Performance

Report

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| Name: | AnglicareSA Elizabeth East |
| Commission ID: | 6963 |
| Address: | 36c Halsey Road, ELIZABETH EAST, South Australia, 5112 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 13 September 2023 to 15 September 2023 |
| Performance report date: | 23 October 2023 |
| Service included in this assessment: | Provider: 1197 Anglicare SA Ltd  Service: 4371 AnglicareSA Elizabeth East |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for AnglicareSA Elizabeth East (**the service**) has been prepared by M Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Standards and requirements are assessed as either compliant or not compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the assessment contact (performance assessment) report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the Approved Provider’s responses to the assessment team’s report received on 29 September 2023 and 6 October 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Standard 2 requirement (3)(e)

* Ensure processes are consistently in place to support the reassessment of consumers following an incident or change including for consumers in relation to behaviour support and following changes in swallowing ability. Ensure consumers who experience changed behaviours have their behaviour support strategies reviewed and evaluated for effectiveness including following incidents.
* Ensure review processes identify and address inconsistencies in the assessment and management plans including in relation to diabetes management.
* Ensure incident reports are consistently completed according to internal policies and procedures to support effective review of consumer’s care and services.

Standard 3 requirement (3)(a), (3)(b) and (3)(d).

* Consider reviewing policies and procedures to ensure clinical care is best practice and tailored to consumers, and specifically in relation to diabetes, falls monitoring and management, and medication management including administering oxygen therapy and time sensitive medication. Ensure staff undertake appropriate action including timely escalation where required.
* Ensure consumers who have diabetic care needs have consistent management plans which are understood and followed by staff.
* Ensure medication is administered as prescribed and medication management is best practice, especially for time sensitive medication and oxygen therapy.
* Ensure all consumers are appropriately assessed, strategies developed, and practices monitored to address any high-impact or high-prevalence risks including in relation to changed behaviours, wounds including pressure injuries and pain.
* Consider reviewing processes to support the identification and management of deterioration for individual consumers. Ensure staff are aware of consumers' usual vital sign parameters and recognise where vital signs indicate potential or actual deterioration to support effective recognition and response of clinical deterioration.

Standard 4 requirement (3)(f)

* Consider reviewing processes to ensure the service engages consumers and representatives in relation to meals being of suitable quality, quantity, and appropriate temperature.
* Consider reviewing processes to ensure consumers are receiving meals which are consistent with assessed needs, goals and preferences and staff have access to accurate information to guide their practice.
* Ensure the provision of meals is supportive of a dignified dining experience.

Standard 7 requirement (3)(c)

* Consider reviewing processes which ensure workforce competency including reviewing the education calendar, training packages and any material provided to the workforce specifically in relation to deficits identified.
* Ensure staff are competent in effectively performing their roles including but not limited to incident reporting, pain management, falls management and monitoring, medication management including oxygen therapy and administration of time sensitive medication, wound and pressure injury management, behaviour support, management of deterioration including recognition of worsening vital signs and provision of meals which are of suitable quality.
* Ensure staff understand best practice pain monitoring tools and consistently use these tools to monitor and manage consumers’ pain.

Standard 8 requirement (3)(d)

* Ensure effective risk management systems and practices are implemented with adequate policies and procedures reviewed to guide staff.
* Staff receive education and training in risk management systems and practices aligned to their respective roles.
* Consider reviewing monitoring processes including audits to ensure high-impact and high-prevalence risks are identified, effectively managed and monitored.
* Ensure staff are aware of incident reporting processes.
* Ensure incidents are analysed, mitigation strategies developed and incidents trended where required to support opportunities for improvement.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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. | Not Compliant |

Findings

The assessment team recommended the requirement not met. The service was not able to demonstrate effective review of care and services, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer, specifically for three consumers in relation to reviewing behaviour support strategies in response to ongoing changed behaviours, for two consumers in relation to effectively reviewing diabetes management with conflicting documentation and staff practices, and for one consumer in relation to safe medication management with strategies not effectively reviewed following recommendations made by an allied health professional. The following evidence was considered relevant to my finding;

Consumer A

* Consumer A experienced multiple episodes of changed behaviours, however these were not always captured through incident reports or behaviour charting to support effective review. Furthermore, management were not aware when a specific changed behaviour commenced or escalated as they encouraged the staff member to complete staff incident forms which were not completed to support effective review of the consumer’s changed behaviours.

Consumer B

* Documentation showed Consumer B experienced ongoing episodes of changed behaviours and whilst pain and behaviour charting were commenced approximately three days following a significant incident, the consumer’s behaviour support strategies were not reviewed.

Consumer C

* The consumer experienced two significant incidents of changed behaviours impacting other consumers, however there was no evidence Consumer C’s behaviour support strategies were reviewed following the incidents until a specialist service attended 19 days after the initial incident.

Consumer D and E

* Documentation relating to managing Consumer D and E’s specialised nursing need being diabetes management was inconsistent between the two documents used to guide staff.

Consumer F

* Consumer F, experienced ongoing episodes of refusal of medication and was reviewed by an allied health professional where specific recommendations were made. Despite the review, the recommendations were not implemented and associated documentation was not updated to include the new strategy. The consumer continued to experience ongoing episodes of refusing their medications. In addition, the consumer’s dietary information was not updated to reflect the change in swallowing ability and upgrade in diet.

The Approved Provider’s response did not dispute the assessment team’s recommendation and evidence. Two responses were submitted outlining a range of improvements including addressing deficits identified for individual consumers identified in the assessment team’s report and also planned improvements. A plan for continuous improvement was included in the response. The following evidence was considered relevant to my finding;

* Consumers identified in the assessment team’s report are to be reviewed and reassessed including in relation to falls, wounds, pain, time sensitive medication, specialised nursing needs including diabetes and in relation to behaviour support.
* Plans include to review a range of policies and procedures including the clinical care procedure and develop a process where consumers’ care and services are reviewed in response to changes such as following incidents.
* Undertake a review to monitor improvements implemented specifically in relation to this requirement including seeking feedback from consumers.
* A range of working groups have been established to address deficits identified and implement monitoring processes to ensure improvements are sustainable.

I considered the Approved Provider’s response and additional information provided and noted the Approved Provider did not dispute the assessment team’s evidence nor the recommendation. Based on the assessment team’s report and the Approved Provider’s response, I find the service was not able to demonstrate care and services were reviewed regularly for effectiveness. Specifically, for Consumers A, B and C, despite ongoing incidents of changed behaviours staff did not effectively monitor and review their care and services to ensure effective behaviour support; Consumers D and E were not effectively reviewed as evidenced by inconsistent documentation to guide staff to manage their specialised nursing need being diabetes; Consumer F's medication assessment and dietary assessment information were not effectively reviewed and updated following recommendations made by an allied health professional to support effective delivery of care and services. Furthermore, whilst I acknowledge the Approved Provider's willingness to make improvement and has commenced implementing a range of improvements to address deficits identified, the Approved Provider did not provide me with sufficient evidence to indicate all improvement actions are embedded and effective to ensure care and services are reviewed regularly for effectiveness for all consumers.

Based on the information summarised above, I find Requirement (3)(e) not compliant.

# Standard 3

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| Personal care and clinical care | |  |
| 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. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant |
| Requirement 3(3)(d) | 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. | Not Compliant |

Findings

In relation to Requirement (3)(a)

The service was found not compliant following an assessment contact undertaken on 7 March 2023 where it was found the service was not able to demonstrate effective pain management, skin integrity management and oxygen therapy management. A range of improvements were implemented in response including but not limited to;

* Reviewed the oxygen therapy procedure and provided additional education to staff.
* A range of training sessions were conducted in relation to pain management and the procedure was updated to include the frequency of monitoring pain.
* The skin integrity procedures were reviewed with further training provided to staff on the new procedures and on skin integrity management.
* Documentation recording was improved to support the capturing of non-pharmacological strategies prior to the administration of as required medication.

During the assessment contact conducted from 13 to 15 September 2023 the assessment team recommended the requirement not met. The service was not able to demonstrate each consumer receives safe and effective personal and clinical care that is best practice and tailored to their needs, specifically in relation to diabetes management, administration of times sensitive medication and falls management. The following evidence was considered relevant to my finding;

Consumer E

* Consumer E had inconsistent documentation in relation to the monitoring of the consumer’s specialised nursing need being diabetes management and on one occasion in a two-week period the consumer’s blood glucose level was significantly outside the recommended range.

Consumer D

* Consumer D’s medication to manage their diabetes was not administered in line with the medical directive on one occasion with the medication chart indicating further medication administration was required. Management said the entry in the medication chart was incorrect and the consumer’s blood glucose level was within range and was recorded on the handover sheet indicating their diabetes was effectively managed.

Consumer F

* Consumer F’s diabetes was not effectively monitored and managed with blood glucose readings not recorded on 11 of 36 occasions and on two occasions the consumer’s as required medication was not administered consistent with their management plan.

Consumer G and Consumer C

* Consumer G and C experienced falls, however neurological observations were not completed consistently with internal policies and procedures.

Consumer H

* Consumer H experienced five falls and following three of the falls, the blood pressure readings were noted to be elevated. However, staff did not undertake additional monitoring in response to the elevated blood pressure readings or timely referral to the medical officer.
* Following one of the falls, the consumer was reviewed by a medical officer specifically in relation to their blood pressure and advised to continue to monitor.
* For two falls neurological observations were not completed.

Consumers A, I, J and K

* Consumers A, I, J and K are prescribed time sensitive medication for a diagnosed condition. Medication administration records showed for all four consumers medications not being consistently administered during the consumer’s prescribed medication administration period.

Consumer L

* Consumer L had a medication order for the administration of oxygen therapy.
* The medication administration records showed Consumer L was administered oxygen therapy on two occasions, however the oxygen dosage rate was not recorded in the medication administration records. In addition, records for oxygen therapy administration where recorded in progress notes on three separate occasions over three days, however were not recorded in the medication chart as being administered.

The Approved Provider’s response did not dispute the assessment team’s recommendation and evidence. Two responses were submitted outlining a range of improvements including addressing deficits identified for individual consumers identified in the assessment team’s report and also planned improvements. A plan for continuous improvement was also included in the response. The following evidence was considered relevant to my finding;

* Consumers identified in the assessment team’s report are to be reviewed including in relation to falls management, time sensitive medications and oxygen therapy management.
* Plans include to review the post falls management process including in relation to undertaking neurological observations and providing training to clinicals staff, identifying consumers on the handover who require time sensitive medications and providing training to staff on time sensitive medication.

I considered the Approved Provider’s response and additional information provided and noted the Approved Provider did not dispute the assessment team’s evidence nor the recommendation. Based on the assessment team’s report and the Approved Provider’s response, I find the service was not able to demonstrate each consumer gets safe and effective clinical care that is best practice, tailored to their needs; and optimises their health and well-being, specifically for Consumers E, D and F in relation to diabetes management, Consumers G, C and H in relation to monitoring following falls, Consumers A, I, J and K in relation to effective administration of time sensitive medications and Consumer L and best practice oxygen therapy management. Furthermore, whilst I acknowledge the Approved Provider's willingness to make improvement and has commenced implementing a range of improvements to address deficits identified, the Approved Provider did not provide me with sufficient evidence to indicate all improvement actions are embedded and effective.

I find Consumers E, D and F did not receive effective management of their diabetes to optimise their wellbeing with all three consumers experiencing episodes of having blood glucose readings outside of recommended ranges which were not recognised and effectively addressed by staff from the service.

I find Consumers G, C and H did not receive effective monitoring following falls with all three consumers experiencing falls with neurological observations not consistently completed according to internal policies and procedures. I addition, for Consumer H, neurological observations were not commenced for two falls despite the falls being unwitnessed consistent with best practice. I have also considered deficits in staff practice for Consumer H in relation to staff recognising elevated blood pressure readings which were not always recognised, and promptly referred to the medical officer.

I find Consumers A, I, J and K, did not receive effective medication administration to optimise their health and well-being. The records demonstrated their medications were not being consistently administered during the prescribed period which was time sensitive.

I find for Consumer L, the records did not demonstrate the consumer received best practice medication management and specifically oxygen therapy, with staff not effectively recording the dosage and administration in the medication chart.

Based on the information summarised above, I find Requirement (3)(a) not compliant.

In relation to Requirement (3)(b)

The assessment team recommended the requirement not met as the service was not able to demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer and specifically in relation to pain, wounds and changed behaviours. The following evidence was considered relevant to my finding;

Consumer E

* Consumer E stated they have significant pain to their wounds and had significant pain over the month, however whilst pain documentation was completed the records showed mild to no pain. The consumer’s most recent pain assessment identifies the consumer has recorded no pain to mild pain. Whilst one clinical staff disagreed the consumer was experiencing significant pain, they confirmed they administered as required pain relief that morning.
* Wound charts did not demonstrate wounds are attended in line with the wound management plan as areas were incomplete including size, odour, pain or dressing material for all wound dressings. One wound was identified as a Stage 1 pressure injury, however was not reviewed until 6 days later, further reviews were undertaken on three occasions with records showing a dressing check, however the charts show no dressing was being applied to the wound. Whilst management stated the wound was healed the assessment team observed an open wound and a new wound management plan was commenced.

Consumer M

* Consumer M experiences significant pain influencing the consumer’s changed behaviours however pain monitoring was being inconsistently completed and the representative and progress notes indicate the consumer experienced significant pain. The consumer was reviewed by a Nurse Practitioner who prescribed a short course of a strong pain-relieving medication and instructed staff to monitor the consumer’s pain, however pain monitoring was not effectively undertaken. In addition, another service provider was contacted in relation to pain management where recommendations were made to continue with pain charting and administration of medications which was not effectively followed.
* Consumer M has a number of active wounds including a pressure injury which was not effectively managed and was assessed during the assessment contact to have deteriorated to an unstageable pressure injury. Despite the wound to be regularly attended too, the records showed the wound was not attended to on 4 of the 8 scheduled occasions in the last 21 days. In addition, strategies recommended in the care plan including offloading of the heel were not observed on two days during the assessment contact.

Consumer D

* Consumer D was identified as having pressure injuries to both feet in the month of the assessment contact, however an initial wound assessment was not completed. Despite the wound chart being commenced, the plan was not followed with dressings not changed every three days for both wounds as directed. In addition, photos were taken at varying angles impacting on staff’s ability to monitor the wound.

Consumer A

* Consumer A experienced a range of changed behaviours including one specifically relating to a staff member. Management were unaware when the consumer’s changed behaviours escalated as they encouraged the staff member to complete staff incident forms which were not completed to support effective management and monitoring.
* The consumer was subsequently involved in a significant incident related to the changed behaviour and whilst the consumer was reviewed in hospital at a later date, during the assessment contact the documentation viewed and observations confirmed the consumer continued to experience changed behaviours impacting others following return. In addition, the representative advised the consumer had ceased undertaking a long-term activity when at the hospital.
* Staff interviewed were not able to demonstrate effective strategies to manage the consumer’s changed behaviours.

The Approved Provider’s response did not dispute the assessment team’s recommendation and evidence. Two responses were submitted outlining a range of improvements including addressing deficits identified for individual consumers identified in the assessment team’s report and also planned improvements. A plan for continuous improvement was also included in the response. The following evidence was considered relevant to my finding;

* Consumer E’s pain was reviewed by the medical officer.
* Consumer A no longer resides at the service.
* Plans include to develop a high-risk resident list, review the weekly high-risk meeting, review the wound and pain management procedures and engage a specialist service to provide wound care training for staff.
* The Nurse Practitioner is currently reviewing all high-risk consumers with changed behaviours including ensuring behaviour support plans are individualised.

I considered the Approved Provider’s response and additional information provided and noted the Approved Provider did not dispute the assessment team’s evidence nor the recommendation. Based on the assessment team’s report and the Approved Provider’s response I find the service was not able to demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer specifically in relation to wound and pressure injury management for Consumers E, M and D, pain management for Consumers E and M, and for Consumer A behaviour support. Furthermore, whilst I acknowledge the Approved Provider's willingness to make improvement and has commenced implementing a range of improvements to address deficits identified, the Approved Provider did not provide me with sufficient evidence to indicate all improvement actions are embedded and effective.

I find Consumers E, M and D did not receive effective wound and pressure injury management. In coming to my finding, for Consumer E I have relied on the evidence where wound charts were not effectively monitoring the state of the wounds. I have placed weight on the evidence showing the pressure injury was not being effectively monitored and whilst management said the wound had resolved the wound was ongoing and required further treatment and management. In relation to Consumer M, I have relied on the evidence showing that not only was the wound management plan not being effectively followed in relation to the pressure injury, but also other strategies including offloading of the foot to support wound healing was not being undertaken with staff practice not effectively monitored. In relation to Consumer D, I find the consumer’s pressure injuries were not effectively managed as an initial assessment of the wound was not completed and the wound management plan effectively followed as directed.

I find Consumers E and M, did not receive effective pain management and have considered the potential adverse impact of significant unmanaged pain as a high-impact risk. In relation to Consumer E, records and consumer feedback supports my view the consumer’s pain was not being effectively monitored and managed. In relation to Consumer M, representative feedback and progress notes demonstrate ineffective pain management with staff not effectively monitoring the consumer’s pain to support effective pain management.

I find Consumer A, did not receive effective behaviour support and have specifically considered the high-impact behaviour related incident, in addition to other changed behaviours which were noted by the assessment team as not being effectively managed. I have considered ineffective monitoring of the consumer’s changed behaviours as a deficit impacting on timely recognition and effective provision of behaviour support. In addition, I have considered the ceasing of a longstanding activity as a potential contributing factor to the increase in changed behaviours following return from hospital which was not recognised.

Based on the information summarised above, I find requirement (3)(b) not compliant.

In relation to Requirement 3(3)(d)

The assessment team recommended the requirement not met as the service was not able to demonstrate 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. Two consumers experienced deterioration and were not effectively monitored. One consumer was diagnosed with an infection and documentation did not demonstrate appropriate clinical observation and response undertaken by staff. The following evidence was considered relevant to my finding;

Consumer M

* Consumer M was observed to be drowsy, unable to communicate and unresponsive between sentences. Whilst clinical staff stated the consumer had been increasingly drowsy and had not been eating or drinking, additional monitoring was not commenced following the initial identification. Following feedback to management, additional monitoring was commenced including vital signs undertaken which identified elevated heart rated and slightly reduced oxygen saturation. The following day the consumer was reviewed by the medical officer and other personnel and the consumer was noted to have deteriorated. During the same period, Consumer M experienced significant pain and a deteriorating pressure injury which was not effectively managed impacting the consumers’ comfort and dignity.

Consumer L

* Consumer L was diagnosed with a recent infection requiring antibiotics and was subsequently transferred to hospital. During the preceding nine days the consumer experienced an episode of low blood pressure where additional observations were not immediately commenced. In addition, the consumer experienced reduced oxygen saturation levels and whilst a medical review was undertaken by the medical officer, documentation showed limited monitoring of the consumer’s vital signs during the period. Documentation showed, vital signs including oxygen saturation and respiratory rate where not effectively monitored and responded to whilst the consumer was unwell.

The Approved Provider’s response did not dispute the assessment team’s recommendation and evidence. Two responses were submitted outlining a range of improvements including addressing deficits identified for individual consumers identified in the assessment team’s report and also planned improvements. A plan for continuous improvement was also included in the response.

* Plans include to review or develop a process for identifying deterioration, develop and review current monitoring processes including the current internal audit.
* A copy of an email was provided which was communicated to clinical staff regarding administering and monitoring oxygen therapy use.

I considered the Approved Provider’s response and additional information provided and noted the Approved Provider did not dispute the assessment team’s evidence nor the recommendation. Based on the assessment team’s report and the Approved Provider’s response, I find the service was not able to demonstrate 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, specifically for Consumers M and L with additional monitoring not effectively implemented and adverse vital signs not recognised and effectively responded to. Furthermore, whilst I acknowledge the Approved Provider's willingness to make improvement and has commenced implementing a range of improvements to address deficits identified, the Approved Provider did not provide me with sufficient evidence to indicate all improvement actions are embedded and effective.

In coming to my finding, I have considered that both Consumers M and L experienced changes in health status and experienced deterioration, however additional monitoring was not effectively implemented to support optimal care. In addition, I have considered for both Consumers M and L instances where vital signs indicated both consumers were unwell including increased heart rate, altered blood pressure and/or reduced oxygen saturation which did not result in an effective management plan being developed to support and manage their deterioration. I have also considered Consumer M’s deteriorating pressure injury and worsening pain reflected in Standard 3 requirement (3)(b) as evidence to support my finding that the service did not effectively recognise and manage Consumer M’s deteriorating pressure injury and significant pain.

Based on the information summarised above, I find requirement (3)(d) not compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Compliant |

Findings

The assessment team recommended the requirement not met as the service was not able to demonstrate where meals are provided, they are varied and of suitable quality and quantity. Majority of consumers were dissatisfied with the meals provided, an observation of staff practice indicated an undignified dining experience and one consumer’s assessments were not reflective of their assessed dietary need. The following evidence was considered relevant to my finding;

* Nine from 13 Consumers had mixed or negative feedback such as receiving different meals then requested, preferences not catered for and food being cold when delivered.
* Consumer M was reviewed by an allied health professionals regarding a change in meal texture, however the change was not effectively implemented with the staff handover sheet not reflecting the change.
* Three dining rooms were observed to have minimal engagement between consumers and staff.
* The assessment team observed one occasion of staff member positioned in a manner whilst assisting a consumer which was undignified.
* The assessment team’s report also included evidence the service was able to demonstrate some aspects of the requirement including, having a four-weekly rotating menu which was reviewed by a dietitian, having a hot breakfast 7 days a week and planned improvements related to the dining experience.

The Approved Provider’s response did not dispute the assessment team’s recommendation and evidence. Two responses were submitted outlining a range of improvements including addressing deficits identified for individual consumers identified in the assessment team’s report and also planned improvements. A plan for continuous improvement was also included in the response. The following evidence was considered relevant to my finding;

* Plans include to implement a food focus group, undertake a consumer survey regarding meals and drink, review all consumer’s dietary needs to ensure they are accurate and reflect assessed food preferences, review the handover process; observe the dining experience and further interview consumers regarding their dining experience.
* Commenced reviewing the duty statements for catering staff.
* Additional hybrid role including catering duties established.
* Monitoring the dinning experience.
* The response indicates it was consumer preference for music not to be playing in the dining room.

I considered the Approved Provider’s response and additional information provided and noted the Approved Provider did not dispute the assessment team’s evidence nor the recommendation. Based on the assessment team’s report and the Approved Provider’s response I find the service was not able to demonstrate where meals are provided, they are of suitable quality including in relation to temperature and according to consumers’ preferences and recommendations made by allied health professionals.

In coming to my finding, I have placed weight on the consumer feedback specifically the number of consumers expressing dissatisfaction with the meals being provided. In addition, I have considered in my finding the observations of the dining experience specifically staff practices, in addition to ineffective processes which resulted in the handover sheets containing inaccurate dietary information for one consumer. I have considered the service has processes to have the menu reviewed to ensure meals are of suitable nutritional value, however I have placed weight on the feedback from consumers and the potential impact from not being satisfied with meals being provided. Furthermore, whilst I acknowledge the Approved Provider's willingness to make improvement and has commenced implementing a range of improvements to address deficits identified, the Approved Provider did not provide me with sufficient evidence to indicate all improvement actions are embedded and effective.

Based on the information summarised above, I find requirement (3)(f) not compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Not Compliant |

Findings

In relation to requirement (3)(a)

The assessment team recommended the requirement met as the service was able to demonstrate 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 following evidence was considered relevant to my finding.

* Most consumers and representatives said there is generally enough staff and do not feel rushed.
* Most staff said there are enough staff rostered to allow them to complete their duties. Staff said when they are short staffed or rushed they manage to complete their duties.
* The service has a processes to manage the workforce with a central rostering team and processes ensure daily allocations are reviewed by Clinical Managers.
* The service has recently implemented processes to monitor call bell data with a plan to follow up with individual consumers for potential impact for responses greater than 10 minutes.

Based on the information summarised above, I find requirement (3)(a) compliant.

In relation to requirement (3)(c)

The assessment team recommended the requirement not met as the service was not able to demonstrate the workforce is competent and the members of the workforce have the knowledge to effectively perform their roles. Whilst staff are provided a range of training, deficits were identified in staff competency and practices, specifically in Standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal and clinical care. The following evidence was considered relevant to my finding;

* Whilst staff are provided training on a range of topics including in relation to the management of wounds, pain and diabetes, the assessment team found these training processes ineffective to ensure competency.
* Deficits were identified by the assessment team in the assessment, review and provision of effective clinical care and specifically in relation to wound assessment and management, pain assessment and management, management of deterioration and staff undertaking relevant monitoring, recognition of time sensitive medication to support effective medication management, diabetes management and incident reporting.
* Consumers and representatives provided mixed feedback regarding staff competency. Some stated staff were competent, while one other consumer providing an example indicating staff were not competent in relation to the provision of a specialised nursing need.

The Approved Provider’s response did not dispute the assessment team’s recommendation and evidence. Two responses were submitted outlining a range of improvements. A plan for continuous improvement was also included in the response. The following evidence was considered relevant to my finding;

* Plans include to develop a training plan to address skills and knowledge gaps identified in the assessment team’s report and develop a training program, provide training to staff on incident reporting and review care files to identify further training areas.
* Employed two clinical educators to provide additional training for staff.

I considered the Approved Provider’s response and additional information provided and noted the Approved Provider did not dispute the assessment team’s evidence nor the recommendation. Based on the assessment team’s report and the Approved Provider’s response, I find the service was not able to demonstrate the workforce is competent and have the knowledge to effectively perform their roles. This includes in relation to pain assessment and management, management of deterioration and staff having the relevant skills to undertake appropriate monitoring, recognition of time sensitive medication to support effective medication management, diabetes management, incident reporting and management of changed behaviours.

I find the deficits identified in Standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal and clinical care, as evidence to support my finding of the workforce not being competent and having the knowledge to effectively perform their roles. This includes in relation to behaviour support for Consumers A, B and C, diabetes management for Consumers D, E and F, medication management for Consumers F, A, I, J and K, falls management for Consumers G, C and H, wound and pressure injury management for Consumers E, M and D, pain management for Consumers E and M, behaviour support for Consumer A and management and recognition of deterioration for Consumers M and L. Furthermore, whilst I acknowledge the Approved Provider's willingness to make improvement and has commenced implementing a range of improvements to address deficits identified, the Approved Provider did not provide me with sufficient evidence to indicate all improvement actions are embedded and effective.

Based on the information summarised above, I find requirement (3)(c) not compliant.

# Standard 8

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| Organisational governance | |  |
| 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. | Not Compliant |

Findings

In relation to requirement (3)(d)

The assessment team recommended the requirement not met as the service was not able to demonstrate effective risk management systems and practices in relation to managing high-impact or high-prevalence risks, identifying and responding to abuse and neglect of consumers and effective use of the incident management system to manage and prevent incidents. Clinical audits used to monitor high-impact or high-prevalence risks are not effective, staff do not always complete incident forms and incidents are not always analysed, investigated or trended to prevent further incidents. The following evidence was considered relevant to my finding.

In relation to managing high-impact or high-prevalence risks associated with the care of consumers;

* High-risk meeting minutes did not identify all high-risk consumers or issues.
* Consumer A experienced significant changed behaviours including experiencing a significant incident however was not identified on the services’ multi-disciplinary meeting minutes or high-risk meeting minutes.
* Consumer E experienced significant pain and has a number of wounds and has a specialised nursing need, however was not identified on the services’ multi-disciplinary meeting minutes or high-risk meeting minutes.
* Consumer M is on the high-risk register, however risks associated with pain and changed behaviours are not identified.
* Audits conducted did not identify deficits in wound and pain management.

In relation to managing and preventing incidents, including the use of an incident management system;

* Incidents were not always recorded or effectively investigated.
* For Consumer A, an incident was reported to the Serious Incident Response Scheme (SIRS) following a significant incident however management or mitigating strategies were not developed. Two other incidents were reported to SIRS, however neither of the three SIRS reports were reflected in the monthly clinical data reports. Consumer A, also experienced other incidents of changed behaviours impacting a staff member and whilst the staff member was encouraged to complete staff incident forms, incidents were not recorded to support effective monitoring and management.
* Consumer G was involved in an incident however, mitigation strategies were not implemented.
* Consumer B was involved in two incidents impacting another consumer on two subsequent days, however no mitigation strategies were developed or reviews conducted.
* Consumer C was involved in two incidents impacting another consumer approximately one week apart, however no mitigation strategies were developed or reviews conducted.

The Approved Provider’s response did not dispute the assessment team’s recommendation and evidence. Two responses were submitted outlining a range of improvements. A plan for continuous improvement was also included in the response. The following evidence was considered relevant to my finding;

* Plans include to review the organisation’s risk management system to ensure actual and potential incidents are identified and investigated, train staff on incident reporting, review clinical governance framework to ensure high-risk consumers are identified and monitored, and review audit tools.
* Develop a process to support reporting to the Board in relation to all requirements identified in the assessment Teams report.
* The organisation has developed a comprehensive continuous improvement plan and implemented a range of working groups to ensure improvements are effectively implemented and sustainable.

I considered the Approved Provider’s response and additional information provided and noted the Approved Provider did not dispute the assessment team’s evidence nor the recommendation. Based on the assessment team’s report and the Approved Provider’s response, I find the service was not able to demonstrate effective risk management systems and practices, specifically in relation to managing high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and managing and preventing incidents, including the use of an incident management system. Furthermore, whilst I acknowledge the Approved Provider's willingness to make improvement and has commenced implementing a range of improvements to address deficits identified, the Approved Provider did not provide me with sufficient evidence to indicate all improvement actions are embedded and effective.

I have considered in relation to managing and preventing incidents, including the use of an incident management system, that incident forms were not always completed and when incident forms were completed, they were not effectively reviewed and mitigation strategies developed and specifically for Consumers A, G, B and C.

In relation to managing high-impact or high-prevalence risks associated with the care of consumers, I have considered the high-risk meeting minutes did not identify all high-risk consumers and risks and audits were not effective in identifying and addressing high-impact risks such as in relation to pain, wounds and pressure injuries. Additionally, with staff not always reporting incidents into the incident management system, this impacts on the efficacy of identifying and managing individual consumers’ risk. I have considered evidence in Standard 3 requirement (3)(b) which indicates risks associated with consumers’ care, including in relation to pain, pressure injuries and behaviour support have not been effectively managed or identified as a deficit through the service’s risk management system.

In relation to identifying and responding to abuse and neglect of consumers, I have considered that a critical aspect of this sub-requirement is effective incident reporting, analysis and investigation which was not demonstrated. I have also considered that Consumer A was involved in an incident which was reported through SIRS specifically relating to this sub-requirement, however no management or mitigation strategies were included in the report to demonstrate an effective response was undertaken which is indicative of ineffective processes.

The assessment team’s report did not directly address effective risk management systems and practices in relation to supporting consumers to live the best life they can and has not been considered in my finding.

Based on the information summarised above, I find requirement (3)(d) not compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)