Performance

Report

1800 951 822

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| Name of service: | Performance report date: |
| Bedingfeld Lodge | 5 August 2022 |
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| Approved provider: | Activity date: |
| Bedingfeld Park Inc | 7 June 2022 to 9 June 2022 |

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

**This performance report**

This performance report for Bedingfeld Lodge (**the service**) has been prepared by Alice Redden, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the site audit; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 1 July 2022 stating a detailed response to the site audit report would not be provided but the service was committed to actioning the deficits identified.

# Assessment summary

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

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

# Areas for improvement

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

Standard 1 Consumer dignity and choice

* Requirement (3)(d): Ensure consumers choosing to undertake activities involving risks, including smoking and using electric wheelchairs, have the risks associated with the activity assessed and strategies implemented to support the consumer to mitigate the risks and live the life they choose.

Standard 2 Ongoing assessment and planning with consumers

* Requirement (3)(a): Ensure assessments are consistently completed, including risk assessments, and that assessment information is used to inform the strategies in the care plans to manage care and associated risks.
* Requirement (3)(b): Ensure assessments and care plans are reflective of each consumers’ current needs, goals and preferences and that they are updated when changes occur.
* Requirement (3)(e): Ensure assessments, plans and care strategies are reviewed for effectiveness and appropriate changes made when changes, deterioration or incidents occur which impact on the consumers care.

Standard 3 Personal care and clinical care

* Requirement (3)(a): Ensure clinical care provided is safe and effective for each consumer and is in line with best practice and consumer needs, including but not limited to the management of weight loss, pain, wounds, falls and deterioration.
* Requirement (3)(b): Ensure high impact and high prevalence risks are identified and managed effectively including in relation to pain, falls incidents and pressure injuries.
* Requirement (3)(d): Ensure consumers with clinical deterioration have the deterioration identified, assessed, monitored and responded to in a timely manner to prevent further deterioration or negative impacts to the health and wellbeing of consumers, specifically but not limited to deterioration or changes in wounds and weight.
* Requirement (3)(f): Ensure consumers are referred to appropriate specialists and medical officers when changes occur or when clinically indicated and that referrals are timely and include all information required to assist the specialist or medical officer to undertake further assessment and provide direction on care.

Standard 4 Services and supports for daily living

* Requirement (3)(c): Ensure each consumer is provided with sufficient supports and services to socially engage with others and to attend and participate in activities of interest to them in line with their assessed needs.
* Requirement (3)(d): Ensure information about each consumers’ needs and preferences are clearly communicated to others where care is shared including to hospitality staff and those providing medical care.

Standard 5 Organisation’s service environment

* Requirement (3)(b): Ensure all consumers can freely access outdoor areas and that the service environment is safely maintained including removing dirty laundry trolleys from consumer common areas and access.

Standard 6 Feedback and complaints

* Requirement (3)(d): Ensure complaints and feedback information is used to identify trends and implement actions and continuous improvement activities to improve the care and services.

Standard 7 Human resources

* Requirement (3)(a): Ensure there are sufficient numbers and mix of staff to provide safe and quality care and services in line with the Standards, including ensuring sufficient staff are available to support consumer social and lifestyle engagements and activities and sufficient clinical staff to provide appropriate clinical oversight and assessment.
* Requirement (3)(c): Ensure staff, specifically staff providing clinical care, are monitored and deficits in practice and competence are identified and actioned to ensure staff are competently performing their roles, including in relation to assessment and management of wounds, pain, weight loss and clinical deterioration.

Standard 8 Organisational governance

* Requirement (3)(b): Ensure information provided and reported to the Board and governing body is accurate and reflective of care and service outcomes at the service, including in relation to complaints, incidents, clinical data and restrictive practices to ensure the Board is accountable for the service. Ensure governance support including policies and procedures are current and up to date to ensure the service is supported in providing safe and quality care and services and the governing body is accountable for its delivery aligning with the policies.
* Requirement (3)(c): Ensure governance systems are implemented effectively including staff practice aligning with policies and procedures in relation to information management, workforce governance, complaints and continuous improvement and regulatory compliance in relation to incident management and reporting.
* Requirement (3)(d): Ensure risk management frameworks are effectively implemented and staff practice, and knowledge aligns with policies and procedures in place including in relation to managing high impact risks, reporting incidents and identifying and responding to abuse.
* Requirement (3)(e): Ensure a clinical governance framework is embedded, monitored and reviewed for effectiveness including processes of reporting and monitoring clinical data, restrictive practices and providing clinical oversight.

# Standard 1

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| Consumer dignity and choice | | Non Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Non-compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

I have found the Service Non-compliant in Standard 1, the non-compliance is in relation to Requirement (3)(d) and is based on the summarised evidence below.

The Assessment Team found the service was not supporting each consumer, where consumers were choosing to undertake risks such as smoking or using electric wheelchairs, to ensure the risks were identified, mitigated or minimised in consultation with the consumer, and the consumer supported to live the life they choose. Examples included:

* Three consumers who choose to smoke did not have appropriate assessments undertaken at the time of the site audit to identify the associated risks or provide strategies in consultation with the consumers to support their smoking and minimise the associated risks.
* One consumer who smokes had recent incidents involving smoking resulting in injury. The service had not implemented strategies to manage the risks and support the consumer to smoke safely.
* Two consumers who choose to use electric wheelchairs had not had the use of electric wheelchairs assessed to identify associated risks and no evidence of consultation or strategies to support the use of the electric wheelchairs and associated risks was provided.

The Approved Provider acknowledged the deficits identified in the above Requirement and has committed to addressing the deficits.

The Service has risk management assessments and procedures in place to support consumers to take risks where they choose. However, the service had not implemented the procedures for the examples provided to ensure the risks associated with activities such as smoking and electric wheelchairs were identified, assessed and strategies implemented in consultation with the consumers to support them to continue the activities and live the life they choose safely.

In relation to other Requirements for this Standard I have found them Compliant based on the following summarised evidence.

Consumers interviewed confirmed they feel they are treated with dignity and respect, staff understand their unique individual histories, preferences and care and services are provided in a culturally safe manner. Consumers confirmed their privacy is respected and they receive sufficient information to support decision making and choice. Consumers interviewed confirmed the service supports relationships and involves others in decision making where appropriate.

Staff were observed to engage and support consumers respectfully and in line with consumers individual preferences and choices. Staff interviewed provided knowledge of consumers unique needs, cultures and identities and examples of how they support consumer choice and treat consumers in line with their preferences.

The Service demonstrated policies and procedures are in place to support consumers choice, dignity, rights and cultural safety. Systems were demonstrated to show consumers privacy was respected, including through the treatment and handling of confidential information. The Service provides written and verbal information to consumers to support choice and understand and inform decision making.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Non-compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |

## Findings

I have found the service Non-compliant in Standard 2, the non-compliance is in relation to Requirements (3)(a), (3)(b) and (3)(e) and is based on the summarised evidence below.

In relation to Requirement (3)(a), the Assessment Team found the service is not consistently or appropriately completing assessments, including risk assessment to ensure appropriate strategies are documented in the care plan to inform the delivery of care and services. Evidence included:

* Four consumers who were experiencing pain, had a fall or wound did not have pain assessments completed to assess and consider the possible risks and impacts to the consumers care or to inform care delivery.
* Wound and skin assessments were not appropriately completed to identify risks or inform care needs for two consumers experiencing deteriorated wounds.
* One consumer did not have oral and dental assessment or associated pain assessments completed to inform care following extensive dental decay.
* Three consumers did not have nutrition, hydration and associated assessments completed following weight loss and deterioration in nutritional status to identify risks or inform care delivery.
* Three insulin dependent consumers did not have diabetic management plans and assessments in place to inform the delivery and management of their diabetic needs.
* Three consumers who smoke did not have assessments completed to identify risks and inform the care delivery including strategies to support the consumers to smoke safely.
* Three consumers who use electric wheelchairs have not had relevant assessments completed to inform the strategies for safe use and supports required to use the electric wheelchairs.

The service has a suite of assessments, including risk assessments associated with clinical care to identify the needs and risks of consumers and to assist in the development of care plans to inform care. However, the service is not consistently completing the assessments and care plans are not reflective of strategies which inform the management of consumer care, including how to manage clinical risks. Majority of consumer care plans reviewed had deficits in assessment and consideration of risk identified by the Assessment Team. The service’s own monitoring processes and assessment systems were not effective at identifying the deficits in assessments.

In relation to Requirement (3)(b), the Assessment Team found the majority of consumers assessments and care plans reviewed were not reflective of the current needs, goals and preferences of the consumers. Evidence included:

* Six consumers care plans did not have any or current details on their care needs, goals or preferences including in relation to diabetic management.
* One consumer’s end of life plan was not completed.
* Care staff interviewed confirmed they were not aware of or referring to care plans to understand the current needs of consumers.

The service has an assessment and care planning system to record consumers needs, preferences and goals. However, the service is not ensuring assessments and care plans are consistently completed to reflect the current needs, goals and preferences of consumers. Assessment and care plans are not effective at ensuring staff are aware and address consumers current needs, goals and preferences and consumers end of life wishes are not always assessed or planned for. The service’s own monitoring processes were not effective at identifying the deficit.

In relation to Requirement (3)(e), the Assessment Team found the service is not reviewing consumers care needs when circumstances change or when incident impact consumers’ needs. Relevant evidence outlined in this Requirement and other Requirements throughout the site audit report included:

* One consumer had significant weight loss and change in their needs which had not resulted in a review of their needs and no actions had been taken to manage the changed need or ongoing weight loss.
* One consumer had dental decay and deterioration identified which impacted on their nutritional and pain management needs. However, there was no appropriate review of the effectiveness of the care plan and no new strategies implemented to manage the change.
* One consumer did not have their needs reassessed or reviewed appropriate following an incident of a fall which resulted in an injury.
* A review and evaluation of the effectiveness of care strategies for a consumer who smokes did not occur following an incident resulting in injury while smoking.

The service has some policies and procedures which guide review and reassessment of consumers needs, including prompts to review following incidents. However, the service is not consistently or appropriately reviewing consumers assessments and care plans when significant changes occur in the consumers needs or when incidents impact the consumer. Appropriate assessment and review did not occur when consumers experienced weight loss, pain, deterioration and dental decay resulting in no new strategies being implemented to inform the delivery of care for their changed need. Consumers who experienced incidents with injury including as a result of a fall and a result of smoking did not have appropriate reviews of their care to ensure the consumers health and safety.

The Approved Provider acknowledged the deficits identified in the above Requirements and has committed to addressing the deficits.

In relation to other Requirements for this Standard I have found the service Compliant based on the following summarised evidence.

Consumers and representatives interviewed confirmed staff consult with them about their care needs and they feel comfortable telling staff what their needs are. The service has a system to communicate the outcomes of assessment and planning to those providing care including through documented care plans and verbal handover processes. Staff and consumers have access to care plan summaries in each consumers room.

# Standard 3

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| Personal care and clinical care | | Non Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Non-compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

I have found the service Non-compliant in Standard 3, the non-compliance is in relation to Requirements (3)(a), (3)(b), (3)(d) and (3)(f) and is based on the summarised evidence below.

In relation to Requirement (3)(a), the Assessment Team found the service was not providing safe and effective personal care and clinical care to each consumer in line with best practice or the consumers needs. Evidence included:

* One consumer had significant weight loss over 12 kilograms or 20 per cent of their weight, which was recorded but did not result in the staff or service taking any action to prevent further weight loss or provide strategies to support nutrition and hydration. Staff and management stated the consumer was palliative as a reason for no actions to address the weight loss. However, no referral to palliative specialists has occurred and no review or reassessment or development of palliative care strategies has occurred. Observations and documentation confirmed the consumer was missing meals as was asleep. Medication charts confirmed medications were being administered at meal times which result in drowsiness and no review of the medications and impact to current condition and needs had occurred. The consumer experienced pain and blood loss indicating further deterioration which was not monitored or reported to the medical officer in line with best practice. The consumers representative confirmed they had concerns with weight loss and the consumers sleepiness and possibly not getting meals as required. The consumers representative confirmed possible chronic pain not being managed effectively and medication records confirm pain management was not in line with consumer’s needs.
* One consumer has not received effective care in relation to known dental decay and associated weight loss and pain. Actions were not taken to ensure care delivery was in line with the consumers needs or best practice.
* One consumer did not have their complex wound managed effectively or in line with best practice and the needs of the consumer resulting in deterioration. The service does not have policies, procedures or guidance to support skin integrity and wound management in line with best practice.

The service did not demonstrate safe and effective care for the consumers sampled and reviewed by the Assessment Team. There were significant deficits in the consumers personal and clinical care delivery including no follow up monitoring, assessment, actions or referrals when significant changes occurred including n relation to weight loss. Pain and medications were not assessed, considered or reviewed in line with best practice to ensure consumers needs were met. Monitoring and communication of pain, changed needs and weight loss was not effective at ensuring appropriate ongoing assessment and delivery of care which met the consumers needs. Evidence indicates the care and support including around assistance with meals, nutritional supplements, hydration and oral care is not effective and has resulted in significant weight loss. The service’s current policies to guide best practice care are not effective or not being implemented to ensure care provided supports consumers needs or optimises consumers health and wellbeing.

In relation to Requirement (3)(b), the Assessment Team found the service does not effectively manage the high impact risks associated with the care of each consumer, specifically in relation to falls, pain and injury. Evidence included:

* One consumer with known risks of falls associated with mobility and requiring staff assistance with ambulation was not provided appropriate care to manage the risks resulting in multiple witnessed falls due to not having assistance. Following one fall the service failed to appropriately or accurately assess the risks associated with the fall including pain and injuries. The consumer was noted as having some changes in condition, however appropriate assessments to manage the risks were completed and an injury and pain from the fall was not identified for approximately a week. A fracture was diagnosed, however the service failed to monitor associated risks of pain appropriately following return to the service.
* Dexterity and sensory assessments were not completed to identify and manage possible risks for one consumer and were not completed or reviewed following an incident causing injury due to poor dexterity.
* Other examples of risks not managed have been outlined in Standard 2 and Standard 3, including risks associated with weight loss and malnutrition not managed effectively and pain and medication risks not appropriately assessed or considered, and wounds not being managed effectively.

The service failed to effectively manage known risks of falls for one consumer, the consumer did not receive the support and assistance required for mobility to manage and prevent the risks of falls resulting in multiple falls and one fall with a significant injury. The service’s incident management review and processes did not identify the trend and increased risk of falls not being managed to ensure appropriate falls risk strategies were being implemented by staff. The service was not effective at demonstrating other high prevalence risks associated with consumers clinical care were effectively managed including consumers pain not being assessed or monitored and weight loss not being managed. The service’s monitoring systems including reviews of care have not identified the deficits resulting in ongoing unmanaged risks in relation to consumers clinical care.

In relation to Requirement (3)(d), the Assessment Team found the service and staff do not recognise and respond to changes or deterioration in consumers physical and clinical condition to ensure the deterioration is managed or appropriate care is provided, specifically in relation to two consumers deteriorating wounds impacting the consumers health. Evidence included:

* One consumer did not have appropriate and accurate assessment, monitoring and management of their wounds resulting in the wounds deteriorating in condition, increasing in size and having multiple infections. Documentation confirmed the wounds were not managed in line with specialist directives including monitoring and dressings. The consumer has experienced significant pain and deterioration as a result of the wounds which had also not been appropriately recognised, assessed or managed.
* One consumer did not have a wound appropriately managed and monitored to ensure deterioration or changes were recognised and responded to in a timely manner. The consumer developed a pressure injury which was not monitored or dressed according to best practice and the wound continued to deteriorate, increase in size and become infected prior to appropriate actions being taken in relation to the wound. The consumer also experienced changes in pain and weight loss which were not assessed to ensure the changes were monitored, identified and managed effectively.

The service did not recognise or respond appropriately to two consumers with wounds. Lack of wound and skin monitoring and no appropriate actions and response when the risks and skin deterioration was first identified has resulted in ongoing deterioration of the wounds including resulting in infections and pain. Wound assessments, photographs, charting and dressings were not completed in line with directives, best practice or in line with the consumers needs to accurately monitor and identify changes and the condition of the wound. The associated deterioration in the consumers conditions was also not recognised or responded to in a timely manner including pain not being assessed or managed when occurring and weight loss and nutritional needs associated with deterioration not being responded to. The service did not identify the deficits in documentation, management of wounds or staff practice in identifying and managing obvious signs of deterioration. Wound specialists raised concerns about poor wound management possibly leading to deterioration and consumers interviewed or observed confirmed deterioration and the impacts on the health and wellbeing of the consumers.

In relation to Requirement (3)(f), the Assessment Team found the service failed to ensure timely and appropriate referrals occurred for two consumers in relation to clinical care. Evidence included:

* One consumer was not referred to various specialists and medical officers when changes in their needs occurred, including no referral to dietitian or doctor when weight loss occurred, no referral to palliative specialists when the service identified the consumer as palliative and no referrals to ensure associated pain was reviewed.
* One consumer with known clinical issues did not have those issues referred to the doctor for review and management.

The service has referral processes and access to specialists and medical officers. However, staff and the service are not recognising or responding appropriately to changes such as weight loss, pain and palliation to ensure referrals are made. The service had not identified the deficit through its monitoring processes and did not make appropriate referrals for the consumers until after it was identified by the Assessment Team.

The Approved Provider acknowledged the deficits identified in the above Requirements and has committed to addressing the deficits.

In relation to other Requirements for this Standard I have found the service Compliant based on the following summarised evidence.

The service has policies and procedures in relation to the management of clinical care and end of life care. Majority of consumer files showed end of life wishes or advanced care directives were recorded. Information about the consumers care needs are generally recorded in care plans and communicated through handovers and summary care plans available at the point of care. However, the information is not always accurate and not always communicated to medical officers in a timely manner. The service has infection control policies, procedures and guidelines to direct the management of infections and outbreaks and to guide the prescribing of antibiotics.

# Standard 4

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| Services and supports for daily living | | Non Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Non-compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Non-compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

I have found the service Non-compliant in Standard 4, the non-compliance is in relation to Requirements (3)(c) and (3)(d) and is based on the summarised evidence below.

In relation to Requirement (3)(c), the Assessment Team found the service does not provide the services and supports to assist each consumer to participate in activities of interest to them both within and outside the service. Evidence included:

* Consumers and representatives interviewed confirmed consumers are not supported to engage in activities including activities offered not suitable, activities such as outings and faith-based services have been cancelled and there are no activities over the weekend.
* Observations throughout the site audit confirmed there was no activities being undertaken and that engagement and support from staff towards consumers to engage or participate socially was not occurring.
* Staff confirmed they do not have time to support or engage consumers in activities as indicated in their care plans.
* Lifestyle staff confirmed there are minimal lifestyle staff and when care staff are short the lifestyle staff are used to fill the care staff role and as a result, activities are cancelled or minimal.
* Staff and activity calendars confirmed social engagement and activities are only planned for sick days of the fort night and there is no activity support or planned activities on weekends and public holidays.
* Consumer feedback and complaint information shows recent feedback of a lack of activities provided to consumers.

The service has a process to identify consumers interests and activities and social engagements consumers wish to participate in. However, the service does not ensure there are appropriate supports and personnel in place to provide the activities or cater to the social and engagement needs of the consumers. Consumers are not supported on a regular basis to participate socially within the service and observations show minimal engagement occurring with staff or with other consumers. Planned and supported activities have been reduced or cancelled recently due to impacts of Covid-19 and also lifestyle staff being used to fill vacant care staff shifts. The service has no planned approach to ensure activities are provided or accessible on weekends or public holidays or that the consumer can engage in independently. Consumers confirmed they weren’t satisfied with social supports provided.

In relation to Requirement (3)(d), the Assessment Team found the service did not consistently share information about consumers needs and preferences, specifically around dietary preferences. One consumer and their representative reported repeatedly expressing the consumers preferences in relation to diet. However, the kitchen staff and documentation confirmed the preferences weren’t consistently communicated or understood. The consumer provided examples of how the dietary preference information not being communicated had resulted in the wrong food being provided and the consumer having gastric discomfort and feeling embarrassed.

The service generally has the consumers preferences and information in relation to lifestyle supports including meals documented and communicated. However, the inconsistencies and impact demonstrated by the one consumer’s information not being effectively communicated where responsibility of their care is shared between hospitality and care or clinical staff shows the service is non-compliant with this Requirement.

The Approved Provider acknowledged the deficits identified in the above Requirements and has committed to addressing the deficits.

In relation to other Requirements for this Standard I have found the service Compliant based on the following summarised evidence.

Consumers and representatives interviewed showed most consumers were satisfied with the supports provided by staff. Majority of consumers were satisfied with the quality, quantity and variety of food served. However, sometimes the meals weren’t always hot and desserts lack variety.

Care planning documentation showed consumers lifestyle needs were identified, assessed and reflected in care plans. Dietary care plans were generally up to date and available where meals and drinks were served.

Observations show sufficient, clean and well-maintained equipment available and provided to consumers, including mobility equipment and lounge and televisions for use by consumers.

The service is undertaking improvements in lifestyle including review and resourcing of individual activities to support consumer engagement.

# Standard 5

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

## Findings

I have found the service Non-compliant in Standard 5, the non-compliance is in relation to Requirement (3)(b) and is based on the summarised evidence below.

In relation to Requirement (3)(b), the Assessment Team found the service did not always ensure consumers could move freely outdoors or that a safe environment was provided at all times. Evidence included:

* Consumers in one wing of the service were observed to not be able to access the outdoors at any time during the site audit. The doors to the outdoor area were locked at all times and staff confirmed they do advise care staff to unlock the doors. However, this doesn’t occur.
* Dirty laundry trolleys with soiled material were left unattended for long periods in hallways accessible to consumers. A consumer was observed rummaging through an unattended laundry trolley and staff were observed to leave dining plates and cutlery on the trolley.

The service environment was generally safe and clean. However, the examples provided and observed by the Assessment Team show consumers can not freely move outdoors and systems to ensure doors are unlocked are not effective. The observation of the dirty laundry trolley show, the service environment is not always safe for consumers. The service’s monitoring and staff practice is not effective at identifying and rectifying the deficits.

The Approved Provider acknowledged the deficits identified in the above Requirement and has committed to addressing the deficits.

In relation to other Requirements for this Standard I have found the service Compliant based on the following summarised evidence.

Consumers and representatives interviewed confirmed they feel safe at the service and felt at home where they could personalise their rooms. Consumers confirmed the service including their rooms were kept clean and well maintained.

Majority of observations show the service environment including furniture and equipment was clean and well maintained and welcoming to guests with outdoor areas.

The service has processes to ensure regular and reactive cleaning and maintenance occurs for the environment, safety systems and equipment to ensure it is safe and suitable for use.

**Standard 6**

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

## Findings

I have found the service Non-compliant in Standard 6, the non-compliance is in relation to Requirement (3)(d) and is based on the summarised evidence below.

In relation to Requirement (3)(d), the Assessment Team found the service could not demonstrate complaints and feedback are effectively used to identify trends or identify areas for improvement to address the feedback. Evidence included:

* The current feedback policy does not outline how complaints and feedback are to be used to lead to continuous improvement.
* Management stated there were no trends in feedback. However, review of the feedback and complaint documentation showed a trend in feedback relating to staff being rushed or rough upsetting consumers and feedback about staff shortages. However, no improvements have been implemented to action or address the trend in complaints.
* Consumers feedback about lack of activities has not led to timely implementation of improvements.

The Approved Provider acknowledged the deficits identified in the above Requirement and has committed to addressing the deficits.

In relation to other Requirements for this Standard I have found the service Compliant based on the following summarised evidence.

Consumers and representatives interviewed confirmed they feel safe and comfortable raising complaints and feedback and have multiple mechanisms to do so including through meetings and verbally with staff.

Staff and management interviewed were able to describe the complaints and feedback processes and mechanisms and provided examples of how they would assist consumers with complaints.

Documentation showed multiple recorded feedback mechanisms including through surveys, meeting minutes and complaints log. However, there was some inconsistencies in the closing out of complaints.

Observations show information is provided in relation to internal and external complaints mechanisms, advocacy services and language services including in the handbook and at reception.

**Standard 7**

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| Human resources | | Non Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

I have found the service Non-compliant in Standard 7, the non-compliance is in relation to Requirements (3)(a) and (3)(c) and is based on the summarised evidence below.

In relation to Requirement (3)(a), the Assessment Team found the mix and number of staff is not always sufficient to ensure safe and quality care and services are delivered to consumers in line with these Standards. Evidence included:

* Two consumers provided examples of staff being rushed and not having enough time.
* Complaints and feedback documentation showed concerns raised by staff and consumers in relation to staff shortages, shifts not filled and staff being rough due to being rushed.
* Staff interviewed confirmed staff shortages and that there was not sufficient staff, particularly on afternoon shifts. Staff and management confirmed while they had processes to fill vacant shifts this did not always occur.
* Lifestyle staff confirmed their shifts are not filled and there is a lack of lifestyle hours on the roster to support activities across the whole week. Lifestyle staff confirmed they don’t have time to stop and chat to consumers. The service is currently recruiting to fill the two vacant lifestyle staff positions.
* Outcomes in Standard 2 and 3 indicate clinical staff have insufficient time or oversight to ensure clinical care is provided to consumers which is safe and effective. While there are on call arrangements and enrolled nurses present, rosters confirm there are no registered nursing staff on shift majority of afternoon shifts, night shifts or Sunday morning shift.

The service has rostering processes in place including how to plan for sufficient numbers and mix of staff. However, current staff shortages and vacant shifts have resulted in reduced support for lifestyle activities and care staff being rushed impacting the care of consumers. Outcomes in Standard 2 and 3 also indicate clinical staff may not have sufficient time to provide oversight or complete all their duties and rosters confirm at times there is no registered nurse on site.

In relation to Requirement (3)(c), the Assessment Team found the service did not demonstrate staff are competent in performing their roles, specifically in relation to the management of clinical care. Evidence included:

* Clinical staff did not identify, commence or complete clinical pain assessment and monitoring for consumers with indications or complaints of pain.
* Clinical staff did not competently manage, dress, monitor and assess two consumers wound care resulting in deterioration and infections.
* Clinical staff failed to complete relevant clinical assessments or monitoring when weight loss was reported for two consumers and did not competently manage the weight loss or implement strategies to manage the malnutrition risks.
* Clinical staff did not competently manage oral decay and deterioration for one consumer.
* Staff did not demonstrate competence in their understanding, identification or assessment of consumers undertaking risky activities such as smoking.

The service has processes to recruit qualified and competent personnel and have training and monitoring of staff performance mechanisms in place. However, outcomes in Standard 2 and Standard 3 show clinical staff have not been competently performing their roles in relation to the assessment and management of consumers clinical care needs. The service hasn’t identified the deficits in staff practice or competence and haven’t taken any actions to address the deficits in staff knowledge and practice. At the time of the site audit, the service did not demonstrate staff, particularly clinical staff were competent and effective at performing their roles.

The Approved Provider acknowledged the deficits identified in the above Requirements and has committed to addressing the deficits.

In relation to other Requirements for this Standard I have found the service Compliant based on the following summarised evidence.

Consumers and representatives interviewed confirmed staff are kind, caring and respectful and interactions with staff are friendly. Consumers were satisfied staff had the skills and knowledge to perform their roles.

Documentation confirmed the service has recruitment processes in place including position descriptions, checking of qualifications and induction and ongoing training. A process is in place to regularly review staff performance and staff are comfortable providing feedback.

**Standard 8**

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| Organisational governance | | Non Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Non-compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Non-compliant |

## Findings

I have found the service Non-compliant in Standard 8, the non-compliance is in relation to Requirements (3)(b), (3)(c), (3)(d) and (3)(e) and is based on the summarised evidence below.

In relation to Requirement (3)(b), the Assessment Team found the governing body has not promoted a culture of safe, inclusive and quality care and services and is not accountable for the care delivered. Evidence included:

* Significant number of policies and procedures are under review and have not been updated to ensure staff have access to best practice and current policies and procedures to support and guide a culture of safe and quality care.
* The policy and procedure review while planned and underway, has not been completed in the timeframe and requires significant work prior to being completed.
* Information provided to the Board is not always accurate or reliable and is not a reflection of the care and service delivery occurring at the service. The Board have not questioned or reviewed the information or reports to ensure they are accurate and effective.
* Data and information on key clinical outcomes are not reported accurately including restrictive practices information which is collected manually and took three days to be provided.
* Feedback and complaints information is not included in the report provided to the Board.

The service has a governing body and reports are provided to the Board regularly to assist in decision making in relation to the service. However, information provided to the Board is not always accurate and reliable to support accountability. Policies and procedures supporting the governance of the service and guiding care and service delivery are not current or reflective of best practice care and service delivery. While this issue is known it has not been prioritised to ensure it is rectified and current and appropriate policies and procedures are accessible to staff. Without accurate information and reporting or provision of current guidance the service has been unable to demonstrate the governing body is accountable or aware of the systemic deficits as identified at the site audit.

In relation to Requirement (3)(c), the Assessment Team found the not all governance systems were effective at the service. Evidence included:

* Information systems were not effective at ensuring accurate and current assessments, plans and information about consumers care and services needs are documented and communicated to those providing care. Information is managed through multiple systems and reports on data is completed manually. Reports provided to the Board did not always contain accurate information.
* Feedback and complaints systems are not effective at identifying and leading to continuous improvement activities.
* Workforce governance systems are not effective at ensuring there are sufficient numbers and skill mix of competent staff to ensure safe and effective care delivery. Monitoring systems have not been effective at identifying or rectifying the deficits in workforce.
* Two allegations of rough handling were documented in the complaint records. However, management failed to understand or practice their legislative responsibility of considering if reporting to SIRS was required and no reports to SIRS were completed where there was sufficient information indicating an allegation of assault towards a consumer with injury.

The service has governance systems, however as demonstrated above they are not effectively implemented at the service in relation to information management, workforce governance and regulatory compliance. There are issues identified with feedback processes not leading to continuous improvement. The deficits in governance systems also indicate monitoring systems and the ongoing review of the effectiveness of systems is not effective resulting in ongoing poor staff and management practice of the implementation of systems.

In relation to Requirement (3)(d), the Assessment Team found the service’s risk management systems and practices are not consistently applied at the service to ensure risks are identified, monitored, or managed. The risk management system is not effective at ensuring high impact risks associated with consumer care are managed, that abuse is identified and responded to or that incidents are managed and reported in line with incident management systems. Evidence included:

* Non-compliant outcomes in Standard 1 Requirement (3)(d), Standard 2 Requirement (3)(a) and Standard (3)(b) show the service has not effectively, consistently or appropriately assessed, identified, monitored and managed the high impact risks associated with consumer care. Staff practice is not in line with risk management policy as staff are not consistent in completing risk assessments or clinical assessments including in relation to pain, diabetes, wounds, weight loss and smoking. The high impact risks are not always managed effectively as no strategies and monitoring are implemented by staff to prevent, mitigate or manage the risks, resulting in poor outcomes to the health, safety and wellbeing of consumers.
* The service has not effectively used incident data to identify trends in incidents or inform their management of risks including in relation to falls and pressure injuries. One consumer did not have appropriate actions taken in line with incident management systems following multiple falls to prevent and reduce the incidents of falls resulting in ongoing falls one with a significant injury.
* Two consumers raised complaints about staff rough handling or alleged abuse. The service’s risk management systems were not effectively implemented, including in relation to identifying and responding to abuse and reporting incidents through incident management systems, including consideration of reports to SIRS.

The service has policies and guidance in relation to the management of risks and a framework is in place including training provided to staff on reporting and management of incidents. However, the service has not implemented the policy and the framework is not effective as staff practice does not align with expectations. Staff have not completed assessments to identify risks, have not managed risks appropriately, have not identified or responded appropriately to abuse and have not understood or applied incident management principles. The service’s reporting and monitoring systems in relation to risk management including monthly reporting and incident review and clinical monitoring and oversight, have not been effective at identifying deficits in the risk management system or staff practice. The service has not identified issues themselves or taken action to resolve the systemic failures resulting in poor staff practice in relation to management of risk at the service.

In relation to Requirement (3)(e), the Assessment Team found the service did not demonstrate an effective clinical governance framework in relation to the provision, monitoring and reporting of clinical care, outcomes and data. Evidence included:

* Failures identified throughout Standard 3 indicate clinical frameworks including, policies and guidance to support staff in the management of consumers clinical care, are not current, reflective of best practice or staff practice is not aligned with them.
* Reporting of clinical indicators including restrictive practice data and clinical incident data is not accurate or efficient and does not inform or guide the management, identification or improvements in relation to clinical care of consumers or the monitoring and reduction of restrictive practices.

The service has clinical governance frameworks in place. However, the framework based on policies, staff practice and reporting and monitoring of clinical care is not effective, not appropriately implemented and not monitored for its effectiveness. The deficits in the clinical governance and framework of the service have resulted in negative outcomes in the clinical care for consumers which show systemic failures which are required to be addressed to ensure improvement in the clinical outcomes of consumers.

The Approved Provider acknowledged the deficits identified in the above Requirements and has committed to addressing the deficits.

In relation to other Requirement for this Standard I have found the service Compliant based on the following summarised evidence.

Consumers and representatives interviewed confirmed they are engaged by the service and have opportunities to provide feedback and be involved in decisions about care and services.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)