Wanneroo Community Nursing Home

Performance Report

9 Amos Road
WANNEROO WA 6065
Phone number: 93062088

**Commission ID:** 7917

**Provider name:** Shire of Wanneroo Aged Persons Homes Trust Inc

**Site Audit date:** 5 January 2022 to 7 January 2022

**Date of Performance Report:** 16 March 2022

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the provider’s response to the Site Audit report received 31 January 2022.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team found overall, sampled consumers 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. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* consumers are treated with dignity and respect, feel valued by staff as individuals and their ethnicity and cultural identity are valued;
* consumers are able to make decisions about how they wish to live their life;
* consumers are provided adequate information to enable them to make appropriate choices about their day-to-day activities and clinical care and this enables them to exercise choice; and
* staff are respectful of consumers’ privacy.

Care files sampled reflected consumers’ personal histories, preferences for care, friends and family of special significance, activities of interest, whether the consumer wished to take risks, and aspects of their lives which are of particular importance in relation to their identity, culture and diversity. Staff sampled were knowledgeable of consumers and understood their personal circumstances, including personal histories and culture, and this influenced how they provided care and services.

Documentation sampled demonstrated information provided to consumers is current, accurate and timely. Information is made available to consumers through newsletters, meeting forums, handbooks and noticeboards. Staff described ways they provide information to consumers, including those with literacy and communication difficulties and those of non-English speaking backgrounds. Staff were observed to deliver care in a way which promoted and respected consumers’ privacy and personal information is kept confidential.

Consumers sampled indicated they are able to make decisions about things that are important to them and are supported to maintain relationships and communicate their decisions. Consumers were satisfied with the support they receive to take risks to enable them to live their best lives. Where consumers wish to undertake an activity, which involves an element of risk, discussions relating to risks are undertaken with the consumer and/or representative to ensure risks are understood and strategies to mitigate risks implemented.

Based on the evidence documented above, I find Shire of Wanneroo Aged Persons Homes Trust Inc, in relation to Wanneroo Community Nursing Home, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team found overall, consumers sampled considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are involved in care planning to the extent they wish to be involved and feel the service listens and incorporates consumers’ personal preferences;
* they are informed of the outcomes of assessments and planning;
* discussions relating to end-of-life planning had occurred on entry;
* staff know consumers’ preferences and provide care and services in line with what they like and don’t like; and
* staff understand consumers’ needs and they can have access to a care plan if requested. Representatives said information received is clear and easy to understand.

A range of assessments are completed on entry and on an ongoing basis, including when a change in consumers’ health and well-being is identified. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop detailed care plans which incorporate each consumer’s specific goals and preferences. Additionally, a variety of validated risk assessment tools are utilised and individualised management strategies developed to minimise impact of risks and are included in care plans. Staff sampled described assessment and planning processes and how these inform provision of care and services.

Consumer files demonstrated consumers’ needs, goals and preferences are identified through assessment and planning processes. This included advance care planning and end of life planning. Discussions relating to end of life care and advance care planning are undertaken on entry, as part of the care plan review process and in response to changes in consumers’ needs. Care plans sampled included detailed information relating to each consumer’s needs, goals and preferences, including in relation to end of life planning.

Care files demonstrated staff work with the consumer and/or representative and seek input from General practitioners and allied health professionals to ensure care and service provision is in line with the consumer’s needs and preferences. Outcomes of assessment and care planning are communicated to consumers and documented in care plans which are available to consumers and guide staff in the provision of care and services. Regular assessment of consumers’ care needs occurs annually and in in response to a decline in a consumer’s health, incidents and on an ongoing basis. Care plans are updated following assessments and changes to needs to reflect consumers’ current care and service requirements.

Based on the evidence documented above, I find Shire of Wanneroo Aged Persons Homes Trust Inc, in relation to Wanneroo Community Nursing Home, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team recommended Requirement (3)(a) in Standard 3 not met. The Assessment Team were not satisfied the service demonstrated that each consumer receives safe and effective personal and/or clinical care that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to management of restraints, pain and skin integrity.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

In relation to Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g), the Assessment Team found overall, consumers sampled considered that they receive personal and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* they have been invited to have conversations about palliative care and end of life planning;
* consumers can easily access a doctor or the Nurse practitioner if they are feeling unwell;
* the service contacts representatives when the consumer has had a fall or is unwell;
* are satisfied with access to General practitioners, allied health professionals and external service providers; and
* are happy with communication from the service relating to infection management and consumers are offered COVID-19 and annual influenza vaccinations.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes, and individualised management strategies are developed and documented in care plans to ensure impact of risks are minimised. Care files sampled demonstrated appropriate management of high impact or high prevalence risks, including pressure injuries, wounds, falls, swallowing difficulties and diabetes. Staff were knowledgeable about consumers’ high impact or high prevalence risks and described strategies to minimise impact of those risks.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. An End of life care management plan is developed in consultation with consumers and/or representatives, staff, General practitioner and allied health specialists. A plan for one consumer clearly documented the consumer’s wishes as well as assessed care needs and strategies for symptom management. General practitioners and specialist palliative care services are utilised where additional support and expertise is required. Care staff described their role in providing palliative care to consumers, including emotional support, increased care needs and comfort management.

Where changes to consumers’ health are identified, additional charting, assessments and monitoring processes are implemented and referrals to General practitioners and/or allied health specialists initiated. Care files sampled demonstrated changes and deterioration in consumers’ capacity and condition had been recognised and responded to in a timely manner. Care staff stated they report changes to consumers’ health and well-being to clinical staff and are notified of changes to consumers’ health and well-being, including through handover processes.

There are processes in place to prevent and control infections, including COVID-19, and appropriate antibiotic prescribing and use. Staff demonstrated an understanding of infection control and antimicrobial stewardship principles. Policy and procedure documents relating to infection control and antimicrobial stewardship are available to guide staff practices and training in these areas is provided to staff.

Based on the evidence documented above, I find Shire of Wanneroo Aged Persons Homes Trust Inc, in relation to Wanneroo Community Nursing Home, Compliant with Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### 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 were not satisfied the service demonstrated that each consumer receives safe and effective personal and/or clinical care that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to management of restraints, pain and skin integrity. The Assessment Team’s report provided the following evidence relevant to my finding:

* A restraint register for consumers prescribed psychotropic medication does not clearly indicate who is subject to chemical restraint and who has a diagnosis to support the use of psychotropic medications.
* A clinical staff member indicated approximately 25 consumers were currently subjected to chemical restraint and the spreadsheet was in the process of being updated. Of the 25 consumers, only one consumer had a current chemical restraint restrictive practice assessment, behaviour care plan and consent form completed.
* A separate register is maintained for consumers subject to physical or environmental restraint. This register does not contain all consumers currently subjected to physical restraint or clearly outline alternatives that have been considered and used, and why they have not been successful.
* A restraint monitoring record form is not available on the service’s integrated documentation system and of five consumers identified to be subjected to mechanical restraint, there is no monitoring or release of the restraint completed when the restraint is in place.

Consumer A

* There were no behaviour charts or review completed when escalating behaviours were identified prior to prescribing as required medication.
* There was no documentation of any non-pharmacological interventions being trialled or pain assessment completed prior to administration of chemical restraint on two occasions, one each in December 2021 and January 2022.
* There was no prior clinical review, pain assessment, non-pharmacological interventions, or review of the effectiveness of medication following administration of a subcutaneous chemical restraint in January 2022.
* A clinical staff member was unable to explain legislative requirements for use of chemical restraint or required documentation. The staff member was also unable to locate the organisational policy or procedure related to restrictive practices or chemical restraint.

Consumer B

* A consent form for mechanical restraint and behaviour support plan are not in place and the care plan does not include information about the use of the restraint device.
* There is no monitoring record completed whilst the restraint device is in place or documentation relating to release or alternatives to the restrictive device.
* The consumer suffered skin irritation in August, September and November 2021. Two clinical staff were unaware the restraint device was being worn over night and indicated the skin irritation may be related to use of the restraint device. Neither were able to locate the organisational policy or procedure to guide them on the organisational requirements of mechanical restraint.
* A letter dated February 2020 indicated the consumer’s representative had consented to the restrictive device. However, the letter does not detail conversations relating to intended use of the device, alternatives or associated risks.

Consumer C

* The consumer has stage 1 pressure injuries to both heels requiring protective treatment as directed in progress notes in December 2021. A wound treatment plan had not been developed for the pressure injuries.
* A clinical staff member was unable to clarify what treatment was required or demonstrate that a wound care plan had been commenced to ensure treatment and monitoring.
* On day two of the Site Audit, a clinical staff member indicated they had reviewed the consumer’s heels and one had deteriorated to a stage 2 pressure injury.
* Both clinical staff were unable to locate the organisational policy and procedure for pressure area care or skin care.

Consumer D

* As required pain medication was administered on 12 occasions over a two week period. A General practitioner review occurred during this time and noted pain was well controlled and to continue to follow current analgesia regime.
* The Assessment Team met with the consumer on two occasions during the Site Audit. The consumer was unable to verbally communicate pain levels, however, demonstrated verbal and physical signs of pain. Care staff stated the consumer displays verbal and non-verbal indicators of pain during movement.
* A three day pain chart was to be commenced in December 2021, however, there was no evidence or evaluation of a three day pain record.
* A clinical staff member was unable to articulate what pain management plan was in place for the consumer or if the General practitioner had been informed of ongoing pain during movement.
* The consumer’s representative indicated they did not think the consumer’s pain was well managed.

The provider’s response directly addressed the deficits highlighted in the Assessment Team’s report and included further context to the evidence provided, as well as supporting documentation and actions initiated in response. The provider’s response included, but not limited to:

* The actual number of consumers on chemical restraint is four with the remainder prescribed anti-psychotic medications due to recognised medical conditions. Two of these consumers have had their chemical restraints assessment and informed consent completed with verbal consent obtained for the other two consumers.
* Due to changes in restrictive practice definitions, there have been no consumers on physical (or seclusion) restrictive practices.
* The restrictive practices domain has been incorporated into the behaviour support plan care domains so information is available to staff in the one place.
* An audit of documentation has been completed and identified some gaps in documenting non-pharmalogical interventions trialled and evaluation. A reminder has been sent to staff and a follow up audit will be conducted.

In relation to Consumer A:

* Behaviour charting dated between October and December 2021.
* While progress notes included in the response do not include an evaluation of the behaviour charting, a behaviour support plan and behaviour assessment provided were dated subsequent to the Site Audit.

In relation to Consumer B

* A letter of consent from the representative was found on file. However, a copy of this consent was not included in the provider’s response. The provider’s response included a consent form for the restraint device completed with the substitute decision maker subsequent to the Site Audit.
* During the Site Audit, a mechanical restrictive practices assessment was commenced and completed.
* A restrictive practice assessment and behaviour support plan relating to the restraint device dated subsequent to the Site Audit. The behaviour support plan includes when the device is to be worn and removed and indicates monitoring will occur in response to changes in condition.
* There is no evidence the skin irritation is caused by wearing the restrictive device.

In relation to Consumer C:

* Wound charting for both heels dated December 2021 to January 2022 demonstrating monitoring occurred.

In relation to Consumer D:

* The analgesic medication was charted for a two-week period in response to identification of pain during activities of daily living. The trial was successful in managing the consumer’s pain. The analgesic was reviewed by the Nurse practitioner and prescribed on a regular basis.
* Documentation included in the response indicates these actions occurred subsequent to the Site Audit.
* A three-day pain chart and assessment was completed. Pain charting for two days in December 2021 and six days in January 2022, subsequent to the Site Audit, was included as part of the response.

I acknowledge the provider’s response, the supporting documentation provided and the actions taken in response to deficits highlighted. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, each consumer was not provided safe and effective clinical care which was best practice or optimised their health and well-being, specifically in relation to management of restrictive practices and pain for Consumers A, B and D.

In relation to Consumer A, I acknowledge charting was in place to monitor the consumer’s behaviour prior to commencement of psychotropic medication. However, I have considered feedback from the consumer indicating they often experience pain. I find that while as required psychotropic medication was administered on two occasions, consideration of pain through assessment, non-pharmalogical interventions trilled prior to administration and effectiveness of the medication was not consistently evidenced. I acknowledge the actions taken by the service in response to the deficits highlighted.

In relation to Consumer B, I have considered that the service had not effectively utilised assessment, monitoring and review processes to identify and/or establish appropriate management strategies for use of a restrictive device. A behaviour care plan relating to the device had not been completed. Additionally, the care plan, used by staff to guide provision of care, did not include any information relating to the restrictive device, including when it should be applied and removed, monitoring processes when the device is used or alternative options. I acknowledge the actions taken by the service in response to the deficits highlighted.

In relation to Consumer D, I acknowledge charting, included in the provider’s response, indicates the consumer’s pain was monitored during the period highlighted in the Assessment Team’s report. However, I find the consumer’s pain was not effectively managed to ensure their health and well-being was optimised. I have considered observations of the consumer made during the Site Audit, feedback from the representative who considered the consumer’s pain was not well managed and feedback from staff which indicated the consumer experienced both verbal and no-verbal signs of pain during movement. While as required analgesia was noted to have been regularly administered over a two week period, a General practitioner review during this period indicated pain was well controlled. I acknowledge actions initiated to manage the consumer’s pain. However, these actions were implemented subsequent to the Site Audit and not in response to the service’s own monitoring, assessment and review processes.

In relation to Consumer C, I find documentation included in the provider’s response demonstrates wound charting for both heels was in place and regular monitoring of the areas was occurring. The charts indicate the wounds were assessed as healed during the Site Audit.

In relation to restraint registers, monitoring process and completion of documentation for consumers subject to chemical restraint, including assessments, care plans and consent and staff being unable to locate policies and procedures, I have considered that the evidence presented in this Requirement does not demonstrate deficiencies relating to delivery of personal and/or clinical care. Rather, the evidence presented specifically relates to the organisation’s clinical governance framework. As such, I have considered the evidence and the provider’s response with my finding for Standard 8 Organisational governance Requirement (3)(e).

For the reasons detailed above, I find Shire of Wanneroo Aged Persons Homes Trust Inc, in relation to Wanneroo Community Nursing Home, to be Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(b) Compliant**

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

**Requirement 3(3)(c) Compliant**

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

**Requirement 3(3)(d) Compliant**

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

**Requirement 3(3)(e) Compliant**

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

**Requirement 3(3)(f) Compliant**

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

**Requirement 3(3)(g) 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 NON-COMPLIANTServices 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

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

The Assessment Team recommended Requirements (3)(b) and (3)(c) in Standard 4 not met. The Assessment Team were not satisfied the service demonstrated:

* services and supports for consumers’ daily living and emotional, spiritual and psychological well-being was consistently promoted; and
* how services and supports for each consumer in their daily living needs is promoted or how consumers participate in their community within and outside the organisation’s service environment or continue to do things of interest to them.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirements (3)(b) and (3)(c). I have provided reasons for my finding in the specific Requirements below.

In relation to Requirements (3)(a), (3)(d), (3)(e), (3)(f) and (3)(g), the Assessment Team found consumers and representatives were satisfied there are effective services and supports to meet consumers’ needs. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* the service supports consumers to maintain their independence in line with their preferences to optimise their health and quality of life;
* felt consumers’ needs and preferences are communicated effectively;
* satisfied with the quality and quantity of food and are provided different options if they do not like the meal. However, some commented there is room for improvement; and
* consumers feel safe when specific equipment is used to assist them.

Entry assessment processes are completed on entry and assist to identify each consumer’s preferred lifestyle choices and preferences. Individualised care plans are developed from information gathered and are available to assist staff to deliver care and services to consumers which generally optimise their health, well-being and quality of life. Staff sampled described services and support for individual consumers to enable them to continue to do things for themselves.

Consumers and representative sampled felt consumers’ needs and preferences are effectively communicated within the organisation and with others where responsibility is shared. Consumer files demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared. Staff described how they are kept informed of consumers’ condition, needs and preferences ensuring appropriate care and services are provided.

Overall, consumers and representatives were generally happy with the suitability, quality and quantity of the meals. The service has processes to identify each consumer’s nutrition and hydration needs and preferences and communicate these to staff, including catering staff. Meals are cooked onsite fresh daily and consumers have input into menu design through various meeting forums.

The Assessment Team observed equipment provided to consumers to be comfortable and well maintained, however, not all equipment was noted to be cleaned between consumer use. Staff indicated they have more than enough equipment to assist in provision of consumers’ care and services and the equipment is well maintained and safe to support consumers in their daily living needs. Scheduled maintenance processes ensure equipment is cleaned, maintained and safe.

Based on the evidence documented above, I find Shire of Wanneroo Aged Persons Homes Trust Inc, in relation to Wanneroo Community Nursing Home, to be Compliant with Requirements (3)(a), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 4 Services and supports for daily living.

**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) Non-compliant**

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

The Assessment Team were not satisfied the service demonstrated services and supports for consumers’ daily living and emotional, spiritual and psychological well-being was consistently promoted. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer E

* The consumer indicated they feel trapped inside the service and are bored as there are no activities for them to enjoy. The consumer was distressed and upset during the interview.
* The care plan did not include the consumer’s preferences of being outdoors, enjoying walks and being in nature. The care plan did not describe any activities or other engagements to assist with the consumer’s distress of being in the service or how to assist with the consumer’s emotional needs. The care plan did not state there were one-to-one interactions with consumer or any activities where they were taken outdoors for walks.
* Management described the consumer as ‘bushy’ and indicated they liked being outdoors. Staff sampled did not say they assist the consumer with their interest to be outdoors or take them for walks outdoors. They indicated they just ask the consumer if they would like to attend activities, which they decline.
* Management are liaising with the consumer’s representative to put options forward to try and engage them in more activities. This was acknowledged by the representative, however, these discussions had not been documented in the consumer’s care plan.
* A volunteer mentioned they were going to see the consumer. Management were not aware of them giving support to the consumer and this was not documented in the consumer’s care plan.

Consumer F

* The consumer was upset as they like to get visits from their significant other but this is no longer possible. The service has not put anything into place to assist the consumer’s emotional needs regarding this.
* The consumer indicated they do not attend a lot of the activities and would prefer to sit in their room and read books. The consumer became upset when speaking of their significant other.
* Management described underlying issues as to why the consumer was not being supported to visit their significant other. There was no other indication that support would be considered, or alternative measures put in place to support the consumer’s emotional and psychological well-being or to assist them to deal with the loss they were feeling.
* The care plan included no information as to why the consumer can no longer spend time with their significant other or how the service will assist with their interactions with each other. It also does not guide staff on how to assist the consumer with their loss.

Consumer G

* The consumer indicated they are broken hearted and concerned for their pet’s well-being. The consumer was visibly upset during the interview, stated they do not want to join in any activities or speak to anyone and indicated they no longer have any happiness.
* Management were aware of the situation and were providing one-to-one support. There were no other considerations provided to the Assessment Team on further support.
* There was no information in the care plan to show the consumer was emotionally supported during this time or any assessment or referral to other services to help them deal with situation described.
* A volunteer was observed visiting the consumer and providing one-to-one time, however, this was not for any length of time. The care plan did not reference any support from volunteer services.

The provider’s response directly addressed the deficits highlighted in the Assessment Team’s report and included further context to the evidence provided, as well as supporting documentation and actions initiated in response. The provider’s response included, but not limited to:

In relation to Consumer E

* Weekly visits with a volunteer occur and they have been asked to write who they see in a volunteer diary. A carer has been arranged to take the consumer out to the community. The resident advocate and chaplain made contact with the consumer and accompanied them on an outing. The consumer has indicated they would like to see them again.

Consumer F

* The consumer entered the service less than a week prior to the Site Audit and has settled in well. Since entry, the consumer has had regular contact with their representative, including outings with their significant other.
* The consumer has been going to activities and enjoys visits with their significant other when they come over briefly to spend time with them.
* Allied health specialist input had occurred prior to entry. A further referral to the allied health specialist was made subsequent to the Site Audit.

Consumer G

* Staff and management are fully aware of and supportive of the consumer in relation to their situation. Staff have been providing one-to-one time often throughout each shift. The consumer has recently developed a friendship with a fellow consumer and is often seen chatting with them.

I acknowledge the provider’s response and the supporting documentation provided. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, services and supports for daily living did not promote each consumer’s emotional, spiritual and psychological well-being, specifically in relation to Consumer E.

In relation to Consumer E, I find the service has not provided activities and supports which are important to the consumer, impacting the consumer’s emotional and psychological well-being. The consumer indicated they like the outdoors and going for regular walks. While management were aware of the consumer’s goals, needs and preferences, staff sampled were not, and the care plan did not reference the consumer’s preferences. As such, I find the service has not supported Consumer E to feel connected and engaged in activities that bring them a sense of meaning and satisfaction or ensured the consumer’s psychological well-being and quality of life is maintained and promoted.

In relation to Consumer F, I find that while the consumer entered the service not long prior to the commencement of the Site Audit, management were aware of the consumer’s personal circumstances. I have considered information in the provider’s response, including a letter from a representative, indicating that since entry, the consumer has been on regular outings with family, including with their significant other and the consumer has also developed close relationships with members of staff. I find that these examples demonstrate the consumer’s psychological well-being is supported. I acknowledge actions initiated by the service, subsequent to the Site Audit, to further support the consumer’s psychological well-being.

In relation to Consumer G, I have considered that the consumer’s emotional state at the time of the Site Audit was known by staff and actions to support the consumer, whilst not consistently documented, had been initiated. Evidence documented in Requirement (3)(c) of this Standard indicates staff were aware of the consumer’s personal circumstances and one-to-one support had been initiated.

For the reasons detailed above, I find Shire of Wanneroo Aged Persons Homes Trust Inc, in relation to Wanneroo Community Nursing Home, to be Non-compliant with Requirement (3)(b) in Standard 4 Services and supports for daily living.

**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 were not satisfied the service demonstrated how services and supports for each consumer in their daily living needs is promoted or how consumers participate in their community within and outside the organisation’s service environment or continue to do things of interest to them. The Assessment Team’s report provided the following evidence relevant to my finding:

* Management indicated they have not had an Occupational therapist at the service for approximately six months. The position has been advertised. This has left the service to rely on Therapy assistants to develop and implement programs which the Assessment Team found are not always in line with consumers’ interests or enjoyment.
* The Assessment Team observed six consumers sitting in the communal area with the television on. They did not appear interested in what was being televised and were seen to be arguing amongst themselves.
* Over the three days of the Site Audit, the Assessment Team did not see any activities being undertaken by consumers in the dementia specific area.

Consumer H

* The representative indicated they would like to see more stimulation and/or activities in the dementia specific area.
* The consumer’s care plan outlined the consumer’s previous occupation and activities they enjoy, however, indicated they do not enjoy social interactions or group activities.
* Staff indicated the consumer has reverted to speaking in a language other than English and they have difficulty in communicating with them. They use some pictures, however, were limited with them. There was no indication that communication cards were used for communication.
* The Assessment Team did not observe any activities being undertaken with the consumer or in the dementia specific area, however, noted that there was some culturally specific music being played on day three of the Site Audit.

Consumer G

* The consumer indicated they are broken hearted and concerned for their pet’s well-being. Staff were aware of the consumer’s personal circumstances and had added them to the one-to-one social intervention list to be visited.
* A volunteer was observed speaking with the consumer and staff were seen to ask the consumer to join in with activities which was refused. It was a quick conversation between the consumer and the staff member and they were then left alone.
* There was nothing else offered or noted in the care plan to support the consumer to engage more socially at the service despite the care plan including a range of different activities they enjoy.

Consumer E

* The consumer stated they felt ‘trapped’ at the service, they do not like any of the activities on offer and they want to leave the service.
* Management are liaising with the consumer’s representative to put options forward to try and engage them in more activities.
* Management verbalised ideas, however, there has been nothing put in place over the period the consumer has resided at the service and they continue to remain unhappy and does not engage with others.
* The care plan outlines the consumer’s likes and dislikes, however, nothing is noted in progress notes on alternative activities, referrals or one-to-one social interventions.

Consumer I

* The consumer indicated they often stay in their room and partake in solo activities, other consumers are not happy and they do not wish to interact with them and vice versa. The consumer stated they do not attend many activities at the service.
* Staff described activities the consumer participates in, including group activities.

The provider’s response directly addressed the deficits highlighted in the Assessment Team’s report and included further context to the evidence provided, as well as supporting documentation and actions initiated in response. The provider’s response included, but not limited to:

* Resident participation is audited monthly and if consumers are not attending group or one-to-one activities, they are added to the one-to-one list. Any consumer not wishing to participate in group or one-to-one are referred for review by the Occupational therapy consultant.
* Recruitment is underway to increase care and therapy assistant numbers.
* Plan to allocate specific hours to two wings to provide more individual support for consumers.

In relation to Consumer H

* A translation application has been installed on all staff phones, pictorial aides updated and language cards and games have been purchased.
* Membership to an organisation who supply monthly resources and suggestions to assist with a variety of group and individual activities suited to the consumer’s cultural background and interests.

In relation to Consumer G

* Staff have been providing one-to-one time often throughout each shift. The consumer has recently developed a friendship with a fellow consumer and is often seen chatting with them.
* On entry, the consumer did not join activities, however, did start coming to some activities. This ceased in response to news about the consumer’s pet. Staff are gently asking them each day if they would like to join activities, however, they decline.

In relation to Consumer E

* For the first month post entry, the consumer was seen participating in activities. Since entry, the consumer has been on social leave on 45 days with their representative.
* The consumer has access to a lounge and television wither they can watch their documentaries and they have lunch in another wing where they have made friends with another consumer.
* Progress notes from July 2021 to January 2022 which included one-to-one social interactions and some activity attendance.
* Progress notes for six days subsequent to the Site Audit indicated the consumer declined offers to attend activities on three occasions and had one-to-one interactions on three occasions.

In relation to Consumer I

* The consumer will spend the majority of their day in common areas with other consumers and attends group activities.

I acknowledge the provider’s response and the supporting documentation provided. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, each consumer was not supported to do things of interest to them, specifically Consumers H and E.

In relation to Consumer H, I find the consumer has not been supported to do things they enjoy. While it has been identified that the consumer does not enjoy social interaction or group activities, staff indicated that due to a language barrier, they have difficulty communicating with them. This would indicate services and supports have not been tailored and coordinated to support the consumer’s well-being and quality of life. I have considered that while there was some culturally specific music noted to be playing on day three of the Site Audit, the consumer was not observed to participate in any activities throughout the Site Audit. I have also considered feedback from the consumer’s representative indicating they would like to see more stimulation and/or activities within this unit. I find this information supports the Assessment Team’s observations where over the three day period of the Site Audit, activities were not observed to be undertaken by consumers in the dementia specific area.

In relation to Consumer E, I have considered that while activities have been provided and/or offered to the consumer, these activities have not been in line with the consumer’s expressed needs and preferences. The consumer indicated they enjoyed the outdoors and going for walks. However, while progress notes for a seven month period included eight occasions where the consumer participated in either group or one-to-one activities, none of the eight activities involved outdoor activities. As such, I find the service has not supported the consumer to participate in activities which provide a sense of joy and meaning. I have considered the impact this has on the consumer’s emotional and psychological well-being in my finding for Requirement (3)(b) of this Standard.

In relation to Consumer G, I find that due to the consumer’s current personal circumstances, participation in activities has ceased. I have considered that prior to this, the consumer was encouraged and participated in some activities that were of interest to them. The consumer is currently being supported through provision of one-to-one visits.

In relation to Consumer I, I have considered that while the consumer indicated they do not wish to attend many activities, this was not supported through feedback provided by staff. Staff described activities, including group activities the consumer participates in, which were in line with the consumer’s preferences identified through assessment processes.

For the reasons detailed above, I find Shire of Wanneroo Aged Persons Homes Trust Inc, in relation to Wanneroo Community Nursing Home, to be Non-compliant with Requirement (3)(b) in Standard 4 Services and supports for daily living.

**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 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team found overall, consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* they are encouraged to furnish their rooms to personalise their space and make it feel homely;
* they are free to move around the service and are satisfied with how the service is cleaned and maintained; and
* are happy with how the environment and equipment was cleaned and maintained.

The Assessment Team observed the service environment to be welcoming, encourages consumers to interact socially in common areas, supporting a level of independence and providing a sense of belonging. The environment was generally noted to be clean and well maintained. Signage was observed posted around the service to assist consumers to safely navigate the environment and consumers indicated they could freely access both indoor and outdoor areas.

There are preventative and reactive maintenance processes in place which includes use of contracted services to maintain and inspect aspects of the service environment and equipment. Staff described how maintenance tasks are reported, actioned and resolved, and processes they follow where safety hazards are identified. Cleaning processes ensure the environment is maintained.

The service has processes to ensure furniture, fittings and equipment is safe, clean, well maintained and adequate for consumer use. Consumers sampled indicated they felt safe when staff use equipment to assist with their care and the equipment is in good working order.

Based on the evidence documented above, I find Shire of Wanneroo Aged Persons Homes Trust Inc, in relation to Wanneroo Community Nursing Home, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

**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 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team found overall, consumers sampled consider that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they feel supported and encouraged to make complaints confirmed appropriate action is taken;
* they know how to make a complaint and would raise any issues with staff or management to be followed up; and
* are happy to raise complaints and know that if further action was required, then they could go to another organisation for assistance.

Consumers and representatives are provided with information in relation to internal and external feedback and complaints avenues on entry. Information in relation to feedback mechanisms, including external avenues, advocacy and language services was also noted to be available to consumers. Consumers are encouraged and supported to provide feedback through a range of avenues, including meeting forums, surveys and directly to management and staff. Staff described how they support consumers to raise concerns, including completing feedback forms on behalf of consumers.

Policy and procedure documents are available to guide management and staff in complaints handling and open disclosure processes. Management and staff described how complaints are escalated, addressed and monitored. Feedback and complaints are regularly reviewed and monitored to identify opportunities for improvement.

Based on the evidence documented above, I find Shire of Wanneroo Aged Persons Homes Trust Inc, in relation to Wanneroo Community Nursing Home, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

**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 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found most consumers sampled considered that they get quality care and services when they need them from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* there are enough staff of the right mix available to provide care and services;
* staff are kind, caring and respectful of consumers as individuals with diverse identities; and
* the workforce is well trained and competent to provide consumers with care and services which meet their needs.

However, two consumers provided feedback indicating night staff, at times, were not kind and caring, impacting their well-being and willingness to ask for assistance at these times.

The service has systems and processes for planning and managing the workforce to ensure delivery of quality care and services. The workforce is regularly monitored to meet the changing needs of consumers and there are processes to manage planned and unplanned leave. Staff sampled indicated that although they are busy at times, they work together as a team to ensure consumers’ needs are met

The Assessment Team observed staff interacting with consumers in a kind, caring, patient and respectful manner. Staff appeared to know consumers very well, including what was important to them as diverse individuals.

A recruitment and induction process is in place. Recruitment processes consider applicants’ skills, qualifications, experience and knowledge to determine suitability for the position. Orientation processes include mandatory training components and buddy shifts. Position statements, duty lists and a Code of conduct guide staff in the expectations of the position. A training schedule is maintained and includes mandatory training and staff attendance at training sessions is tracked and non-attendance followed up. Staff knowledge and/or skills gaps assist to inform the training schedule and are identified through a variety of avenues, including feedback processes, observations, performance appraisals, audits and incident data. Ongoing, role specific, mandatory competency assessments are completed, ensuring staff are competent and have the knowledge to perform their roles.

A staff performance appraisal process is in place, including probationary and annual reviews. There are processes to manage under performance which were demonstrated by management.

Based on the evidence documented above, I find Shire of Wanneroo Aged Persons Homes Trust Inc, in relation to Wanneroo Community Nursing Home, to be Compliant with all Requirements in Standard 7 Human resources.

**Assessment of Standard 7 Requirements**

**Requirement 7(3)(a) Compliant**

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

**Requirement 7(3)(b) Compliant**

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

**Requirement 7(3)(c) Compliant**

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

**Requirement 7(3)(d) Compliant**

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

**Requirement 7(3)(e) Compliant**

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team have recommended Requirement (3)(e) not met. The Assessment Team found the service demonstrated a clinical governance framework, including policies, procedures, monitoring and reporting systems, in relation to antimicrobial stewardship, open disclosure and minimisation of the use of restraint. However, the Assessment Team were not satisfied the service demonstrated the clinical governance framework effectively identified restrictive practices, ensuring appropriate documentation of all requirements when restrictive practices are utilised, or in monitoring and, therefore, minimisation of the use of restraint.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(e). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers and representatives sampled considered that the service is well run and they can partner in improving the delivery of care and services. Consumers are engaged in the development, delivery and evaluation of care and services through a variety of avenues, including feedback mechanisms, care plan review processes, meeting forums and surveys.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Information relating to complaints, survey results, clinical indicators and incidents are reported to the Board on a monthly basis. The organisation’s strategic plan, purpose, values and mission are person centred and promote a culture of safe, quality and inclusive care.

The organisation demonstrated organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance and feedback and complaints. There are processes to ensure these areas are monitored and reported on.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents. An incident management reporting system is in place to report against legislative requirements, including the Serious Incident Response Scheme. Incident documentation sampled demonstrated the service had effectively managed and responded to incidents.

Based on this evidence, I find Shire of Wanneroo Aged Persons Homes Trust Inc, in relation to Wanneroo Community Nursing Home, to be Compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 8 Organisational governance.

**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) 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.*

**Requirement 8(3)(d) Compliant**

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

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

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

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

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

The service demonstrated a clinical governance framework, including policies, procedures, monitoring and reporting systems, in relation to antimicrobial stewardship, open disclosure and minimisation of the use of restraint. However, the Assessment Team were not satisfied the clinical governance framework effectively identified restrictive practices, ensuring appropriate documentation of all requirements when restrictive practices are utilised, or in monitoring and, therefore, minimisation of the use of restraint. The Assessment Team’s report provided the following evidence relevant to my finding:

* At the entry meeting, the service were unable to advise of the number of consumers subject to each form of restrictive practice nor the type of restrictive practice in place.
* The Assessment Team identified three consumers subject to a device, a form of mechanical restraint. When requesting information regarding the management of this form of restraint, management advised they were unaware the specific device was classified as a form of restrictive practice.
* While a chemical restraint register is maintained, the register does not clearly display who is subject to chemical restraint and who has a diagnosis to support the use of psychotropic medications.
* A clinical staff member indicated 25 consumers are currently subjected to chemical restraint and the spreadsheet was in the process of being updated. Of the 25 consumers, only one had a current chemical restraint restrictive practice assessment, behaviour care plan and consent form completed.
* A Registered nurse sampled was not able to articulate documentation required or locate the organisational policy or procedure related to restrictive practices or chemical restraint.
* Documentation does not consistently show consumers who have a diagnosis to support the use of chemical restraint, restrictive practice assessments, consent forms, behaviour support plans, use of as required medication and trial of non-pharmacological strategies prior to the use of the chemical restraint.
* The service was unable to demonstrate effective and clear documentation and monitoring of consumers subject to mechanical, physical and environmental restraint. While a separate register is maintained for consumers subject to these forms of restraint, the register does not include all consumers currently subjected to the restraint, and documentation regarding the alternatives that have been considered and used is not consistently completed.

In coming to my finding for this Requirement, I have also considered evidence documented in the Assessment Team’s report for Standard 3 Personal care and clinical care Requirement (3)(a). Specifically, in relation to restraint registers, monitoring process and completion of documentation for consumers subject to chemical restraint, including assessments, care plans and consent and staff being unable to locate policies and procedures.

The provider’s response indicated they agree with the Assessment Team’s report. The response directly addressed the deficits highlighted in the Assessment Team’s report and included further context to the evidence provided, as well as supporting documentation and actions initiated in response. The provider’s response included, but not limited to:

* An updated spreadsheet has been implemented to capture all details of consumers on and type of restrictive practice. This will be updated on at least a weekly basis or in response to changes.
* Formalised a Registered nurse as a dedicated restrictive practice support with the Clinical manager and Clinical care coordinator for scheduled fortnightly checking and review of restrictive practices and any identified follow-up actions.
* Updating the admission policy and processes to readily identify if new consumers are on any current restrictive practice and the type.
* Acknowledge assessments for three consumers subject to restraint had not been completed. These have been actioned and release times have been included in behaviour support plans.
* The chemical restraint register has been updated to reflect the four consumers subject to chemical restraint. Chemical restraint assessments have been completed and behaviour support plans updated.
* A memorandum has been sent to staff in relation to accessing restrictive practices policies and procedures.
* Updated the physical and environmental restraint register to include referral to restrictive practices assessment.

I acknowledge the provider’s response and actions initiated in response to the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the organisation did not demonstrate an effective clinical governance system, specifically in relation to restrictive practices.

In coming to my finding, I have considered that documentation to support use and monitoring of restrictive practices has not been consistently undertaken in line with organisational policies and procedures or legislative requirements. Only one consumer subject to chemical restraint had a behaviour support plan, assessment and consent form completed. Subsequent to the Site Audit, assessments, behaviour support plans and consent have been completed for four consumers identified by the service as currently being subject to chemical restraint. I have also considered that not all Registered staff were knowledgeable of the legislative requirements relating to use of chemical restraint or the documentation required to be completed.

I have also considered that while a register is maintained to identify consumers subject to chemical restraint, the register does not clearly record consumers subject to restraint or those with a diagnosis to support use of restraint. Additionally, a register identifying consumers subject to mechanical, physical and environmental restraint does not include all consumers subject to these forms of restraint or alternatives considered. As such, I find that this has not enabled effective monitoring of consumers subject to restrictive practices to occur.

For the reasons detailed above, I find Shire of Wanneroo Aged Persons Homes Trust Inc, in relation to Wanneroo Community Nursing Home, to be Non-compliant with Requirement (3)(e) in Standard 8 Organisational governance.

# 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.

**Standard 3 Requirement (3)(a)**

* Ensure staff have the skills and knowledge to:
* provide appropriate care relating to pain and restrictive practices;
* recognise changes to consumers’ health and well-being, including indications of pain, implement appropriate monitoring, assessment and management strategies and initiate referrals in a timely manner to General practitioners and/or allied health specialists; and
* implement assessment, monitoring and review processes to identify and/or establish appropriate management strategies for use of restrictive practices.
* Ensure policies, procedures and guidelines in relation to personal and clinical care, including restrictive practices and pain are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks, restrictive practices and specialised nursing care.

**Standard 4 Requirements (3)(b) and (3)(c)**

* Ensure staff have the skills and knowledge to:
* identify, assess, review and monitor each consumer’s emotional and psychological care needs and preferences;
* support consumers’ well-being and emotional and psychological needs and preferences; and
* identify things of interest to each consumer, implement activity programs in line with consumers’ preferences and engage them in activities of interest, including meaningful one-on-one activities.
* Ensure policies, procedures and guidelines in relation to optimising consumer well-being and quality of life, supporting emotional and psychological well-being and leisure and lifestyle are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to optimising consumers’ well-being and quality of life, supporting emotional and psychological well-being and leisure and lifestyle.

**Standard 8 Requirement (3)(e)**

* Review the organisation’s clinical governance framework, specifically in relation to minimising use of restraint and behaviour support plans.