Performance

Report

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| Name of service: | Baptistcare Moonya Nursing Home |
| Service address: | 59 Ipsen Street MANJIMUP WA 6258 |
| Commission ID: | 7915 |
| Approved provider: | Baptistcare WA Limited |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 2 March 2023 |
| Performance report date: | 20 April 2023 |

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 Baptistcare Moonya Nursing Home (**the service**) has been prepared by J Renna, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 non-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 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; and
* the provider’s response to the Assessment Team’s report received on 27 March 2023.

# Assessment summary

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

* Ensure staff have the skills and knowledge to initiate assessments and update care plans on entry, in response to identified changes to consumers’ health or when incidents occur.
* Ensure consumer care plans are updated and reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

Standard 3 Requirement (3)(a)

* Ensure staff have the skills and knowledge to:
  + identify restraint and implement appropriate measures to ensure informed consent is obtained, it is used minimally and as a last resort, and when used it is monitored;
  + implement appropriate behaviour management strategies to minimise the impact of these behaviours on other consumers’ safety;
  + initiate assessments, develop appropriate management strategies and monitor effectiveness of strategies relating to restraint and behaviour management; and
  + ensure care plans are accurate and reflective of each consumer’s current care and service needs.
* Ensure policies, procedures and guidelines in relation best practice care are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to best practice care.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said consumers are treated with dignity and respect, and they feel valued by those who provide care. Staff were observed to respect consumers’ dignity and engaged with them in a friendly manner. Entry processes include discussions with each consumer about their identity, culture and diversity needs.

Consumers said staff make them feel safe and they are free to express their cultural identity. Staff were able to identify consumers with specific cultural preferences and described how they tailor care and services to support their needs. Care planning documentation included information to guide staff in providing culturally safe care and services.

Consumers and representatives said consumers can make decisions about how and when they would like care provided, who is involved in decision making about their care, and are supported to maintain relationships of choice. Staff provided examples of how they assist consumers in making day-to-day decisions. Care planning documentation included consumer choice and preferences.

The service supports consumer choice which includes consideration of risk so each consumer is able to live the best life they can. For sampled consumers who choose to undertake a risky activity, risk assessments were undertaken, the associated risk was explained to the consumer and/or representative, mitigation strategies were implemented, informed consent was obtained and regular review was undertaken.

Consumers and representatives said consumers are provided information via various mechanisms, such as meetings, emails and phone, which enables them to exercise choice. Consumers are provided access to an activity planner, daily menu options and monthly newsletters, which includes information relating to events, new consumers, birthdays, celebrations and any changes to the service environment.

The service maintains consumers’ privacy, which was corroborated from sampled consumers’ feedback, by educating staff on the importance of privacy and confidentiality on engagement. Staff were observed maintaining consumers’ privacy by knocking on their door before entering the room. Access to consumer’s personal information is protected including staff access the electronic care record system via password protected logins.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| 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. | Compliant |

Findings

Requirement (3)(a)

The Assessment Team was not satisfied the service demonstrated assessment and planning, including consideration of risks to consumers’ health and well-being, informs the delivery of safe and effective care and services. Specifically, assessment and planning processes were not effective in identifying risks associated with behaviours and chemical restraint. The Assessment Team provided the following evidence relevant to my finding:

* Consumer A:
  + Behaviour charting, progress notes, showering records and Medical officer notes demonstrate Consumer A exhibits daily behaviours.
  + In April 2022, Consumer A was reviewed by Dementia Support Australia (DSA), who recommended strategies to assist staff in managing their behaviours. Some of these strategies were incorporated into the consumer’s care plan and management said they had been provided to lifestyle staff.
  + The Medical officer prescribed chemical restraint to be administered to manage their behaviours. Information regarding the chemical restraint was not documented on the consumer’s care plan to guide staff on how or when it should be administered. Staff said there are no instructions or guidelines on when to administer chemical restraint, except for the medication chart which states it can be given up to four times per day.
  + Consumer A had two active wounds at the time of the Site Audit. Since identification, one of the wounds has increased in size and was infected. Documentation shows wound dressings are not consistently occurring in line with directives, due to the consumer’s refusal of care. At the time of the Site Audit, the consumer was receiving antibiotics for their infection.
  + Despite ongoing behaviours, there is no evidence indicating pharmacological and non-pharmacological interventions have been monitored or investigated to ensure Consumer A is receiving safe and effective personal and clinical care.
* Consumer B
  + Consumer B is administered chemical restraint to manage behaviours, however, their behaviours have not been assessed to identify triggers or trial non-pharmacological interventions to be used prior to restraint.
  + Behaviour charting does not indicate what behaviours led to the prescription of chemical restraint.
  + The consumer does not have a behaviour care plan to guide staff in managing the consumer’s behaviours and non-pharmacological interventions are not documented to guide staff on what to do prior to using chemical restraint.
  + The organisation’s policies and procedures in relation to restrictive practices requires staff to complete conference and authorisation forms, a restrictive practice assessment and psychotropic medication self-assessment record. This process has not been followed for Consumer B.
  + Management said they were aware the organisation’s policies and procedures had not been followed, and that a behaviour care plan had not been developed, in relation to Consumer B. They said it will be finalised in the few days after the Site Audit.

It is unclear whether the provider accepts or refutes the Assessment Team’s findings. However, the provider’s response includes the following information and/or evidence in relation to deficits identified by the Assessment Team:

* Consumer A:
  + Explanation that the consumer has documented care and behaviour plans which details their behaviours. When the exhibits behaviours, staff will reapproach and try other interventions as documented in their care plan.
  + Explanation that the consumer’s behaviour and pain care plans have been reviewed to ensure pain is not a contributing factor to their behaviours. Medical officer notes and referral dated 9 March 2023 and 27 March 2023 respectively (after the Site Audit) were provided to support trial of a pain patch and review of analgesia.
  + Explanation that efforts to engage other providers of care are ongoing, however, have not resulted in an outcome that sees the consumer allowing assistance with their care needs. Medical officer note dated 14 February 2023 was provided to demonstrate all DSA recommendations have been trialled.
  + Correspondence from DSA and Older Adult Mental Health (OAMH) dated 27 April 2022 and 7 July 2022 respectively, detailing recommendations as a result of a review of Consumer A.
  + Explanation that chemical restraint has been considered the last line of action. No evidence was provided in support of this statement.
  + Progress notes demonstrating the consumer’s wound has improved.
* Consumer B:
  + Explanation that a family meeting has been undertaken with the consumer’s representative to discuss behaviours.
  + A Medical officer review has been requested and a full medical review has been completed.
  + A behaviour support and management plan has been completed.

The provider’s response also includes the service’s Plan for continuous improvement, demonstrating actions taken and/or planned to address deficits in the Assessment Team’s report. These include, but are not limited to, review of chemical restraint authorisations and strategies trialled prior to use of chemical restraint, updating care plans, reviewing medications prescribed to consumers by the Medical officer and providing staff training. Of all actions documented in the Plan for continuous improvement, staff training is the only action completed as at 27 March 2023.

In coming to my finding, I have considered the Assessment Team’s findings, information in the Assessment Team’s report and the provider’s response, which demonstrates at the time of the Site Audit, assessment and planning did not consider risks to consumers’ health and well-being to inform the delivery of safe and effective care and services.

I have considered that assessment and planning processes were not effective in informing the delivery of safe and effective care and services for Consumer A. I acknowledge the service has taken some steps to address Consumer A’s behaviours, however, there is no evidence indicating interventions have been monitored or evaluated to ensure they are effective and contemporary. This has resulted in ongoing behaviours.

I acknowledge external providers of care have reviewed Consumer A, however, there is a lack of evidence demonstrating any resultant recommendations have been implemented. The consumer was reviewed by DSA on 19 April 2022, with recommendations being provided on 27 April 2022. The consumer was then reviewed by OAMH on 4 July 2022, with recommendations being provided on 7 July 2022. The recommendations from OAMH states care plans for Consumer A were not well informed and did not clearly articulate the recommendations in the DSA report. At the Site Audit, the Assessment Team noted the same, as some, but not all, recommendations provided by DSA were documented in the consumer’s care plan. While the provider’s response includes a progress note from the Medical officer that all DSA recommendations have been trialled, there is no evidence demonstrating they were evaluated for effectiveness and/or implemented.

OAMH provided recommendations to improve Consumer A’s mood, confusion and agitation, however, there is no evidence in the Assessment Team’s report or provider’s response demonstrating whether these interventions have been trialled. Due to this lack of evidence, I have not placed weight on this information in my finding, however, I encourage the service to consider this information when managing the consumer’s behaviours going forward.

I have also considered Consumer A has been prescribed chemical restraint to assist with behaviour management, however, information to guide staff in its use was not documented. This was supported by staff statements that there are no instructions or guidelines on when to administer chemical restraint.

In relation to Consumer A’s infected wound, there is insufficient evidence to link refusal of care to wound deterioration. While the Assessment Team provided evidence of one occasion where the consumer refused wound care, there is no evidence demonstrating this is an ongoing occurrence which resulted in an infection and increased wound size.

In relation to Consumer B, I have considered that the service did not ensure assessment and planning were effective in ensuring the consumer receives the best possible care and services. This is demonstrated by a lack of assessment and planning to guide staff in understanding and managing their behaviours, and using chemical restraint appropriately and minimally. I acknowledge the service self-identified the consumer did not have a care plan in relation to their behaviours and the organisation’s policies and procedures had not been followed, however, no action had been taken until it was also identified by the Assessment Team.

In relation to both Consumers A and B, while I note the provider has taken action in response to the information raised in the Assessment Team’s report, the provider’s response did not include sufficient evidence to demonstrate all deficits have been addressed.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

Requirements (3)(b), (3)(c), (3)(d) and (3)(e)

The service has assessment and planning processes to identify and address consumers’ current needs, goals and preferences, including advance care planning and end of life wishes. While consumers and representatives are asked about consumers’ end of life preferences when nearing end of life, they can record these wishes at any time prior should they choose. Sampled care plans included consumers’ needs, goals and preferences. The service maintains a list of consumers who have completed an advance care directive, which is accessible to all staff.

Care plans and documentation showed consumers, representatives and other providers of care are involved in the delivery of care for consumers, including Medical officers, Allied health professionals and specialist clinics. Staff were knowledgeable of referral processes.

Representatives said they have opportunities to discuss consumers’ care and services after development. Review of care plans showed consumers and/or representatives were involved in the process. Care plans were accessible on the electronic clinical management system and a summary placed in the consumer’s room. Staff said they have access to assessment and planning documentation to inform care delivery.

One consumer’s daily hygiene care had not been reviewed, which resulted in them not being showered regularly. However, all other sampled care plans had been reviewed and updated in accordance with the service’s resident of the day and six-monthly care plan review process. Staff were able to describe how they reassess a consumer’s needs, goals and preferences following incidents.

Based on the information summarised above, I find the service compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Requirements (3)(a) and (3)(b)

The Assessment Team recommended Requirement (3)(a) met as they were satisfied each consumer receives safe and effective care that is best practice, tailored to their needs and optimises their health and well-being. However, the Assessment Team recommended Requirement (3)(b) not met, as they were not satisfied the service demonstrated high impact or high prevalence risks associated with the care of consumers are effectively managed, specifically in relation to behaviour management. The Assessment Team provided the following evidence relevant to my finding:

* Consumer A:
  + Behaviour management:
    - Behaviour charts and progress notes for January to February 2023 demonstrate the consumer exhibits daily behaviours, which causes distress to other consumers. Medical officer notes show the consumer has demonstrated these behaviours from at least April 2022.
    - In April 2022, Consumer A was reviewed by DSA, who recommended strategies to assist staff in managing their behaviours. Some of these strategies were incorporated into the consumer’s care plan and management said they had been provided to lifestyle staff.
    - While the consumer has been prescribed chemical restraint to manage their behaviours, staff said there are no instructions on what behaviour they are to be used for.
    - Despite ongoing behaviours, there is no evidence indicating pharmacological and non-pharmacological interventions have been monitored or investigated to ensure Consumer A’s behaviours are being effectively managed or that impact to other consumers is minimised.
  + Wound management:
    - Consumer A has had a leg wound for two months, which has increased in size from 5mm x 40mm to 10mm x 40mm. The wound has had periods of infection and slough noted.
    - The consumer was diagnosed with a skin infection and cellulitis of the legs and was prescribed antibiotics on 24 January 2023. The antibiotics were subsequently changed due to their legs being hot, swollen and red. The consumer’s feet were observed to be swollen and red, with the redness extending a short way up their legs.
    - The dressing requires changing every three days and was due to be changed on 28 February 2023 but was not done until 2 March 2023. Staff said this was because the consumer refused.
* Consumer B:
  + Two days after entry, the consumer was prescribed psychotropic medication for anxiety.
  + Behaviour charting did not include any information to demonstrate why this medication was prescribed at the time, however, progress notes showed Consumer B exhibited some behaviours of concern.
  + Behaviour charting from two-weeks after entry until the Site Audit showed the consumer exhibited a number of behaviours, however, do not demonstrate any management interventions were used.
  + Medication charts show the consumer has been administered chemical restraint on at least seven occasions since the last behaviour was documented on behaviour charts in January 2023.
  + There was no evidence indicating non-pharmacological strategies have been trialled prior to administering chemical restraint.
  + As demonstrated in Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers, Consumer B’s behaviours have not been assessed to identify triggers and they do not have a behaviour care plan to guide staff in managing their behaviours and/or using chemical restraint.
* One consumer’s wounds were reviewed by a Medical officer, with further tests ordered for investigation. Ongoing wound monitoring is occurring and interventions have been implemented to promote wound healing and prevent further deterioration. Staff confirmed they follow the consumer’s wound care plan and processes for ongoing wound monitoring.
* One consumer who experienced weight loss has been reviewed by a Dietitian, with changes implemented to their nutritional supplements.

It is unclear whether the provider accepts or refutes the Assessment Team’s findings. However, the provider’s response includes the following information and/or evidence in relation to deficits identified by the Assessment Team:

* Consumer A:
  + Explanation that the consumer has documented care and behaviour plans which detail their behaviours. When they exhibit behaviours, staff will reapproach and try other interventions as documented in their care plan.
  + Explanation that efforts to engage other providers of care are ongoing, however, have not resulted in an outcome that sees the consumer allowing assistance with their care needs. Medical officer note dated 14 February 2023 was provided to demonstrate all DSA recommendations have been trialled.
  + Correspondence from DSA and OAMH dated 27 April 2022 and 7 July 2022 respectively, detailing recommendations as a result of a review of Consumer A.
  + Explanation that ongoing wound care and monitoring is undertaken when the consumer consents and they have now been referred to a wound specialist.
  + Progress notes demonstrating the consumer’s wound and cellulitis has improved.
* Consumer B:
  + Acknowledgement that staff have not partnered with Consumer A or their representative to fully complete assessment and planning.
  + Explanation that a Medical officer review has been initiated, a family meeting has been organised, open disclosure with family is ongoing and reviews of care plans have been completed.

The provider’s response also includes the service’s Plan for continuous improvement, demonstrating actions taken and/or planned to address deficits in the Assessment Team’s report. These include, but are not limited to, review of chemical restraint authorisations and strategies trialled prior to use of chemical restraint, updating care plans, reviewing medications prescribed to consumers by the Medical officer and providing staff training. Of all actions documented in the Plan for continuous improvement, staff training is the only action demonstrated to be completed as at 27 March 2023.

In coming to my finding, I have considered the Assessment Team’s findings, information in the Assessment Team’s report and the provider’s response, and have come to a different view to the Assessment Team. I find the core deficits relate to the delivery of best practice and tailored care, rather than ineffective management of high impact or high prevalence risks.

The Assessment Team asserted the core deficit relates to Requirement (3)(b), ineffective management of high impact or high prevalence risks, as service’s failure to effectively manage Consumer A’s behaviours has resulted in deterioration of their wound. I find there is insufficient evidence to link refusal of care to wound deterioration. While the Assessment Team provided evidence of one occasion where the consumer refused wound care, there is no evidence demonstrating this is an ongoing occurrence which resulted in an infection and increased wound size. Furthermore, while the wound did deteriorate after identification, there was no evidence indicating this was attributed to deficits in care. I have placed weight on information in the provider’s response demonstrating the wound is healing.

I have considered the evidence more closely aligns with Requirement (3)(a), as care and services have not been tailored to optimise Consumer A’s health and well-being. I acknowledge the service has taken some steps to address Consumer A’s behaviours, however, there is no evidence indicating interventions have been monitored or evaluated to ensure they are effective. As a result, the behaviours are ongoing.

There is a lack of evidence demonstrating tailored behaviour management recommendations by external specialists have been implemented for Consumer A. The consumer was reviewed by DSA on 19 April 2022, with recommendations being provided on 27 April 2022. While the provider’s response includes a progress note from the Medical officer that all DSA recommendations have been trialled, there is no evidence demonstrating they were evaluated for effectiveness and/or implemented.

I have also considered Consumer A has been prescribed chemical restraint to assist with behaviour management, however, information to guide staff in its use were not documented to ensure it is used in line with best practice or in a way that is tailored to their needs.

In relation to Consumer B, I do not consider the core deficits relate to Requirement (3)(b), ineffective management of high impact or high prevalence risks, rather Requirement (3)(a), as best practice and tailored care was not provided. The consumer was prescribed chemical restraint for anxiety, however, behaviour charting did not indicate the behaviours which led to the prescription at the time. Furthermore, processes were not initiated to understand the consumer’s behavioural triggers and trial non-pharmacological interventions to ensure tailored care was provided to optimise their health and well-being. Chemical restraint was used as the initial measure to manage behaviours, which is not in line with best practice or regulatory requirements.

In relation to both Consumers A and B, while I note the provider has taken action in response to the information raised in the Assessment Team’s report, the provider’s response did not include sufficient evidence to demonstrate all deficits have been addressed.

I find evidence in the Assessment Team’s report demonstrates effective management of high impact or high prevalence risks associated with wounds and weight loss.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(a) and compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

Requirements (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g)

Review of one consumer who recently passed away showed they were provided aromatherapy, hand massages, oral and pressure area care, and pain relief to maintain their comfort. Family were able to stay with the consumer, in line with their wishes. End of life discussions are held when required.

The service has procedures to guide staff regarding clinical deterioration of a consumer’s mental health, cognitive or physical function. Referrals are made to Medical Officers and other health practitioners when a consumer's health is changing and deterioration in clinical status is identified. Staff were able to describe which consumers were being monitored for clinical deterioration.

Consumers’ condition, needs and preferences are documented in care plans and communicated within the organisation and externally where responsibility of care is shared. Care plans reviewed were noted to have sufficient information for when sharing of information is required. Consumers’ information is communicated to staff at handover and via progress notes, which are available to others who provide care.

Referrals are made in a timely manner to other organisations and providers of care. A review of consumer documentation noted referrals were being completed with evidence of Medical Officer and/or Allied Health engagement.

There are processes, policies and procedures in place to minimise infection related risks, and associated supports for the appropriate use of antibiotics through best practice related to antimicrobial stewardship. Incidents of infection, including urinary tract, skin, eye and ear infections, are documented and antibiotic use is monitored at regular clinical meetings. Management provided examples of how the use of antibiotics is minimised, including trialling alternate options first.

Based on the information summarised above, I find the service compliant with Requirements (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers confirmed their needs, goals and preferences are considered, and the care and services they receive optimises their independence, health, well-being and quality of life. Staff described how they work with consumers and other service providers when further supports are required for consumers’ health and well-being.

Consumers said staff provide them with support when they are feeling low, they are able to attend church service and they can meet and connect with loved ones, which supports their emotional, spiritual and psychological well-being. Staff demonstrated sound knowledge of consumers and strategies to ensure they are appropriately supported. The service has a daily wellness program, which includes relaxation activities to maintain consumers’ emotional well-being, including meditation and aromatherapy. Spiritual, emotional and religious care is provided by a pastoral care staff member who attends the service three times per week.

Consumers described how they are supported to participate in their community within and outside the organisation’s service environment, have social and personal relationships and do things of interest to them, including helping cook in the kitchen, participating in lifestyle activities and using social media to connect with loved ones. Staff demonstrated good knowledge of consumers, including their social connections.

There are processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the organisation, and with others where responsibility for care is shared. These include handover and by accessing the electronic clinical management system. Consumers said staff knew them well, including their routines, what they enjoy doing and who is important to them.

Interviews with staff and documentation showed consumers are referred to other individuals, organisations and providers of other care and services as needed. Examples provided included DSA, hairdressers, community visitors and mental health professionals.

Most consumers interviewed gave positive feedback about the food and stated the food is of suitable quality and quantity. Menu selections rotate monthly, with a seasonal change each quarter to ensure variety is maintained. Each new menu is reviewed by a Dietitian prior to implementation. Staff were knowledgeable of consumers’ dietary requirements, including preferences and meal texture. A food service audit had been completed by the local authority during the previous month, which returned a satisfactory result.

Equipment used to support daily living was observed to be safe, suitable, clean and well maintained. Consumers said they feel safe when using the equipment, and staff were observed cleaning equipment after use.

Based on the above evidence, I find the service compliant with all Requirements in Standard 4 Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers were satisfied with the service environment and said it has a home like environment. Consumers’ rooms are personalised, creating a sense of belonging, and allowing consumers to maintain their independence. The service environment allows consumers and visitors to easily navigate all areas.

Consumers said the environment is safe, clean and well maintained, and they move comfortably throughout. Staff said they have sufficient time to complete the cleaning roster and staff were observed cleaning consumers’ rooms and communal areas. Staff described how they keep consumers safe by reporting maintenance issues.

Furniture, fittings and equipment appeared safe, clean and well maintained. Consumers said equipment is appropriate for their needs and maintenance issues are addressed quickly. The service environment and equipment are maintained through the use of a proactive maintenance register and a system is in place to monitor and react to unexpected issues.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 5 Organisation’s service environment.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers said they are supported to make complaints, or raise suggestions, and feel comfortable to speak with staff. Staff described how they support consumers to raise concerns. Feedback and complaints are obtained through various mechanisms, including feedback forms, surveys, family conferences, and resident and relative meetings.

The service has information regarding advocacy, language and external complaints services, easily accessible to consumers and representatives. Consumers were aware of these services; however, they would try to resolve complaints with staff and management first. Staff were aware of their responsibilities if a consumer was to raise a concern and described how they would support them.

Most consumers and representatives said when they have raised concerns in the past, staff and management have responded appropriately and in a timely manner. Consumers and representatives said staff were apologetic if care and services had not been provided to an expected standard. Staff were knowledgeable of open disclosure principals and the organisation’s open disclosure policy. The service has an electronic system for logging and tracking complaints.

Complaints and suggestions are used to improve the quality of care and services. The service demonstrated how it reviews feedback and provided examples of how services were improved, primarily in relation to implementation of an admission checklist and establishment of a memorial garden to honour those who have passed and provide a place for reflection.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 6 Feedback and complaints.

# 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)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service has a system for planning and managing the workforce to ensure the number of personnel is sufficient to meet the care needs of consumers. Overall, consumers and representatives were satisfied with the number of staff and said consumers’ needs were met. Staff said they generally have enough time to conduct their duties and there are enough staff rostered each day. Staff were observed providing care and services to consumers in a timely manner, including responding to call bells promptly, providing assistance with meals and toileting, and clinical care.

Consumers and representatives said staff were kind, caring and respectful; comments included ‘staff are very nice to me, they are used to me and I am used to them, it works well’ and ‘staff are really wonderful, I couldn’t ask for a better home’. Staff were able to describe how they tailor the delivery of care for consumers to ensure kindness and respect is a part of their daily routine. This was confirmed by observations of staff interactions and the service’s Code of conduct, which staff must agree and adhere to.

Staff were able to demonstrate they have the knowledge to effectively perform their roles. Consumers expressed confidence in staff competency and said their needs are met. The service ensures staff are recruited with the appropriate qualifications and are continued to be supported to improve their knowledge and skills through ongoing training.

On commencement of employment, staff are required to complete a corporate orientation program that contains a number of mandatory training modules. Training is provided to staff continually throughout the year, covering topics such as pain identification and monitoring, incident reporting, wound care, infection prevention and control, dignity and respect, manual handling, and fire and emergency services. Staff felt they were provided with enough training to perform their role competently. The service identifies training needs through a variety of mechanisms such as feedback, audits, clinical indicators, incidents and observations of staff practice.

Staff are required to undertake performance appraisals at three months after commencement and annually thereafter. Performance management processes are in place when staff do not perform to the expected standard; those processes may be initiated by consumer feedback or incidents. Further support is provided to staff when there is a need for improvement.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 7 Human resources.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| 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. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Requirement (3)(e)

The Assessment Team found the organisation’s clinical governance framework was effective in relation to antimicrobial stewardship and open disclosure, however, they were not satisfied it was effective in relation to minimising the use of restraint. The Assessment Team provided the following evidence relevant to my finding:

* Consumer B was prescribed chemical restraint two days after entry, however, progress notes show it was not used as a last resort. Non-pharmacological strategies were not considered, implemented or trialled, prior to the prescribing and use of chemical restraint. Furthermore, a Behaviour support plan was not in place as required under the *Quality of Care Principles 2014* to guide staff in effective behaviour management and appropriate use of restraint.
* The organisation has an open disclosure policy to guide staff practice and staff are trained in open disclosure principles. Management and representatives provided examples of occasions when open disclosure was used, including advising what occurred, actions taken in response and an apology in the event of a negative experience.
* Management generates reports on infections, which are reviewed and evaluated monthly. Management and staff were able to describe how they minimise the use of antibiotics, including increasing fluids, ensuring perineal personal hygiene is maintained, using antibiotics for the shortest duration and ensuring the correct antibiotic is prescribed.

It is unclear whether the provider accepts or refutes the Assessment Team’s findings. However, the provider’s response includes the following information and/or evidence in relation to deficits identified by the Assessment Team:

* Explanation that systems are in place to ensure care and service is delivered to each consumer in a safe and appropriate manner.
* Explanation that restraint authorisations have been completed, care plans have been reviewed and updated, medications have been reviewed and staff education has occurred.

The provider’s response also includes the service’s Plan for continuous improvement, demonstrating actions taken and/or planned to address deficits in the Assessment Team’s report. These include, but are not limited to, review of chemical restraint authorisations and strategies trialled prior to use of chemical restraint, updating care plans, reviewing medications prescribed to consumers by the Medical officer and providing staff training. Of all actions documented in the Plan for continuous improvement, staff training is the only action demonstrated to be completed as at 27 March 2023.

In coming to my finding, I have considered the Assessment Team’s findings, information in the Assessment Team’s report and the provider’s response, which does not demonstrate the organisation’s clinical governance framework is ineffective.

I have considered that evidence in the Assessment Team’s report does not demonstrate systemic failure, as it is not proportionate to find the organisation’s clinical governance framework to be overall ineffective based on one negative outcome for one consumer (Consumer B). I have also considered there are similar themes for Consumer A, who has been discussed under Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers and Requirement (3)(b) in Standard 3 Personal care and clinical care. However, there is no evidence demonstrating what governance systems are in place to ensure restraint is used minimally and as a last resort or how they are ineffective. I find the core deficits for both Consumer A and Consumer B relate to the assessment, planning and delivery of care, rather than organisational governance.

Based on the information summarised above, I find the service compliant with Requirement (3)(e) in Standard 8 Organisational governance.

Requirements (3)(a), (3)(b), (3)(c) and (3)(d)

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement through various feedback mechanisms such as the complaints and feedback process, consumer experience surveys and family conferences. The feedback obtained from consumers and representatives is used to drive continuous improvement.

The service’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for its delivery through having operational oversight of incidents, quality indicators and consumer experience. Policies and procedures, and feedback mechanisms are in place to support the governing body in this role.

The service has governance systems and processes, from the care and service level through to the governing body, for managing and governing the delivery of care and services relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has risk management systems and processes to identify and assess high impact or high prevalence risks to the health, safety and well-being of consumers. The incident management system identifies any trends or risks and is used to improve care and services. Consumers are supported by the service to the live the best life they can and maintain their independence by undertaking activities of risk. The service responds to allegations and incidents of abuse and neglect of consumers through an investigation process.

Based on the information summarised above, I find the service compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 8 Organisational governance.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)