Villa Serena

Performance Report

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**Commission ID:** 5361

**Provider name:** Allity Pty Ltd

**Site Audit date:** 9 February 2022 to 11 February 2022

**Date of Performance Report:** 4 April 2022

# Performance report prepared by

Dean Saunders, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | 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) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

This performance report details the 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 12 March 2022

# 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

The Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation and tested staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation.

Overall sampled consumers considered 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. Consumers said staff and management treat them with respect and were satisfied with their interactions with staff across aspects of their care and services. Their personal privacy is respected. Consumers are encouraged to do things for themselves, and staff know what is important to them.

Consumers are enabled to live the best life they can and information provided to them is easy to understand and communicated in a way enabling them to exercise choice.

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 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

The Assessment Team sampled the experience of consumers and reviewed their care planning documents in detail. Consumers were asked about how they are involved in care planning, and staff were interviewed about how they use care planning documents and review them on an ongoing basis.

Some consumers/representatives interviewed confirmed they are involved in care planning, including when there are changes to consumers’ care needs. They are informed about the outcomes of assessment and planning and have access to the consumer’s care and service plan if they wish.

Consumers/representatives were able to provide examples of how other providers of care are involved in meeting consumers’ healthcare needs. Staff understand their end of life wishes and a review of documentation confirmed the consumers wishes are mostly documented.

The service has systems in place which generally supports planned care and services that meet each consumer’s needs, goals and preferences and informs the delivery of safe and effective care. Care and service plans for consumers sampled show integrated and coordinated assessment and planning involving other organisations, individuals and providers of other care and services, including medical officers, allied health professionals and specialists.

The service was however unable to demonstrate assessment and planning, including consideration of risks to the consumer’s health and wellbeing, informs the delivery of safe and effective care and services for consumers who have allergies, undertake risk activities and for consumers subject to restrictive practice.

The service was also unable to demonstrate care plan reviews have been effective in identifying where consumers’ circumstances change or where incidents have impacted on the needs, goals or preferences of the consumer, to trigger a review or update of the consumers’ care planning documentation.

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

## Assessment of Standard 2 Requirements

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

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

Registered staff are responsible for the completion of initial assessments to identify consumers' needs, choices and preferences. Consumers and representatives, medical officers and other clinical and allied health professional are involved where necessary during assessments and planning.

The Assessment Team examined the care planning documents for six consumers and found deficiencies in considerations of risk in assessment and planning. Consumer feedback and staff interviews provided information that was broadly consistent with that identified by the Assessment Team.

A named consumer was assessed in January 2022 as not being able to self-medicate as they could not recognise medications or remember how to take them. Despite this the consumer was allowed to self-administer medications. This was allowed on the basis of an assessment done twelve months prior in January 2021. The consumer has suicidal thoughts however their mental psychological health and well being plan was not completed, to guide staff practice in the event of the consumer voicing suicidal thoughts.

A named consumer was assessed as needing massage for pain management. Due to muscle spasm and rigidity it was not practicable to undertake massage. Staff advised the consumer could not be massaged however an assessment of the suitability of massage as an effective pain relief strategy had not been undertaken and care planning documentation has not been updated to remove this unsuitable pain management strategy.

A named consumer fractured their foot following a fall. They wished to continue to undertake personal training with a fractured foot however the risk associated with this was not assessed. The consumer has a history of alcohol dependence and their nutrition and hydration plan requires limitation of alcohol. Evidence suggests the consumer imbibes beyond the identified limit however a risk assessment has not been completed in relation to the consumer’s choice to drink beyond the amount identified in their plan.

A named consumer is on fluid restriction and has trouble going to sleep. The consumer regularly requests, and is given, as required sedative medication to sleep. The consumer explained they consume alcohol each evening. The risks associated with alcohol ingestion with sedatives whilst on a fluid restricted diet have not been assessed.

A named consumer has a range of ailments including dysphagia (swallowing difficulty). The consumer’s dietary preferences and assessed needs preferences do not identify a diagnosis of dysphagia. Despite this the consumer enjoys eating steak twice per week. The consumer is not supervised at meal times and there are no strategies in place to address the consumption of steak, unsupervised, in the context of dysphagia.

Further to the above, the Assessment Team identified ten consumers who had not been assessed in relation to the use of chemical restrictive practice. Review of documentation identified the service has not sought consent or ongoing medical authorisations from representatives for these consumers.

In its response to the site audit report the Approved provider provided information and supportive evidence that each of the identified deficiencies in care planning had been reassessed and actions arising from the assessment commenced. Chemical restriction authorisations have been completed. The Approved provider did not dispute the recommendation in the site audit report.

While I acknowledge the actions the Approved provider has committed to in addressing the deficiencies in this requirement, in light of the number and nature of deficiencies in assessment and care planning, I find that this requirement is Non-compliant.

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

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

### 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.*

For the consumer care plans sampled, care plans show evidence of review on a regular basis. However, care and services were not reviewed when circumstances change or where incidents have impacted on the needs, goals or preferences of the consumer. Consumer feedback and staff interviews supported this finding.

A named consumer’s plan was not updated following the commencement of a palliative pathway and 11kg weight loss. While progress notes evidence the consumer was supported in their palliative and nutritional needs, care planning had not been updated to guide staff practice.

A named consumer’s plan was not reviewed despite 138 doses of as required medication being administered in a three month period for ongoing complaint of pain in their left foot. None of alternative strategies for pain management, review of the effectiveness of pain management, referral to a medical officer or pain specialist for the continued use of and effectiveness of as required pain management medications or monitoring via pain charting were explored or contemplated.

A named consumer was provided with 39 doses of as required medication for sleep over a three month period without alternative strategies for sleep management being explored.

A named consumer was assessed as needing massage for pain management. Due to muscle spasm and rigidity it was not practicable to undertake massage. The pain management strategy was not reviewed, alternative strategies were not identified.

In its response to the Assessment Team’s report the Approved provider provided information and supportive evidence that each of the identified deficiencies in care planning had been reassessed and actions arising from the assessment commenced. The service did not dispute the recommendation in the site audit report.

Considering the systemic deficiencies in undertaking reviews when circumstances change or incidents impact, I find that this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Most sampled consumers considered that they receive personal care and clinical care that is safe and in accordance to their needs and preferences. They considered their needs and preferences are effectively communicated between staff and described the ways the care being provided is meeting their needs. Most consumers/representatives said staff have discussed end of life strategies and that they have an advance health directive in place.

The Assessment Team sampled the experience of consumers by reading their care plans and assessments, interviewing consumers and representatives and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Assessment Team also examined other relevant documents.

Clinical records for most consumers sampled reflects referrals to the medical officer, specialist services and a wide range of visiting allied providers including physiotherapists, occupational therapists, podiatrists, dietitians, optometrists, speech pathologists, psychologists and a mobile dentist. Staff demonstrated how they promote appropriate use of antibiotics to minimise infection related risks.

However, the service was unable to demonstrate each consumer gets safe and effective personal and/or clinical care, that is tailored to their needs and optimises their health and well-being. The service was unable to demonstrate clinical staff have a shared understanding of, and monitor, restrictive practices.

The service could not demonstrate that high impact, high prevalence risks associated with the care of some consumers, are effectively managed. Care planning documentation does not identify the service has considered strategies and effective interventions for the safety, health and well-being of some consumers.

The service does not have effective processes in place to ensure that when a consumer’s condition changes or deteriorates that this is escalated, and consumers receive timely and appropriate medical review and intervention. The Assessment Team identified two consumers who have not had their changed condition effectively escalated to health professionals for further review.

The service has not demonstrated that consumers are consistently being referred to other appropriate health professionals when their condition deteriorates or when behavioural management strategies have not been effective in keeping consumers safe.

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

All consumers interviewed consider they get safe and effective care.

Care documentation for some consumers sampled did not reflect individualised care that is safe, effective and tailored to the specific needs of the consumer. Care planning documentation of sampled consumers who have chronic pain or have had a recent change in care need regarding pain management, did not always identify pain related care delivery was safe, effective and tailored to the needs of the consumer.

A named consumer was prescribed physical therapy for pain but was not receiving it as it was impracticable to administer. Registered staff were unaware the consumer was not receiving the prescribed treatment. In addition to this clinical charting showed the therapy was administered. Despite medical officer review the care needs of the consumer were not changed. Also, the consumer was prescribed regular psychotropic medication which was considered to be chemical restraint without a restrictive practice authorisation in place.

A named consumer suffers pain, moans and grimaces when being repositioned however neither this nor strategies to assist staff position the consumer are reflected in their pain care documentation. The consumer resides in a secure area of the facility without restrictive practice authorisation. This was brought to management’s attention and a subsequent notification was made under the serious incident response scheme.

A named consumer with dementia has a physical and chemical restraint authorisation signed by their representative. The representative stated the effects of chemical restraint were not explained at the time of consent, and consent for physical restraint whilst authorised, was not provided. The consumer was physically restrained during personal cares. This was brought to management’s attention and a subsequent serious incident response scheme referral for neglect was made.

A named consumer resides in the secure area, in which movement is restricted, however a restrictive practice authorisation does not exist for this.

In relation to restraint, review of documentation identified the service has not sought consent or ongoing medical authorisations from representatives for an additional ten consumers receiving prescribed medication considered to be chemical restraints. Care planning documentation does not provide guidance to staff in relation to the appropriate use of psychotropic medication and the monitoring required in accordance with legislative requirements.

In relation to pain management, care planning documentation of sampled consumers who have chronic pain or have had recent changes to their care needs regarding pain management did not always identify pain related care delivery was safe, effective and tailored to the needs of the consumer.

In its response to the site audit report the Approved provider provided information and supportive evidence of remedial action taken in relation to the deficiencies identified above.

While the Approved provider has committed to and has commenced remedial actions to address the deficiencies contained in the site audit report, these actions were not in place at the time of the site audit and will require time to be implemented and tested for their effectiveness, therefore, I find this requirement 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 service could not demonstrate that high impact, high prevalence risks associated with the care of some consumers, are effectively managed.

Care planning documentation does not identify the service has considered strategies and effective interventions for the safety, health and well-being of some consumers. For some consumers sampled, care planning documentation does not identify the service has considered strategies and effective interventions for the safety, health and well-being of consumers by completing assessments and identifying risks.

A named consumer has chronic pain in their shoulders and back and has been diagnosed with anxiety and receives psychotropic medication. Their pain management care documentation stipulates staff are to provide five-minute back and shoulder massages four times per week to assist with pain. Staff advised that they are unable to administer the consumer’s massages in accordance with their care plan as they were too rigid and that the rigidness has been reported to the registered nurse with no further instructions.

A named consumer was found to be malnourished following a nourishment assessment in November 2021. Weight loss records provided by the service showed they had lost 11kgs in two months following commencement of a palliative pathway. The consumer’s care planning documentation does not contain a palliative care plan, an updated nutritional or pain management plan to provide strategies and interventions for staff to safely manage risks with weight loss, pain and palliative care needs. The Approved provider has since implemented considerable remedial action for this consumer.

In its response to the site audit report the Approved provider provided information and supportive evidence of remedial action taken in relation to the deficiencies identified above. The service did not dispute the Assessment Team finding.

Based on the evidence summarised above, I find that 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) Non-compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The service does not have effective processes in place to ensure that when a consumer’s condition changes or deteriorates that this is escalated, to ensure consumers receive timely and appropriate medical review and intervention.

A named consumer’s care planning documentation was last reviewed 21 November 2020. In December 2021 the consumer was transferred to hospital due to deterioration. They had lost 11kgs in the preceding eight weeks. They returned to the service in December 2021. The consumer continued to deteriorate and a ‘palliative pathway commenced’ on 26 January 2022.

Despite the continued deterioration and commencement of palliative care, at audit management was unable to provide evidence of assessments and monitoring of tailored personal and clinical care upon the consumer’s return from hospital in December 2021, relating to palliative, pain and nutritional care needs. The marked change in the consumer’s status was not recognised and responded to in a timely manner.

Following feedback provided to management by the Assessment Team, management stated they considered the consumer had been neglected and a full review would be completed and a serious incident response scheme notification for neglect will be escalated.

The Approved provider did not respond in relation to this requirement in relation to their written response to the site audit report.

As changes in a consumer’s condition was not recognised and responded to in a timely manner I find this requirement is Non-compliant.

### 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) Non-compliant

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

The service has not demonstrated that consumers are consistently being referred to other appropriate health professionals in a timely and appropriate manner. While consumers/representatives interviewed said they are satisfied timely and appropriate referrals occur, care planning documents and/or progress notes do not reflect the identification of, and response to, deterioration or changes in condition, has resulted in such referrals to specialist services.

A named consumer lost 11kg in weight between November 2021 and December 2021 and was transferred to hospital due to deterioration with their health. The service has not referred the consumer to a dietician to assess nutritional risks and nutritional requirements in order to respond to the weight loss.

A named consumer’s pain care plan was reviewed with a note stating, ‘Physiotherapist support is required’. The consumer has not been referred to a physiotherapist for an assessment to manage pain.

In its response to the Assessment Team’s report the Approved provider provided information and supportive evidence of remedial action taken in relation to the deficiencies identified above.

As evidenced above, consumers have not been referred to specialist services in a timely manner and therefore, I find this requirement Non-compliant.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and 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

At audit 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 Assessment Team also examined relevant documents.

Consumers 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. They are supported by the service to undertake lifestyle activities of interest to them and maintain social and emotional connections with those people who are important to them.

The service was able to demonstrate services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Review of the lifestyle activity calendars and discussion with staff demonstrated there are a variety of activities offered to meet the different needs and preferences of consumers. Consumers were observed to be engaged in a variety of group and individual activities.

Consumers interviewed advised they enjoy the food offered and it is of suitable variety, quality and quantity.

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 sampled consumers considered that they feel they belong in the service, felt safe and comfortable in the service environment and said the service environment is welcoming.

Consumers described and were observed accessing activities in different areas of the service, including outdoor areas and considered the service is safe, clean and well maintained and they can move freely indoors and outdoors when they choose to and if consistent with restrictions.

Consumers confirmed they can decorate and individualise their rooms as they wish.

The service environment has several lifestyle features such as activity rooms, courtyards, cafe and fish tanks.

Equipment was observed to be clean, well maintained and appropriate to consumer needs.

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

The Assessment Team sampled the experience of consumers, asking them about how they provided feedback and how the organisation responded. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Sampled consumers/representatives said they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken when they do.

Overall, consumers/representatives had few complaints and were generally satisfied with the way care and services were delivered and they were satisfied with staff.

Consumers/representatives said they knew how to make a complaint if they needed to and when they had raised issues in the past, staff and management always responded promptly.

The service uses the organisation’s systems to support and encourage consumers and representatives to provide feedback or make a complaint and to manage and respond to complaints.

While the organisation’s complaints form is readily accessible to consumers and representatives, management accepts complaints either written or verbally.

Records evidence management responds to feedback and complaints and acts to address complaints when they are raised.

Feedback and complaints link with the organisation’s continuous improvement process.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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 consumers/representatives interviewed considered that they get quality care and services when they need them from staff who are knowledgeable, capable and caring.

Consumers/representatives interviewed confirmed staff are kind, caring and treat them well, said staffing numbers were generally adequate and staff were available to attend to their needs, and confirmed staff know what they are doing and are confident staff are adequately trained and competent in their roles.

Most staff interviewed considered there were enough staff and they were allocated enough time to complete their assigned tasks. The service demonstrated policies, processes and systems in place to implement the recruitment, training and performance management of staff across all areas of service delivery.

However, the Assessment Team identified training provided in relation to restrictive practices, serious incident reporting and management of risks to consumers has been ineffective, with staff and clinical management unable to demonstrate shared knowledge and understanding in these areas.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

### Requirement 7(3)(b) Compliant

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

### Requirement 7(3)(c) Compliant

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

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

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

Consumers/representatives interviewed expressed confidence in the capabilities of staff in delivering care and services, and that staff are generally well trained and equipped to perform their roles.

Interviewed staff were able to describe the training, support, professional development and supervision they receive during orientation and on an ongoing basis. Staff confirmed that they can raise any requests for further training which is supported and accommodated by management. Staff undergo annual mandatory training and have access to additional training via online modules and training sessions.

Management confirmed there are policies and procedures to guide management in the recruitment of staff. Induction processes are sound. The service has a comprehensive training program that includes numerous mandatory training modules for all staff, some of which are required to be completed annually. Consumers/representatives feedback, audit results, performance reviews, clinical indicators and changes in industry legislation all inform staff training needs. A monthly education calendar includes toolbox sessions delivered by the general manager and clinical management, as well as training via external training providers.

However, the Assessment Team identified staff training provided by the service in relation to restrictive practices, serious incident response scheme reporting and management of risks to consumers has been ineffective.

Sampled staff, including clinical management, were unable to demonstrate a shared understanding of restrictive practices. Some registered staff interviewed said they were not aware of the requirement for behaviour support plans for consumers and/or were unable to recall information regarding types of restrictive practices. Others said they could not remember what they have been taught regarding restrictive practices.

Clinical management were unable to demonstrate a shared understanding of the types of incidents required to be reported under the serious incident response scheme.

Sampled staff including clinical management were unable to demonstrate a shared understanding of risks to consumers’ health and wellbeing including instances where risk assessments may be required and risk minimisation strategies to manage high impact and high prevalence risks and support dignity of risk for some consumers.

The Approved provider did not dispute the above findings. The Approved provider’s response to the site audit report demonstrated that continuous improvement actions are being taken to address the deficiencies identified in this standard including specific inclusions for relevant training sessions, and addition of reflective learnings to standing agenda items for registered nurse meetings, weekly Clinical Risk Health and Wellbeing Governance meetings and monthly Quality and Risk meetings.

In the context of the recency of the corrective actions, and in the absence of independent verification of their effectiveness, I am not persuaded that the workforce is trained or equipped to deliver the outcomes required by the Standards, as evidenced by Non-compliance in Standards 2 and 3.

I find that this requirement is Non-compliant.

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers/representatives considered the organisation is well run and consumers can contribute towards improving the delivery of care and services via various methods including monthly Consumer and Representative meetings, food focus group meetings and surveys.

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.

Interviews with management and review of documentation identified the organisation’s governing body promotes a safe and inclusive culture at the service and is accountable for the delivery of safe and quality care and services.

However, the service was unable to demonstrate effective organisation wide governance systems related to information management and regulatory practice: information under the organisation’s ECMS is inaccurate or incomplete, and policies and procedures to guide staff practice have not been regularly reviewed and updated. Management has not identified the full extent of gaps in information under the service’s change to ECMS and its impact on consumers, and to ensure information management is resourced and prioritised effectively. Despite actions taken by the service to improve its performance, the service remains non-compliant with respect to its regulatory obligations regarding the serious incident response scheme and restrictive practices.

A review of risk management systems and practices showed consumers who choose to undertake activities of risk have not been consistently assessed for risk and dignity of risk forms signed. Staff were unable to describe risk minimisation strategies to manage high impact and high prevalence risks and support dignity of risk for some consumers or to demonstrate a shared understanding of restrictive practices and the serious incident response scheme. The assessment team identified three instances where staff and clinical management had not identified or reported incidents of inappropriate use of physical restraint and neglect under the serious incident response scheme.

An effective clinical governance framework in relation to minimising the use of restraint: restraint authorisations have not been completed for all consumers subject to a restrictive practice, and staff including clinical management were unable to demonstrate a shared understanding of restrictive practices.

The Quality Standard is assessed as Non-compliant as three 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 service was unable to demonstrate effective organisation wide governance systems related to information management and regulatory compliance. Some information under the organisation’s ECMS is inaccurate or incomplete; policies and procedures to guide staff practice have not been regularly reviewed and updated; and the service is not compliant with its regulatory obligations in relation to restrictive practices management and serious incident response scheme.

**Information management**

Management advised, and interviewed staff confirmed, the service implemented a new ECMS in December 2021. The ECMS provides care staff, registered staff and external contractors varying levels of access to consumer care plans, charts and referral documentation relative to their role. Staff can access policies, procedures and training in relation to information management via the service’s online systems.

The Assessment Team reports, based on management provided information, that staff are currently using two ECMS as the service identified a full transfer of information from the old to the new system did not occur, and existing assessments/care plans required further update.

In recognition of increased time required to ensure the transfer and update of consumer information to the service’s new ECMS, the service allocated additional shifts on-site for a registered nurse. Due to ongoing challenges and resourcing constraints with COVID-19, this has been delayed and staff are currently required to continue accessing separate systems for consumer information. This is captured under the service’s process for continuous improvement with an expected completion end of March 2022 which may likely be delayed as advised by management.

The Assessment Team identified some information under the service’s ECMS is either inaccurate or incomplete, and not readily available to support staff and contractors to undertake their role. Management has not identified the full extent of gaps in information under both ECMS and its impact on consumers.

Some sampled staff advised whilst management are supportive, they are still experiencing challenges with learning the new system and using two separate ECMS to access consumer information as this takes time away from their existing duties of consumer care and service delivery.

The Approved provider in its response to the site audit report disputed that staff were required to use two ECMS and that they instead were transitioning from one to the other. Processes were in place to give effect to the transition.

**Policies/procedures**

Management advised the organisation’s policies are updated based on changes to legislation/regulatory requirements and as needed. The Assessment Team noted set timeframes for review are not specified under policies/procedures. Review of the service’s policies identified regular review/update has not occurred to guide staff practice and four examples were provided in relation to this.

The Assessment Team conclude that the majority of sampled policies provided had not been updated since August 2019 and no policies refer to a review date. In its response to the site audit report the service has provided a counter example of a policy and procedure, said to be outdated by the Assessment Team, but that had been updated.

**Continuous improvement**

The service conducts regular audits and surveys and monitors and evaluates improvement actions resulting from the analysis of incidents, audits and clinical data. Information on clinical indicators, incident data and outcomes of audits are collected monthly via a compliance dashboard, reported and discussed at consumer risk and compliance meetings at the executive level and further communicated to the board. The board uses this information to satisfy itself the service is meeting quality and compliance requirements.

However, the Assessment Team identified the service’s clinical audits and mechanisms for reporting have been ineffective in identifying gaps in relation to the management and monitoring of restrictive practices and in identifying and responding to deterioration.

**Financial governance**

Management advised annual budget and forecasting which includes workforce review, consideration of capital planning and purchase as well as capability development and quality improvement investments. The general manager has an allocated budget and access to a corporate credit card and can access additional funds to meet the needs of consumers via further approvals through the organisation’s Director of Operations.

**Workforce governance**

Following staff interviews staff, including clinical management, were unable to demonstrate a shared understanding of what constitutes a serious incident under serious incident response scheme; the use of restrictive practices including requirements for restraint authorisations, informed consent and inappropriate use of restraint; or to describe various risk minimisation strategies in place to support dignity of risk and to manage high impact and high prevalence risks for some consumers. This was addressed in detail in Requirement (7)(3)(d).

**Regulatory compliance**

Restrictive practice authorisation forms in relation to the use of chemical restraint for ten consumers and the use of environmental restraint for one consumer has not been completed. Training provided has been ineffective in ensuring staff and clinical management have a shared understanding of restrictive practices.

The service had not identified three incidents as serious incidents reportable under serious incident response scheme. In two instances, the Assessment Team identified consumers were subject to inappropriate use of physical restraint contrary to information recorded under their restraint authorisation forms, and staff and clinical management had not considered the practice as inappropriate and had not reported it under the serious incident response scheme. In another instance, a consumer had experienced significant weight loss and deterioration in health with no strategies documented to manage risks associated with weight loss, pain and palliative care needs which had not been identified as neglect or been reported as a serious incident.

Training provided has been ineffective in ensuring staff and clinical management have a shared understanding of the types of incidents to be reported as a serious incident.

**Feedback and complaints**

The organisation has demonstrated an effective feedback and complaints process, as evidenced by Compliance in Standard 6.

Deficits in information management, regulatory compliance, workforce governance and continuous improvement were identified at the site audit. For this reason, I find this requirement 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 organisation has a documented risk management framework and provided policies describing how to manage high impact or high prevalence risks associated with the care of consumers, identify and respond to the abuse and neglect of consumers, support consumers to live the best life they can, and manage and prevent incidents.

However, review of care planning documentation for consumers who choose to undertake activities of risk such as in relation to the consumption of alcohol, choosing to self-medicate or not to comply with recommendations of a health professional identified consumers have not consistently been assessed for risk and/or signed dignity of risk forms completed capturing strategies to manage risks. This was addressed in detail in Requirement (2)(3)(a).

Following staff interviews staff, including clinical management, were unable to demonstrate a shared understanding of what constitutes a serious incident under serious incident response scheme; the use of restrictive practices including requirements for restraint authorisations, informed consent and inappropriate use of restraint; or to describe various risk minimisation strategies in place to support dignity of risk and to manage high impact and high prevalence risks for some consumers. This was addressed in detail in Requirement (7)(3)(d).

All policies and procedures are not updated regularly. This was addressed in detail in Requirement 8(3)(c).

The Assessment Team identified three instances where the service had not identified a serious incident and reported it under the serious incident response scheme.

The Approved provider’s response to the site audit report provided an example of a policy that had been reviewed contrary to the Assessment Team’s assertion and also highlighted remedial actions taken to address the deficiencies identified in relation to staff knowledge and practices.

I consider that, collectively, the findings of the Assessment Team outlined above demonstrate that the risk management practices are not effective in meeting the needs identified in the requirement. Neither the counter example of the single updated policy nor the presence of remedial actions dissuade me from this view. The Non-compliance with serious incident response scheme reporting requirements was not disputed by the service. The balance of findings of the Assessment Team and the examples it has given support a finding that this requirement is Non-compliant.

I find this requirement is Non-compliant.

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

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

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

The service has a documented clinical governance framework with policies and procedures including antimicrobial stewardship, minimising the use of restraint and open disclosure.

Staff advised they have received mandatory training regarding infection control practices and were able to describe strategies to minimise the risk of infections. Registered staff demonstrated a shared understanding of antimicrobial stewardship and explained the need to discourage unnecessary use of antibiotics and to utilise preventative strategies such as encouraging fluid intake to reduce the frequency of urinary tract infections.

Registered staff and management demonstrated a shared understanding of open disclosure and how this relates to complaints resolution, correctly describing that it includes acknowledging when things go wrong and to offer an apology.

However, staff were unable to demonstrate a shared understanding of restrictive practices. Staff including clinical management failed to identify and report the inappropriate use of physical restraint as a serious incident. Restrictive practice authorisation forms in relation to the use of chemical restraint for ten consumers and the use of environmental restraint for one consumer has not been completed.

The approved provider’s response to the site audit report identified its immediate actions in rectifying both the restrictive practice authorisations identified above and the misidentification of physical restraint as a serious incident.

Whilst a comprehensive clinical governance framework exists the deficiencies in relation to practice and staff knowledge disallow a finding of compliance.

I find this requirement is Non-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.

* 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.
* 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
* Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:
* is best practice; and
* is tailored to their needs; and
* optimises their health and well-being.
* Effective management of high impact or high prevalence risks associated with the care of each consumer.
* 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.
* Timely and appropriate referrals to individuals, other organisations and providers of other care and services.
* The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* Effective organisation wide governance systems relating to the following:
* information management;
* continuous improvement;
* financial governance;
* workforce governance, including the assignment of clear responsibilities and accountabilities;
* regulatory compliance;
* feedback and complaints.
* Effective risk management systems and practices, including but not limited to the following:
* managing high impact or high prevalence risks associated with the care of consumers;
* identifying and responding to abuse and neglect of consumers;
* supporting consumers to live the best life they can
* managing and preventing incidents, including the use of an incident management system.
* Where clinical care is provided—a clinical governance framework, including but not limited to the following:
* antimicrobial stewardship;
* minimising the use of restraint;
* open disclosure.