Barrington Lodge

Performance Report

120 Swanston Street   
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Phone number: 03 6228 2164

**Commission ID:** 8031

**Provider name:** The Salvation Army (Tasmania) Property Trust

**Site Audit date:** 22 March 2022 to 25 March 2022

**Date of Performance Report:** 12 May 2022

# Performance report prepared by

J Liau, 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) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | 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** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | 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 on 2 May 2022.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

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.

For example:

* Consumers and their representatives expressed satisfaction that consumers are mostly treated with dignity and respect. Feedback included that staff treat the consumers well and are respectful and kind. All consumers said they feel comfortable at the service.
* Consumer and representative feedback demonstrate that consumers feel supported to exercise choice, maintain independence, make connections and maintain relationships. Staff could provide examples of how consumers are supported in decision making and maintaining social interaction.
* Staff interviewed showed understanding and respect towards each consumer and described specific details about their care and what is important to them.
* Feedback from consumers, their representatives and staff, documentation reviews and observations made by the Assessment Team demonstrate how the service respects consumers’ privacy, including consumers’ personal information and private space.

Review of documents showed the service has a range of policies including Diversity Choice and Decision Making and Diversity and Inclusion, to guide and support staff.

The Assessment Team observed brochures on various topics are available in the foyer. For example, brochure on Advocacy, the impacts of COVID-19, the community visitor scheme, the Aged Care Charter of Rights etc., which was printed in 9 different languages.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Most sampled consumers and representatives considered that they feel like partners in the ongoing assessment and planning of their care and services. However, the service did not adequately demonstrate that ongoing assessment and planning occurs with each consumer and that risks associated with the health and well-being of consumers are appropriately considered.

While the service maintains a range of assessments and care plans, deficits were identified in relation to the use of these tools to identify or address each consumer’s current needs, goals or preferences. For example, assessments and care plans were not evident or reflective of consumers’ current complex care needs related to skin care, oxygen therapy and wound management, behaviour management and documentation of the end of life wishes. Assessments and care plans are not updated regularly to reflect changes in consumers’ care needs to assist with optimising consumers’ health and well-being.

The service did not demonstrate care and services are reviewed and monitored for effectiveness when changes occur that impact on the needs of consumers. Some consumers and representatives expressed satisfaction regarding communication-related to assessment and care planning, however not all consumers and representatives could confirm they had received a care plan or how they would access care plans 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 service did not demonstrate that assessment and care planning always identify and consider each consumer’s risk associated with their health and well-being. For the consumers sampled, 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.

One consumer returned from hospital to the service with an indwelling urinary catheter they previously did not have. The Assessment Team identified progress notes made no mention of the indwelling catheter when the consumer returned to the service. The care plan was not updated to reflect the changes in the consumer’s health condition. The continence domain in the care plan indicates that they require continence aids and scheduled toileting.

Another consumer uses oxygen and has existing wounds which are reviewed by the community wound clinic. There was no reference to their oxygen therapy or wound clinic consultations in their care plan. One consumer was commenced on comfort care measures due to their declining health condition however such information is not captured in their care plan.

The provider’s response recognises the deficits identified by the Assessment Team and demonstrated that new process has been put in place to ensure assessment and planning are effective. While I note the actions taken since the audit, this remedial action is still in progress.

Based on the available evidence I am not satisfied the approved provider has demonstrated compliance with this requirement. Thus, I find this service non-compliant in this requirement.

### 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 service did not demonstrate assessment and planning identified and addressed consumer’s current needs, goals and preferences, including advance care planning and end of life planning. Review of five consumer files showed assessments and care plans which were not reflective of consumers’ current needs.

One consumer who is subjected to chemical restraint has incomplete record of the restrictive practice used in their care plan. The care plan does not specify the medication used, when it began, the intended duration or frequency of its use, nor the outcome of its use. Another consumer who entered the service for a 2-week respite has no interim care plan developed despite the consumer entered the service 7 days prior to the site audit.

The provider’s response recognises the deficits identified by the Assessment Team and demonstrated that new process has been put in place to ensure they do everything they reasonably can to plan care and services that centre on the consumer’s need and goals and reflect their personal preferences. While I note the actions taken since the audit, this remedial action is still in progress.

Based on the available evidence I am not satisfied the approved provider has demonstrated compliance with this requirement. Thus, I find this service non-compliant in this requirement.

### 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.*

### 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.*

Some consumers and representatives expressed satisfaction regarding communication-related to assessment and care planning, however not all consumers and representatives could confirm they had received a care plan or how they would access care plans if required.

The service’s assessment and planning policies describe staff procedures in assessing and planning consumer needs in consultation with the consumer and/or representatives but does not include sharing the outcomes of this process or having consumers or representatives accessing the care plan.

Management acknowledged care and services plan consultation required improvement and said that although clinical staff are conducting care plan reviews, they may not contain enough detail and may not document all relevant discussion they had with consumers or their representatives.

The provider’s response recognises the deficits identified by the Assessment Team and demonstrated that new strategies have been put in place to ensure assessment and planning information are communicated in a way the consumer understands and the service is able to provide a copy of the consumer’s care and services plan in a format they understand upon request.

While I note the actions taken since the audit, this remedial action is still in progress. Based on the available evidence I am not satisfied the approved provider has demonstrated compliance with this requirement. Thus, I find this service non-compliant in this requirement.

### 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 service was found non-compliant with this requirement following an Assessment Contact in October 2021. The findings related to consumers’ clinical documentation reviewed by the Assessment Team did not consistently reflect care and services review processes have been completed when required.

In relation to this Site Audit, the Assessment Team found the service did not demonstrate care and services are reviewed and monitored for effectiveness when changes occur that impact on the needs of consumers. While consumers and representatives were satisfied with the communication from staff regarding changes in care needs and incidents, care planning documents do not always reflect these changes.

Although the service keeps a complex health care needs register which identifies consumers receiving specialised nursing care that may require additional reviews, this is not always accurate and updated to ensure consumer are safe and risks are minimised. For example, one consumer with multiple chronic conditions had their care plan reviewed four times in 2021 with all comments stating that the plan remain current, nil changes required and continue. Another consumer had a recent fall however their care plan was not updated with the physiotherapist’s recommendations.

The provider’s response recognises the deficits identified by the Assessment Team and demonstrated that new strategies has been put in place to ensure the service regularly review the care and services they provide to consumers.

While I note the actions taken since the audit, this remedial action is still in progress. Based on the available evidence I am not satisfied the approved provider has demonstrated compliance with this requirement. Thus, I find this service non-compliant in this requirement.

# 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

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

While the majority of the sampled consumers considered that they receive personal care and clinical care that is safe and right for them, the Assessment Team identified the service’s processes and procedures for managing consumers’ care were not always completed in line with best practice or the service’s guidelines. For example, some consumers’ high impact or high prevalence risks are not managed effectively in relation to wound management and behaviour management. Documentation does not always indicate timely identification, monitoring and appropriate care when changes occur to optimise consumers' health and well-being.

While the service has a planned approach to assessment and planning of consumers’ personal and clinical care which optimises each consumer’s health and well-being, this is not always carried out effectively.

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

### Assessment of Standard 3 Requirements

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

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

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

The service did not demonstrate consumers receive effective clinical care which is in line with best practice or with each consumer’s needs to optimise their health and well-being. While the service monitors consumers on any form of restrictive practice, these consumers are not always effectively assessed, monitored and reviewed. The service did not demonstrate that consumers’ wound management are being managed according to best practice to optimise the consumer’s health and well-being.

The Assessment Team viewed various components of 13 consumer files. The documentation reflected consumer care needs which was mainly current although not always based on best practice. For example, one consumer was prescribed psychotropic medication to manage their behaviours. A behaviour support plan is in place however there is no evidence of the use of this form of restrictive practice is being reviewed regularly nor the effectiveness or the side effects of using the psychotropic medication being monitored. Care plan reviews showed the clinical care interventions was not individualised nor tailored to the consumer’s need. It contains incomplete information and are non-descriptive with evaluation comments such as ‘remains current’ with the last evaluation occurring some five months ago.

The Assessment Team noted inconsistency in wound assessment documentation and does not align with service’s wound management policy. For example, one consumer has no individualised wound care management plan tailored to their needs. There is no individualised repositioning plan, nutritional assessment, skin hygiene plan to manage their wound. Another consumer with chronic wound has minimal wound charting notes on file and it does not reflect to best practice. The Assessment Team also noted the wound measurement is missing from the chart.

The Assessment Team viewed the file of 3 consumers identified as having interventions related to pain. The Assessment Team found the service provide care for pain management according to best practice and has individualised pain strategies in place to optimise consumers’ health and well-being.

The provider’s response recognises the deficits identified by the Assessment Team and demonstrated that new systems and processes has been put in place to ensure that the personal and clinical care they provide is best practice, tailored to the consumers’ needs and optimising the consumer’s health and well-being.

While I note the actions taken since the audit, this remedial action is still in progress. Based on the available evidence I am not satisfied the approved provider has demonstrated compliance with this requirement. Thus, I find this service non-compliant in this requirement.

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

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

Most consumers and representatives expressed satisfaction with the management of consumers’ high impact or high prevalence risks. However, the service’s electronic documentation system does not always inform the service to monitor and respond to high impact or high prevalence risk.

The Assessment Team reviewed five consumer files where a range of high impact or high prevalence risks had been identified for consumers related to falls, wounds and weight management. Review of care planning documentation did not demonstrate the management of risks associated with consumers. For example, the documentation did not demonstrate the service reassesses prevention strategies as part of a consumer’s wound management nor monitor them for any signs of infection and pain during wound care interventions.

Another consumer with unplanned weight loss did not have any notation in their progress notes, nor interventions to acknowledge the loss in weight. The service did not demonstrate that the consumer had been referred to other healthcare professional for further review in relation to their weight loss nor any additional strategies had been put in place to manage the risk.

The provider’s response recognises the deficits identified by the Assessment Team and demonstrated that new systems and processes has been put in place to ensure that the service manage risks related to the personal and clinical care of each consumer.

While I note the actions taken since the audit, this remedial action is still in progress. Based on the available evidence I am not satisfied the approved provider has demonstrated compliance with this requirement. Thus, I find this service non-compliant in this requirement.

### 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) 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.*

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

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

The service did not demonstrate that consumer care and services plans are up to date, and that the information from multiple sources were being communicated effectively to relevant members of the workforce. The agency staff working at the service did not have access to the end of shift report. The Assessment Team found the service did not manage information in relation to information deficits, pending information and missing information and that follow up occurs.

For example, four consumers who required additional infection control precautions do not have this information included in their care plans to inform the ongoing care. One consumer who entered the service for respite care had no admission assessments completed and no wound chart for a wound developed within the facility.

Consumers and representatives said they are always notified when incidents occur, when the consumer is unwell or if there are any care changes. Clinical and care staff have access to some of the consumer records and are able to describe how they shared care documents about consumers’ needs and preferences with others, although this information is not always current.

The provider’s response recognises the deficits identified by the Assessment Team and demonstrated that new communication processes has been put in place to ensure that their workforce has information about delivering safe and effective personal and clinical are and understanding the consumer’s condition, needs, goals and preferences.

While I note the actions taken since the audit, this remedial action is still in progress. Based on the available evidence I am not satisfied the approved provider has demonstrated compliance with this requirement. Thus, I find this service non-compliant in this requirement.

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

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

### 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.*

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers considered that they get the services and support for daily living and that consumers are supported to pursue activities that are important to them to maintain their health and well-being.

For example:

* Consumers sampled stated there is a wide range of activities they can choose to attend. Consumers said that staff encouraged them to attend activities while respecting their choice if they chose not to attend.
* Consumers are satisfied the service respects their individual choices with respect to daily living. Consumers felt they are supported to maintain their emotional well-being.
* Consumers stated they felt supported to follow their own interests both within and outside of the service. Consumer’s interests are documented, and staff demonstrated knowledge of the sampled consumers’ interests.
* Overall consumers stated their preferences are known in relation to their incidental activities of daily living. Documentation, including care plans and progress notes, demonstrated that there is adequate information for staff to support consumers with their activities of daily living. However, the Assessment Team identified gaps in care planning documentation of consumers.
* Consumers confirm the service engages external community services that can support the consumer’s engagement with the wider community. Consumers’ care planning shows the level of participation from external services.
* Consumers provided mixed feedback on the quality of the food. All consumers are satisfied with the variety and quantity of food provided. Staff were aware of the dietary requirements of consumers sampled and identified those consumers who required modified meals and fluids. Staff also demonstrated awareness of consumers' personal preferences in relation to where they preferred to eat their meals.
* Consumers interviewed are satisfied that they have access to safe, clean and well-maintained equipment.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Most consumers and their representatives provided positive feedback about the environment and stated their rooms, bathrooms, and the service is clean and well maintained.
* Consumers said they feel safe, comfortable and at home at the service.

Maintenance records demonstrated maintenance is completed promptly at the service.

The Assessment Team observed the service environment to be welcoming, mostly clean and well maintained. The service offered communal areas of different sizes, both inside and outside. Overall, furniture, equipment and fittings in the service appear clean and well 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.*

### 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Most sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Most consumers and their representatives said they are encouraged and supported to raise feedback or concerns and that management welcomes feedback.
* Three consumers and/or representatives expressed dissatisfaction with the complaints process and subsequent follow up by management.
* Most consumers and representatives said they are aware of services available to assist them to make complaints such as advocacy services. Most consumers and representatives said they are comfortable raising issues directly with the service.
* Most consumers and representatives are satisfied appropriate action is taken in response to their feedback or concerns and said they saw improvements in care and services as a result of their feedback.

Management demonstrated an understanding of open disclosure and staff could describe situations when they apply open disclosure. Feedback documentation and meeting minutes indicate comments and concerns are addressed and used to inform improvements.

The Assessment Team observed internal and external complaints information on display within the service, as well as advocacy and language services. Information is available in several languages.

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 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The service demonstrated they have a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services. For example:

* Overall feedback provided by consumers, representatives and staff regarding the adequacy of staffing levels indicated generally there is enough staff. A small proportion of consumers stated staff respond promptly when they call for staff assistance, a consumer stated that they might have to wait during peak care times, but this has not caused them any adverse impact. Staff confirmed management attempt to replace staff absences whenever possible.
* Consumers and representatives are satisfied that staff are kind, caring and gentle when providing care. The Assessment Team observed positive interactions between staff and consumers.
* Overall consumers and representatives said staff know what they are doing. The workforce is recruited according to inherent skills required to fulfil the responsible duty and other staff hold minimum competency qualifications.

It was noted that call bell and sensor mat response times are not formally reviewed. However, the service indicated that there is a current project to upgrade the call bell system to enable them to monitor the real-time data.

Management explained staff performance review process is conducted informally through consumer feedback and more formally through incident reviews and annual staff appraisals. Staff interviews, and documentation indicated the staff appraisals are ongoing.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as 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) Compliant

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

### Requirement 7(3)(d) Compliant

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

### Requirement 7(3)(e) Compliant

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

# 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered the organisation is well run and they can partner with the organisation in improving the delivery of care and services. For example:

* Consumers and representatives provided examples of how they have engaged and provided feedback about care and services to the organisation. Management described how improvements have been initiated in response to feedback gathered from consumers.
* Representatives expressed their satisfaction with the service’s continuous improvement in the area of consumers communication. They said the service have regular communication with them during the recent COVID-19 outbreak.

The service is governed by an overarching organisation. The organisation’s board oversees and supports the service’s day to day functions as well as forward business planning, budget and performance. The board supports the service through departmental functions such as finance, human resources, education, procurement and contract management that enable the service to meet its industrial and legislative requirements.

The Assessment Team identified deficits in the service’s risk management system pertaining to managing high impact or high prevalence risks associated with the care of consumers. Although the service has policies and processes in place to manage consumers living with high impact and high prevalence risks, these are not always followed through in practice by staff.

The Assessment Team identified deficits in the service’s clinical governance framework in relation to minimising use of restraint. The service did not demonstrate they have a system in place to ensure consumers subjected to restrictive practices are being effectively assessed, monitored for side effects and reviewed regularly for effectiveness according to legislative requirements.

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) 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.*

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

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

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

The service was found non-compliant in this requirement following an Assessment Contact in October 2021. The findings related to the application of the service’s risk management systems and processes, which are not yet fully embedded into staff practice to ensure consumers’ incidents are consistently reported, and care needs reviewed to minimise risk of recurrence.

The Assessment Team found the service did not adequately demonstrate that it monitors and reviews its risk management systems and process in relation to managing high impact or high prevalence risks associated with the care of consumers.

Review of documentation identified gaps in the service’s system and processes to support the delivery of care to consumers with high impact, high prevalence risk. For example, one consumer with an existing wound did not have care planning documentation, wound charting and pain charting in place. Another consumer who returned from hospital with an indwelling catheter did not have this information recorded in their care plan. One consumer who entered the service for respite care did not have care planning documentation on record and the handover sheet was not updated to include their details until day six of them being admitted to the service.

The provider’s response recognises the deficits identified by the Assessment Team and demonstrated that new risk management systems and processes has been put in place to help them to manage high impact or high prevalence risks associated with the care of consumers.

While I note the actions taken since the audit, this remedial action is still in progress. Based on the available evidence I am not satisfied the approved provider has demonstrated compliance with this requirement. Thus, I find this service non-compliant in this requirement.

### 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 service did not adequately demonstrate it monitors and reviews its performance in relation to minimising the use of restraint.

The service did not demonstrate that their system captures all forms of restraints used in the service. While the service keeps a register of consumers on restrictive practice, these consumers are not always being effectively assessed, monitored for side effects and reviewed regularly for effectiveness according to legislative requirements. While the service has not been able to conduct medication advisory committee meetings since 2020, however the service has completed residential medication management reviews and obtained pharmacy reports.

Staff have been educated about the policies associated with the service’s clinical framework and were able to provide examples of their relevance to their work. The service has a system in place for monitoring the use and effectiveness of any antimicrobial prescribed. There is also a system to support communication with consumers about incidents that have caused harm.

The provider’s response recognises the deficits identified by the Assessment Team and demonstrated that a new clinical governance framework has been put in place for delivering safe, quality clinical care and for continuously improving services.

While I note the actions taken since the audit, this remedial action is still in progress. Based on the available evidence I am not satisfied the approved provider has demonstrated compliance with this requirement. Thus, I find this service non-compliant in this requirement.

# 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.

**In relation to Standard 2, Requirements 2(3)(a), 2(3)(b), 2(3)(d), 2(3)(e)**

* Ensure the processes of assessment and planning for care are effective for all consumers and include consideration for risks to consumers’ health and wellbeing.
* Ensure assessment and planning identifies and addresses the consumer’s current needs, goals and preferences.
* Implement effective processes for the regular review of consumers.
* Ensure staff have the skills and knowledge to meet the above.

**In relation to Standard 3, Requirements 3(3)(a), 3(3)(b), 3(3)(e)**

* Review processes and staff practices in relation to use of restrictive practices, skin integrity and pressure injuries.
* Ensure effective processes are in place to manage staff practice in relation to high impact or high prevalence risks associated with the care of each consumer.
* Review processes used to communicate information within the service and others where responsibility of care is shared.
* Ensure staff have the skills and knowledge to meet the above.
* Implement monitoring processes to ensure above processes are effective.

**In relation to Standard 8, Requirements 8(3)(d), 8(3)(e)**

* Ensure the risk management system is used effectively in practice by staff to manage high impact or high prevalence risks associated with the care of consumers.
* Ensure legislated principles associated with the use of restrictive practices are followed.
* Ensure staff have skills and knowledge to meet the above.