Performance

Report

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| Name of service: | Bethanie Gwelup |
| Service address: | 72-74 Huntriss Road GWELUP WA 6018 |
| Commission ID: | 7457 |
| Approved provider: | The Bethanie Group Incorporated |
| Activity type: | Site Audit |
| Activity date: | 30 August 2022 to 1 September 2022 |
| Performance report date: | 19 October 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 Bethanie Gwelup (**the service**) has been prepared by Marek Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others;
* the provider’s response to the Assessment Team’s report received on 23 September 2022; and
* the performance report dated 6 August 2021 for the Site Audit undertaken from 25 May 2021 to 27 May 2021.

# Assessment summary

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

* Review policies and procedures to ensure risks associated with falls, skin integrity, choking, oral and dental, communication, changed behaviours, diabetes, pain and nutrition and hydration are identified assessed and planned for.
* Review policies and procedures to ensure care and services are effectively reviewed for individual consumers and specifically for consumers who return from hospital or following incidents such as falls.
* Ensure staff are aware of and follow relevant policies and procedures in relation to assessment and review processes.

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

* Review relevant policies and procedures in relation to identifying and managing consumers in relation to clinical care needs associated with pain, skin integrity, nutrition and hydration and delivery of personal care.
* Review policies and procedures in relation to managing consumers with high impact or high prevalence risks associated with falls, diabetes and safe medication management.
* Ensure staff are aware of and follow relevant policies and procedures in relation to the delivery of safe and effective personal care and clinical care.

Standard 6 Requirements (3)(c) and (3)(d)

* Review relevant policies and procedures in relation to ensuring feedback and complaints are appropriately identified, addressed and monitored for areas of improvement.
* Ensure staff are aware of and follow relevant policies and procedures in relation to feedback and complaints handling and monitoring.

Standard 7 Requirement (3)(c)

* Review monitoring processes and ensure staff are aware of their roles and responsibilities in relation to the management of falls, pain, changed behaviours, diabetes, medication and implementing recommendations made by health specialists and service providers and managing feedback.

Standard 8 Requirement (3)(d)

* Review organisational risk management systems and practices and specifically in relation to incident management and prevention and use of the incident management system
* Ensure staff are aware and effectively use the incident management system to identify trends, analyse incidents and report incidents in line with legislative requirements.

# Standard 1

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

Findings

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

Consumers confirmed staff treat them with dignity and respect and were aware of their identity, culture and diversity. Care planning documentation reflected what is important to consumers to maintain their identity. Policies and processes outline consumers’ right to respect and dignity.

Consumers were able to describe how the service recognises cultural safety and provides spiritual services. Staff were able to provide examples of how they provide care in line with consumers’ cultural needs, which included supporting consumers from a range of cultures. Life stories sampled contained information on cultural safety for individual consumers.

Consumers interviewed confirmed they are supported to exercise choice. Staff were able to describe how they support consumers to make connections and support relationships. Care planning documentation sampled contained information in relation to consumer choices.

Consumers confirmed they are supported to exercise choice. Staff were able to provide examples of how they support consumers to exercise choice which included supporting consumers when they leave the service unaccompanied. Care planning documentation confirmed risks are identified assessed and planned for.

Consumers interviewed confirmed they have access to relevant information which is accurate and timely to support choice. Documentation viewed showed consumers are provided information through a range of formats.

Consumers sampled stated they were satisfied staff ensure their privacy is respected and were satisfied their personal information is kept confidential. Information is provided to consumers through a range of formats. This includes documentation such as newsletters, activity calendar, menus and through meetings such as regular consumer meetings.

Consumers’ privacy is respected, and personal information is kept confidential. Staff described how they maintain consumer privacy. Staff were observed maintaining consumer privacy and securing sensitive information. Records showed monthly consumer meetings provide information to consumers on a range of topics including feedback, meals, special celebrations and COVID-19 updates.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in this Standard.

# Standard 2

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

Findings

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

Requirement (3)(a) was found non-compliant following a Site Audit conducted from 25 May 2021 to 27 May 2021, where it was found the service was unable to demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, informed the delivery of safe and effective care and services specifically in relation to assessment and planning for two consumers with changed behaviours. The Assessment Team’s report provided evidence of actions taken to address the non-compliance, which included provision of staff education and training, and appointment of a medicinal champion.

At the Site Audit, the Assessment Team recommended Requirement (3)(a) not met and were not satisfied the service consistently followed its assessment processes. For five sampled consumers, assessment and planning was not consistently undertaken to identify risks to their health and well-being, and guide staff in providing safe and effective care, including risk minimisation strategies. Areas of risk that had not been considered in assessment and planning processes for sampled consumers included falls, skin integrity, choking, oral and dental, communication, changed behaviours, diabetes, pain and nutrition and hydration. Management acknowledged the deficits in risk identification.

The provider’s response acknowledges the findings in the Assessment Team’s report. A continuous improvement plan was submitted which outlined a range of improvements and included mandatory education to staff on assessment processes.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate 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 specifically in relation to falls, skin integrity, choking, oral and dental, communication, behaviours, pain, diabetes and nutrition and hydration.

In coming to my finding I have considered that processes in place at the time of the Site Audit did not ensure assessment and planning was effective in identifying risks associated with the health and well-being of consumers to support the delivery of safe and effective care. Relevant risks to consumers’ safety, health and well-being were not identified and mitigation strategies were not implemented to ensure each consumer gets the care and services they need for their health and wellbeing.

Based on the evidence documented above, I find the provider, in relation to the service Non-compliant with Requirement (3)(a) in this Standard.

At the Site Audit, the Assessment Team recommended Requirement (3)(e) not met, as they were not satisfied the service was able to demonstrate care and services were reviewed for two consumers. The Assessment Team provided the following evidence relevant to my finding:

* Consumer A experienced deterioration and was transferred to hospital 10 days prior to the Site Audit. On return, the consumer’s pain, catheter care needs, and personal care needs were not reviewed and used to develop a care plan. The consumer expressed to the Assessment Team of being in pain. Staff were not able to describe how they manage the consumer’s catheter and pain to support their health and well-being.
* Consumer B experienced a fall approximately three months prior to the Site Audit and was transferred to hospital where they underwent a surgical procedure. The consumer’s pain was not reviewed or monitored following return and whilst the consumer’s falls management interventions were reviewed, there were no falls management strategies listed. The consumer experienced a further two falls in the same month and the consumer’s falls management strategies were not reviewed.

The provider’s response acknowledges the findings in the Assessment Team’s report. A continuous improvement plan was submitted which outlined a range of improvements, which included reviewing hospital discharge processes, reviewing pain management processes and reviewing processes to ensure assessments are consistent with care plans.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate 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, specifically following transfers from hospitals with resulting changes and following incidents of falls.

In coming to my finding, I have noted deficits in the review of care and services for both Consumers A and B. Both consumers had changes to their health and well-being which were not identified and addressed. To further support my view, I have noted Consumer B experienced ongoing incidents of falls and their falls management strategies were not reviewed.

Based on the evidence documented above, I find the provider, in relation to the service Non-compliant with Requirement (3)(e) in this Standard.

In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers feel like partners in the ongoing assessment and planning of their care and services. Consumers reported they have spoken to staff regarding end of life care. Records showed consumers are provided end of life care in accordance with an assessment and management plan.

Systems and processes are in place to support consumer centred assessment of needs, goals and preferences. Staff were able to demonstrate an understanding of what is important to each consumer to ensure care and services are delivered in accordance with each consumers’ personal preferences.

Care files demonstrated staff work with the consumer and/or representative to ensure care and service provision is in line with consumers’ needs and preferences. Involvement of other providers of care, including Speech pathologist and Dietitian was also noted.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers which assists staff to deliver care and services in line with consumers’ preferences. Overall consumers and representatives confirmed outcomes of assessment and planning are regularly discussed with them.

Based on the evidence documented above, I find the provider, in relation to the service Compliant with Requirements (3)(b), (3)(c) and (3)(d) in this Standard.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The Quality Standard is Non-compliant as two of the seven Requirements have been assessed as Non-Compliant.

Requirement (3)(a) was found non-compliant following a Site Audit undertaken from 25 May 2021 to 27 May 2021, where it was found the service was unable to demonstrate clinical care provided was in accordance with best practice, specifically in relation to the management of consumers’ responsive behaviours and use of psychotropic medications. The Assessment Team’s report provided evidence of actions taken to address the non-compliance, which included reviewing processes for managing changed behaviours and providing training to staff on managing psychotropic medications usage.

At the Site Audit undertaken from 30 August 2022 to 1 September 2022, the Assessment Team recommended Requirement (3)(a) not met, as they were not satisfied the service was able to demonstrate each consumer gets safe and effective personal care and clinical care. For five consumers the service was not able to demonstrate effective management of consumers with pain, impaired skin integrity and nutrition and hydration care needs, sleep and provision of personal care. The Assessment Team provided the following evidence relevant to my finding:

* The representative of Consumer A was not satisfied the consumer received effective personal care, as the consumer was were wearing their pyjamas in the afternoon during the Site Audit and had not been attended to. Ten days prior to the Site Audit, the consumer experienced deterioration and on return to the service from hospital, recommendations made whilst at hospital were not followed. This specifically related to the management of the catheter and nutritional support. The strategies to manage the consumer’s catheter were not followed and recommendation for the ongoing involvement of a Speech pathologist and recommendations made in relation to nutritional support were not effectively implemented. The consumer was observed to be drinking a fluid of normal consistency and not in accordance with the recommendations made in the discharge summary being thickened fluids. In addition, following return, an air mattress was implemented, however, the Assessment Team noted the setting was at the highest setting and posed a risk to the consumer for further pressure injuries.
* Consumer B was observed to be displaying signs of pain during the Site Audit. Four staff said the consumer often looks like they are in pain. Two nursing staff were unable to describe how they manage the consumer’s pain. Records showed the consumer sustained a fall and a fractured bone approximately three months prior and records showed the service had not completed relevant pain assessment and charting to manage the consumers pain.
* Records showed Consumer C had painful legs which was identified following a fall two days prior to the Site Audit and this was due to a current infection. Relevant pain charting was not completed to monitor and manage the consumer’s pain. The representative was concerned regarding the consumer’s infection. The Medical officer and Nurse practitioner were notified of the skin infection prior to the Site Audit and the consumer was prescribed antibiotics.
* Consumer E’s medication, pressure area care and sleep were not effectively managed. Consumer E’s hospital discharge documentation approximately two months prior showed strategies to manage the consumer’s sleep which were not effectively implemented. This included supporting the consumer to sleep in to manage their changed behaviours, however, medication records showed staff were attempting to wake the consumer up in the morning to administer the consumer’s morning medication. Other recommendations from a dementia specialist service made in the month prior to the Site Audit, which included reviewing the air mattress setting as it was observed at its highest setting, were not implemented and the Assessment Team observed the air mattress continued to be at the highest setting during the Site Audit.
* Progress notes showed Consumer G experienced pain approximately 8 days prior to the Site Audit whilst they were nearing end of life. Records showed the pain medication used to treat the consumer’s pain was not effective and no pain assessment and charting was completed whilst the consumer was nearing end of life. Records showed the consumer’s most recent pain assessment was completed 12 months prior and the most recent pain chart was completed six months prior.

The provider’s response acknowledges the findings in the Assessment Team’s report. A continuous improvement plan was submitted which outlined a range of improvements which included mandatory education for nursing and care staff and introduction of consumer of the day monitoring.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to the management of consumers’ pain, skin integrity, nutrition and hydration and delivery of personal care.

In relation to Consumer A, I have noted the consumer did not receive effective personal care during the Site Audit, which was confirmed through observations and feedback from the representative. In addition, I have noted strategies to optimise the consumer’s health and well-being, which included implementing recommendations made following return from hospital were not effectively implemented.

In relation to Consumer B, I have noted staff were not effectively managing the consumer’s pain to optimise their health and well-being and monitoring the consumer’s pain in line with best practice following a significant injury. I have relied on the observations made by the Assessment Team, feedback from staff and the deficits in pain monitoring records to support my view.

In relation to Consumer C, I have noted the consumer’s pain was not effectively monitored and managed whilst diagnosed with an infection and evidence showing the consumer was in pain to support my view.

In relation to Consumer E, I have noted strategies to manage the consumer’s skin integrity and changed behaviours were not effectively implemented to optimise the consumers health and well-being.

In relation to Consumer G, I have noted the evidence which showed the consumer’s pain was not being effectively monitored and managed to optimise their health and well-being and in line with best practice whilst the consumer was nearing end of life. I have relied on progress notes and medication administration records to support my view the consumers pain was not being effectively managed impacting their wellbeing.

Based on the evidence documented above, I find the provider, in relation to the service Non-compliant with Requirement (3)(a) in this Standard.

At the Site Audit, the Assessment Team recommended Requirement (3)(b) not met and were not satisfied the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation for four consumers and management of risks associated with falls, diabetes and medication management. The Assessment Team provided the following evidence relevant to my finding:

* Consumer C has a history of urinary retention and delirium. The consumer was diagnosed with an infection and was prescribed antibiotics. The consumer refused to have the medication administered and the refusal was not escalated in a timely manner impacting on the consumer’s treatment of infection. Consumer C experienced a fall and ongoing monitoring was not undertaken despite the consumer experiencing episodes of confusion. In addition, information was presented in Requirement (3)(d) in relation to diabetes management which was considered in this Requirement. Records showed the consumer’s Blood Glucose Level (BGL) charting was not completed on 8 occasions in the month prior to monitor the consumer’s BGL. The diabetic management plan did not provide sufficient guidance to staff in the event of an elevated BGL and the Assessment Team noted an elevated BGL on one occasion, four days prior to the Site Audit
* Consumer A’s falls management strategies were not effectively implemented as staff indicated other staff are not aware of how to use the sensor mat. Risk associated with preventing or minimising falls were not being managed.
* Consumer D did not have their diabetes effectively managed. The consumer’s diabetic management plan is not consistent with the directives in the medication chart. Records showed in the three days prior to the Site Audit the consumer experienced three episodes of Blood Glucose Levels (BGL) outside the recommended ranges and further monitoring was not completed to demonstrate the consumer’s BGL was retested and subsequently monitored in response to the elevated BGLs. During the same period of elevated BGLs the consumer experienced increased episodes of changed behaviours which were food seeking behaviours.
* Consumer E’s morning medications were not effectively managed which contributed to an increase in the afternoon as required psychotropic medication usage. Administration records showed the consumer refused their morning medications on three occasions in the week prior with staff noting the consumer was asleep. Staff confirmed the consumer is often asleep during the morning.

The provider’s response acknowledges the findings in the Assessment Team’s report. A continuous improvement plan was submitted which outlined a range of improvements which included monitoring falls documentation, review of handover processes and education on pain.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to falls, diabetes and medication management. I have considered the evidence for all four consumers, which showed high impact and high prevalence risks which were not being effectively managed. This included risks associated with diabetes for Consumers C and D, falls management for Consumers C and A, and medications not being effectively administered as ordered for Consumers C and E.

Based on the evidence documented above, I find the provider, in relation to the service Non-compliant with Requirement (3)(b) in this Standard.

At the Site Audit, the Assessment Team recommended Requirement (3)(d) not met, as they were not satisfied the service was able to demonstrate 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 for three consumers. Deficits were identified for three consumers, for one consumer in relation to recognising changes following return from hospital, and for two consumers recognising changes in personal and clinical care needs. The Assessment Team provided the following evidence relevant to my finding.

* Consumer A displayed acute deterioration, was assessed by nursing staff and was transferred to hospital. On return, the service failed to recognise the consumer had changes to their care and service needs including personal care and complex care. The consumer’s continence assessment was not reviewed following return from hospital and the consumer’s pain was not reviewed.
* Consumer C
  + The consumer displayed deterioration which was not responded to in a timely manner and experienced refusal of medications. Records showed the consumer had increased episodes of changed behaviours and 15 days later, was highly confused and was reviewed by a Nurse practitioner and Medical officer the following day and had prescribed antibiotics.
  + In addition, the consumer’s BGLs were not effectively managed. Records showed the consumer’s BGL charting was not completed on 8 occasions in the month prior. The diabetic management plan did not provide sufficient guidance to staff in the event of an elevated BGL and the Assessment Team noted an elevated BGL on one occasion, four days prior to the Site Audit. Moreover, the consumer experienced a fall and ongoing monitoring was not undertaken despite the consumer experiencing episodes of confusion.
* Consumer E is prescribed medications for managing their pain and changed behaviours, however, records showed the consumer was not administered their morning medications on three occasions in the week prior as they were asleep. The consumer was observed by the Assessment Team to be yelling and staff confirmed the consumer often yells. Pain charting in the month prior showed the consumer experienced severe pain.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response I have come to a different view and find the service was able to demonstrate 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.

In relation to Consumer A, I have noted the service recognised the consumer had deteriorated, was monitored by nursing staff and the consumer was transferred to hospital. I have considered the deficits in relation to follow up action following return from hospital as part of my finding in Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

In relation to Consumer C, I have noted the service had recognised the consumer had deteriorated and both the Medical officer and Nurse practitioner were involved in reviewing and implementing a management plan. In relation to the monitoring of BGLs and also falls management, this has been considered in my finding in Requirement (3)(b) in this Standard as the consumer did not receive effective management of high impact and high prevalence risks associated with diabetes and falls management.

In relation to Consumer E, I have considered the refusal of medication to manage the consumer’s changed behaviours and pain as part of my finding in Requirement (3)(b) in this Standard as the core deficit was associated with the service recognising high impact and high prevalence risks associated with psychotropic medication usage.

Based on the evidence documented above, I find the provider, in relation to the service Compliant with Requirement (3)(d) in this Standard.

In relation to all other Requirements in this Standard, one consumer was satisfied with processes to support end of life assessment and planning. The service has access to palliative care services. Documentation viewed confirmed the delivery of end of life care for consumers sampled.

Most representatives reported regular staff know the consumers well and effectively communicate their personal and clinical care needs. Care staff confirmed they have access to consumer care plans. Allied health staff confirmed they have access to relevant information through the electronic documentation system.

Processes support timely and appropriate referrals to individuals and other organisations. Sampled care files confirmed referral processes to a range of individuals including Dieticians, Physiotherapists, Speech pathologists and Palliative care specialists.

Policies and procedures support antimicrobial stewardship and effective processes to prevent and control infections. Staff descried how they minimise the spread of infections. The service has an outbreak management plan to guide staff in the event of an outbreak.

Based on the evidence documented above, I find the provider, in relation to the service Compliant with Requirements (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in this Standard.

# Standard 4

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

Findings

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

Consumers said they received safe and effective services and supports for daily living to support their quality of life. Care plans showed consumers’ background, life story and experiences, past and current interests, religious and other cultural practices and what is meaningful for the consumer. Staff were able to describe consumer interests and preferences in line with their care plans and how they support them.

Consumers said they are supported and engaged in meaningful activities which promote their emotional spiritual and psychological well-being. Care planning documentation showed consumers had their emotional, spiritual and psychological well-being care and service needs identified and documented. The service provides church services for a range of denominations.

Consumers said they are assisted with daily living activities that support them to pursue their interests and take part in the community and social activities. Care planning documentation showed consumers are supported to participate in the community, maintain relationships and do things of interest to them. This included supporting consumers to attend external church services and attending walking groups in the community.

Information about the consumer’s condition, needs and preferences is reflected in consumer care plans, assessments, lifestyle activities plan and progress notes. Staff said information pertaining to the consumer’s condition, needs and preferences are documented in the care plan which is accessible to all staff and also through handover processes.

Staff could describe how they refer consumers external organisations and use volunteers to help supplement the lifestyle program. Care plans reflected involvement from other organisations including dementia specialist services and other external service providers.

Most consumers said they were satisfied with the variety of quantity of meals. Documentation showed consumers have their preferences and relevant dietary information recorded to support service delivery. Staff described how meal services are a standard agenda item at monthly consumer meetings. Observations of the meals service indicated a positive dining experience.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in this Standard.

# Standard 5

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

Findings

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

Consumers said they find the service environment welcoming and easy to navigate. Consumers were observed to be moving freely throughout the service environment. Consumer rooms were observed to be personalised. Maintenance and cleaning schedules ensure the environment is safe, clean and well maintained.

Furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for consumers. Maintenance records showed regular maintenance of equipment and issues being promptly addressed. Staff were able to describe how they report maintenance issues.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in the Standard.

# Standard 6

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

Findings

The Quality Standard is Non-compliant as two of the four Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(c) not met, as they were not satisfied the service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The Assessment Team provided the following evidence relevant to my finding:

* One representative raised a concern to the Assessment Team, in relation how staff were providing care for a consumer being left in the chair after lunch which was raised with staff. Records showed there had been no communication for a six week period other than an email acknowledging the information received.
* The representative of Consumer C was informed of five incidents involving the consumer and another consumer with no action being provided despite raising feedback verbally. Documentation viewed showed there was no evidence of a complaint being made by the representative to nursing staff regarding the five incidents. Management were unaware of the concerns raised by the representative.
* The representative of Consumer D said there was an ongoing issue in relation to the consumer’s bedding and this has not been addressed. Progress notes in the month prior to the Site Audit showed the representative complained about the bedding. A second complaint of a similar nature occurred five months prior to the Site Audit and no action was noted. Management were unaware of the complaints noted in the progress notes.
* The representative of Consumer A said when they raise concerns about the care of the consumer they would be promptly rectified.

The provider’s response acknowledges the findings in the Assessment Team’s report in relation to Consumers A, C and D. A continuous improvement plan was submitted, which outlined a range of improvements that included ensuring staff are able to enter electronic feedback and ensuring staff are able to respond to all complaints in line with internal policies and procedures.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong for two consumers.

In coming to my finding I have considered the verbal feedback from the representative of Consumer C, which showed appropriate action was not taken. I have noted that management was unaware of the complaint to further support my view. In addition, I have considered the evidence which showed a six week period from the time feedback was raised from one representative which was not actioned and addressed. I have finally noted appropriate action was not taken for Consumer D on two occasions to further support my view. In coming to my finding, I have also considered the evidence for Consumer A and whilst it showed feedback was identified and actioned, with the representative being satisfied with feedback processes, I have placed greater weight on the information involving the representatives of Consumers D and C and the other representative to support my finding.

Based on the evidence documented above, I find the provider, in relation to the service Non-compliant with Requirement (3)(c) in this Standard.

The Assessment Team recommended Requirement (3)(d) not met, as they were not satisfied feedback and complaints are monitored to improve the quality of care and services. The Assessment Team provided the following evidence relevant to my finding:

* Majority of consumers were not able to describe how the organisation has learnt from feedback received to improve quality of care and services.
* Feedback from the representative of one consumer in relation to changes in the consumer care needs taking too long to implement and feedback from another representative in relation to the number of incidents impacting consumer C were not recorded on the feedback log and used to identify areas for improvement.
* Documentation did not support that complaints received had been reviewed or considered for improvements at the service. Majority of complaints related to food and laundry services.
* The continuous improvement plan did not reflect improvements following a review of feedback or complaints information. Management were unable to describe how feedback was used to identify opportunities for improvement and used to identify trends.

The provider’s response acknowledges the findings in the Assessment Team’s report. A continuous improvement plan was submitted, which outlined a range of improvements which included ensuring feedback being an agenda item at all meetings.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services.

In coming to my finding I have noted the evidence which showed feedback is not reviewed and used to improve the quality of care and services. I have specifically relied on the evidence in the continuous improvement plan, feedback from consumers and information contained in the feedback log to support my view.

Based on the evidence documented above, I find the provider, in relation to the service Non-compliant with Requirement (3)(d) in this Standard.

In relation to all other Requirements in this Standard, majority of consumers said they are encouraged and supported to provide feedback. Staff were able to describe how they support consumers to provide feedback through feedback forms available at reception.

Consumers confirmed they are aware of advocates and other methods for resolving complaints. A range of pamphlets were observed to be available to consumers to support feedback mechanisms and advocacy services. Staff described how they assist consumers to access advocates and language services to resolved complaints.

Based on the evidence documented above, I find the provider, in relation to the service Compliant with Requirements (3)(a) and (3)(b) in this Standard.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | 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

The Quality Standard is Non-compliant as one of the five Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(c) not met, as they were not satisfied the workforce is competent and the members of the workforce have the relevant knowledge to effectively perform their roles. The Assessment Team provided the following evidence relevant to my finding:

* Representatives said they visit the service as they believe the care may not be provided otherwise.
* Deficits in staff competency for consumers identified in the Assessment Team’s report included assessment and management of falls, pain, changed behaviours, medication, diabetes, incident analysis, implementing recommendations made by health specialists and service providers and managing complaints and feedback.

The provider’s response acknowledges the findings in the Assessment Team’s report. A continuous improvement plan was submitted which outlined a range of improvements which included providing mandatory education to staff, reviewing duty statements and reviewing the performance of staff.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate the workforce is competent and the members of the workforce have the knowledge to effectively perform their roles and specifically in relation to management of falls, pain, changed behaviours, diabetes, medication and implementing recommendations made by health specialists and service providers and managing feedback. In coming to my finding I have relied and placed weight on the deficits identified in the Assessment Teams report. This included in relation to staff competency in ensuring relevant assessments are completed for consumers who enter the service, ensuring care plans are reviewed following changes such as when consumers return from hospital or following incidents of falls, undertaking appropriate monitoring of consumers following falls and staff following falls management strategies, staff managing consumers with diabetic care needs in line with directives and staff being able to recognise and address feedback and identify opportunities for improvement.

Based on the evidence documented above, I find the provider, in relation to the service Non-compliant with Requirement (3)(c) in this Standard.

In relation to all other Requirements in this Standard, processes support the planning and management of the workforce to ensure the number of personnel is sufficient to meet the care needs of consumers. The number of consumers at the service and consumer acuity determine the staffing model. Majority of consumers were satisfied with the number of staff.

Workforce interactions were observed to be kind, caring and respectful of each consumer’s identity, culture, and diversity. Majority of consumers said staff are kind and caring and they treat them with respect, however one consumer said sometimes staff can be abrupt.

Staff said they are provided a range of training and are able to request further training in specific areas. Majority of consumers were satisfied with the skills and knowledge of staff. Newly employed staff are provided a range of training and all staff have access to job descriptions and duty statements.

Regular assessment and monitoring of staff performance occurs through scheduled performance appraisals. In addition, performance is monitored through regular walkthroughs and also through a review of any feedback from clinical staff.

Based on the evidence documented above, I find the provider, in relation to the service Compliant with Requirements (3)(a), (3)(b), (3)(d) and (3)(e) in this Standard.

# Standard 8

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

Findings

The Quality Standard is Non-compliant as one of the five Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(d) not met, as they were not satisfied the service demonstrated effective risk management systems and practices, specifically in relation to managing and preventing incidents, including the use of an incident management system. The Assessment Team provided the following evidence relevant to my finding:

* Approximately two months prior to the Site Audit, Consumer F was pushed by another consumer, which resulted in them falling. The consumer was transferred to bed and experienced pain initially and was subsequently transferred to hospital a few hours later. The service was contacted by medical staff informing them the consumer was injured and required surgery. Two days following the hospital transfer, staff were notified the consumer had died whilst at hospital. A report was made to the Commission approximately 8 hours after being informed the consumer had died as an unexpected death. A report for unreasonable use of force was not undertaken within 24 hours following the initial incident where the consumer was injured.
* No other information was available to demonstrate the incident had been investigated to identify strategies to prevent another occurrence.
* The organisation reports on clinical incidents each month that cover high impact and high prevalence risks at the service. The Boards along with the service risk committee ensure that figures do not exceed the benchmark levels as is tailored to individual services within the organisation.
* The organisation has policies and procedures in place along with risk assessment tools to provide guidance when assessing for elder abuse.
* The organisation has risk assessments to determine the level of risk in consultation with the required consent forms.

The provider’s response acknowledges the findings in the Assessment Team’s report. A continuous improvement plan was submitted, which outlined a range of improvements which included providing mandatory education for nursing staff, reviewing risk assessments and handover processes.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate effective risk management systems and practices specifically in relation to managing and preventing incidents, including the use of an incident management system.

In coming to my finding I have noted the provider’s obligations in relation to the *Quality of Care Principles 2014* and specifically in relation to 15LA Requirements for managing incidents. I have relied on the evidence which shows for Consumer F, relevant actions including incident analysis was not undertaken. In addition, I have noted the service failed to recognise and report the incident as a type 1 in accordance with the same legislation section 15NE Priority 1 notice must be given within 24 hours.

In coming to my finding, I have noted deficits in managing high impact or high prevalence risks associated with the care of consumers which was presented in Standard 3 Requirement (3)(b) and I have noted that the service has processes to monitor high impact and high prevalence risks which include a range of monthly reports.

I have noted the service was able to demonstrate other aspects of the Requirement, however, in coming to my finding I have placed weight on the severity of the incident to support my view in relation to ineffective risk management systems and practices.

Based on the evidence documented above, I find the provider, in relation to the service Non-compliant with Requirement (3)(d) in this Standard.

In relation to all other Requirements in this Standard, consumers are engaged and supported in the development, delivery and evaluation of care and services. Management were able to describe and provide documented evidence how consumers were involved in improving care and services primarily through consumer meetings, focus groups, surveys and verbal feedback. Consumer involvement in relation to improvements included the purchase of a corner lounge and memorial fountain.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The governing body comprises of a Board who were previously actively involved during a COVID-19 outbreak and following the outbreaks, regularly attend the service to monitor staff practice.

Information management systems and processes support staff in undertaking their roles and responsibilities. Consumers are encouraged to participate in continuous improvement initiatives through feedback, surveys and meetings. Documentation showed how the service monitors and reports financial expenditure to the Board. Workforce governance, including associated policies and procedures support the workforce. The service tracks changes to the aged care legislation and this is communicated to staff. Policies and procedures support feedback and complaints.

The organisation has a clinical governance framework, and associated policies and procedures which include antimicrobial stewardship, minimising the use of restraint and open disclosure. Deficits in clinical care were identified by the Assessment Team and considered within relevant individual Requirements in Standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal care and clinical care.

Based on the evidence documented above, I find the provider, in relation to the service Compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in this Standard.

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