Allambi Elderly Peoples Home

Performance Report

46 Anderson Street
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**Commission ID:** 3052

**Provider name:** Allambi Elderly Peoples Home Inc

**Site Audit date:** 28 June 2022 to 11 July 2022

**Date of Performance Report:** 26 August 2022

# Performance report prepared by

D Lee, 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** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-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) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-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) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Non-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) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the Approved Provider did not submit a response to the Site Audit report sent on 25 July 2022.
* the service was issued a Notice of Requirement to Agree to Certain Matters and Consideration of Sanctions in July 2022 following a finding of non-compliance with three of the eight Quality Standards in 5 requirements.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 1 NON-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

Overall, the Assessment Team found consumers sampled confirmed they are supported to exercise choice and independence, are culturally safe, can maintain relationships of their choice and determine the level of care they require.

Consumers sampled described how they are treated with respect, and that their identity and diversity are valued. Consumers confirmed they are given timely information regarding health care appointments and meal choices.

However, the Assessment Team found the service did not consistently support consumers to take risks. In addition, the Assessment Team noted privacy breaches with consumers’ information. Risk-related discussions and strategies were inconsistently documented and risk management strategies were not always implemented.

The Quality Standard is assessed as Non-compliant as two of the six specific requirements have been assessed as Non-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) Non-Compliant

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

The Assessment Team found that the service was unable to demonstrate each consumer is supported to take risks to enable them to live the best life they can. The Assessment Team found discussions with consumers supporting them to take risks occurred, however, documentation of discussions and strategies to mitigate risk was inconsistent. Risk mitigating strategies were not always implemented to support consumers to live their best life.

For one named consumer, who participates in external activities outside the service, the service did not record potential risks with these activities. A risk assessment had not been captured in the consumer’s file to ensure strategies were effective, could be reviewed regularly, or potentially improved to minimise and reduce potential harm to the consumer.

For another consumer, a risk assessment for the use of a mobility aid was conducted after the consumer sustained two falls. The risk assessment outlined a range of strategies to minimise risk and maximise the consumer’s safety. There was no evidence of planned referrals to occupational therapists and physiotherapists to ensure strategies were effective in minimising further risk to the consumer.

I have considered the information provided by the Assessment Team. I consider at the time of the site audit the Approved Provider did not demonstrate each consumer is supported to take risks to enable them to live the best life they can, in particular consistent implementation of risk mitigating strategies. I find the service is Non-compliant with this Requirement.

### 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) Non-Compliant

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

The Assessment Team found the service did not demonstrate that each consumer’s privacy is respected and personal information is kept confidential. While consumers sampled were satisfied that their privacy is respected, the Assessment Team noted instances where confidentiality of personal information and consumer privacy had not been maintained.

The Assessment Team observed during the site audit that personal information was unsecured. The staff office containing consumers’ information was consistently left unlocked, with the door open and unattended and a printed handover document was noted to have been left on a table in a communal area.

In addition, while staff were observed knocking on consumers’ doors, they did not always wait for a response before entering. A member of staff was overheard having a lengthy phone conversation regarding a consumer, in the hallway outside a consumer’s room.

I have considered the information provided by the Assessment Team. I consider at the time of the site audit the Approved Provider did not demonstrate each consumer’s privacy is respected and personal information is kept confidential. I find the service is Non-compliant with this Requirement.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 2 NON-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

Consumers and representatives confirmed they are consulted when changes occur to a consumer’s care plan or service. However, the service was unable to demonstrate assessment and planning regularly identify risks to inform safe and effective consumer care such as skin integrity and wound assessments. Regular and timely reviews of consumer care do not consistently occur when there has been a change in a consumer’s circumstance or care needs such as falls or pain.

Assessments and care plans do not accurately identify and address consumers’ current needs and contained generic goals and preferences. In addition, staff handover notes do not reflect or contain consumers’ resuscitation goals or end of life wishes.

The Assessment Team found care plans do not reflect ongoing consumer or representative input. In addition, the service does not always involve other health professionals in personal and clinical care. The Assessment Team found care plans are generated from a range of assessments, however, the Assessment Team noted that assessments are not always completed. Consumers’ care plans are not always effectively communicated to consumers or their representatives and are not readily available as part of a consultation process.

The Quality Standard is assessed as Non-compliant as five 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 did not consistently consider consumers’ risks as part of the assessment and planning process to inform safe and effective delivery of consumer care, for example, in regard to falls, pain, skin integrity and wounds.

For one named consumer, with multiple clinical conditions, the service developed initial and interim care plans to manage the consumer’s care. However, ongoing assessments related to the consumer’s risks to skin integrity, falls and oxygen therapy were not conducted to ensure effective risk strategies, plans and treatments were in place. In addition, the Assessment Team found the consumer’s pain had not been accurately assessed. The Assessment Team provided evidence of the consumer being administered as required medication on five occasions. The service did not reassess the consumer’s pain medication to ensure the pain was effectively managed.

Another named consumer, who requires the use of an electric mobility aid, had experienced four falls in the past four months. Two of the consumers’ falls occurred from their electric mobility aid and the risk assessment of the consumer mobilising with the aid was only conducted seven days after the consumer’s last fall. The consumer’s care plan is incomplete and does not refer to the consumer’s use of a mobility aid to inform risk or implementation strategies to support the safe and effective delivery of care to the consumer.

I have considered the information provided by the Assessment Team. I consider at the time of the site audit the Approved Provider did not demonstrate that assessment and planning considered consumers’ risks to inform safe and effective delivery of consumer care such as falls, pain, skin integrity and wounds. I find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 2(3)(a).

### Requirement 2(3)(b) Non-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.*

The Assessment Team found assessment and planning did not identify or address consumers’ current needs, goals and preferences. The Assessment Team found documentation showed assessments were not completed in a timely manner following incidents or changes. Care plan interventions are not always tailored to the individual consumer and are not amended as part of regular reviews or when a consumer’s health changes.

For a consumer, the Assessment Team found a toe had become infected. The consumer’s skin assessment had not been updated in a timely manner to ensure changes in their skin care needs were addressed to reduce the chance of infection. The skin integrity management goals and interventions for the consumer were generic, had not been tailored to the consumer’s individual needs and not updated to reflect the current condition of the consumer’s toe. The consumer’s management goals and interventions did not effectively inform or guide staff to manage the wound to the toe.

Another named consumer experienced two falls that resulted in wound injuries. The Assessment Team found the service did not reassess the consumer’s care plan to ensure changes were made for falls, skin, pain and neurological care needs. The consumer’s mobility and transfer care plans were generic in nature and the consumer’s falls risk classification had not been reassessed to ensure fall strategies addressed the consumer’s current needs.

Two other consumers were found by the Assessment Team to have deficits in assessment and care planning and there were gaps in addressing their current clinical care needs.

I have considered the information provided by the Assessment Team. I consider at the time of the site audit the Approved Provider did not demonstrate that assessment and planning identified or addressed consumers’ current needs, goals and preferences, particularly for falls and wounds. I find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 2(3)(b).

### Requirement 2(3)(c) Non-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.*

The Assessment Team found the service did not demonstrate ongoing partnership with consumers and representatives to review assessments and planning of care.

Consumers and representatives described satisfaction with information communicated about consumers’ care and services and they confirmed they are notified following changes. However, consumers and representatives confirmed they are not always involved in partnering with the planning of the care of consumers.

A consumer’s assessment and care plan did not demonstrate other organisations were involved in the consumer’s ongoing care. The consumer experienced weight loss. The Assessment Team found the consumer had not been seen by a dietitian to assess and manage the weight loss. In addition, the service did not consult a palliative care team to manage the consumer’s increasing pain medication needs during palliation. The consumer’s pain medication was last assessed more than three months ago and included several strong, regular and as-required pain medications. However, further pain charting and assessments had not been conducted to manage the consumer’s changing pain management needs.

For another consumer, who experienced four falls in four months, care assessments and planning did not demonstrate ongoing partnerships with a physiotherapist or other practitioner to assess and manage changes in the consumer’s mobility needs. Care plans did not demonstrate assessments or strategies to reduce the ongoing risks of falls. The service stated a mobility assessment would be conducted, at the local hospital, if it was required. However, the consumer’s mobility and transfer management goals were generic in nature and did not address the prevention of further falls and improve the consumer’s current level of mobility.

I have considered the information provided by the Assessment Team. I consider at the time of the site audit the Approved Provider did not demonstrate ongoing partnership with consumers and representatives, in particular, to address and prevent further falls for a consumer. Consumers also confirmed they are not always involved in partnering with the planning of a consumer’s care. I find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 2(3)(c).

### 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 the service did not demonstrate the outcomes of assessment and planning are effectively communicated to consumers or representatives.

A consumer on respite only had an interim care plan completed on entry to the service. Despite complex care needs, there were no further assessments and care plans completed or available. The service did not demonstrate that the care plan contained up-to-date information to ensure safe and effective outcomes are communicated to the consumer. Despite the consumer experiencing pain, compromised skin integrity and experiencing falls prior to entry to the service, the Approved Provider did not conduct further assessments or complete care plans or ensure effective communication with the consumer and other health organisations. For example, the service did not reassess the consumer’s care plan relating to pain management, personal hygiene, nutrition and hydration, medication management, continence and toileting.

Another consumer’s care plan was also not effectively communicated to the consumer and the consumer was not aware they could access their care plan. The service did not demonstrate ongoing consumer needs were documented, to ensure personal and clinical information could be shared with other health organisations. The consumer experienced weight loss over a four-month period and also requires oxygen therapy. The service did not have the consumer’s oxygen therapy or nutrition and hydration therapy assessment or care plan needs assessed or documented.

I have considered the information provided by the Assessment Team. I consider at the time of the site audit the Approved Provider did not demonstrate outcomes of assessment and planning are effectively communicated to consumers or representatives. I find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 2(3)(d).

### 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 care and services are not reviewed regularly for effectiveness or when circumstances change the needs, goals or preferences of the consumer.

For one named consumer, that experienced four falls, the Assessment Team found the service did not review the consumer’s care and services for effectiveness related to these falls. Two of the consumer’s falls resulted in the consumer sustaining wound injuries. A review of the consumer’s care plan was not conducted for mobility, skin, pain and neurological functions to ensure the consumer’s personal and clinical needs were safely and effectively met.

For one named consumer with compromised skin integrity in their toe, care and services were not reviewed regularly for effectiveness. The Assessment Team noted the wound deteriorated and was sore to touch. A review of the consumer’s skin integrity and pain as a result of the deterioration of the wound did not occur in a timely manner, to ensure the consumer’s current skin and pain regimen was effective or met the consumer’s changing needs.

I have considered the information provided by the Assessment Team. I consider at the time of the site audit the Approved Provider did not demonstrate care and services are reviewed regularly for effectiveness or when the consumer’s circumstances change. I find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 2(3)(e).

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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

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

Consumers and representatives expressed satisfaction with how care would be provided, along with support, once end-of-life care was required.

However, the Assessment Team found the service was unable to demonstrate that each consumer received personal and clinical care that is tailored to their needs in areas such as maintenance of skin integrity, wound management, pain management, restrictive practice and psychotropic medications.

High impact risks particularly for skin integrity, falls, a colostomy, a stoma, diabetes, medication management, oxygen therapy and weight loss were not always managed effectively by the service.

The Assessment Team found the service did not consistently respond or make timely referrals to health specialists when there were changes to the health or physical function of a consumer. Information for consumers was not consistently updated to reflect the current health status or care needs of the consumer.

The Assessment Team found inconsistencies with assessments, care plan review and updating of care plans and incidents.

The service did not demonstrate effective strategies to minimise infection related risks or demonstrate their preparedness for an outbreak of a respiratory infection such as COVID-19.

The Quality Standard is assessed as Non-compliant as six 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 service did not demonstrate that each consumer received effective personal care or clinical care, tailored to their needs to optimise their health and well-being, in particular for skin integrity, wound management, pain and psychotropic medications.

For one named consumer, with an interim care plan, a comprehensive skin assessment was not conducted to guide staff to manage the consumer’s ongoing skin integrity risks. The consumer’s altered skin integrity was not monitored and eventually deteriorated, leading to portions of the consumer’s skin being described as very red. The consumer had slight incontinence that required toileting care. In addition, the Assessment Team provided evidence that the consumer’s continence aid was not consistently changed which could have contributed to the deterioration of the consumer’s skin. The consumer was prescribed topical medication to treat the condition. During the site audit, the consumer complained of soreness.

The same named consumer is prescribed regular and as-required pain medication to treat pain associated with other medical conditions. The consumer was administered as required strong pain relief, on five occasions, within a four-day period. However, a pain assessment had not been completed since the consumer entered the service. The consumer’s progress notes do not have evidence of a recent evaluation being conducted by the service, to determine if the current medication regimen is effective in meeting the consumer’s current pain needs.

For another named consumer, who is prescribed regular psychotropic medication and has a behaviour support plan in place, there is no evidence of informed consent for the use of the psychotropic medication. The Assessment Team found a lack of regular medication assessments and reviews to determine the effectiveness of the psychotropic medication tailored to the consumer’s clinical needs. The consumer’s care plan does not reflect non-pharmacological strategies are in place for the consumer.

I have considered the information provided by the Assessment Team. I consider at the time of the site audit the Approved Provider did not demonstrate each consumer received effective personal care or clinical care, tailored to their needs for skin integrity, wound management, pain management and restrictive practices. I find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 3(3)(a).

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

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

The service did not demonstrate effective management of high impact or high prevalence risks for each consumer in relation to skin integrity, falls, a colostomy, a stoma, medication management, oxygen therapy and weight loss.

For one named consumer who experienced an unwitnessed fall, the Assessment Team found clinical assessments were not conducted to determine whether the consumer experienced neurological complications or deterioration in their health as a result of the fall. The Assessment Team provided evidence that several of the consumer’s medical conditions could have contributed to the fall, however, there is no information that assessments were conducted by the service to exclude these as the cause of the fall. A sensor mat was provided to align with the consumer’s fall prevention strategy, however, the sensor mat was removed from another consumer, who was also at risk of falls.

For consumers who require oxygen therapy, the Assessment Team found that ongoing assessments and reviews had not been conducted for consumers. Information was not evident in the consumers’ assessment and care plans to guide staff to deliver oxygen safely and appropriately, to ensure the consumers were receiving effective treatment for their acute and chronic health conditions.

The Assessment Team found the service did not initiate dietary charting or assessments to minimise potential nutritional risks for two consumers who had experienced weight loss. The service had not referred the consumers to a dietitian for review to ensure ongoing weight loss was appropriately managed and to meet the consumers’ dietary requirements and nutritional needs. One consumer’s care plan was reviewed over 7 months ago and identifies them as undernourished and underweight.

The Assessment Team found the service did not manage a consumer’s clinical care needs involving the care of a stoma. The Assessment Team found staff did not regularly record stoma care information, to assist staff to manage the ongoing risks associated with the stoma, which eventually grew in size. The consumer informed staff that there was often bleeding in the stoma. The Assessment Team also found other impacts on the consumer and compromised care and management as a result of the service not documenting care or providing regular maintenance care of the stoma.

The Assessment Team observed staff were not managing medication administration effectively, increasing the risks of administering the wrong medication to a consumer. The Assessment Team observed staff removing medications from the medication trolley and leaving the medication container, chart and the locked trolley in the storage room before administering the medication.

The Assessment Team also found changes in a consumer’s skin integrity were not recorded or monitored and deteriorated. I have considered this evidence under Requirement 3(3)(a) along with the management of risks and outcomes.

I have considered the information provided by the Assessment Team. I consider at the time of the site audit the Approved Provider did not demonstrate effective management of high impact or high prevalence risks for each consumer for skin integrity, falls, a colostomy, medication management, oxygen therapy and weight loss. I find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 3(3)(b).

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

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

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

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

The service did not demonstrate it recognised or responded to the deterioration of a consumer’s health or physical function in a timely manner.

For one named consumer, the Assessment Team found only an interim care plan in place, despite the consumer having multiple chronic medical conditions including heart complications. The Assessment Team found the consumer did not have a suite of assessments and care plans completed to guide staff to ensure individualised care for their conditions. The consumer experienced an episode of chest pain. The service did not initiate an assessment by a medical practitioner and the consumer’s files do not indicate further clinical follow ups were conducted to identify the cause of the chest pain.

The same consumer experienced numerous episodes of low blood pressure. The service did not initiate a comprehensive clinical assessment to determine the cause of the low blood pressure. The medical practitioner subsequently ceased the consumer’s blood pressure medication and provided instructions to provide only weekly monitoring of the consumer’s blood pressure. However, the service did not demonstrate timely recording or monitoring of the consumer’s blood pressure to enable prompt recognition and response to any further deterioration to the health of the consumer. The consumer subsequently experienced a fall and was transferred to the hospital and treated for a number of issues including low blood pressure.

I have considered the information provided by the Assessment Team. I consider at the time of the site audit the Approved Provider did not demonstrate they recognised or responded to the deterioration of a consumer’s health or physical function in a timely manner, such as low blood pressure. I find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 3(3)(d).

### 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 service did not demonstrate that a consumer’s information is regularly updated and communicated within the organisation to ensure safe and effective clinical and personal care. Two consumers’ care plans were not regularly updated to reflect their current health status and to provide staff guidance in the provision of the consumer’s day-to-day care, in particular for pain management.

A consumer, who experienced clinical deterioration including low blood pressure, incontinence and falls, had incomplete assessments and care planning. Staff were not informed or guided in the provision of safe and effective clinical care. The consumer informed the Assessment Team during the site audit that they experience pain in certain areas of their body, especially during personal care.

Changes in skin integrity for another consumer was not updated in care planning documentation to guide all staff in addressing their current care requirements.

I have considered the information provided by the Assessment Team. I consider at the time of the site audit the Approved Provider did not demonstrate the consumer’s condition, needs and preferences is documented and communicated to ensure safe and effective clinical and personal care. I find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 3(3)(e).

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

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

The service did not demonstrate that timely referrals to specialist services or other health professionals are occurring, to ensure effective care and services are being delivered to consumers, in particular for consumers experiencing low blood pressure and weight loss.

For one named consumer, who experienced several episodes of low blood pressure, the Assessment Team found medical referrals did not occur in a timely manner to determine the underlying cause of the consumer’s condition. The service did not ensure the consumer had effective strategies and treatments in place, to assess and monitor their changing health needs. The consumer’s latest fall resulted in the consumer being transferred to the hospital and treated for low blood pressure.

In addition, the Assessment Team found evidence of deficits in referrals for two consumers who experienced weight loss. I have considered this evidence under Requirement 3(3)(b) along with the deficits in timely referrals to a dietitian or allied health professionals.

I have considered the information provided by the Assessment Team. I consider at the time of the site audit the Approved Provider did not demonstrate timely referrals to specialist services or other health professionals. I find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 3(3)(f).

### 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 service did not demonstrate effective strategies are always in place to minimise infection-related risks or effective transmission-based precautions, to prevent and control infections such as COVID-19.

Staff confirmed the use of N95 face masks to reduce the rate of COVID-19 transmission, with the use of full personal protective equipment (PPE) if a consumer was COVID-19 positive.

The Assessment Team observed during the site audit the service does not have rapid antigen testing (RAT) or PPE donning stations prior to entry into the service. The service does not require visitors to undertake RATs before entering the service to reduce the potential spread of COVID-19 infection from the community. The Assessment Team observed staff donning and doffing PPE incorrectly and not following the correct hand hygiene procedures.

The service has a lack of signage at the entry to the service and does not inform visitors not to enter if they are displaying symptoms of a respiratory or infectious illness. In addition, high touch points shared equipment and communal areas did not have signage reminders to clean surfaces in these areas to reduce the spread of COVID-19.

Staff were unable to explain the principles of antimicrobial stewardship (AMS) such as diagnostic testing and commencing appropriate antibiotic medication based on the outcomes of pathology results.

In making my decision I have considered the Assessment Team’s report. I also acknowledge that PPE training was provided to staff for the most recent COVID-19 outbreak. However, I find at the time of the site audit the Approved Provider did not demonstrate that it minimised infection-related risks or demonstrated its preparedness for an outbreak such as COVID-19. I find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 3(3)(g).

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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

Consumers and representatives expressed satisfaction with how the service supports and promotes consumers’ emotional, spiritual, and psychological well-being with social activities and access to church services. However, not all consumers were receiving effective services to support their daily living. Some consumers were unaware of the type of activities provided by the service.

The service’s equipment was suitable for consumers, however, testing and tagging of electrical equipment had not been completed or was overdue. In addition, the Assessment Team found evidence that mobility aids were not regularly checked for safety, nor regularly cleaned by staff.

Consumers described how the service enables them to maintain relationships of importance, actively participate in the community and do things of interest to them. Staff demonstrated an awareness of consumers’ internal and external relationships and could describe how they support the ongoing maintenance of these relationships.

Overall, consumers sampled were satisfied that their needs and preferences are communicated within the organisation, reflect involvement with external providers and with others with whom care is shared.

Most consumers expressed satisfaction with the food at the service, the variety and choice and the amount of food they receive. The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

## Assessment of Standard 4 Requirements

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

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

The service did not demonstrate that each consumer received safe and effective services and supports for daily living to meet their needs, goals and preferences to improve their independence, health, well-being and quality of life.

Three of 6 consumers sampled confirmed they are not adequately supported to participate in activities aligned with their personal preferences. One of these consumers described how the service does not frequently offer activities of interest, to meet their daily needs. The same consumer confirmed their fondness for craft activities. However, the consumer would like to access art and craft materials independently as the activities are offered once a week and stated there is nothing else to do. As a result, the consumer stated they generally have afternoon naps as there are no services or activities in line with their needs and preferences.

Another named consumer requires additional assistance to participate in daily activities. Their representative described how the service does not consistently provide additional support to assist the consumer with activities such as crafts and the use of exercise equipment. As a result of this, the consumer has little stimulation and is left unoccupied throughout the day and the representative has seen a decline in the consumer’s mobility.

In making my decision I have considered the Assessment Team’s report. I find at the time of the site audit the Approved Provider did not demonstrate that each consumer received safe and effective services and supports for daily living to improve their independence, quality of life, needs, goals and preferences. I find the Approved Provider did not demonstrate Compliance with Requirement 4(3)(a).

### 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) Non-Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

The service did not demonstrate where equipment is provided, it is safe and well maintained, posing a potential risk to the consumers.

The service has a variety of lifestyle equipment such as books, jigsaw puzzles, indoor bowls, and board games. The service’s communal kitchenette and living area, however, contain a number of electrical appliances which were overdue for electrical testing or had not been tagged or tested. In addition, for one named consumer, who requires the use of a mobility aid, their mobility aid had not been regularly serviced, clean or checked.

In making my decision I have considered the Assessment Team’s report. I find at the time of the site audit the Approved Provider did not demonstrate where equipment is provided by the service, it is safe and well maintained. I am also of the opinion that regular checks of mobility aids, reduces the likelihood of falls to a consumer as a result of integrity issues with general wear and tear. I therefore, find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 4(3)(g).

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 5 NON-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

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 the equipment. The team also examined relevant documents.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers described how they are able to move freely around the service and have access to outdoor areas.

The service environment is clean and well maintained, with comfortable furniture available in communal areas. However, the service did not demonstrate shared electrical equipment and fittings are regularly serviced and maintained at a level that is safe for consumers.

The Quality Standard is assessed as Non-compliant as one 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) Non-Compliant

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

The service did not demonstrate equipment and fittings are regularly serviced and maintained, posing a risk to consumers. The Assessment Team observed, during the site audit, overdue electrical testing and tagging of equipment such as extension cords and an entertainment unit in the communal lounge. Some items were identified as not having been tested and tagged including a hairdryer, television, and a kettle in the communal lounge. In addition, the scheduled maintenance for the service’s weigh chair and lifting equipment was overdue.

Management advised of the difficulties in finding a tradesperson to test and tag equipment, over the past couple of years. Management stated the service’s equipment had been serviced recently, however, the Assessment Team did not view any records to indicate they had occurred.

The Assessment Team found the service’s weigh chair service was due in August 2020 and the lifting equipment’s next service was due in December 2019. In addition, the Assessment Team did not sight records of regular testing and inspection of the slings.

In making my decision I have considered the Assessment Team’s report. I find at the time of the site audit the Approved Provider did not demonstrate equipment and fittings are regularly serviced and maintained at a level that is considered safe for consumer use. I find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 5(3)(c).

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 6 NON-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

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.

Overall, consumers and representatives confirmed they are comfortable and supported when they provide feedback or lodge a complaint. Staff described the actions they would undertake in response to a concern raised by a consumer.

However, the service did not demonstrate that appropriate action is always taken in response to a complaint and open disclosure is always exercised. Consumers who have raised concerns, described ongoing delays to resolve their concerns.

The service has information on the Commission’s complaints process in the resident handbook. Posters on the Commission’s complaints process and brochures on advocacy services are displayed throughout the service.

Management described several ways the service has acted on consumer feedback, resulting in improvements to care and services such as changes to the service’s menu items.

The Quality Standard is assessed as compliant as one of the four specific requirements have 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 Assessment Team found the service did not demonstrate that appropriate action is taken in response to complaints and that an open disclosure process is used when things go wrong.

A consumer described ongoing delays and resolution of concerns they have with the service. The two main concerns relate to improvement requests about the consumer’s ongoing grooming needs. The Assessment Team found the concerns do not appear on the service’s complaints register and there are no records to indicate if appropriate action has been taken to address these concerns.

A representative reported raising concerns about the care of a consumer. The consumer does not have access to disposable medical appliances required for the consumer’s personal and clinical care. The representative stated the issue was raised two to three weeks prior to the site audit, however, the representative has yet to receive a response from the service in relation to their concerns. The representative’s concerns do not appear on the service’s complaints register.

There was no documentation provided in relation to four of the 5 complaints in the complaint’s register, and it could not be determined by the Assessment Team how open disclosure was used in the management of the complaints raised.

In making my decision I have considered the Assessment Team’s report and the responses provided from the Approved Provider during the site audit. I find at the time of the site audit the Approved Provider did not demonstrate appropriate action is taken in response to complaints and evidence of an open disclosure process is used when things go wrong. I therefore, find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 6(3)(c).

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

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

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 7 NON-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

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 and representatives confirmed staff are kind and caring, and described the various ways staff provide care that respects each consumer’s identity, culture and diversity.

However, the service did not demonstrate the workforce is planned to enable the delivery and management of safe and quality care and services for each consumer.

Management and staff described informal monitoring processes, however, there was limited evidence that formal performance reviews are regularly completed. The service did not demonstrate the workforce is competent and has the qualifications and knowledge to effectively perform their roles to deliver outcomes required by the Standards.

The Assessment Team found training gaps during staff commencement at the service and during competency training for personal protective equipment (PPE) and hand hygiene. In addition, training on the serious incident response scheme (SIRS) had not been completed by some staff. As a result of recent difficulties with the service’s online training system, staff training was not consistently or reliably documented to evaluate the competency of the workforce. The Quality Standard is assessed as Non-compliant as four of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

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

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

The service did not demonstrate it had the number and mix deployed at the service to enable the safe and timely delivery of consumer care by a qualified member of the workforce. The service has experienced difficulties in filling clinical vacancies due to its regional location and is actively recruiting registered and enrolled nurses. The Assessment Team found very limited clinical oversight to meet all consumers’ care needs.

For a consumer, their low blood pressure was not identified and as a consequence, the consumer experienced two unwitnessed falls. The consumer’s ongoing low blood pressure reading was not recognised or responded to by staff and subsequently resulted in the consumer being hospitalised after a fall.

Management advised, due to staffing limitations, the service only admits consumers who require low-level care and who are not insulin-dependent. However, the Assessment Team found that for one consumer who requires daily insulin medication, the service did not demonstrate an appropriate mix of skills to recognise and respond to the changing needs of the consumer, particularly as it relates to low blood glucose levels.

Staff provided examples where the number or mix of staff did not enable them to respond in a timely manner to the care of consumers’ needs and preferences. This includes when a consumer becomes unwell, experiences a fall, or is in need of as-required medication.

Management advised staff attend to a consumer when they hear a call bell ringing for an extended period of time and there are no call bell monitoring arrangements in place.

In making my decision I have considered the Assessment Team’s report. In particular, management’s statement in the Assessment Team’s report that staff attend to a consumer when they hear a call bell ringing for an extended period of time and no monitoring arrangements in place. On balance, I find at the time of the site audit the Approved Provider did not demonstrate it has the required planned workforce to enable the delivery and management of safe and quality care and services, in meeting all consumers’ care needs. I therefore, find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 7(3)(a).

### 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 service did not demonstrate their workforce is competent and has the qualifications and knowledge to effectively perform their roles.

The Assessment Team found that staff do not consistently have the clinical knowledge to safely and effectively care for individual consumer needs. Regular medication competencies are not completed by all care staff. Management advised the service requires staff who administer medication to complete a suite of annual practical medication competencies, however, evidence provided by the service was inconsistent to support these claims.

The service did not demonstrate it ensures all staff approved to administer medications have the required knowledge and competencies to do so. For example, management advised that staff at the service have not completed medication competencies, as there is no registered nurse available to provide staff assessments.

For one named consumer, who is diabetic, experienced a medication incident. The Assessment Team found an incident report was not completed by staff to mitigate the risk of similar incidents from reoccurring. The same consumer receives diabetes medication that requires refrigeration. Staff do not regularly check the operating temperature of the service’s medication fridge, demonstrating a lack of knowledge in the effective management of specific medicines.

The service does not require new staff to complete induction and training in personal protective equipment (PPE), infection control or complete hand hygiene competencies.

In making my decision I have considered the Assessment Team’s report. I find at the time of the site audit the Approved Provider did not demonstrate the workforce is competent and have the qualifications and knowledge to effectively perform their roles. I therefore, find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 7(3)(c).

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

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

The service did not demonstrate the workforce is trained, equipped and supported to deliver the outcomes required by these standards. The Assessment Team noted gaps in training provided to staff on commencement, including one staff member reporting no training, and the completion of personal protective equipment (PPE) and hand hygiene competencies.

Training on the serious incident response scheme (SIRS) had not been completed by all staff. The service did not demonstrate staff have been effectively trained and equipped in caring for consumers with high-risk needs. Documentation of staff training was not consistent or reliable, with management noting recent difficulties with its online training system.

One staff reported that training had not been provided by the service. Two of 4 staff confirmed they completed all their mandatory training in 2021. Two of 3 staff said they had not received any training relating to the Serious Incident Response Scheme (SIRS).

Management advised the service does not require new staff to undertake infection control training or complete practical PPE and hand hygiene competencies. The service does not require staff to complete annual competencies on personal protective equipment (PPE). Management advised practical PPE training was also provided early in 2022, however, no records were available and the number of staff who participated was not provided to the Assessment Team during the site audit. Management provided training records evidencing twelve of 21 staff had attended practical PPE training in 2021.

In making my decision I have considered the Assessment Team’s report. I have considered in my decision the deficits in mandatory competencies required by staff. The Approved Provider did not demonstrate the workforce is trained, equipped and supported to deliver the outcomes required by these standards. I therefore, find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 7(3)(d).

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

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

The service did not demonstrate that regular assessments and reviews of staff performance are conducted.

Staff sampled confirmed they receive ongoing and informal feedback from management. However, three of 3 clinical and care staff were unaware of their last performance appraisal. The Assessment Team did not find evidence that the workforce received a performance appraisal in 2022. In addition, six of approximately 21 staff received a performance appraisal in 2021.

In making my decision I have considered the Assessment Team’s report. I find at the time of the site audit the Approved Provider did not demonstrate that regular assessment and review of staff performance is conducted to ensure staff are performing in their roles. The service did not identify, plan and support training and development needs of staff, to ensure the provision of quality care and services to consumers. I therefore, find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 7(3)(e).

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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

Overall, sampled consumers considered that the organisation is well run, however, consumers reported there are limited opportunities to partner in improving the delivery of care and services.

The service did not demonstrate how the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services, and is accountable for their delivery. Management nor the board could provide any examples of how the board drives changes at the service in response to consumer feedback, experience, or incidents.

The service has a clinical governance framework in place. The service consults with a pharmacist every three months to discuss medications including the use of antibiotics. However, the service did not demonstrate current mechanisms are in place to consider current legislation to guide staff on restrictive practices.

The service did not demonstrate it has effective governance systems for information management, regulatory compliance and feedback and complaints. This includes, for example, a lack of governance related to nationally coordinated criminal history checks for the service’s workforce.

The service did not demonstrate it has effective risk management systems and practices in place. The service has a documented risk management framework. However, incidents are not consistently reviewed by management, to determine the underlying cause of the problem and to mitigate the ongoing risks to consumers, such as falls and medication incidents.

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

## Assessment of Standard 8 Requirements*.*

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

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

Overall, consumers and representatives stated there are limited opportunities to provide feedback about the service. Management and the members of the board explained how the service uses a number of forums and tools to support and promote consumer engagement. However, consumers and representatives reported only one or two resident meetings have been held in the last twelve months. Consumers advised that management is not very accessible as they are not always at the service, making the process challenging.

Consumer feedback and concerns raised in Standard 6, Requirement 6(3)(e) identifies deficits in organisation wide mechanisms to incorporate consumer feedback, to improve the quality of care and services delivered.

In making my decision I have considered the Assessment Team’s report. I find at the time of the site audit the Approved Provider did not demonstrate the service had in place systems to ensure consumers are engaged in the development, delivery and evaluation of care and services. I find the service is Non-compliant with Requirement 8(3)(a).

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

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

The service did not demonstrate how the organisation’s governing body promotes a culture of safe delivery of quality care and services. Management nor member’s of the board could provide examples of how the board drives changes at the service in response to consumer feedback, experiences or incidents.

Management submits a report to the Board prior to each board meeting reporting clinical data. However, the Assessment Team found from February 2022 to June 2022, gaps and inaccuracy in the data, for example in reporting falls and weight loss. No information is provided to the Board on the number of wounds sustained by consumers at the service.

Management reported to the Assessment Team that they do not always get enough notice of board meetings to enable comprehensive reports to be prepared, therefore, at times the information in the report is not reflective of what has occurred at the service.

Management attends part of each Board meeting, to discuss the report and receive direction from the board when needed.

The Assessment Team reviewed board meeting minutes from January 2022 to March 2022 and found management’s report being tabled, however, no details of management’s report were discussed in the meeting minutes.

While COVID-19 was identified as a risk to consumer safety, the Board did not review the outbreak management plan (OMP) and only provided a distanced supporting role.

In making my decision I have considered the Assessment Team’s report. I find at the time of the site audit the Approved Provider did not demonstrate it had effective governing oversight to promote a culture of safe delivery of quality care and services. I find the service is Non-compliant with Requirement 8(3)(b).

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

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

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

The Assessment Team found the service was unable to demonstrate that it had effective organisational-wide governance systems.

The service did not demonstrate effective information management systems are in place and consumer information was not easily retrievable. Management explained that opportunities for continuous improvement are identified through incidents, internal audits, complaints and through staff and consumer feedback.

Management demonstrated they seek changes to budget or expenditure to support changing needs of consumers and gave examples of delegation and recent purchases. Workplace governance issues were identified by the Assessment Team’s report. Issues were identified in workforce planning, competency and training such as personal protective equipment. The service did not demonstrate it complies with regulatory requirements in relation to staff police checks and COVID-19 vaccinations.

Staff training for restrictive practice and serious response scheme (SIRS) requirements was limited. It was not clear whether all staff completed the required training and therefore understood regulatory compliance. The service did not demonstrate that appropriate action is always taken in response to complaints and did not demonstrate an open disclosure process is used.

In making my decision I have considered the Assessment Team’s report. I find at the time of the site audit the Approved Provider did not demonstrate it has effective organisation-wide governance systems for information management and regulatory compliance. I therefore, find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 8(3)(c).

### 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 service did not demonstrate it has effective risk management systems and practices in place. The service has a documented risk management framework, however, it is not effective in providing ongoing oversight and monitoring of risks.

The service did not demonstrate incident reports are consistently completed or that management reviews or analyse incidents, to ensure best practice is being implemented and to determine additional strategies to mitigate any ongoing risk to the consumer.

The service did not demonstrate it has effective incident management systems in place. Incidents related to high-impact risks are not consistently reviewed by management, for example, incidents related to skin integrity, falls and medication. Please refer to Standard 3, Requirement 3(3)(a), Standard 3, Requirement 3(3)(b) and Standard 7, Requirement 7(3)(c) for deficits in the ongoing organisation-wide analysis and review of skin integrity, falls and medication incidents.

In making my decision I have considered the Assessment Team’s report. I find at the time of the site audit the Approved Provider did not demonstrate it has effective risk management systems and practices in place. I therefore, find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 8(3)(d).

### 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 whilst the service has a clinical governance framework in place, it did not demonstrate frameworks reflected current legislation to guide staff on restrictive practices.

The service consults with a pharmacist every 3 months to discuss medication, including the use of antibiotics and antimicrobial stewardship.

The service’s restrictive practice policies dated July 2021, did not include current legislation information on the five types of restrictive practices, the need for a behaviour support plans and the requirements to consider alternative strategies to manage a consumer’s challenging behaviour. The service has deficits in its clinical governance framework, policies and guidance to ensure restrictive practice, is used as a last resort, in the least restrictive form and for the shortest period of time to prevent harm to the consumer or another person. In addition, a staff member reported they did not have an understanding of the Aged Care Quality Standards and were unsure what was meant by the term restrictive practice.

In making my decision I have considered the Assessment Team’s report. I find at the time of the site audit the Approved Provider did not demonstrate the framework consider current legislation in guiding staff practice in relation to restrictive practices. I therefore, find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 8(3)(e).

# 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.

**Requirements 1(3)(d)**

* Implement strategies to ensure documentation of risk-related discussions and strategies to mitigate risk are consistently captured.

**Requirement 1(3)(f)**

* Implement processes to ensure each consumer’s privacy is respected and personal information is kept confidential.
* Introduce internal processes to monitor the effectiveness of new processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

**Requirement 2(3)(a)**

* Implement effective processes to ensure assessment and care planning, including consideration for risk, informs the delivery of safe and effective care, particularly with diabetes and skin integrity.
* Introduce internal processes to monitor the effectiveness of assessment and care planning, particularly with diabetes and skin integrity.

**Requirement 2(3)(b)**

* Implement processes to ensure assessment and care planning reflects consumers’ current needs, goals and preferences.
* Introduce internal processes to monitor the effectiveness of assessment and care planning.

**Requirement 2(3)(c)**

* Implement processes to ensure ongoing partnership with consumers and representatives.
* Introduce internal processes to monitor the effectiveness of ongoing partnerships with consumers and representatives to meet the ongoing needs of consumers.

**Requirements 2(3)(d)**

* Implement processes to ensure assessments are effectively communicated to consumers or their representatives.

**Requirements 2(3)(e)**

* Implement processes to ensure review of consumers’ care and services when there is a change in the consumer’s circumstances related to falls, skin integrity and pain.

**Requirements 3(3)(a)**

* Implement processes to ensure care is tailored to each consumer’s needs and is consistently delivered with best practice principles applied, particularly for skin integrity, wound management, pain and psychotropic medications.

**Requirements 3(3)(b)**

* Implement processes to ensure effective management of high impact and high prevalence risks associated with skin integrity, falls, colostomy, medication management, oxygen therapy and weight loss.

**Requirements 3(3)(d)**

* Implement processes to ensure timely responses to deterioration of a consumer’s health and physical function.

**Requirements 3(3)(e)**

* Implement processes to ensure consumers’ information is updated with their current status or condition and includes risks such as low blood pressure or changes to skin integrity.
* Implement processes to ensure consistencies with updates to assessments, and care plans.

**Requirements 3(3)(f)**

* Implement processes to ensure staff have the knowledge and skills to initiate timely and appropriate referrals to allied health professionals tailored to consumer’s clinical needs.

**Requirements 3(3)(g)**

* Implement processes to ensure effective strategies to minimise infection related risks and ensure preparation for an outbreak of a respiratory infection such as COVID -19.

**Requirements 4(3)(a)**

* Implement processes to ensure social activities provided at the service support consumers’ ongoing needs.

**Requirements 4(3)(g)**

* Implement processes to ensure testing and tagging of electrical equipment are current and within timeframes.

**Requirements 5(3)(c)**

* Implement processes to ensure equipment and fittings are regularly serviced and maintained at a level that is considered safe for consumer use.

**Requirements 6(3)(c)**

* Implement processes to ensure appropriate action is always taken in response to complaints and that an open disclosure process is used.

**Requirements 7(3)(a)**

* Implement processes to ensure there is a planned workforce to enable the delivery and management of safe and quality care and services, to meet consumers’ care needs.

**Requirements 7(3)(c)**

* Implement processes to ensure the workforce is competent and have the qualifications and knowledge to effectively perform their roles.

**Requirements 7(3)(d)**

* Implement processes to ensure the workforce is trained, equipped and supported in their day-to-day practice to enable them to protect against risk and improve care outcomes for consumers.

**Requirements 7(3)(e)**

* Implement processes to ensure regular assessments and reviews of staff performance are conducted.

**Requirements 8(3)(a)**

* Implement processes to ensure consumers are engaged in the development, delivery and evaluation of care and services.

**Requirements 8(3)(b)**

* Implement processes to ensure the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services, and is accountable for their delivery.

**Requirements 8(3)(c)**

* Implement processes to ensure the organisation has effective organisation wide governance systems relating to information management, workforce governance, regulatory compliance, feedback and complaints.

**Requirements 8(3)(d)**

* Implement processes to ensure risk management systems are effective to manage high impact and high prevalence risks associated with the care of consumers, particularly for skin integrity, falls and medication incidents.

**Requirements 8(3)(e)**

* Implement processes to ensure staff have the skills to apply the organisation’s clinical governance framework, particularly in relation to psychotropic medication and chemical restraint.