BaptistCare Orana Centre

Performance Report

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**Commission ID:** 0618

**Provider name:** BaptistCare NSW & ACT

**Site Audit date:** 24 May 2022 to 27 May 2022

**Date of Performance Report:** 22 July 2022

# Performance report prepared by

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# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 28 June 2022.
* other intelligence and information held by the Commission regarding the service.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Most sampled consumers did not consider that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers generally reported that staff are kind and caring. However, some consumers described experiences which demonstrate they are not always treated with dignity and respect. Some consumers reported that they are not always able to exercise independence and have choice.

The service supports consumers to take risks to enable them to live the best life they can. However, consumers are not always treated with dignity and respect and their culture and diversity are not valued. The service does not identify and respond to past traumas and experiences that consumers may have experienced and does not demonstrate a commitment to cultural safety.

Consumers are not supported to exercise their choice and information about who and how consumers’ wish others to be involved in their care is not effectively captured and acted on. Information is not always provided to each consumer or representatives to enable them to exercise choices.

Each consumers privacy is not always respected, and their information is not always kept confidential.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

The Assessment Team provided information that consumers generally reported that staff are kind and caring. However, some consumers described experiences that demonstrate they are not always treated with dignity and respect. Observations and interviews confirm that this is the case. The service collects limited information about consumers’ identity and does not ensure that their identity, culture and diversity are valued.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information as well as additional information in relation to named consumers and improvement activities commenced and planned. Improvements planned include providing additional training to staff on privacy and dignity and increase monitoring of staff practices and consumer satisfaction.

In regard to named consumers:

* I accept that the Approved Provider was not responsible for an incident on a bus outing and note the consumer has chosen not to continue with bus trips.
* I note that one named consumer has chosen to leave the Service and take up accommodation at another service.

I have considered the Assessment Teams report as well as the Approved Provider response and I find that whilst feedback from consumers general indicates that consumers are treated with dignity and respect this is not the case for all consumers. Feedback provided to the Assessment Team, as well as observations indicated that not all consumers are treated with dignity and respect, with their identity, culture and diversity valued.

I find this requirement is non-compliant

### Requirement 1(3)(b) Non-compliant

*Care and services are culturally safe.*

The Assessment Team provided information that the Approved Provider does not ensure that care and services are culturally safe. The service does not identify and respond to past traumas and experiences that consumers may have experienced, and the service does not demonstrate a commitment to cultural safety.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information as well as additional information in relation to named consumers and improvement activities commenced and planned. Improvements planned include:

* Providing additional training to staff on cultural safety and trauma informed care and increase monitoring of staff practices and consumer satisfaction.
* The Approved Provider has also commenced identifying consumers from different cultures and is planning case conferences with these consumers to discuss any care needs.
* The Approved Provider acknowledges that National Sorry Day is an opportunity for a service to mark the day, however it noted that this is not a requirement either in legislation or the Quality Standards and do not believe this should be a consideration in determining if the service meets this requirement.

 In regard to named consumers:

* Consumers named in the report are having case conferences arranged to address any unmet needs.
* Clinical assessments are being completed as needed for the named consumers.

I have considered the Assessment Teams report as well as the Approved Providers response and I find that at the time of the audit, the Approved Provider did not demonstrate compliance with this Requirement. I was persuaded by the feedback from consumers in relation to their experience of culturally safe care and services in my findings for this requirement.

Whilst I acknowledge that recognising National Sorry Day is not a legislated requirement, I also note there are indigenous consumers residing at the Service, and the Approved Provider has not demonstrated that these consumers were consulted about the importance or significance of the day to them.

I find this requirement is non-compliant

### Requirement 1(3)(c) Non-compliant

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

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

The Assessment Team provided information that the Approved Provider does not have effective systems to capture information about consumers’ choices in assessment and care planning processes. Consumers are not supported to exercise their choice and information about who and how consumers’ wish others to be involved in their care is not effectively captured and acted on. The organisation does not have policies and procedures to support a Partners in Care program which would support consumers maintain some of their important relationships during potential lockdowns.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information as well as additional information in relation to named consumers and improvement activities commenced and planned. Improvements planned include revising “all about me” forms, assigning a staff member to meet with all consumers about their “all about me” form. The Service is researching the availability of local groups that can visit the Service. The Lifestyle Coordinator is identifying those consumers who would like to access such groups, as well as reviewing the bus outing program.

In regard to Partners in Care, the Approved Provider is currently developing a framework to support this, however that the concept is presently supported at the Service.

 In regard to named consumers:

* Consumers named in the report are having case conferences arranged to address any unmet needs.
* The Approved Provider provided copies of care plan extracts for a named consumer that demonstrated that this consumer’s preferences for care delivery are captured and known to the Service.
* For named consumers with who require Guardianship, I note for one consumer this was already established and for two other consumers applications are in progress.
* I note that one named consumer has chosen to leave the Service and take up accommodation at another service.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the Audit the Approved Provider was not able to demonstrate compliance with this requirement. I was persuaded by consumer and staff feedback in relation to consumers being able to exercise choice and independence in determining my findings.

I find this requirement is non-compliant

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

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

### Requirement 1(3)(e) Non-compliant

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

The Assessment Team provided information that Approved Provider does not always ensure that information is provided to each consumer or representatives to enable them to exercise choices and be aware of available supports. Consumers and representatives were generally not aware of methods for raising complaints. Consumer representatives informed the Assessment Team they are not always kept informed about the care being provided their consumer.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information as well as additional information in relation to named consumers and improvement activities commenced or planned to include:

* care conference schedule to be developed as per priority - clinical high risk / high impact and those consumers mentioned in the report.
* 100% of consumers to undertake case conference after reassessment completed.
* Additional information on complaints and feedback processes is being provided to consumers and representatives.

In regard to the named consumer and the representative not being aware of current care and management strategies, a care conference has been conducted with this representative.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit the Approved Provider was not able to demonstrate that 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.

I find this requirement is non-compliant

### Requirement 1(3)(f) Non-compliant

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

The Assessment Team provided information that the Approved Provider does not ensure that each consumer’s privacy is respected or that their personal information is kept confidential. Staff do not fully respect consumers’ privacy when entering their rooms. Consumer information is not securely stored. The Assessment Team observed consumers being vaccinated in the dining room during the lunch meal service.

Most consumers indicated their privacy was respected by staff. However, one consumer and one representative said staff come straight into the consumer’s bedroom without waiting to be invited to enter.

The Assessment Team observed that nurses stations are generally open areas. A variety of consumers’ personal information such as shower lists and other information was left lying on the desks and were stuck to the walls around desks where they were easily visible.

Computer screens were left open with consumer information on the screens in many areas of the service.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information as well as outlined improvement activities commenced or planned to include issuing a memorandum to staff on consumer privacy, a review of the location of noticeboards and increased monitoring of staff compliance.

I have considered the Assessment Team report as well as the Approved Providers response and I am persuaded by the observations from the Assessment Team and the feedback from consumers and representatives about privacy and I find at the time of the site audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Most sampled consumers or their representatives did not consider that they feel like partners in their care and services with the ongoing assessment and planning.

Overall, sampled consumers or representatives interviewed said that while they get updated about the incidents and accidents, they have not been involved in assessment and care planning.

For the consumers sampled, representatives on their behalf said they had had an opportunity to communicate end of life care wishes with the service staff. However, one consumer said they are not involved in advance care assessment and care planning at any time.

The results of interviews with consumers or their representatives do not demonstrate they are aware of the consumer's care plan or know this is available to them.

For the consumers sampled, care and service records do not consistently provide evidence of comprehensive assessment and care planning that considers the risk to the consumer's health and wellbeing. The service demonstrated that consumers sampled or representatives generally shared their goals and preferences regarding advanced care planning and end of life wishes. In relation to other current care needs, these are not identified or addressed with impact on the consumers sampled.

The regular review of care plans has not identified whether interventions have been effective in meeting the needs of consumers. Incident reports are not always made in relation to physical aggression by consumers towards other consumers or staff. A lack of comprehensive investigation of incidents means that strategies to minimise the risk of reoccurrence are not identified and actioned.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team provided information that for the consumers sampled their assessments and care plans include information about some risks associated with their care and related management strategies for staff to follow. However, for some consumers their assessments and care plans have not been initially completed, reviewed and updated when new risks emerge or when risks escalate. Consumer incident investigation is not consistently occurring to inform the review and update of consumers assessments and care plans. It was not demonstrated for some consumers sampled that their assessments and care plans inform the delivery of safe and effective care.

For named consumers this related to behaviour management, restrictive practice, use of behaviour support plans, incident management and ensuring medical officer directives are followed.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information as well as additional information in relation to named consumers and improvement activities commenced and planned. Improvements planned include education for staff on completing documentation, completing incidents and incident management, care plans and assessments to be reviewed and updated as required.

In regard to named consumers:

* A range of additional clinical documentation was provided in the Approved Provider response including care plans, assessments and progress note extracts.
* For the named consumer with bed rails, the Approved Provider identified this consumer does not use bed rails, however acknowledge a risk assessment for other bed equipment had not been conducted, and this was now being attended to.
* For the named consumer with bed rails, they have been prioritised for a review by the nurse practitioner.
* For the named consumer with challenging behaviours, I note this consumer no longer resides at the Service. The Approved Provider indicated that during their short stay at the service, that medical directives were followed, and assessment and care planning had commenced. The Approved Provider acknowledge that security of tenure processes was not followed prior to the consumers discharge from the Service and an apology provided to the representative. However, I note the response did not address with use of restrictive practice and behaviour support plans.

I have considered the Assessment Teams report as well as the Approved Providers response and I am persuaded by the information provided by the Assessment Team in relation to assessment and planning informing care planning and delivery.

I find this requirement is non-compliant

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

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

The Assessment Team provided information that care planning documentation does not routinely record or address consumers' current needs, goals and preferences. For consumers receiving end of life care, care plans are not always updated to include changes in their care needs and their palliative care wishes and goals.

For named consumers this related to processes to assess a consumer upon return from hospital, assessment and monitoring of pain during end of life, post falls assessment and monitoring, and assessment of pain and wounds.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information as well as additional information in relation to named consumers and improvement activities commenced and planned. Improvements planned include a review of palliative care training. Palliative Care Consultant to assess current consumer's palliative trajectory with registered staff. Review staff knowledge of Stop and Watch. Schedule training on End of Life Care pathways for staff. Senior clinical staff will drive the Stop and Watch process in consultation with registered staff and clinical risk committee. High risk consumers will be tabled at the clinical risk meetings and minutes will be available for all clinicians.

In regard to named consumers:

* A range of additional clinical documentation was provided in the Approved Provider response including care plans, assessments and progress note extracts.
* Named consumers have been prioritised for review by the nurse practitioner
* One named consumer is now deceased
* Assessments and care plans for named consumers are being reviewed.

I have considered the Assessment Teams report as well as the Approved Providers response and I am persuaded by the information provided by the Assessment Team in relation to deficits in assessment and planning that identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

I find this requirement is non-compliant

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team provided information that a review of Assessment and care plan documentation identifies minimal or no documentation to indicate ongoing consultation with the consumer and their representatives when care plans are reviewed. Deficits were identified in the assessment of the capacity or cognition of consumers in decision-making. Staff interviewed in regard to the ongoing partnership were unaware of sampled consumers' needs and preferences. Case conferencing has not been occurring for the consumers sampled, or that partnership with the consumer or a representative is otherwise occurring. Sampled consumers and/or their representatives said they are not involved in assessment and care planning.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information as well as improvement activities commenced and planned. Improvements planned include develop a revised care conference schedule. Educate registered staff on how to conduct effective case conferences. Allocate staff to update All “about Me's”.

I have considered the Assessment Teams report as well as the Approved Providers response and I find that at the time of the site audit the Approved Provider was not able to demonstrate compliance with this requirement. I was persuaded by the information provided by the Assessment team and the feedback provided by consumers/representatives in determining my findings.

I find this requirement is non-compliant

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

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

The Assessment Team provided information that the service demonstrated that assessment outcomes are communicated to the consumers and their representatives in most cases. However, some care plans reviewed by the Assessment Team were not accurate reflections of the outcomes of the assessment and planning as the care and service plan did not corroborate information following a review from the external specialists. The majority of sampled consumers assessments identify they have not been discussed with the representatives or the person responsible. The care manager said case conferences are a long time overdue, and no one has requested a copy of the consumer’s care plan. The care team manager said they do not offer or send the care plan to the consumer or representative; that has not been started yet.

Named consumers and representatives could not recall being offered or provided a copy of their care plan.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The Approved Provider acknowledged that there have been challenges in undertaking care conferences, however they noted the service had put actions in place prior to the site audit to address this including assigning care conferences to registered staff for completion and undertaking telephone conferences as able. The Approved Provider acknowledge that the consumers are not actively provided with hard copy documentation of care plans.

The response also contained clarifying information as well as improvement activities commenced and planned. Improvements planned include to develop a revised care conference schedule. Educate registered staff on how to conduct effective case conferences.

I have considered the Assessment Team report as well as the Approved Providers response and I acknowledge that the Approved Provider had identified and commenced a process to conduct care conferences, however I note there is no further discussion about ways to provide a copy of the care plan to consumers or representatives, should they request a copy, or to inform consumers or representatives that they can request a copy of the care plan. I do note the Approved Provider indicated consumers or representative may sign a copy of the care plan the care conference to acknowledge its accuracy.

I was persuaded by information provided by the Assessment team and the acknowledgements from the Approved Provider about consumers not being offered copies of their care plans in determining my findings.

I find this requirement is non-compliant

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

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

The Assessment Team provided information that Approved Provider did not demonstrate that care and services are reviewed regularly for some consumers. It was noted that a comprehensive review of care plans is not conducted for effectiveness when circumstances change, or incidents occur that impact consumers' needs, goals, or preferences. While the service has a schedule to ensure regular reviews of care plans are undertaken, updates of the care plan post reviews are not occurring. The registered nurses interviewed regarding the review and update of the recommendation for sampled consumers were not able to find the review report.

For named consumers this related to effective reviews following incidents, or changes in skin integrity, post falls management, end of life care reviews, and wound management.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information as well as additional information in relation to named consumers and improvement activities commenced and planned. Improvements planned include

In regard to named consumers:

* A range of additional clinical documentation was provided in the Approved Provider response including care plans, assessments and progress note extracts.
* One named consumers have been prioritised for review by the nurse practitioner
* For the named consumer with changes in skin integrity and wounds, the Approved Provider identified that the wound healed in five weeks and the skin assessment and care plan were updated at the time. They also acknowledge that the incident as not actioned and will be reviewed.
* In relation to the consumer and post falls management, I note the Approved Provider has reviewed the policy and updated it to reflect current best practice, however they note the post fall observations were in line with the old policy at the time.
* The named consumer at end of life, passed at the time of the site audit.
* The named consumer with wound care issues, has had the wound reviewed by the clinical consultant and no changes were required to the treatment regime.
* Assessments and care plans for named consumers are being reviewed.

I have considered the Assessment Team report as well as the Approved Providers response and I acknowledge the information provided by the Approved Provider as context to the Assessment Team information, however I am persuaded by the overall information provided by the Assessment Team and have considered this in my findings. I find at the time of the site audit the Approved Provider did not demonstrate compliance with this requirement.

I find this requirement non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Some sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

Consumers provided mixed feedback about their overall satisfaction with care and services; some were more satisfied than others. However, some consumers and/or representatives felt there were aspects of care that could be improved.

Some consumers indicated they have satisfactory access to medical officers and other health professionals. Although some representatives said, the service did not include action referrals in a timely manner.

The service does not demonstrate that each consumer gets effective care, including skin and wound care, restrictive practices, continence, bowels, behaviours, weight, monitoring processes, incident management, clinical observations, and assessment and planning processes that impact the delivery of care.

High impact or high prevalence risks associated with the care of each consumer is not consistently monitored or completed to ensure the consumers are not at risk of injury.

Although the service has a system to capture information and implement care that meets the goals and preferences of consumers nearing the end of their lives, for the sampled consumers reviewed, the information was not up to date and current to guide staff practices.

There is limited monitoring of consumers whose condition is deteriorating and a lack of follow up to ensure that interventions that may prevent ongoing deterioration are developed, implemented and monitored.

Although the service has a computerised clinical system in place throughout the site, audit staff had difficulty locating consumers' information on the computerised system or the hardcopy documents. Consumers' care plans, monitoring charts and incident reports were noted to be not consistently completed or up to date and did not support the delivery of effective quality of care that meets the consumer’s needs, goals and preferences.

The service is unable to demonstrate there is effective management of standard and transmission based precautions to prevent and control infections. Throughout the site audit poor practice in relation to staff mask wearing was observed. The Assessment Team identified a lack of staff knowledge in the type of infection consumers were diagnosed with and the type of infection control precautions in place. In regard to registered nurses and care staff knowledge, there was a general lack of understanding of the term antimicrobial stewardship, and they could not remember having an education on the topic.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team provided information that the Approved Provider could not demonstrate that consumers get safe and effective personal care or clinical care tailored to their needs and preferences or are best practices. Consumers and/or representatives provided negative feedback regarding the care and services provided. Consumers receiving restrictive practices do not have appropriate consent or have not been reviewed within the service's three-monthly time frame. Consumers with wounds or pressure injuries are not being provided with appropriate preventative strategies, and wounds are not being measured or dressed appropriately. Consumers with pain are not appropriately assessed and acknowledged, and consumers with behaviours are not properly identified and acknowledged with individualised strategies. Fluid balance charting is incomplete for consumers who are on a fluid restriction.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information as well as additional information in relation to named consumers and improvement activities commenced and planned. Improvements planned include:

* The Approved Provider has engaged a nurse practitioner and a nurse advisor.
* Named consumers will be reviewed as priority by the Nurse Practitioner
* Assessments and care plans will be reviewed and updated to reflect current care needs and preferences.
* Increased monitoring of staff practices.
* Additional education is being provided to registered staff on a range of clinical issues.

In regard to named consumers:

* For a named consumer with unmet pain and behaviour management needs, I note this consumer no longer resides at the Service.
* For a named consumer with unmet behaviour management, pain management and diet choices, I note the dietary information has been updated, however there was no further information in relation to this consumer provided.
* For a named consumer with unmet wound management, pain management and behaviour management, I note the wound has been reviewed and no changes to the treatment plan were identified, the consumer is recorded as continuing to refuse pain relief and the consumer refused a review of their sleep arrangements by the occupational therapist. Risk assessments for this consumer have commenced. In relation to monitoring the consumer the Approved Provider acknowledges this was not undertaken daily, however the information in the report indicating no observations were undertaken is incorrect.
* For the named consumer with unmet pain and wound management, as well as weight loss and behaviour management concerns, I note the Approved Provider correct the amount lost weight reported by the Assessment Team, however they acknowledge there was still a significant weight loss over the 1-month period. This consumer is also prioritised for review by the nurse practitioner.
* In relation to named consumers and the management of restrictive practice and use of psychotropic medications, the Approved Provider identified inaccurate information presented by the Assessment Team and provided a Psychotropic medication monitoring tool to demonstrate how they record and monitor the use of psychotropic medications. The Approved Provider is also conducting an audit of chemical restraint use, reviewing the restrictive practices register and updating against pharmacy reports and other relevant information on a monthly basis. The Approved Provider is also reviewing the consent process for consumers subject to restrictive practice and appropriate consents will be recorded.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit, the Approved Provider did not demonstrate compliance with this requirement. I was persuaded by the identified and ongoing risks to consumers in relation to clinical care, as well the negative feedback from consumers and representatives in determining my findings.

I find this requirement is non-compliant

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

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

The Assessment Team provided information that the Approved Provider did not demonstrate effective management of high impact or high prevalent risk associated with each consumer’s care.

For named consumers this related to high impact or high prevalence risks associated with wandering behaviour management, weight loss, bowel management, skin integrity and specialised nursing care.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information as well as additional information in relation to named consumers and improvement activities commenced and planned. Improvements planned include:

* The Approved Provider has engaged a nurse practitioner and a nurse advisor.
* Named consumers will be reviewed as priority by the Nurse Practitioner
* Assessments and care plans will be reviewed and updated to reflect current care needs and preferences.
* Increased monitoring of staff practices.
* Additional education is being provided to registered staff on a range of clinical issues including high risk / high impact clinical risks.
* Provide resources material to registered staff.
* Review handover documents to ensure alerts in place.

In regard to named consumers:

* For the named consumer with risks associated with skin integrity and specialised nursing care needs, I note an external consultant has been sought to consult on the specialised nursing care needs for this consumer. I also note the Approved Provider identified that the skin integrity is being reviewed on a regular basis.
* For the named consumer with risks associated with behaviour management, weight loss and bowel management, I note the Approved Provider continues to communicate with the consumer representative to resolve care issues. There have been no further incidents recorded in regard to the consumer’s wandering, indicating the measures put into place at the time of the site audit for their wandering behaviours have been effective to date. There was not response to the risks associated with deficits in monitoring weight loss or bowel management.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit, the Approved Provider did not demonstrate compliance with this requirement. I was persuaded by the identified and ongoing risks to consumers in relation to management of high impact or high prevalence risks, including risks around specialised nursing care, as well the negative feedback from consumers and representatives in determining my findings.

I find this requirement is non-compliant

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

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

The Assessment Team provided information that consumers' needs, goals, and preferences nearing the end of life are not recognised and addressed effectively to maximise their comfort. The care staff interviewed regarding how they identify the needs goals of consumers nearing end of life did not know how their comfort could be maximised. The registered nurse and the management team did not know the number of consumers on comfort care and active end of life care palliation at the service. Palliative care plans are not comprehensive and do not reflect consumers' current needs.

For named consumers the Assessment Team identified deficits in the management of palliative and end of life care.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information as well as additional information in relation to named consumers.

In regard to named consumers:

* For the named consumer with deficits identified in end of life care, I note the consumer has passed away. The Approved Provider indicated that the consumer had been assessed for end of like. However, they acknowledged that assessments previously used including those noted in the site report were not archived at this time, however we do not believe this will have impacted the care provided to the consumer in their palliation.
* For the other named consumer, the Approved Provider did not provide any further information, however I note registered staff interviewed during the site audit identified the consumer was no longer at end of life and were not sure why staff were completing end of life paperwork.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit, the Approved Provider did not demonstrate compliance with this requirement. I was persuaded by the overall information provided by the Assessment Team and the feedback provided by the named consumers representative.

I find this requirement is non-compliant

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

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

The Assessment Team provided information that the escalation and response to deterioration in consumers' conditions have not been effective for all consumers sampled. Staff described processes for the escalation of changes in consumers' conditions; however, the response by the registered nurses or further escalation to the medical officer is not evident in some documents sampled.

For a named consumer this related to a decline on overall health and mobility not being responded to in a timely manner. And an incident was not reported to the Serious Incident Response Scheme for this consumer.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information as well as additional information in relation to named consumers and improvement activities commenced and planned. Improvements planned include staff to have training provided on the Serious Incident Report Scheme and to provide training registered staff on identify and responding to deterioration. As well as review systems for reporting clinical deterioration, including stop and watch/handover and identify any actions required.

In regard to named consumers:

* For the named consumer the Approved Provider did not provide additional information in relation to their care. The incident will be investigated as part of the review of the incidents by the clinical consultants

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit, the Approved Provider did not demonstrate compliance with this requirement. I was persuaded by the overall information provided by the Assessment Team.

I find this requirement is non-compliant

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

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

The Assessment Team provided information that sampled documentation indicates there is deficits in information about the care of or the consumer's needs. The Assessment Team's review of sampled consumer documents identified that they were generally not reflective of the current consumers' health needs, goals, and references. The assessments and care plans were not up to date and had conflicting information; monitoring charts were not completed or not completed consistently. Incident reports are not routinely completed and investigated to determine a cause. Vaccination and psychotropic medication registers are not up to date.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information as well as Improvements commenced and planned to include:

* Review restrictive practices register and update against pharmacy reports and other relevant information on a monthly basis.
* Complete audit of all consumers with chemical restraint.

The Approved Provider did not agree with the Assessment Team in relation to vaccination records and the psychotropic register. The Approved Provider informed that vaccination clinics occurred the week before and the week during the site audit and data was being added to the vaccination records.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit, the Approved Provider did not demonstrate compliance with this requirement. I acknowledge that current vaccination information was available. I was persuaded by the overall information provided by the Assessment Team in relation to information deficits reported in Standards 2 and 3 in determining my findings.

I find this requirement is non-compliant

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

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

The Assessment Team provided information that while some documentation sampled, and consumers and staff interviewed, indicated that consumers are mostly referred to appropriate services and specialists in a timely manner and response to consumer needs. Other referrals are not always evident where needed or are delayed. The residential manager said the delay had been due to the impact of the COVID-19 pandemic. Review of clinical documents shows that for some sampled consumers, referrals have not occurred in a timely manner, and as a result, there has been poor outcomes for consumers with pressure injuries. Registered staff have not routinely followed up on specialist referrals.

Some representatives said their medical officer had reviewed the consumer when they were unwell. Another consumer/ representative said there had been delays in the consumer being seen by the medical officer unless the representative followed up.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information as well as additional information in relation to named consumers and improvement activities commenced and planned. Improvements planned include:

* Develop a centralised referral process that coordinates all referrals.
* Referrals to be noted at all handovers.
* Referrals to be tabled at monthly clinical meeting.
* Review consumers with pressure injuries initially and then on a weekly basis to ensure they are healing in accordance with wound specialist, medical officer or clinical nurse requirements.
* Review those consumers skin integrity assessments.

In regard to named consumers:

* For the named consumers who still reside at the Service, any outstanding referrals are being arranged.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit, the Approved Provider did not demonstrate compliance with this requirement. I was persuaded by the information provided by the Assessment Team in relation to referrals not occurring.

I find this requirement is non-compliant

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team provided information that there is organisational policy and procedure about infection prevention and control and some consumers, representatives and staff provided feedback about the practice at the service. There has also been support for consumers and staff vaccinations to occur, although there is no up to date monitoring tool in place to identify who and when they have had their vaccinations. The service did not demonstrate there is effective management of standard and transmission-based precautions to prevent and control infections. Throughout the site audit, poor practice in relation to staff mask wearing was observed. The Assessment Team identified a lack of staff knowledge in the type of infection consumers were diagnosed with and the type of infection control precautions in place. In regard to registered nurses and care staff knowledge there was a general lack of understanding of the term antimicrobial stewardship, and they could not remember having education on the topic.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information including that vaccination information was available to staff, and due to the vaccination clinics occurring during the week of the site audit there was a delay in the updating of the records. The Approved Provider also indicated that screening processed for persons entering the facility are established and that information is on display in the reception. Contaminant waste bins have been emptied since the site audit. The Approved Provider did not provide further information in relation to deficits identified by the Assessment Team.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit, the Approved Provider did not demonstrate compliance with this requirement. I was persuaded by the information provided by the Assessment Team in relation to observations of staff practices and interviews with staff.

I find this requirement is non-compliant

# STANDARD 4 NON-COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Most sampled consumers did not consider that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Multiple consumers said they are not supported to do things that they want to do and are not supported by the service to access shops and other venues in the community.

Consumers generally indicated they are supported to keep in touch with family and friends.

The service does not ensure that each consumer gets safe and effective services and supports for daily living. Many consumers are lonely and consumers are not supported to access the community and feel connected.

While the service has a chaplaincy service, there is limited provision of supports for consumers from a range of faiths and individualised support of consumers spiritual needs is limited.

The lifestyle program lacks variety and there was no evidence of support for sampled consumers who are unable, or unwilling, to participate in the group program, pursue activities of interest to them.

The service does not have effective systems to ensure that information about the consumer’s condition, needs and preferences in relation to this Standard are communicated.

There have been numbers complaints raised in relation to meals provided at the service which staff report is caused by there being insufficient staff. Some consumers are dissatisfied with the meal services provided.

The service has sufficient, well maintained equipment to support consumers in relation to services and supports for daily living.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment Team provided information that the Approved Provider does not ensure that each consumer gets safe and effective services and supports for daily living. Deficiencies across all the Quality Standards does not enable consumers to receive safe and effective services and support for daily living which meet their needs, goals and preferences and optimises their independence, health, well-being and quality of life. Many consumers are lonely, and consumers are not supported to access the community and feel connected.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information as well as additional information in relation to named consumers and improvement activities commenced and planned. Improvements commenced or planned include

* A new lifestyle manager has been recruited and commenced at the Service
* Review consumers involved in group programs. Review / reassess consumers with cognitive impairment and their preferred involvement in activities. Table suggested groups programs at the consumer meeting.
* Identify consumers who are unable or unwilling to participate in groups programs. Survey consumers to determine alternatives.
* Increased monitoring of consumer satisfaction.
* Reintroducing visiting groups has been commenced, however we note that a number of the previous entertainers are no longer providing this service or are reluctant to return to an aged care setting.

The Approved Provider acknowledged the current clinical system does not easily allow for recording residents participation in an activity and that the assessment and care plan does contain information on previous interests. They acknowledge that provision of visiting entertainers has been a challenge in recent times, prior to COVID-19 the Service had a number of visiting groups.

Improvements commenced or planned include

* A new lifestyle manager has been recruited and commenced at the Service
* Review consumers involved in group programs. Review / reassess consumers with cognitive impairment and their preferred involvement in activities. Table suggested groups programs at the consumer meeting.
* Identify consumers who are unable or unwilling to participate in groups programs. Survey consumers to determine alternatives.
* Increased monitoring of consumer satisfaction.
* Reintroducing visiting groups has been commenced, however we note that a number of the previous entertainers are no longer providing this service or are reluctant to return to an aged care setting.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit the Approved Provider did not demonstrate compliance to this requirement. I am persuaded by the information provided by the Assessment Team and the feedback provided by consumers and representatives in determining my findings.

I find this requirement is non-compliant

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

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

The Assessment Team provided information that services and supports for daily living do not promote each consumer’s emotional, spiritual and psychological well-being. While the service has a chaplaincy service, there is limited provision of supports for consumers from a range of faiths and individualised support of consumers spiritual needs is limited. 34 consumers have not been identified as having a faith and have not been identified as having no faith. It is unclear whether these consumers have been asked about any faith or spiritual needs they might have. Some consumers report they are lonely.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information as well as additional information Improvements planned. The Approved Provider indicated that the Assessment Team report did not reflect the totality of interviews that had occurred during the site audit and that the language used in the report to be a selective and biased view, as does the staff member interviewed. Improvement actions planned include:

* Review all Consumers faith preferences.
* Check with Consumers that preference still current.
* Chaplain to source religious / faith-based support resources based on Consumer preferences.
* Develop a list of all faith bases supports in the area.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit the Approved Provider did not demonstrate compliance to this requirement. I acknowledge the Approved Provider does not agree with all information presented by the Assessment Team.

I am persuaded by the feedback provided by consumers and representatives and deficits in the overall systems and processes presented by the Assessment Team in determining my findings.

I find this requirement is non-compliant

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

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

The Assessment Team provided information that consumers and representatives reported that there are limited opportunities to do things of interest to them. The lifestyle program lacks variety and there was no evidence of support for sampled consumers who are unable, or unwilling, to participate in the group program, to pursue activities of interest to them. The service does not support consumers to participate in the community outside of the service environment. The lifestyle coordinator said there are 3 bus trips each week. Consumers are not allowed off the bus during any outings for safety reasons related to COVID-19. They said some consumers are not happy about this, but it is a organisation decision.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information. The Approved Provider noted that at the start of the pandemic bus trips were rusticated but this policy changed in 2021 to include risk assessments for excursions off the bus. They acknowledge that due to the change in management at the service the Leisure & Lifestyle Coordinator was not aware of this and as such bus trips were conducted as scenic drives.

This has been rectified since the audit, including email communication to all managers and Leisure & Lifestyle Coordinators, with the Regional Operation Managers confirming with regional teams. The Approved Provider apologies for this oversight and since the audit bus trips have included an excursion such as a walk or afternoon tea in a park. Some of the residents decided to stay on the bus due to the cold weather.

Additional improvements commenced or planned include a review of consumer preference and increased monitoring of staff practices.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit the Approved Provider did not demonstrate compliance to this requirement. I acknowledge the Approved Provider does not agree with all information presented by the Assessment Team.

I am persuaded by the feedback provided by consumers and representatives and deficits in the overall systems and processes presented by the Assessment Team in determining my findings.

I find this requirement is non-compliant

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

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

The Assessment Team provided information that the Approved Provider does not have effective systems to ensure that information about the consumer’s condition, needs and preferences in relation to this Standard are communicated. Care planning documents for consumers who are also supported by National Disability Insurance Scheme services do not include any information about these services.

The residential manager said that either they or the care manager ensure communication with the NDIS providers about consumers and their needs. They said registered nurses are copied into the emails so that they could also communicate about the consumer if needed.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. However, there was not specific actions listed in the response in relation to this requirement.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit the Approved Provider did not demonstrate compliance to this requirement.

I am persuaded by the information presented by the Assessment Team in determining my findings.

I find this requirement is non-compliant

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

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

The Assessment Team provided information that the Approved Provider is unable to demonstrate that timely and appropriate referrals to individuals, other organisations and providers of other care and services in relation to this Standard are made.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. However, there was not specific actions listed in the response in relation to this requirement.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit the Approved Provider did not demonstrate compliance to this requirement.

I am persuaded by the information presented by the Assessment Team in determining my findings.

I find this requirement is non-compliant

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

*Where meals are provided, they are varied and of suitable quality and quantity.*

The Assessment Team provided information that there have been complaints raised in relation to meals provided at the service. There has been limited action to address the complaints and staff report that the issues with the quality of meals is caused by there being insufficient staff. Varied feedback was received about the meals in the service. Most consumers who were specifically asked about the meals service indicated some level of dissatisfaction.

The Approved Provider provided a response that acknowledges its responsibilities as an Approved Provider to provide safe and quality care and services to its consumers. The response also contained clarifying information as well as additional information in relation to named consumers and improvement activities commenced and planned. Improvements commended and planned include:

* Recruitment of a new chef
* Review all meal related complaints with individual consumers.
* Review menu with consumers and increase monitoring of consumer satisfaction. Chef seeking feedback from residents during meal services, weekly dining experience reviews and/or other feedback mechanisms.
* Review system for providing dietary list in servery with catering staff. Develop and trial an agreed workable system.
* Chef Manager to randomly audit serveries weekly. Review servery fridge checklist
* Identify families who bring food in for their loved one. Provide families with brochure on bringing food into the Home.

For a named consumer, I note that the dietary preferences have been updated to reflect their current preferences.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit the Approved Provider did not demonstrate compliance to this requirement.

I am persuaded by the feedback provided by consumers and representatives and deficits in the overall systems and processes presented by the Assessment Team in determining my findings.

I find this requirement is non-compliant

### Requirement 4(3)(g) Compliant

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

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall sampled consumers consider that they feel they belong in the service and are comfortable in the service environment.

The service environment is generally welcoming, clean and well maintained. Each of the five wings has communal space for dining and activities and is relaxed and comfortable. Consumers and representatives said they were happy with the service environment and the cleanliness of the facility.

The Assessment Team observed that not all consumers had free access to outdoor areas including the gardens for consumers who need assistance to do so. Effective environmental risks have not been identified or addressed including monitoring of consumers at risk of harm due to hazards in the service environment.

The service has systems and processes in place to maintain furniture and equipment.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Non-compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team provided information that most consumers and representatives responded that they were satisfied with the cleanliness of the facility and that it was well maintained. Most representatives felt that consumers are generally able to move freely indoors and outdoors. The Assessment Team’s observations were that the service environment is kept clean and is well maintained. Documentation reviewed and interviews with the management team and staff confirmed this. However, there were hazards in the service environment, including some which pose a safety risk to consumers. These had not all been identified and/or addressed.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as planned improvements including review of outdoor areas, responding to maintenance opportunities, weekly walk through audits, risk assessments including for garden access, stair points, consumers who wander and hot water taps, refer results to the workplace health and safety meeting and maintenance, clinical and cytotoxic waste bin management.

In regard to storage of personal protective equipment in the chapel, the Approved Provider indicated they had received the winter stock delivery from the Commonwealth and the stock was stored safely and did not pose a risk to consumers.

I have considered the Assessment Teams report as well as the Approved Providers response and I find that at the time of the site audit, the Approved Provider did not demonstrate compliance with this requirement. I was persuaded by the risks to consumers identified by the Assessment Team in determining my findings.

I find this requirement is non-compliant

### Requirement 5(3)(c) Compliant

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

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Some consumers and representatives said they felt they could make complaints through the service’s ‘have your say’ forms’, however none of the consumers or representatives were aware of external complaints processes through the Commission. However external complaints information is contained within the “have your say form” which is used by consumers.

There is limited information for consumers with regard to access to advocates, language services and other methods for raising and resolving complaints.

Appropriate action is not always taken in response to complaints as some complaints are not recorded in the feedback and complaints system. While an open disclosure process is sometimes used when things go wrong this does not always occur. Staff mostly do not understand and cannot demonstrate what open disclosure means in relation to complaints.

The service does not use feedback and complaints effectively as a way to improve services for consumers through the continuous improvement system.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

The Assessment Team provided information that most consumers and representatives indicated that they were aware they could make a complaint and provide feedback through the services ‘Have Your Say’ forms and these were available in several areas around the service. However, consumers and representatives were not aware of external processes for making complaints including to the Commission.

There are no Aged Care Quality and Safety Commission brochures or posters on display at the service although there are a limited number of Commission brochures in an alcove beside the front door. The service does not have information available on the complaints process in other languages for consumers who do not understand English.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as a range of improvements being undertaken including tabling information and providing resources at consumer meetings, check on accuracy of information, review location of information, provide representatives with information on how to provide feedback, review feedback register and action, provide staff training and table relevant policy and procedures at staff meetings and provide education on complaints processes to senior staff, review communication processes across the Service with all stakeholders.

The Approved Provider provided a copy of the “have your say form” and indicated that information on external complaints avenues is contained within the form, I acknowledge that this information is available to consumers and representatives. These forms were located by management at various locations throughout the Service at the time of the site audit. The Approved Provider also indicated that 30 complaints had been received in the previous six months and five complaints were made to external bodies within the past 12 months which the Approved Provider contends demonstrates consumers and representatives are aware of and using existing complaints mechanisms.

I have considered the Assessment Team report as well as the Approved Providers response and I find based on the information provided in the Approved Provider response that Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. I acknowledge the consumer and representative feedback provided to the Assessment Team, however on balance I am persuaded by the information provided by the Approved Provider.

I find this requirement is compliant

### Requirement 6(3)(b) Non-compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

The Assessment Team provided information that the Approved Provider does not provide adequate accessible Information to consumers with regard to access to advocates, language services or other methods for raising and resolving complaints.

Brochures or posters on advocacy services or Translating and Interpreting Service (TIS) were not displayed or provided to consumers. A limited number of advocacy services brochures were located behind other brochures at the entrance to the service.

The Approved Provider provided a response that included clarifying information as well as a range of improvements to be undertaken including a review of the location of all complaints / feedback related literature. Extra brochure racks to be ordered. A more centrally and visibly location to be identified. Remind consumers about mechanisms in the next newsletter. Ensure all consumers have up to date information from commission and advocacy services.

I have considered the Assessment Teams report as well as the Approved Providers response and I am persuaded by the information provided by the Assessment Team in determining my findings. However, I do note that information on advocacy is contained in the “have your say” form. I find at the time of the site audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant

### Requirement 6(3)(c) Non-compliant

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

The Assessment Team provided information that Approved Provider was unable to demonstrate appropriate action or investigation is undertaken in response to feedback and complaints, or that open disclosure is always used when things go wrong. Most consumers and representatives said that improvements have not been made or have not been effective when they make a complaint. Some representatives said they have never received an apology or acknowledgement of error by staff at the service. Representatives commented that communication was an issue at the service. The complaints register reviewed identified deficiencies in the timely acknowledgement and actioning of complaints with some complaints taking several weeks to be acknowledged.

The Approved Provider provided a response that included clarifying information as well as a range of improvements to be undertaken including reviewing the feedback register. Updating outstanding information and consult with consumers or representatives. Identify any Open Disclosure complaints and meet with consumers or representatives. Review process for investigation and analysis of complaints to ensure best practice principles adopted monthly. Schedule training on Open Disclosure. Provide senior staff with the Open Disclosure Policy. As well as increased monitoring of complaints processes.

I have considered the Assessment Teams report as well as the Approved Providers response and I am persuaded by the information provided by the Assessment Team in determining my findings. I find at the time of the site audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant

### Requirement 6(3)(d) Non-compliant

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

The Assessment Team provided information that the Approved Provider has not ensured that feedback and complaints are reviewed and used in a timely manner to improve the quality of care and services. Several consumers and representatives advised there had not been improvements made as a result of their complaints.

The service’s continuous improvement plan from 2021 onwards indicates that most opportunities for improvement have not been fully actioned or analysed to ensure outcomes have been achieved.

The Approved Provider provided a response that included clarifying information as well as a range of improvements to be undertaken including reviewing the feedback register and providing education to staff on the complaints process.

I have considered the Assessment Teams report as well as the Approved Providers response and I am persuaded by the information provided by the Assessment Team in determining my findings. I find at the time of the site audit the Approved Provider was not able to demonstrate compliance with this requirement.

I find this requirement is non-compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Overall sampled consumers felt that staff were kind, caring and respectful however they did not consider that there were enough staff to meet or understand consumer’s needs. The Approved Provider’s system for planning its workforce is not effective in enabling the delivery and management of safe and quality care and services.

The Approved Provider has a system for staff mandatory and competency training; however, it is not always effective, and staff are not always supported by the service to deliver the outcomes required under this Standard.

Feedback from consumers, representatives and staff indicate that the Approved Provider has insufficient staff and are unable to ensure safe and quality care and services.

Consumers and representative feedback and documentation reviewed would indicate that the Approved Provider has a system to provide mandatory and competency training, however non-compliance identified with Aged Care Quality Standards indicate that mandatory and competency training is not effective to optimise the health and well-being of consumers.

Regular assessment, monitoring and review of the performance of each member of workforce is not occurring.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team provided information that most consumers and representative stated that staff are kind and caring but that there are not enough of them. Several consumers and representatives provided information about staff shortages impacting on consumer care and services. The Assessment Team identified deficits in Standard 1, 2, 3 and 4 which has resulted in the Approved Providers inability to demonstrate that sampled consumers receive the appropriate delivery and management of safe quality care and services

Information provided by the residential manager and documentation reviewed, shows workforce planning occurs. However staffing records indicate that there are constant staff shortages and shifts are not always filled.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as a range of improvements to be undertaken including developing a local workforce planning guide and engaging organisation human resource team to assist. Review location of high care consumers and high-risk consumers and map to roster. Review staff allocations based on the review findings. Careers Day to be held in July and ongoing advertising. Rewards for staff who recruit new starters and development of links with tertiary institutions to develop traineeships.

The Approved Provider indicated that staffing issues have been impacted by the covid-19 pandemic effecting both the sick leave rate of staff and ability to access temporary staff. They also identified many of the shortcomings identified by the Assessment Team are caused by a lack of experienced clinical staff at the service. Over the past year they have recruited people to these positions but have been unsuccessful in maintaining their employment. This was identified as a root cause of ongoing clinical issues. The Approved Provider acknowledge there are times the Service has been impacted by staffing issues.

I have considered the Assessment Team report as well as the Approved Providers response and I acknowledge the feedback by consumers and representatives that the staff are kind and caring, however I am persuaded by the consumer and representative feedback in relation to delays in care provision due to staff shortages in determining my findings. I also acknowledge the challenges faced by the Approved Provider in ensuring staffing during the covid-19 pandemic and the measures implemented to lessen the impact of the staff shortages due to the pandemic.

I find this requirement is non-compliant

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

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

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

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

The Assessment Team provided information that the Approved Provider has systems to ensure staff have qualifications and training for their roles, however staff do not always have the skill and knowledge to effectively perform their roles. Some consumers and representatives have complained or commented on the lack of knowledge regarding staff at the service.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as a range of improvements to be undertaken including a review of the education program and providing additional education and training to staff.

The Approved Provider contends that staffing issues have been impacting the delivery of care and services as opposed to a lack of knowledge by staff. They also identified many of the shortcomings identified by the Assessment Team are caused by a lack of experienced clinical staff at the service. Over the past year they have recruited people to these positions but have been unsuccessful in maintaining their employment. This was identified as a root cause of ongoing clinical issues.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit the Approved Provider did not demonstrate compliance to this requirement. I am persuaded by the feedback from consumers and representative contained in the Assessment Team report and the non-compliance to the Aged Care Quality Standards in determining my findings.

I find this requirement is non-compliant

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

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

#### The Assessment Team provided information that the Approved Provider has systems and process in place to provide training to deliver outcomes required by these Standards, however not all staff have received mandatory training to date. Some consumers and representatives have raised concerns where they felt staff are not adequately trained. Most consumers and staff commented about insufficient staff and its impact on the ability of staff to perform their roles including being up to date with training.

Deficiencies in Aged Care Quality Standards 2 and 3 would indicate that while most staff have had training it has not been effective in providing safe quality care and services.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as a range of improvements to be undertaken including a review of the staffing model and the education program and providing additional education and training to staff.

The Approved Provider contends that staffing issues have been impacting the delivery of care and services as opposed to a lack of knowledge by staff. However, I not that the Approved Provider also identified many of the shortcomings identified by the Assessment Team are caused by a lack of experienced clinical staff at the service. Over the past year they have recruited people to these positions but have been unsuccessful in maintaining their employment. This was identified as a root cause of ongoing clinical issues.

The Approved Provider acknowledge It is difficult to deliver everything expected when there aren’t enough staff available. The Approved Provider is focused on improving the recruitment and retention processes.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit the Approved Provider did not demonstrate compliance to this requirement. I am persuaded by the feedback from consumers and representative contained in the Assessment Team report that and the non-compliance to the Aged Care Quality Standards that the outcomes of the Quality Standards are not being delivered in determining my findings.

I find this requirement is non-compliant

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

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

The Assessment Team provided information that the Approved Provider does not undertake regular assessment, monitoring and review of the performance of each member of the workforce. The residential manager confirmed that staff appraisals were not up to date as there were not enough management staff to complete them.

No documentation including staff records were provided to the Assessment Team to indicate that appraisals had been completed in the last 12 months.

Incident reports reviewed indicate that several incidents have occurred due to deficiencies in staff performance, however no staff performance management has been provided.

The service did not provide a staff performance framework to identify that systems are in place for this to occur.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as a range of improvements to be undertaken including a review of outstanding performance appraisals and allocate to relevant team leaders to complete. Utilise organisation resources to guide process. Aim to complete outstanding appraisals by end August and monitor monthly moving forward to ensure completion

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit the Approved Provider did not demonstrate compliance to this requirement. I am persuaded by the information provided by the Assessment Team in determining my findings.

I find this requirement is non-compliant

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall sampled consumers did not consider that the organisation is well run and that they can partner in improving the delivery of care and services.

While the organisation has developed a documented framework for consumer involvement in the design, delivery and evaluation of care and services this has not been implemented at the service.

Deficiencies across all the Quality Standards demonstrate that the services currently delivered do not provide a culture of safe, inclusive and quality care and services and that the governing body is accountable for their delivery.

The organisation is unable to demonstrate that it has effective governance systems in relation to information management, continuous improvement activities, workforce governance, regulatory compliance and feedback and complaints.

While the organisation has policies and comprehensive supporting documents in relation to risk management, deficiencies identified during this site audit show that the procedures are not always followed to ensure risks are identified and managed.

While the organisation has a clinical governance framework in place, deficiencies identified in relation to all Quality Standards 2 and 3 Requirements demonstrate that the clinical governance framework has not been effective in ensuring clinical care which is safe, effective or high quality.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team provided information that the organisation was unable to demonstrate that consumers at the service are involved in the design, delivery or evaluation of care and services. The organisation has developed a comprehensive resident engagement document which includes how consumers can contribute to decisions that make a difference at each service and how this information influences the organisation and governance decisions. However, the Assessment Team did not see evidence of this occurring at the Service.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as a range of improvements to be undertaken including schedule implementation meeting with the quality of life Manager to drive implementation of framework for consumer involvement. The consumer Meeting agenda is being reviewed to provide opportunity for consumers to participate in design, delivery and evaluation of service practices and processes.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit the Approved Provider did not demonstrate compliance to this requirement. I am persuaded by the information provided by the Assessment Team in determining my findings.

I find this requirement is non-compliant

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

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

The Assessment Team provided information that deficiencies across all the Quality Standards demonstrate that the services currently delivered do not provide a culture of safe, inclusive and quality care and services or that the governing body is accountable for their delivery. While the governing body has systems to provide it with information about services, and has identified some deficiencies at the Service, actions to address deficiencies have not been commensurate with the risks at the service as demonstrated through recommendations of non-compliance across all Quality Standards.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as a range of improvements to be undertaken including:

* Engagement of Nurse Advisor.
* Engagement of a Nurse Practitioner – to commence week of 4 July 2022. At the end of the three months this service will be reviewed. BaptistCare will commit to continuing this engagement as determined by the Nurse Advisor and Acting Residential Manager. The Nurse Practitioner engaged has extensive experience in Aged Care settings, including specialist training in wound management. The NP has worked with BaptistCare Homes and is familiar with the clinical systems and processes.
* Engagement of Senior Clinical Consultants – Critical Success Solutions have been engaged to provide senior registered nurses to undertake clinical reviews and case conferences. Both the clinicians have worked with BaptistCare services previously and are familiar with the clinical systems and processes. BaptistCare will commit to continuing this engagement as determined by the Nurse Advisor and Acting Residential Manager.
* Engage a Quality and Improvement Consultant: The Care Development Unit has recently recruited an experienced aged care leader to this position and they will be based at the Service in the short to medium term to support the Home with continuous improvement activities.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit the Approved Provider did not demonstrate compliance to this requirement. I acknowledge the actions taken by the organisation. I am persuaded by the information provided by the Assessment Team in determining my findings.

I find this requirement is non-compliant

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

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

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

The Assessment Team provided information that the organisation is unable to demonstrate that it has effective governance systems in relation to information management, continuous improvement activities, workforce governance, regulatory compliance and feedback and complaints.

Management and staff indicated that they experienced difficulties in accessing information in timely manner, reported difficulties in the electronic care documentation system not facilitating the collection and retrieval of information that in a way that enables the service to meet the requirements of the Quality Standards and facilitates a person-centred approach to aged care services

The continuous improvement plan identifies a large number of opportunities for improvement. However, many of the entries dating back to September 2021 have had no actions recorded indicating completion or progress in implementing the improvements. Continuous improvement activities have not been effective in addressing deficiencies as demonstrated by the number of deficiencies identified during the site audit across all Quality Standards.

Issues identified during the site audit in relation to sufficiency of staff, staff competency and knowledge, effectiveness of staff training and support and monitoring and review of staff performance demonstrate that governance systems in relation to workforce management have not been effective.

In regard to regulatory compliance, the Approved Provider has not maintained compliance with the Aged Care Quality Standards as is required under the Aged Care Act 1997.

The Assessment Team identified deficiencies in relation to consumers being made aware of avenues for raising concerns and being made aware of advocacy and other services that may assist in raising concerns. Issue were identified in relation to actions to resolve complaints, staff knowledge of open disclosure and initiating improvements in response to complaint processes.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as a range of improvements to be undertaken including a range of improvement actions outlined under the requirements in this report.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit the Approved Provider did not demonstrate compliance to this requirement. I acknowledge the actions taken by the organisation. I am persuaded by the information provided by the Assessment Team in determining my findings.

I find this requirement is non-compliant

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

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

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

The Assessment Team provided information that while the organisation has policies and procedures in relation to risk management, deficiencies identified during this site audit show that the procedures are not always followed to ensure risks are identified and managed.

Incident management does not routinely include analysis of incidents to identify contributing factors and development of effective measures to prevent future incidents are not always developed.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as a range of improvements to be undertaken including a range of improvement actions outlined under the requirements in this report.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit the Approved Provider did not demonstrate compliance to this requirement. I acknowledge the actions taken by the organisation. I am persuaded by the information provided by the Assessment Team in determining my findings.

I find this requirement is non-compliant

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

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

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

The Assessment Team provided information that while the organisation has a clinical governance framework in place, deficiencies identified in relation to all Standard 2 and 3 Requirements demonstrate that the clinical governance framework has not been effective in ensuring clinical care which is safe, effective or high quality.

Staff were unable to demonstrate knowledge of antimicrobial stewardship; this included registered nurses. Most staff did not have a reasonable knowledge of open disclosure.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as a range of improvements to be undertaken including a range of improvement actions outlined under the requirements in this report in relation to clinical care.

I have considered the Assessment Team report as well as the Approved Providers response and I find that at the time of the site audit the Approved Provider did not demonstrate compliance to this requirement. I acknowledge the actions taken by the organisation. I am persuaded by the information provided by the Assessment Team in determining my findings.

I find this requirement is non-compliant

# Areas for improvement

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

* The Approved Provider is to ensure compliance with all of the Aged Care Quality Standards, not limited to the 36 non-compliant requirements identified in this report.
* The Approved Provider is to implement processes to monitor the implementation of the improvements outlined in the response received on 30 June 2022.

# Other relevant matters

The Approved Provider implements all planned actions to address identified deficiencies and establishes monitoring process to ensure ongoing compliance with the Aged Care Quality Standards.