Barossa Park Lodge

Performance Report

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**Commission ID:** 8110

**Provider name:** OneCare Limited

**Site Audit date:** 21 February 2022 to 24 February 2022

**Date of Performance Report:** 19 April 2022

# Performance report prepared by

Daniela Fekonja, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 on 16 March 2022.
* Feedback received on 17 March 2022, provided by a representative after the Site Audit had been conducted.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Overall sampled consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers said they feel respected and their identity and individuality are valued. Staff consistently spoke of consumers in respectful ways which recognised their diversity, culture and identity. Some care planning documents were detailed and individualised whilst some lacked individualised information and included generic information about the consumer. Most consumers said they feel comfortable at the service.

The Assessment Team observed staff supporting and interacting with consumers in a respectful and encouraging way, while assisting consumers with meals, activities and accompanying them to their room to provide care.

Consumer and representative feedback demonstrates that consumers feel supported to exercise choice, maintain independence, make connections and maintain relationships. Staff provided examples of how consumers are supported in decision making and maintaining social interaction.

Consumers and representatives confirmed they receive support from the service to pursue activities that may have an element of risk. The service’s policies support consumers to take appropriate risks. Consumers and their representatives said they receive regular communication from the service in a variety of ways to keep them informed. The service uses a range of communication methods including newsletters, a social media presence, meetings and personal consultation.

Consumers and their representatives confirmed each consumer’s privacy is respected and personal information is kept confidential. Staff described several different ways they protect consumers’ privacy including ensuring handover is conducted in the nurse’s station, knocking on consumers’ doors prior to entering and closing doors and blinds when performing care and services.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

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

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

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

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

### Requirement 1(3)(e) Compliant

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

### Requirement 1(3)(f) Compliant

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

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Assessment Team found the service did not adequately demonstrate that ongoing assessment and planning occurs with each consumer or that risks associated with consumers’ care needs are considered.

Assessments and care plans were not evident or reflective of consumers’ current complex care needs related to skincare and wound management, nutrition and dietary requirements, bowel management, behaviour management and advanced care directives and end of life wishes.

Assessments and care plans have not been regularly updated to reflect changes in consumers’ care needs to assist with optimising consumers’ health and well-being.

The service did demonstrate ongoing partnership with consumers who wish to be involved in assessment and planning.

The service did not demonstrate care and services are reviewed or monitored for effectiveness when changes occur that impact the needs of consumers.

Not all consumers and representatives are aware they can access their care plan if required.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found assessments and care planning documents did not always consider or inform the delivery of safe and effective care for individual consumers. Staff do not always undertake care assessment and planning in accordance with the organisation’s clinical care assessments, policies and procedures.

For one consumer there was incomplete monitoring and assessment of wounds documented. Measurements of the wounds were not provided alongside photographs to assist with monitoring whether the wounds were healing or deteriorating. The same consumer was not further assessed for their nutritional needs when they were identified by the service as experiencing progressive weight loss.

A second consumer has bilateral stage 2 pressure injuries to his heels. Although a skin assessment has been completed there is no information on the care plan related to repositioning or any pressure relieving equipment used. There is no evidence in progress notes or a skin assessment that care or clinical staff had identified any breakdown to the consumer’s heel prior to it being identified by a podiatrist. Photographs were not taken consistently after the wound was first identified. Staff said the consumer has daily dressings and that protective cups are applied to protect his heels. This consumer also receives administration of psychotropic medications daily and at night related to their diagnosis of schizophrenia. Although regular re-assessment and monitoring occur for the use of the medication, there is no information documented on behaviour support plans regarding the use of the medication or the review process.

A third consumer experienced a skin breakdown of their left great toe in June 2021. Progress note entries between 16 June 2021 and 18 June 2021 show monitoring of redness, soreness and pain in the consumer’s left great toe with medical officer input for antibiotic therapy and pain relief medication. The consumer’s representative had informed the service that they were concerned about the toe on 18 June 2021 there are no progress notes showing that care or clinical staff identified the toe had broken down. On 21 June 2022, the consumer’s representative informed staff that the toe had broken down, and the consumer’s sandal strap was embedded in the wound. As a result, the consumer was admitted to hospital for 2 weeks with cellulitis and infection.

The wound assessment and care plan implemented on 21 June 2021 has instructions for weekly measurements of the wound. However, measurements were not recorded on the treatment charts up until the date of the wound healing on 21 September 2021. The same consumer is prescribed psychotropic medication ‘as required’ for depression and anxiety. However, there is no information regarding the use of the medication recorded on a behaviour support plan.

A fourth consumer did not have an effective assessment of their bowel function. The consumer's assessments were not updated to include management of faecal incontinence.

A fifth consumer had a note documented by a specialist geriatrician stating they were on a palliative pathway. Palliative pain medication was being given to the consumer, however, there was no palliative care assessment on the consumer’s file.

One consumer did not have pain assessments conducted for their shingles infection.

Three other consumers did not have dignity of risk assessments conducted for their choices in relation to refusal of care, use of an electric scooter and food choices.

The Approved Provider ’s response included the following:-

* In relation to the first consumer the Approved Provider acknowledged that there were issues with communication from staff to the registered nurse in relation to wound reassessment and management. They stated a newly established wound care management process and further education will assist with this. In relation to weight loss, the service has a Nutrition, Hydration and Weight Management Policy and the clinical care manager has sent an email to staff reminding them to review the weight variation response flow chart.
* In relation to the second consumer, discussions are to be held in relation to measurements of wounds not currently being included in wound management. The consumer’s verbal behaviour support plan has been updated to reflect the use of the medication and reviews undertaken. In relation to the consumer being observed not to be wearing protective booties and poor bandaging, there will be a further discussion held during a proposed education session with a wound consultant about staff following treatment plans.
* In relation to the third consumer, the Approved Provider stated there was monitoring of the skin prior to the breakdown. The podiatrist reviewed them on 4 June 2021 with progress notes documenting no issues noted and the consumer was referred to a medical practitioner on 15 June 2021 following a nurse noting sore feet and possible gout as the reason for the referral. In relation to the psychotropic medication noted by the Assessment Team, the Approved Provider notes no psychotropic medications have been prescribed since 2019 for this consumer. I do note however that in the medication charts provided by the Approved Provider in relation to this consumer Lexapro is prescribed and the consumer has a diagnosis of depression and anxiety.
* In relation to the fourth consumer the Approved Provider outlined they had established a bowel management process to help strengthen the monitoring of consumer bowel function at the service.
* In relation to the fifth consumer the Approved Provider noted the consumer is not actively palliating and as observed by the Assessment Team was participating in activities during the assessment. This is the reason there is no current assessment.
* Dignity of risk assessments have now been completed for the three consumers identified in the Assessment Team report.

I have considered all the information provided. I find this requirement is Non-compliant. I find that the Approved Provider does not ensure 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.

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

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

The Assessment Team found the service did not demonstrate assessment and planning identified and addressed all consumers’ current needs, goals and preferences in relation to advance care planning and end of life planning. Information in care plans is generic in nature with additional individualised content.

Information recorded under Standard 4 (3)(a) in the Assessment Team report identifies one consumer’s care planning document contains generic information such as “will participate in most activities and may need prompting at times” There are no details included in the “my life so far” section of the document and no details included for their life support plan.

A second consumer care planning documents contain limited information about what they enjoy doing. Documents say they enjoy spending time with their husband, listening to music and hand massages. There are no details included in the “my life so far” component of the care plan.

The information recorded under Standard 4 (3)(b) in the Assessment Team report identifies a consumer’s care planning documents include generic information regarding their emotional well-being such as they prefer to do things on their own and participate in activities of their choice. There are limited details included regarding their life and their life support plan has not been completed.

Advanced care directives are not in place for all consumers and some consumers and representatives could not recall there being any discussion with the service in relation to this. A previous complaint raised by the Commission notes that not all consumers have advanced care directives and that there was a commitment to have these completed by July 2021. However, this has not occurred and the facility manager at the time of the audit said they had difficulty in having consumers complete advance care directives and were partnering with palliative care Australia in a project to assist them in moving forward with this matter.

The Approved Provider in their response includes:-

All consumers care plans have been updated to address the areas identified by the Assessment Team.

The Approved Provider does not believe it is mandatory to have an advance care directive in place in Tasmania however they held information sessions for staff and consumers in relation to this in October 2021. They state some consumers do not wish to initiate this conversation and will ensure an appointment is made for the named consumer who wished to have a discussion to put an advance care directive in place.

Although the Assessment Team noted information in relation to having a discussion about an advance care directive is included in the respite admission schedule it was not in the permanent entry schedule. The Approved Provider however provided evidence that it was included in both admission schedules.

The Approved Provider has updated assessments and care plans to include consumers’ current goals following the site audit, however, this was not in place at the time of the site audit or identified as lacking. I find the service is Non- compliant with this requirement at the time of the assessment.

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team found this requirement not met based on information in relation to referrals not being made to other organisations and providers of care and services. The evidence included information in relation to consumers where referrals had not been made in a timely manner.

The Assessment Team also found that although clinical staff said there is input from family members through a four monthly care plan review process where information is shared, this is not regularly occurring.

The Approved Provider in their response said the service has a defined process to engage the consumer and their representative in the care plan review process. They provided documentary evidence this has occurred. All consumers identified in the Assessment Team report as requiring further care and services have now been referred as required to external specialist organisations.

I find the service is compliant with this requirement as information across other requirements including 2(3)(d), provides evidence that representatives and consumers are involved in the assessment, planning and review of the consumer’s care and services.

### 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.*

Although the Assessment Team found this requirement was met, not all consumers and representatives could confirm they had received a care plan or knew that they could access care plans if required.

One representative said they think they remember receiving a care plan and are being contacted about the consumer’s care needs.

Another representative is contacted by the service and they have input into the consumer’s care plan.

The facility manager acknowledged to the Assessment Team that care plan consultation required improvement and said that although clinical staff are conducting care plan reviews they may not always be documenting the discussions they have with consumers or their representatives.

The Approved Provider in their response stated there is a process of ‘Agreed Care & Services Plan Reviews’ for each house in the service and although the information is currently generic in some places, the enrolled nurse will include more personalised information once a review is completed.

Based on all of the information, I find the requirement is Non-compliant as the Approved Provider was unable to demonstrate that all consumers and representatives are aware that they can access their care plan.

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

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

The Assessment Team found that the service did not demonstrate care and services are reviewed or monitored for effectiveness when changes occur that impact the needs of consumers. Two consumers were not reviewed, monitored or assessed appropriately following changes. Specifically, nutritional requirements and bowel management monitoring were not followed up, assessments were not updated or reviewed for effectiveness following significant changes.

Although the service has a Nutrition, Hydration and Weight Management Policy this was not employed on one consumer’s return from hospital even though they had previously been identified as being malnourished. The consumer was unable to eat their meal due to their health status. The representative of the consumer was not satisfied with the meals provided nor with the consumer’s weight loss. The service did arrange for a dietitian and speech pathologist review during the site audit. This has since been conducted as per the information provided in the Approved Provider’s response.

The Assessment Team found no record of assessment or monitoring of one consumer, whose care needs had significantly changed and who had not opened their bowels for nine days. The consumer was subsequently hospitalised. The Assessment Team also found that the consumer’s bowel management assessment and summary care plan were not updated or reviewed for effectiveness based on the consumer’s changing care needs on return from the hospital.

The Approved Provider in their response provided evidence of assessment and communication specific to the consumer’s bowel regime following the consumer’s return from the hospital. The Approved Provider only provided information on the monitoring of one consumer’s bowels following their return from hospital on 10 February, being performed on 16 February 2022 and the next entry appears to be 1 March 2022 after which it appears to be undertaken most days. The response also states the newly established bowel management process will help to strengthen overarching monitoring of consumers’ bowel function.

I find the service Non-compliant with this requirement as although improvements are being made, the service did not effectively review a consumer’s care and services as their needs changed which led to the consumer’s hospitalisation.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The service did not demonstrate that consumers receive effective clinical care which is in line with best practice or with each consumer’s needs to optimise their health and wellbeing.

The management of consumers’ wounds did not always align with best practice. Not all staff demonstrated an understanding or knowledge regarding the identification of consumers’ high impact risks.

The service did not demonstrate consumers’ deterioration or changes in physical function or condition are identified, assessed appropriately or adequately recognised and responded to in a timely manner.

The service did not demonstrate that referrals always occur to medical officers and other health professionals when consumers’ care needs require specialised input.

The service has policies to ensure consumers receiving end of life care have their comfort and dignity maintained.

The service has systems and processes for communicating information about consumers’ conditions, needs and preferences as required.

The service has policies and procedures related to outbreak management and anti-microbial stewardship. Staff demonstrated an understanding of COVID-19 infection control practices and antibiotic prescribing. The Approved Provider stated the service has maintained a level of integrity specific to infection prevention and management. The outcome of the January 2022 COVID-19 exposure and subsequent lock-down highlighted the vigilance and oversite the service has in effectively managing infection-related risks.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found the service did not demonstrate consumers receive effective clinical care which is in line with best practice or with each consumer’s needs to optimise their health and wellbeing.

The service did not identify the pressure wound of one consumer had deteriorated to a stage 4 injury. with a diagnosed bone infection. There are no records on the wound assessment and management plans demonstrating that the wounds were identified as deteriorating before hospitalisation. No measurements were taken with weekly photographs of the wound, resulting in difficulty in assessing wound size and progress.

The consumer’s skincare plan was updated in response to recommendations following their hospital admission in February 2022 and an air mattress was reinstalled. Interventions include 2 hourly repositioning however the representative stated 2-hour repositioning has not always occurred when they have been there.

Clinical staff stated that the consumer often refuses treatment for their pressure injuries. The facility manager said there may be a deficit in knowledge of clinical staff regarding the staging of pressure injuries and will follow this up with additional discussions and training.

A second consumer had wounds to their heel however, there were no records in progress notes or a skin assessment that care or clinical staff identified any breakdown to the heel leading up to the identification of the pressure injury by the podiatrist. A wound assessment and care plan was commenced on that day noting the wound was a black scab, the pressure injury stage was not identified and the description of the wound was ‘crusty’. The frequency of change of dressing is recorded as daily, however, there is no further entry on the treatment chart until 3 days. Photographs taken 9 days apart showed a further breakdown of the wound. There is no evidence of referral to a wound consultant for advice on treatments.

Although a skin assessment has been completed there is no information on the care plan related to repositioning or any pressure relieving equipment used. Staff said they attend to the wounds as per instructions in place and that the consumer also had bandaging and cupped booties for protection of his heels. The Assessment Team observed the consumer in their room seated in a wheelchair. There was a bandage loose around the right ankle and a dressing with a piece of tape covering the left heel. The consumer was observed not wearing protective booties.

Another consumer had experienced a skin breakdown of the left great toe and progress note entries between 16 June 2021 and 18 June 2021 show monitoring of redness, soreness and pain in the consumer’s left great toe with medical officer input for antibiotic therapy and pain relief medication.

The representative had reported to clinical staff on Friday 18 June 2021 that they were concerned with the toe, however, there are no progress notes showing that care or clinical staff had identified the toe had broken down. The consumer’s representative visited on 21 June 2021 and informed the staff that the toe had broken down, and his sandal strap was embedded in his wound.

Although weekly measurements were required, measurements were not recorded for three months until 21 September 2021 when the wound had healed.

Another consumer did not have their wound attended to as per the wound specialist’s recommendations.

The Assessment Team observed staff did not use a wound trolley whilst dressing a consumer’s wound but had dressing materials on top of a disposable absorbent sheet on the floor.

In relation to wound care the Approved Provider response is as follows:

* The Approved Provider has acknowledged there were deficits in wound care for the named consumers and has organised wound care education sessions with a wound care consultant. They have also developed a new wound management process to support the existing policy and wound photography guidelines.
* Although the response states staff had recorded daily details in relation to the wound documented for the first consumer, no evidence of this was provided
* In relation to the second consumer the skin assessment has been updated to include repositioning and pressure relieving equipment. The wound is now being reviewed daily.
* In relation to the third consumer there have been documented discussions with the representative around how the wound was managed.

The Assessment Team found pain management of consumers is mostly provided in line with best practice and care planning documentation demonstrates consumers’ pain is assessed on an ongoing basis or as consumers’ needs change. However, one consumer with shingles did not have pain charting or assessments initiated to monitor their pain.

The Approved Provider’s response provided evidence that this consumer’s pain was being monitored and the consumer denied any pain and this was the reason no charting was commenced. The response also notes that staff will now be requested to complete a pain assessment or flow chart for anyone with this condition.

The Assessment Team found one consumer did not have any information about prescribed psychotropic medications on any behaviour support plans.

The Approved Provider in their response stated the behaviour support plan has been updated to reflect the medication and review.

The Assessment Team also noted that in the psychotropic register a consumer is prescribed the psychotropic medication Oxazepam for their responsive behaviours but had not had their ‘as required’ psychotropic medication since 2019. There was generic information on their behaviour support plan and no record of the medication.

The Approved Provider’s response stated that this medication is not currently prescribed for the consumer and provided documentary evidence of this.

Based on the information I find the service is Non-compliant with this requirement as the Approved Provider was not able to demonstrate effective management of consumers’ wounds.

### 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 found that the management of consumers’ skin integrity did not always align with best practices. Not all staff demonstrated an understanding or knowledge regarding the identification of consumers’ high impact risks.

Three senior clinical staff were unfamiliar with the term high impact or high prevalence risks and required prompting to describe consumers within the service that currently experienced high impact/high prevalence risks. However clinical staff were able to describe that one consumer’s highest risk was in relation to skin integrity.

In relation to one consumer, the Assessment Team stated that although a skin assessment has been completed there is no information on the care plan related to repositioning or any pressure relieving equipment used. Staff told the Assessment Team the consumer wears bandages to protect their heels and they place pillows under their heels for comfort and apply barrier cream to their skin. Staff said they had been attending to the consumers’ wounds as per instructions and that the consumer had bandaging and cupped booties for protection to their heels. The Assessment Team observed the consumer not wearing booties and with bandages loose around their ankles during the site audit.

The Approved Provider in their response provided information in relation to this consumer’s skin assessment showing the consumer is at very high risk and requires pressure-relieving booties, moisturiser applied and repositioning. The wound care plan requires ‘Melonin and Allewyn cup’ with crepe bandage changed every third day. Information provided in the response demonstrates that a wound consultant was not notified for at least three weeks in spite of the condition of the consumer’s wound requiring referral,

The Approved Provider has also responded to the identified deficits by developing a new wound management process that outlines actions required for all wounds including measurement during photography and the oversight required by the clinical nurse. Additional education will be provided to staff with the wound consultant.

The Assessment Team found that consumers’ weight loss was not always effectively managed. One consumer who had been assessed as gradually losing weight from August 2021 to January 2022 was not risk assessed until December 2021 and there was no evidence that further nutritional assessment had taken place to address their malnourishment.

In relation to staff understanding of what a high impact high prevalent risk is in relation to restrictive practices the Approved Provider has created a simple summary page for all staff and this information is to be located in all nursing stations across the home and form part of the orientation program for new employees.

I find that the Approved Provider did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, particularly in relation to the management of skin integrity and weight loss.

I find this requirement is Non-compliant.

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

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

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

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

The Assessment Team found that the service did not demonstrate consumers’ deterioration and changes in their physical function or condition are identified, assessed appropriately or responded to in a timely manner.

One consumer had been hospitalised due to a possible bowel obstruction had bilateral stage 4 pressure injuries to their buttock area. The Assessment Team found no records to reflect that clinical staff reported the deterioration of the consumer’s buttock wounds to senior clinical staff for further review. During hospitalisation, the wounds required review by a wound consultant. The representative said they had not been kept informed of the deterioration of the consumer’s wounds and happened to walk in one day when his dressings were being attended to and was quite shocked to see how large they had become.

One consumer’s left great toe had skin break-down in June 2021 resulting in a large open wound requiring the consumer to go to the hospital and have surgical debridement and antibiotic treatments. The skin breakdown was not identified by clinical staff. The representative said she had reported a small closed pustule on the consumer’s left great toe and when she revisited 2 days later the skin had broken down further. The representative was disappointed and had raised her concerns with the clinical manager.

Although one consumer was being monitored for constipation and bowel issues they were hospitalised as they had not opened their bowels for 9 days and the staff responded after they were notified by the family that the consumer had a distended bowel and was uncomfortable.

The Approved Provider in their response stated they have responded to each item identified in the Assessment Team’s report and have actioned the deficits accordingly. Further enhancement of knowledge in these areas and education provided to staff will assist staff to identify, escalate and respond in a timely manner.

Based on the information included in the Assessment Team report and the response by the Approved Provider I find this requirement is Non-compliant as the service did not effectively manage consumers’ deteriorating conditions.

### Requirement 3(3)(e) 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.*

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

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

The Assessment Team found that the service did not demonstrate that referrals always occur to medical officers and other health professionals when consumers’ care needs require specialised input. Although there are visiting allied health professionals and specialists available these providers are not always accessed. Specifically, one consumer was not referred to a wound specialist, 2 consumers were not referred to a dietitian and/or speech pathologist and one consumer was not referred to a counselling service when required. For example:

Two consumers who on return from the hospital were unable to eat the food provided and were not referred to a speech pathologist for assessment. One of these consumers was also not referred to a dietitian about their weight loss.

Another consumer was not referred to specialised counselling for their anxiety issues, following a recommendation by a dementia support service.

One consumer with a pressure injury that was not healing was not referred to a wound consultant.

Although staff are aware of the referral process, they do not always initiate referrals in a timely manner

The Approved Provider’s response demonstrates that referrals have subsequently been made as required. The response states that the Approved Provider will continue to undertake improvements in the areas related to timely and appropriate referral to specialists through improvements made in systems and process monitoring.

While I find the service Non-compliant with this requirement I acknowledge improvements commenced by the Approved Provider.

### Requirement 3(3)(g) 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.*

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# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Overall consumers considered that they get the services and support for daily living that is important for their health and well-being and that enable them to do the things they want to do.

Most consumers and their representatives expressed satisfaction with the support provided to meet consumers’ needs, goals and preferences and optimise their independence, health, well-being and quality of life. Consumers are offered a range of activities within and external to the service and are supported to do things they want to do independently.

Consumers and their representatives said they are satisfied with how staff supported their spiritual and emotional well-being and they felt comfortable talking to staff if they were feeling low. Staff could provide examples of how they promote the consumers’ overall well-being. Some consumers’ files contained information regarding significant life experiences, religious beliefs and practices and information to support emotional wellbeing.

Overall consumers and their representatives provided positive feedback about being supported to maintain relationships, participate in the community and do things that interest them. Staff could describe the relationships and interests of consumers, both within and outside the service.

Consumer and representative feedback, care planning documents and staff feedback demonstrated there is a process in place to ensure that information about consumers’ lifestyle needs and preferences are mostly communicated within the service and with others responsible for consumer care and services.

Consumers and their representatives described how they have access to other organisations and services to meet their needs. Staff described how they contact outside organisations and involve them in supporting the lifestyle services provided to consumers.

Most consumers and their representatives were satisfied with the quality of food at the service and said they are offered sufficient quantity and choice. Staff said they know consumers’ preferences and dietary needs from written information at the point of food service, and this ensures consumers get the right meal. The menu is planned in consideration of consumer feedback, dietary needs and preferences.

The Assessment Team observed a range of equipment to support lifestyle activities and social participation such as equipment to support mobility or comfort, puzzles, craft and activities, and entertainment devices such as televisions and a small well-stocked library. The equipment observed was clean and well maintained.

In response to the Assessment Team’s report, the Approved Provider stated small gaps identified by the Assessment Team have been reviewed and addressed by the service. Further work is underway to ensure that all consumer information reflects a personalised approach and captures the specific detail unique to each individual.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

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

### Requirement 4(3)(b) Compliant

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

### Requirement 4(3)(c) Compliant

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

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

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall sampled consumers and representatives considered that consumers feel they belong in the service, that it is their home and they feel safe and comfortable in the service’s environment.

The service demonstrated the environment is mostly safe, clean, well maintained and comfortable. While the Assessment Team reported that consumers living in the memory support unit were unable to move freely outdoors to support their independence, function and enjoyment, this issue had been identified by the Approved Provider prior to the site audit but work to rectify the problem had not been able to be completed. The memory support unit’s courtyard is now accessible.

Consumers and visitors were observed using communal areas. The service is welcoming and offered a range of comfortably furnished communal spaces that optimise consumer engagement and interaction. The service was observed to be clean and uncluttered, enabling the free movement of consumers. Staff described how they make consumers feel at home.

The Assessment Team observed most furniture, fittings and equipment to be clean and well maintained. Cleaning staff could describe the process by which equipment, furniture and fittings are cleaned and maintained.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

The Assessment Team found that the environment in the memory support unit did not enable consumers to move freely indoors and outdoors.

The Assessment Team observed the outdoor courtyard of the memory support unit to be unsafe for consumers.

* Shrubs and tree branches that required trimming back as they were hanging over paths and limiting visual access to the entire courtyard.
* Outdoor furniture that was unclean and covered in cobwebs.
* Paths and garden beds that did not line up, due to limited bark in the garden, which could easily be a tripping hazard for consumers.
* Paths had not recently been cleared of debris.
* An uneven soil mound in the middle of the courtyard that was accessible to consumers.

The doors to the Tolosa courtyard were also locked. One consumer’s representative said they had never seen the doors to the outdoor courtyard open and that they preferred to take the consumer to another courtyard or garden as it was a more pleasant environment.

Staff explained that they had a key and could provide access but preferred to supervise the consumers in the courtyard as there were hazards for the consumers.

In their response, the Approved Provider stated that maintenance was performed in the garden on the day and provided photographs. There was an improvement plan for the area that has already been budgeted but it had not been done due to COVID-19 lockdowns and the lack of available tradesmen. To ensure consumer safety, staff were asked to escort any consumer to explore the outside area when requested or as part of person-centred activities and engagement with consumers. All staff working in the memory support unit have key access to the Tolosa courtyard.

The service ensured all other areas are available to all consumers and these were all observed to be clean and well maintained, and the Approved Provider cleaned the memory support unit courtyard whilst the Assessment Team was on site, I am satisfied that maintenance work will continue to enable consumers in the memory support unit to have ongoing access to the courtyard.

Based on all of the information I find the service is Compliant with this requirement.

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Overall consumers and representatives considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives said they are informed of ways to make both internal and external complaints.

Staff demonstrated an awareness of the complaints process and how to support consumers to provide feedback through a variety of means. Information on advocacy and language services is available throughout the service to consumers and representatives.

While a group of consumers provided feedback that they don’t feel that things have improved since complaints were submitted mainly about the meals, consumers and representatives generally described how the service actions their complaints in a timely manner. The service demonstrated an open disclosure approach to enable the submission and resolution of complaints.

Management described how complaints data is reviewed and how action is taken to improve the quality of consumer care and services, including actions being taken in relation to concerns raised by some consumers about the menu.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

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

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

### Requirement 6(3)(b) Compliant

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

### Requirement 6(3)(c) Compliant

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The service did not demonstrate that all members of the workforce are competent or have the knowledge to effectively perform their roles. The service did not demonstrate that the workforce is trained and supported to deliver the outcomes required by these standards.

Most consumers and representatives are satisfied there are sufficient staff and requests for assistance are mostly answered in a reasonable period. Staff, across different roles in the service, are mostly satisfied there are sufficient numbers of staff to enable them to perform their duties. Roster documentation demonstrates shifts are filled, including unplanned leave.

Consumers and representatives interviewed expressed satisfaction with the way staff interact in a kind and caring manner. The service has policies and procedures to promote and support consumers’ individual cultural and diverse aspects of their lives Staff demonstrated how they ensure their interactions with consumers are respectful of each consumer’s identity, culture and diversity.

The service did not demonstrate regular assessment, monitoring and review of staff performance.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

The Assessment Team found staff did not demonstrate knowledge and skills to support some consumers with high impact and high prevalence risks, such as practices to manage wound care, bowel management and serious incident reporting. The service did not demonstrate how skills and knowledge acquired through competencies and training are embedded in staff practice.

One representative said that the quality of care provided varied depending on the level of staff training and placement of staff. They said there appeared to be a high number of new and inexperienced staff who were unfamiliar with the care needs of the consumer.

Several care and clinical staff interviewed by the Assessment Team said that new staff members do not have enough hands-on training before commencing work. Most care staff said they had not had any formal wound care management training however they are required to complete mandatory online training regarding wounds.

Clinical staff said that wound area care at the service is a problem as staff are not attending to consumers’ wounds correctly. They reported that some staff are updating wound charts without attending to the wound or providing care.

Clinical staff said that bowel management is not managed well at the service. Staff had not received recent training in bowel management and much new staff had not had sufficient training.

In response to this feedback, management told the Assessment Team they were not aware of any instances where staff were incorrectly completing wound charts. They said that some wound management training had previously been offered to clinical and care staff however there had not been a big uptake. The issue of wound management has recently been referred to the organisation’s clinical educator for further enquiry into what training can be provided.

Deficits were noted by the Assessment Team in relation to staff knowledge and practice related to pressure injury management and bowel management as outlined in requirements 2 (3) (a), 3 (3) (a) and 3 (3) (b).

The Approved Provider in their response said the service has a defined orientation and induction program for all new staff to ensure new employees understand their role and responsibilities for resident care. This includes a regular induction program, orientation checklist and extended care assistants (ECA) competency booklet that all staff complete.

As part of the service’s ECA competency assessment for all new employees, staff must complete the skin integrity competency. In addition, the service has organised additional education sessions with a Wound Care Clinical Nurse Consultant. These sessions will include wound assessment, dressing choices, and pressure injury management. Extended care assistants will attend a pressure injury management session. Bowel management training for staff has been included in the overarching education focus for the service that includes a range of education areas that have been identified.

The Approved Provider in their response state they find no evidence that staff are updating wound charts without attending care. They affirm this is not the accepted practice and further review, education and conversation with all staff on this matter has occurred.

I find that staff do not have the competence to effectively perform their roles in relation to these areas noted above and as acknowledged by the Approved Provider further education is to be provided to staff in these areas.

I find the service Non-compliant with this requirement.

### 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 found that the service did not demonstrate that the workforce is trained to deliver the outcomes required by these Quality Standards. The service did not demonstrate that its processes include an effective review of training delivered to staff, in relation to SIRS, wound care, bowel management and restrictive practices.

Five consumers and their representatives commented that they have some difficulty understanding CALD staff and that this can lead to misunderstandings regarding the care delivered and frustration for consumers.

One consumer said that there is inconsistency with staff and their knowledge about what to do for them in relation to their care needs. The consumer finds it is not good and always has to repeat themselves.

Other consumers were satisfied with the care provided.

Care staff said that whilst there was a lot of talk about what to look for regarding wounds and skin deterioration there had not been any formal training provided. Care staff said they had received training on the Serious Incident Response Scheme (SIRS). However, some staff were unable to clearly explain what the various types of reportable incidents were. Not all staff were able to specifically detail the 5 types of restrictive practices.

Management acknowledged to the Assessment Team that there are some knowledge gaps regarding wound care, pain management, bowel management and advanced care planning.

The Assessment Team noted the online learning platform is available all year and includes elder abuse, manual handling, infection control, bullying and harassment, work health and safety, fire and emergency, medication calculations, food safety, safe chemical handling, COVID and NDIS Orientation.

The Approved Provider responded to say they partnered with TAFE Tasmania in late 2021 to develop CALD training for some staff to increase numeracy, literacy and communication skills.

They have also conducted a learning needs analysis survey for staff to complete and will keep it open so all staff such as those impacted by COVID-19 have a chance to complete it.

The Approved Provider disagrees with the staff comments that training on skin integrity has not been conducted as it is included in the ECA competency booklet staff are required to complete.

To assist with the recall of information specific to SIRS, the Approved Provider has created a simple summary page for all staff which is located in all nursing stations across the home and forms part of the orientation program for new employees.

The Approved Provider also outlines that there is an education action plan to ensure any identified gaps in education are addressed.

I have considered the Assessment Team’s report and the Approved Provider ‘s response. Although some education has been provided to staff it does not appear that this training is fully embedded in their practices.

I find the service Non-compliant with this requirement.

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

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

The Assessment Team found this requirement Met. I have come to a different view. While management described and demonstrated processes to assess, monitor and review the performance of staff working at the service they acknowledged there have been some delays in completing all performance reviews for the 2021 calendar year. The reason for this was described to the Assessment Team as due to changes in management and the impact of COVID-19. An administration officer is currently coordinating a process for all staff to undertake their annual review.

Some staff interviewed by the Assessment Team confirmed they attend annual performance reviews where they can discuss concerns and request additional training needs. However, some staff said that performance reviews have not always occurred every 12 months. The service does have policies and procedures in relation to staff performance and disciplinary matters.

The issues identified by the Assessment Team in relation to deficits in assessment and planning and the provision of clinical care under Standard 2 and 3 requirements indicate that staff performance is not assessed, monitored and reviewed. Performance appraisals did not consistently occur to monitor and assess the training and development needs required by staff.

I have considered all the information provided and I find the service Non-compliant with this requirement.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Assessment Team found the service did not demonstrate compliance with regulatory requirements in relation to SIRS reporting, and the provision of an IPC lead on-site. The Assessment Team also found governance practices in relation to the management of high impact and high prevalence risks associated with the care of consumers are not effective. Most consumers considered that the organisation is well run and stated that they can partner in improving the delivery of care and services. For example, most consumers and representatives described how they are involved in the care planning and review process. Some consumers and representatives said they attend ‘resident/relative’ meetings and provide feedback to improve care and services.

Management described how the governing body promotes a culture of safe, inclusive and quality care, including the undertaking of a trial increasing staff hours to reduce consumers acquiring pressure injuries. The Board receives a report from the executive about a range of issues, which includes SIRS reporting, complaints, National Quality Indicator data and risk register information. This data is reviewed regularly. The Board has meetings, inclusive of clinical governance to monitor performance.

The service demonstrated effective governance systems in relation to information management, continuous improvement, and financial and workforce governance.

The service’s clinical governance framework provides an overarching monitoring system for clinical care. The framework addresses antimicrobial stewardship, open disclosure and minimising the use of restraint.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

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

### Requirement 8(3)(b) Compliant

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

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

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

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

The Assessment Team found the service did not meet regulatory compliance requirements. Two serious incident reporting scheme reports were not submitted within the appropriate timeframe.

For one case the Approved Provider has responded by stating as it was the weekend and the manager responsible was not on call at the time. The information was reviewed and it was only considered a Priority 2 report at the time. It was only after further information was reviewed that it was reported as a Priority 1 report which was 4 days after the incident occurred. This is outside of the 24 hours mandated reporting timeframe.

The Approved Provider stated the second report was not lodged within the 24-hour timeframe as the service believed the request for lodgement of a SIRS incident report came from a malicious source and not from the Commission.

In my opinion, the service did fail to report within mandated reporting timeframes on both occasions as there should have been someone on call in the first instance to review the email in place of the manager, to ensure correct reporting times.

In the second instance, further investigation should have been undertaken to review the consumer to see if there was a reason to submit the report following the first call requesting a report be submitted. This does not seem to have occurred and the report was only submitted following the request from the Commission on 20 February 2022.

An IPC lead was not replaced on-site when the current IPC lead went on maternity leave in December 2021. Although there was a consultant employed by the Approved Provider to manage infection control practice across the organisation, this consultant was not an on-site IPC lead as per the regulatory requirements. As it was evident the IPC lead would be taking leave due to their pregnancy, pre-planning was inadequate to replace them.

The Approved Provider stated a permanent part-time IPC lead/wound management registered nurse will commence employment on 30 March 2022.

I find the service Non-compliant with this requirement because the Approved Provider did not comply with Serious Incident Reporting Scheme notification requirements and did not provide a trained IPC lead on-site for at least three months.

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

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

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

The Assessment Team found that the service did not demonstrate that high impact or high prevalence risks associated with the care of consumers are effectively managed, or that incidents are managed, reviewed and analysed to mitigate recurrence. The service did not demonstrate that it identifies or responds to abuse and neglect of consumers.

The service has a range of policies and procedures to address elder abuse and manage and prevent risks to consumers. The organisation has a documented risk management framework, including policies and this has been supported through education for staff.

However, it is unclear how this framework is understood by staff and how risk is effectively managed by the service. Three senior clinical staff were unfamiliar with the term high impact or high prevalence risks and required prompting to describe consumers within the service that currently experienced high impact/high prevalence risk.

The Assessment Team documented two consumer cases of neglect in relation to bowel care and wound care which led to the consumers’ hospitalisation. The Approved Provider as documented in their response to requirement 2(3)(a), that a bowel management process has been established to help strengthen the monitoring of consumers’ bowel function. I am unclear how these incidents were evaluated and what actions are taken to prevent a recurrence.

Similarly, the service’s wound care processes failed to ensure a consumer’s wounds were effectively managed. The service was made aware of the consumer’s wounds on 18 February 2022 but only lodged a SIRS report on 21 February 2022, following a request from the Commission. This was outside of the mandatory 24-hour reporting timeframe.

I find the service did not adequately demonstrate effective management of wound care, skin integrity and bowel management for each consumer. Although management and clinical staff were able to describe how they monitor these risks the service did not demonstrate that this monitoring is consistently performed.

The Approved Provider in their response believes there is not an issue with governance or with the risk management framework that is currently in place, but an issue with staff compliance with policies and procedures.

The Approved Provider also stated the reason for the lateness of the SIRS report lodged on 21 February 2022, in relation to the neglect of a consumer’s wounds was that they believed the request by the Commission was a hoax.

Based on the information provided I find the service Non-compliant with this requirement as the Approved Provider has a risk management framework and incident management system in place, these are not used effectively to manage incidents and mitigate their recurrence.

### Requirement 8(3)(e) 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.*

# 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.

* Ensure assessment and care planning includes consideration for relevant consumer risks, particularly in relation to weight loss, bowel management and wound care.
* Ensure care plan interventions consider and are consistent with current assessed needs.
* Ensure consumers’ care and services are reviewed when their circumstances change or incidents impact their needs and goals.
* Ensure advance care planning is in place or has been discussed with all consumers.
* Ensure the outcomes of assessment and planning are effectively communicated to the consumer and or their representative and documented in a care and services plan that is readily available to them.
* Ensure consumers receive appropriate personal and clinical care tailored to their individual care needs, particularly in relation to skin integrity, wound care, bowel management and dietary needs.
* Ensure all consumers’ clinical risks and in particular risks associated with wound care, bowel care and weight management are managed safely and effectively.
* Ensure that timely referrals are made to other health professionals especially in relation to wound care, dietary needs and speech pathology.
* Provide staff training and support in relation to consumers’ clinical assessment, care planning, monitoring and review including related documentation.
* Provide staff training and support in the management of consumers’ skin integrity, wounds, bowel management and swallowing problems.
* Ensure staff training is evaluated to ensure staff knowledge in relation to SIRS, wound care, bowel management and restrictive practices are fully embedded.
* Ensure performance appraisals are conducted regularly to determine staff training needs and determine development needs.
* Ensure the service understands and meets its regulatory requirements in relation to having an IPC lead and submitting SIRS reports.
* Ensure the service monitors and effectively manages and prevents risks associated with the care of consumers and take appropriate action if a risk has increased.