Waratah Lodge

Performance Report

6 Arnott Street   
WAGIN WA 6315  
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**Commission ID:** 7118

**Provider name:** Wagin Frail Aged Inc

**Site Audit date:** 13 July 2021 to 16 July 2021

**Date of Performance Report:** 8 September 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **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) | Non-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) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Non-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 Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others
* the provider’s response to the Site Audit report received 11 August 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall, consumers interviewed by the Assessment Team considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. Consumers said they can choose which activities they attend and when they undertake or are assisted with personal care. Consumers said they are encouraged to do as much or as little for themselves as they wish. Consumers are encouraged and assisted to attend activities outside the service and are asked if they would like others including family to be included in discussions about their care.

Staff described how they support consumers to maintain relationships inside and outside the service. Observations by the Assessment Team during the Site Audit reflected consumers are enabled to make choices with regard to the timing of activities of daily living such as rising, showers and where they would like to have their meals. Documentation viewed by the Assessment Team reflected consumer preferences in accordance with observed staff practice.

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

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

Consumers interviewed by the Assessment Team confirmed that they are involved in care planning to the extent they wish to be involved, and they feel the organisation listens to what they want and looks at what they can do to assist. Consumers and representatives interviewed confirmed that they are informed about the outcomes of assessment and planning through the scheduled meetings, via phone, email or in person.

However, the Assessment Team found that assessments required to be completed by an occupational therapist have not been completed to assist consumers to maintain quality of life. The service has not had access to an occupational therapist since the beginning of 2021. Care plans have very little information to inform safe delivery of care and one consumer did not have a care plan. Spiritual, cultural, emotional and psychological assessments are not completed to identify consumer needs, goals and preferences.

The outcomes of assessment and planning are communicated to the consumer. However, they are not documented in a care and services plan. Consumer care plans do not have sufficient information to guide staff in delivery of safe and effective care to meet consumer needs, goals and preferences. Consumers’ care plans are readily available to staff. However, care plans are not readily available to consumer.

The service does not review consumer care plans for effectiveness at least every six months in line with the organisation’s policies and procedures. Management confirmed care plans are not up to date.

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

The Assessment Team found the service has a structured assessment process to inform consumer care and services. However, assessments required to be completed by an occupational therapist to identify consumer current abilities including functional and cognitive assessments were not completed to assist consumers to maintain quality of life. The Assessment Team found that consumer care plans included little information to guide staff in the delivery of safe and effective care. Staff interviewed by the Assessment Team said they are informed by handovers to guide them in the delivery of care. One consumer who entered the service in May 2021 with multiple diagnoses and comorbidities affecting their quality of life did not have a care plan completed. The Assessment Team found when risks to consumer’s health and well-being were identified, care plans did not always include consideration and mitigation of these risks to inform safe and effective care and services.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to improve consumer care assessment and planning. This includes a review of relevant policies and functional assessment tools, and a review of all consumer care plans to ensure completion of required assessments and information to guide staff with delivery of safe, effective, and person-centred care. The approved provider’s response identifies that the service has purchased an electronic care planning program to improve assessment and planning outcomes for consumers.

At the time of the Site Audit, the service did not demonstrate that assessment and planning effectively communicated consideration and mitigation of risks to consumer’s health and well-being and informed the delivery of safe and effective care and services.

I find this requirement is Non-compliant.

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

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

### 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) Non-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.*

The Assessment Team found that while the outcomes of assessment and planning are communicated to the consumer, they are not always documented in a care and services plan. Consumer care plans reviewed did not always have sufficient information to guide staff in the delivery of safe and effective care to meet consumer needs, goals and preferences. The Assessment Team found that consumer care plans were readily available to staff, however care plans were not readily available to consumers. Consumers and representatives interviewed said they have not been informed they can get a copy of the care plan.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to improve documentation and communication of the outcomes of assessment and planning. This includes staff education, improved practices to ensure care plans are documented and utilised, and providing care plans during case conferences to consumers and their representatives in a way that is easily understood.

At the time of the Site Audit, the service did not demonstrate that the outcomes of assessment and planning are effectively documented in a care and services plan that is readily available to the consumer.

I find this requirement is Non-compliant.

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

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

The Assessment Team found that the service does not review consumer care plans for effectiveness at least every six months in line with the organisation’s policies and procedures. For one consumer, while they had been re-assessed by allied health staff due to a change in condition, the consumer’s care plan had not been updated with these changes to care and services. Two consumers’ care plans were not updated following a change in their mobility status and transfer needs, and one consumer’s care plan was not updated to reflect a change in dietary requirements.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to ensure consumer care and services are reviewed regularly in line with the organisation’s processes, and as required. This includes the implementation of a care plan review schedule, introduction of a ‘resident of the day’ process, staff education, and engagement of additional staff resources to complete care plan assessment and reviews.

At the time of the Site Audit, the service did not demonstrate that care and services were reviewed regularly for effectiveness in line with organisational policies, and updated when there was a change in consumer’s needs, goals, and preferences.

I find 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

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

Overall, consumers interviewed by the Assessment Team advised that they receive personal care and clinical care that is safe and right for them and tailored to their needs. Consumers advised they have access to a doctor or other health professionals when they need it. Consumers said when incidents happen such as falls or medication incidents the organisation informs them or their nominated representative of the incidents.

The Assessment Team found that consumer high impact and high prevalence risks including falls, urinary retention, pressure injuries and weight loss are managed effectively and in line with the consumer’s goals and preferences. The service has processes in place to guide staff in planning of palliative care in a partnership with consumer and/or their representative and deterioration of consumer is recognised and responded to in a timely manner.

However, the service did not demonstrate that clinical care is consistently best practice or tailored to consumer’s needs. Whilst consumers expressed satisfaction with personal and clinical care, a review of four sampled consumers by the Assessment Team showed they did not receive safe clinical care that is best practice in relation to medication management that could potentially cause harm to the consumer’s health. One representative expressed their dissatisfaction with medication management impacting health and well-being of a consumer. Whilst the organisation has written processes and policies to support the delivery of safe and effective personal and clinical care, the Assessment Team did not find that the processes and policies are understood and applied consistently by staff.

The service does not have effective systems and processes in place to ensure accurate information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

The service has policies and procedures including outbreak management plans to guide staff on steps to be taken to control infectious outbreak. However, these are not used by staff to enable timely identification and management of an infectious outbreak.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found sampled consumers did not consistently receive clinical care that was best practice and tailored to their needs, particularly in relation to effective medication management. The Assessment Team found that the service did not have processes in place to assess, monitor and review the effectiveness of as required (PRN) medication usage. This included Schedule 8 (S8) medications. Staff advised the Assessment Team that medication competent care staff sometimes administer PRN medication without consulting nursing staff, and PRN S8 medication administration is not always witnessed by another relevant person. The service had three medication incidents reported in April 2021 that indicated systemic issues around medication management systems. Three consumers were administered medication inappropriately or in contradiction with the prescription. One consumer did not receive new medications for four days after discharge from hospital.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to ensure consumers receive safe and effective clinical care. This includes staff education, improved clinical monitoring and oversight, review of the medication administration policy, and the implementation of a robust medication incident management system including review of past incidents to identify learnings.

At the time of the Site Audit, the service did not demonstrate that all consumers consistently received safe and effective clinical care, particularly regarding medication management.

I find this requirement is Non-compliant.

### 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) Non-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.*

The Assessment Team found the service did not have effective systems and processes in place to ensure accurate 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. The Assessment Team found that handover processes were not effective, resulting in medication incidents. Progress notes for consumers were not consistently completed and information from the consumer’s medical officer was not documented effectively to communicate information about the consumer’s condition and care needs.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to improve the documentation and communication of consumer’s condition, needs and preferences. This includes improvements to assessment and planning procedures including documentation, the implementation of effective handover processes, and the implementation of a register to better record communication from medical officers and other allied health professionals.

At the time of the Site Audit, the service did not demonstrate that 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.

I find this requirement is Non-compliant.

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

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

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found the service has policies and procedures including outbreak management plans to guide staff on infection prevention and control including in response to an infectious outbreak. However, the Assessment Team found the service did not implement these procedures in a timely manner in response to a suspected outbreak in June 2021. The service did not have an infection prevention and control (IPC) lead in line with government requirements and the senior registered nurse appointed as the COVID-19 outbreak coordinator was not provided training and support required for this role. The Assessment Team found the service did not have an antimicrobial stewardship policy and staff had not received training on antimicrobial stewardship.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to minimise infection related risks at the service. This includes review of infection control policies and procedures, including the addition of best practice antimicrobial stewardship, staff education, and the appointment of a new IPC lead for the service with appropriate education.

At the time of the Site Audit, the service did not demonstrate the minimisation of infection related risks through implementing standard and transmission based precautions and appropriate antimicrobial stewardship.

I find this requirement is Non-compliant.

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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

Overall, consumers interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. One consumer said they join in all the activities offered at the service and they are grateful that cooking, laundry, and cleaning is done for them. One consumer said they go on a bus trip whenever it is offered and get a lot of joy from it. The consumer said they have made good friends at the service. One consumer advised they have got an omelette cooker in their room which is very important for their quality of life and maintaining independence. The consumer said they keep a dog in their room, and it is important for their emotional and psychological well-being.

The Assessment Team found the service provides a lifestyle program which encompasses activities of interest, religious observance, individualised activities for consumers who have cognitive decline and one-to-one visits for consumers who choose not to engage in group activities.

Meals including lunch and dinner are provided by the hospital. There are four rotating menus with a choice at each meal. The service has a small kitchen and provides breakfast, morning and afternoon tea. Most consumers provided positive feedback about the meals, however three consumers expressed dissatisfaction with the quality or choice of the meals provided.

The Assessment Team found that equipment used to provide or support lifestyle services including physical activities is safe, suitable, clean, and well maintained. The service demonstrated it organises referrals to other organisations outside the service to facilitate social connections for consumers.

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

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

Overall, consumers interviewed by the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers advised they are able to move freely around the service including using the outdoor areas when they wished to. Consumers stated they were satisfied with the cleanliness of the service. They were able to personalise their rooms and if they had any issues that needed fixing, they alerted staff and they were completed in a timely manner.

Representatives interviewed confirmed they felt welcomed at the service, were able to visit freely with their family members and they were satisfied with the cleanliness of the environment and equipment is well maintained.

Observations by the Assessment Team demonstrated the service environment is clean, and equipment used for consumers’ mobility and transfers appeared safe and well maintained.

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 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Most consumers interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers interviewed said they are aware of the feedback forms available at the service but generally did not have any issues to raise. Consumers said they felt supported to access advocacy services and the service had information available to them on how to do that if they wished to.

However, some consumers and representatives interviewed by the Assessment Team did not feel that appropriate action is consistently taken in response to their complaints, and that an open disclosure approach is used in regard to complaint and incident management.

The Assessment Team found the service has a feedback system which includes formal feedback forms and complaints, and other feedback is invited and discussed during monthly resident and relative meetings. However, complaints made by consumers verbally are not always captured or logged in the feedback register and staff document complaints through progress notes but do not always escalate those.

The service demonstrated that generally, feedback and complaints are reviewed and used to improve the quality of care and services.

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

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

The service did not demonstrate that appropriate action is consistently taken in response to complaints, and an open disclosure approach is used in regard to complaint and incident management. One consumer representative interviewed by the Assessment Team was not satisfied with how a medication incident was managed by the service, and the management of this incident did not reflect the use of open disclosure. Two consumers interviewed were not satisfied with how their feedback and complaints were addressed by the service, and felt action was not taken in response. Staff interviewed by the Assessment Team did not demonstrate an understanding of open disclosure in regard to the management of complaints and incidents.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to ensure appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. This includes staff education, and new procedures for complaint management that have clear responsibilities, timeframes, involvement of the complainant, trending, and analysis.

The approved provider’s response demonstrates that since the Site Audit, the service has consulted with the consumers and representatives named in the Assessment Team’s report to review their feedback and complaints and provide a more satisfactory outcome.

At the time of the Site Audit, the service did not demonstrate that appropriate action is consistently taken in response to complaints and an open disclosure process is used when things go wrong.

I find this requirement is Non-compliant.

### 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

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

Overall, consumers interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable and capable. Consumers said there were enough staff and the right mix of roles to deliver care and services to meet their needs and preferences. Consumers said they do not have to wait too long for assistance when required. They stated staff treated them with respect, were kind and caring and treated them as if they were part of their family.

However, the service was unable to demonstrate that staff were competent in the administration of medications and as a result two serious medication errors occurred. The service did not demonstrate effective monitoring of staff performance and they have not adequately trained staff including around medication administration and Serious Incident Response Scheme (SIRS) responsibilities.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

The Assessment Team found that members of the workforce did not consistently have the required competency and knowledge to effectively perform their roles. The Assessment Team identified systemic issues with medication management by clinical and medication competent care staff. Nursing and medication competent staff did not always follow medication administration instructions and as a result two serious medication incidents occurred. Staff did not always administer medications in a safe manner and four consumers have been negatively impacted as a result.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to ensure the workforce have the required competency and knowledge to effectively perform their roles. This includes a review of the model of care at the service, implementation of additional supports to the workforce, and staff education.

At the time of the Site Audit, the service did not demonstrate that each member of the workforce had the required competency and knowledge to effectively perform their roles.

I find this requirement is Non-compliant.

### Requirement 7(3)(d) Compliant

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

The Assessment Team found the service has an induction process and training program for staff, and staff are recruited and trained to deliver care and services required by the Quality Standards. Consumers sampled did not provide any feedback that indicated they felt staff required more training. However, one representative said they think staff need further training on medication management. The Assessment Team identified that while medication competent staff have undertaken medication competency training, this is not effective in ensuring they have the required competency and knowledge to effectively perform their roles. The Assessment Team found while new SIRS requirements have been discussed at team meetings, formal training had not yet occurred on this.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to ensure the workforce is trained and equipped to deliver the outcomes required by the Quality Standards. This includes the development of a new clinical manual, staff education and mentoring for new registered nursing staff.

While the Assessment Team found gaps in the competency of staff in relation to medication management, I have considered this in my assessment of Standard 7, Requirement 7(3)(c). Overall, the service demonstrated the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards.

I find this requirement is Compliant.

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

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

The Assessment Team found that the service has a system in place to regularly review the performance of each member of the workforce. However, the Assessment Team found that when incidents occur, assessment and review of the performance of staff members involved does not consistently occur. Incident investigation identified that staff did not always administer medications in a safe manner, however the service did not demonstrate staff performance is reviewed and improvements implemented to prevent future incidents occurring. The service was unable to demonstrate that staff are regularly monitored and as a result care staff initiate psychotropic medications for consumers without evidence they have sought registered staff authorisation to do so.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to ensure effective assessment, monitoring and review of the performance of each member of the workforce. This includes a review of the procedures for performance management including clear guidance for the management of poor performance, support for management in relation to serious incidents, and ensuring performance appraisal review staff performance against the requirements of the Quality Standards.

At the time of the Site Audit, the service did not demonstrate that effective assessment, monitoring and review of the performance of each member of the workforce is undertaken.

I find this requirement is Non-compliant.

# 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

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

The Assessment Team found the service demonstrated that consumers are engaged in the development and delivery of their care and services. The service demonstrated that its governing body promotes a culture of safe, inclusive, and quality care with the Board being accountable for the delivery of services in this manner.

However, the service was unable to demonstrate it has an effective organisational governance system, including risk management and clinical governance. The service does not have effective information management processes and consumer information is not regularly updated, accurate and staff do not always document accurately care and services or changes in condition. The system in operation relies on verbal exchanges of information in order to deliver care and services to consumers accurately and in line with needs, goals and preferences.

While the service has a policy and procedure to guide staff practice on identifying and managing risk, this was not effective. The Assessment Team found staff do not always report or document incidents. SIRS has been embedded into policies and procedures, however staff have not been trained on their roles in relation to SIRS.

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 Assessment Team found that the service does not have effective systems relating to continuous improvement, regulatory compliance, and information management. The Assessment Team found that handover information is not always accurate, consumers do not have updated and individualised care plans, and staff do not document incidents and generally pass information on verbally to the registered nurse. Staff do not always maintain progress notes for consumers in a regular or timely manner. Management advised, and documentation reviewed by the Assessment Team, demonstrated the service does not have a formal continuous improvement plan and the service was unable to show how continuous improvement is consumer centred or how critical incidents are used to drive continuous improvement. The Assessment Team found gaps in staff understanding of SIRS requirements.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to improve organisation wide governance systems relating to information management, continuous improvement, and regulatory compliance. This includes review of the relevant policies and procedures, staff education, the implementation of an electronic care planning system and electronic accident and incident management system, and ensuring consumer and representative feedback drives continuous improvement in the service.

At the time of the Site Audit, the service did not demonstrate effective organisation wide governance systems relating to information management, continuous improvement, and regulatory compliance.

I find this requirement is Non-compliant.

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

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

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

The Assessment Team found the service has a documented risk register and risk management policies and procedures to guide staff practice. However, this system is not consistently effective in managing all risks associated with consumer care. While risk assessments are undertaken when consumers wish to take risks to live their best life, clinical staff do not always document strategies to mitigate the risks or demonstrate consultation of the consequences of those risks with consumers and/or their representatives. The service does not have an effective incident management system, and staff do not report, escalate or document all incidents in line with relevant procedures. While policies have been updated to include incident management and SIRS these have not been fully implemented at the service and staff have not yet been trained on these new policies.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to improve risk management systems and practices. This includes review of relevant policies and procedures to include risk assessment, mitigation strategies and documentation of consultation with consumers and representatives. The approved provider’s response identifies the service is planning to implement an electronic incident management system and engage a nurse advisor to support compliance.

At the time of the Site Audit, the service did not demonstrate that risk management systems and practices were effective including identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents, including the use of an incident management system.

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 Assessment Team found the service was unable to demonstrate that it has an effective clinical governance framework including in relation to antimicrobial stewardship, minimising the use of restraint, and open disclosure. The service monitors antibiotic usage through regular discussion with the medical officers to ensure antibiotics are prescribed appropriately. However, the service does not have an antimicrobial stewardship policy to guide staff practice in reducing the risk of increasing resistance to antibiotics, and staff interviewed by the Assessment Team said they had not received training on antimicrobial stewardship. The service did not demonstrate effective processes to minimise the use of restraint, and the Assessment Team found that staff do not always administer PRN psychotropic medications appropriately. The service has an open disclosure policy contained within both the feedback and complaints and organisational governance policies. However, staff interviewed by the Assessment Team did not demonstrate an understanding of open disclosure in regard to the management of complaints and incidents.

In their response, the approved provider identified continuous improvement actions commenced since the Site Audit to ensure effective clinical governance including in relation to antimicrobial stewardship, minimising the use of restraint, and open disclosure. This includes the engagement of a nurse advisor to support the implementation of effective clinical governance systems, implementation of an antimicrobial stewardship policy, appropriate recording, monitoring and management of psychotropic medications, and ensuring the Board, management and staff can demonstrate their understanding of the principles of open disclosure.

At the time of the Site Audit, the service did not demonstrate an effective clinical governance framework including in relation to antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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.

### Requirement 2(3)(a)

*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.*

The approved provider must demonstrate:

* Assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.
* Where risks to consumer’s health and well-being are identified, planning includes consideration and mitigation of these risks to inform safe and effective care and services.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 2(3)(d)

*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.*

The approved provider must demonstrate:

* The outcomes of assessment and planning are documented in a care and services plan that is readily available to the consumer.
* Consumer care plans include sufficient information to guide staff in the delivery of safe and effective care to meet consumer needs, goals and preferences.
* Consumers and relevant representatives are aware they can access consumer care and service plans.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 2(3)(e)

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

The approved provider must demonstrate:

* Care and services are reviewed regularly for effectiveness, in line with the organisation’s policies and procedures.
* Care and services are reviewed for effectiveness, and updated, when circumstances change or incidents impact on the needs, goals or preferences of the consumer.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(a)

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

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

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Consumer clinical care, including medication management, is safe and effective and optimises consumer’s health and well-being.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(e)

*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.*

The approved provider must demonstrate:

* Effective systems and processes in place to ensure accurate 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.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(g)

*Minimisation of infection related risks through implementing:*

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

The approved provider must demonstrate:

* The service’s policies and procedures around standard and transmission based precautions to prevent and control infection are implemented in a timely manner when required.
* The service has an appropriately trained IPC lead in line with government requirements.
* Staff are aware of practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 6(3)(c)

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

The approved provider must demonstrate:

* Appropriate action and an open disclosure process is consistently used in response to complaints or incidents.
* Staff have a comprehensive understanding of open disclosure including how to apply it in response to complaints and incidents.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 7(3)(c)

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

The approved provider must demonstrate:

* Staff are competent and have the knowledge required to effectively perform their roles. This includes but is not limited to safe and effective medication management.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 7(3)(e)

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

The approved provider must demonstrate:

* Effective assessment, monitoring and review of the performance of each member of the workforce is undertaken.
* Incident data is used to inform the review of staff performance, and prevent future incidents occurring.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 8(3)(c)

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

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

The approved provider must demonstrate:

* The organisation wide governance systems implemented at the service are effective. This includes in relation to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 8(3)(d)

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

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

The approved provider must demonstrate:

* Risk management systems are consistently effective in including identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents, including the use of an incident management system.
* Risk assessments undertaken include strategies to mitigate the identified risks and consultation with consumers and/or their representatives.
* Staff have a comprehensive understanding of their role in regard to the SIRS requirements.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 8(3)(e)

*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 approved provider must demonstrate:

* The service has an effective clinical governance framework including in relation to antimicrobial stewardship, minimising the use of restraint, and open disclosure.
* The service has an antimicrobial stewardship policy to guide staff practice in reducing the risk of increasing resistance to antibiotics.
* Staff have a comprehensive understanding of open disclosure including how to apply it in response to complaints and incidents.
* The service has implemented all continuous improvement actions identified in their response.