically assaulted in March 2021. The service did not complete mandatory reporting and has not provided the consumer with feedback following an investigation into the incident.

The organisation has policies and procedures to guide clinical care. However, gaps were identified in the implementation in the service. The service did not demonstrate an understanding of physical restraint in its use of floor line beds for consumers who are assessed as ambulant. The organisational policy does not record the use of a floor line bed as a physical restraint. Review of documentation showed there have been incidents for consumers including falls following use of a floor line bed for consumers who are able to ambulate.

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 the service has access to organisation wide governance systems to support information management, continuous improvement, financial governance and feedbacks and complaints. Staff have access to policies and procedures to guide their work in regard to these areas. However, the service did not demonstrate their systems for regulatory compliance were effective. The service did not complete mandatory reporting following an alleged incident of physical and verbal abuse by a consumer in March 2021. While the service had commenced an investigation and said they did not find any evidence of any physical or verbal abuse, the service has not completed its obligation to report the alleged incident within timeframes set out in compulsory reporting legislation.

In their response, the approved provider acknowledged that the incident was not reported as required under mandatory reporting requirements, which was due to human error. The approved provider’s response identifies that once management were alerted to the incident it was reported as a SIRS incident with all subsequent information reported in a timely manner. The approved provider continues to educate staff on the requirements of the SIRS to ensure incidents are reported as required.

While the service has effective organisation wide governance systems to support information management, continuous improvement, financial governance and feedbacks and complaints, the systems for regulatory compliance were not effective and gaps were identified in workforce governance systems.

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 found that while the service has access to organisational risk management systems and practices, these were not consistently or effectively implemented at the service. The service did not demonstrate for some consumers there was effective identification and management of the high impact or high prevalence risks associated with their care. The service did not respond in accordance with regulatory compliance requirements when a consumer alleged an incident of abuse. For one consumer who was undertaking an activity involving some risk in order to live their best life, the organisation’s risk management assessments and procedures were not followed.

In their response, the approved provider identified that training is conducted by the Clinical Nurse Educator in relation to the management of high impact and high prevalence risks, and clinical incidents are reported and investigated within the incident management system. The approved provider states that clinical data is monitored, analysed, reported and escalated to facilitate the management of high impact and high prevalence risks.

The approved provider’s response identifies that once management were alerted to the incident it was reported as a SIRS incident with all subsequent information reported in a timely manner. The approved provider continues to educate staff on the requirements of the SIRS to ensure incidents are reported as required.

In their response, the approved provider demonstrated that for the consumer undertaking an activity involving some risk, since the Site Audit a dignity of risk form was signed, and a risk assessment completed.

At the time of the Site Audit, the service did not demonstrate risk management systems and practices were effective including in relation to managing high impact or high prevalence risks associated with the care of consumers and identifying and responding to abuse and neglect of consumers.

I find 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 Assessment Team found the service has a clinical governance framework, and policies related to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff interviewed by the Assessment Team had been educated about these policies and were able to provide examples of their relevance to their work. However, the Assessment Team found some gaps in the service’s implementation of their policies regarding the minimisation of restraints.

In their response, the approved provider states that physical and chemical restraint practices will be reviewed to ensure they are in line with the organisation’s approach. The approved provider’s response includes clarifying information about some of the service’s practices and identifies that training has been conducted around the usage of restrictive devices and the documentation required prior to the implementation of these devices.

While the Assessment Team identified some gaps in the service’s implementation of policies relating to the minimisation of restraint, I have considered this in my assessment of Standard 3 Requirement 3(3)(a). Overall, the service demonstrated an effective clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

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.

### Requirement 1(3)(a)

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

The approved provider must demonstrate:

* Each consumer is treated with dignity and respect.
* Staff interactions with consumers are respectful including of their identity, culture and diversity, and staff work to uphold consumer’s dignity.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 2(3)(e)

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

The approved provider must demonstrate:

* Care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals or preferences of the consumer.
* Strategies to manage consumer behaviours of concern and consumer falls are reviewed for effectiveness following incidents.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(a)

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

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

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Chemical and physical restraint is best practice, including used as a last resort after tailored non-pharmacological interventions to manage behaviour are evaluated as not effective, and with informed consent from the consumer and/or representative.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(b)

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

The approved provider must demonstrate:

* The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed. This includes in relation to behaviours of concern, falls and pain.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 4(3)(b)

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

The approved provider must demonstrate:

* Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.
* Services and supports promote each consumer’s emotional and psychological well-being following events that may have triggered an emotional or psychological impact for consumers.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 4(3)(c)

*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.*

The approved provider must demonstrate:

* Services and supports for daily living assist each consumer to participate in their community within and outside the service environment and do things of interest to them.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 7(3)(a)

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The approved provider must demonstrate:

* The workforce deployed enables the delivery and management of safe and quality care and services. This includes personal and clinical care, respectful interactions with consumers, and leisure and lifestyle services.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 7(3)(b)

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

The approved provider must demonstrate:

* All staff interactions with consumers are kind, caring and respectful.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 8(3)(c)

*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 approved provider must demonstrate:

* Incidents, including allegations of abuse, are reported in accordance with the requirements of the SIRS as required.
* The organisation wide governance systems relating to regulatory compliance and workforce governance are effective.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 8(3)(d)

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The approved provider must demonstrate:

* Risk management systems are consistently effective in identifying and managing high impact or high prevalence risks associated with the care of consumers, and identifying and responding to abuse and neglect of consumers.
* The organisation’s risk assessment and management procedures are consistently followed to support consumers to safely undertake activities that may involve some risk, in order for them to live their best life.
* Incidents reportable under the SIRS are identified and responded to appropriately in a timely manner.
* The service has implemented all continuous improvement actions identified in their response.