Performance

Report

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| Name of service: | Performance report date: |
| Bolton Clarke Cabrini | 5 September 2022 |
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| 2384 | Site audit |
| Approved Provider: | Activity date: |
| RSL Care RDNS Limited | 11 July 2022 to 14 July 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 Bolton Clarke Cabrini (**the service**) has been considered by Denise McDonald, 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 22 August 2022.

# Assessment summary

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

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The Provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | 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. | 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

Consumers considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose. Consumer/representatives said staff respected and valued the consumer’s background and individual identity. Staff were seen interacting with consumers in a friendly, supportive, respectful manner and greeted consumers by their preferred name when moving around the service.

Care plans showed the service, recorded and responded to, the consumer’s emotional, spiritual, and cultural needs and preferences. Consumers from culturally diverse backgrounds said their culture was respected and the care and services provided were culturally safe. Staff identified consumers’ different religions and described how the service had organised various priests to attend the service to support consumer’s faith.

Consumers/representatives described how the service supported the consumer to be independent, exercise choice, make decisions about their care and maintain relationships. Consumers confirmed they were supported to maintain important relationships as staff assisted married couples to visit each other when they resided in different areas of the service and seated them together during meal times. Staff interviewed described the various ways in which they provided choice to consumers on a day-to-day basis including for meals.

The service had policies and processes to support consumers engage in activities, involving risks, to live their best life. Consumers described how they were able to consume foods which they enjoy, but have previously caused an adverse reaction, as staff monitor them following meals to support their choice. Care planning documentation confirmed risks are discussed with the consumer, who is enabled to make an informed decision regarding their choice to engage in a risk-taking activity.

Consumers/representatives confirmed they received timely and accurate information which was clear, easy to understand and enabled them to make good choices. Consumers received a range of information covering current events within and outside the service, meal selections, daily activities, and access to health professionals. Staff described different ways and formats information is provided to consumers to meet their communication needs and preferences. The consumer handbook provided information related to; meals, activities, involvement of family in their care and services, room personalisation, care provision and information regarding advocacy services and the consumer’s rights.

Consumers’ privacy was respected; and staff understood the importance of keeping consumer’s personal information confidential. Consumers all felt their personal information was kept confidential and their privacy was respected. Staff described practical ways they respected the personal privacy of consumers such as; getting consent to enter a consumer’s room and closing doors, windows, and curtains when providing personal care. The service’s electronic records required a secure username and password to access.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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. | 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. | Compliant |

## Findings

Most consumers considered they were partners in the ongoing assessment and planning of their care and services. Consumers/representatives confirmed their involvement in the initial assessment and ongoing care plan review processes with input from clinical staff, medical officers and other health professionals. Care planning documents detailed the individual’s current needs, goals, and preferences, including specific risks to their health and well-being, and their advance care or end of life wishes. Consumers/representatives said their care plan was explained to them or others involved in their care, and they were comfortable they could access a copy if they requested it.

On entry into the service staff completed initial assessments of the consumer’s needs, goals, and preferences using a fully integrated electronic care documentation system. A comprehensive care plan was completed after the 28-day assessment period. The care plan is reviewed at least every 3 months or when circumstances changed, or incidents impacted on the consumers' needs, goals, and preferences. Outcomes of reviews were documented on care plans and communicated to consumers/representatives during care plan consultations and as necessary.

The organisation had detailed guidance on advance care and end of life planning to support staff and consumers/representatives. Care plans had advance care directives and end of life wishes recorded, where the consumer had expressed these.

Staff advised they accessed consumer care plans on the electronic care documentation system and were updated on consumers’ condition and care needs during shift handover. Staff described how the input of medical officers and other allied health professionals was organised by the service and how the electronic care documentation system contained validated clinical assessment tools, clinical guidelines, policies and procedures to guide them. Staff explained how incidents or a deterioration in health led to a review of consumer’s care needs.

# Standard 3

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| Personal care and clinical care | | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 Assessment Team recommended 2 of these requirements were not met, however, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant with these requirements:

* 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.

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

The Site Audit Report evidenced staff are guided by policies and procedures which direct the delivery of personal and clinical care to ensure it is best practice. Assessment, care planning documentation detailed individualised and tailored care for each consumer and escalation processes ensured care delivery was safe and effective care, positive feedback was provided by consumers/representatives confirming consumers received the care they need in accordance with their preferences. However, concerns, were included in the report and related to:

safe positioning of consumers while using equipment,

environmental, mechanical and chemical restrictive practices,

behaviour support planning and behaviour management,

nutrition and hydration documentation and practices.

The Provider’s response submitted 22 August 2022 contained additional clarifying information and documented evidence including restrictive practice authorisations/consents, care plans, assessments, photos, equipment manuals, clinical care extracts, consumer consultation and education records.

For a named consumer, who was described to be in an unsafe seated position while being reclined, I note the inbuilt limitations of the recline in the chair would have prevented the consumer from being placed in such a position. I also note the provider acknowledged the consumer was observed to have moved into a position with his head tilted and requested staff to reposition him. I consider this supports compliance.

In relation to the lack of access to external courtyards, I do not consider consumers to have been subject to environmental restrictive practice, as the restrictions were not in place for the management of a behaviour and I agree the restricted access was to ensure the consumer’s safety while a construction project was undertaken for remedial repairs, I have further considered deficits in relation to consumers free movement under Requirement 5(3)(b).

For 4 named consumers, who were identified not to have corresponding diagnosis when prescribed psychotropic medications and indicated in the Site Audit Report as being chemically restrained. I acknowledge the supporting documentation submitted by the Provider substantiates a diagnosis was in place, where the consumer was chemically restrained authorisation by a medical officer and consent from consumer/representative had been provided. Therefore, I consider this supports compliance with this Requirement.

In relation to the concerns raised in relation to mechanical restrictive practice, I agree with the Provider, the use of ‘blue chairs’ and the locking of castor wheels while consumers were seated in these, is in accordance with the manufacturer’s instructions, is for the safety of the consumer and is not used for the purposes of restricting a consumers free movement as documentation supports the consumer’s movement was restricted by their own physical limitations. For the consumers named under Requirement 7(3)(c), observed to be sitting chairs at the table, I acknowledge the use of these chairs, and other types of tub or princess chairs, described in the report, is based on assessment by allied health professionals and are used when consumers are identified as unable to weight bear or their mobility is impacted by their own physical limitations. I note the documented evidence submitted which supports a physiotherapist had assessed these consumers and determined the types of chairs being used by consumers was appropriate to their needs. I also note documented evidence supports some consumers choose to sit in these chairs as they recline for comfort when sleeping or return to an upright position to assist with transfers when the consumer wished to move Therefore, I do not consider this supports non-compliance with this Requirement.

Where consumers who have chosen to have bedrails, I acknowledge the Approved Providers response and understand as these are not used for restrictive practice, the frequency of release is not required to be monitored. Both the Site Audit Report and the provider’s response confirm risk assessments have been undertaken with consumers and their consent provided, I also consider this also supports compliance with this Requirement.

For the consumer, who requested not to be disturbed at night for repositioning, due to it taking time to resettle. I note a dignity of risk assessment has been completed and consider this supports care being tailored to the needs of consumers.

For consumers described as not having fluid within reach, I note the Provider’s response and consider it reasonable, consumer’s hydration needs were being met through intentional fluid rounds. I acknowledge the immediate response undertaken during the audit, where consumers were provided with drinks despite potentially not being unable to, cognitively or physically, initiate or undertake this activity independently.

I have also considered deficits in relation to behaviour support planning, behaviour management and inconsistencies with consumers nutritional requirements under Requirement 3(3)(b), where it is more relevant.

Overall, I am satisfied the care and services delivered to consumers are safe, effective and tailored to their needs.

Therefore, I find Requirement 3(3)(a) is compliant.

The Site Audit Report included information on high-impact and high prevalent risks in relation to behaviour support planning, management and monitoring; and choking risks, not being effectively identified or assessed. I have also considered risks to consumers in relation to nutritional and hydration assistance detailed in Requirement 3(3)(a) under this Requirement.

For a named consumer, identified as not having recommended behaviour management strategies in their behaviour support plan, I acknowledge this consumer had been reviewed by an external dementia specialist, 3 days prior to the audit and these recommendations were being considered by the consumer’s medical officer, prior to staff updating their support plan. I also acknowledge the documented staff training records which substantiates education had been provided to staff to ensure they were familiar with the new recommendations. I also note the provider had ordered and was awaiting delivery of items recommended to support this consumer and therefore the strategies were unable to be implemented at the time of the site audit. Therefore, this does not support non-compliance.

I also acknowledge for another named consumer described as displaying behaviours during the Site audit, they had been reviewed by internal dementia specialists who had assisted in the development of their behaviour support plan and following ongoing behavioural concerns, a referral to external dementia specialists had been undertake and the consumer was awaiting further review. I note the Site Audit Report evidences, staff were implementing interventions which were known to be successful. I also note the examples of visual and documented behaviour support plans, for this and other consumers, and consider this supports the service has identified and was managing behavioural risks of consumers. I consider this supports compliance with this Requirement.

In relation to consumers at risk of choking, I note the Site Audit Report contained observations of consumers coughing with this not being recognised or escalated by staff. I acknowledge the documentation submitted by the Provider which substantiates staff had reported a consumer to be coughing when being assisted with their meal and had escalated this appropriately, the consumer had been assessed, their dietary needs upgraded with their care plan updated, they had been referred to and reviewed by a speech pathologist. I consider this also supports compliance with this Requirement.

For the inconsistencies identified, between consumer diet cards on dining tables and dietary profiles contained within the kitchen, I note the information contained on both sources was consistent, as the diet cards were a quick reference guide for care staff and the dietary profiles containing texture modified codes was for kitchen staff who plated the food. While I do not consider the different descriptions as a concern as both documents provided the same information relevant to the role of the staff member. I do note, the service has implemented corrective actions to ensure the same codes and descriptors are consistent across both documents.

I also note there were instances which occurred during the Site Audit where consumers were provided meals inconsistent to their recommended meal consistencies. However, this was identified and remedied at the time of the site audit, the consumers were not adversely impacted as the meals were not eaten and I acknowledge referrals to dieticians have been undertaken where functional decline had been noted. I have also considered the examples contained within the Site Audit Report, which demonstrate the service’s actions in response to identified weight loss included reviews by medical officers and referrals to dieticians. This supports compliance with this requirement.

For a named consumer, described as being assisted to consume a meal while lying flat, I note both the Site Audit Report and the Provider’s response identified the consumer’s representative was present in the room and the representative has provided a different recollection of the events and refutes the evidence contained within the Site Audit report.

In relation to deficits in staff knowledge on behaviour management, I have considered this under Requirement 7(3)(c), where it is more relevant.

Overall, I am persuaded by the evidence submitted by the Approved Provider as I have found consumers behaviour support needs had been assessed, identified, planned and managed. Additionally, concerns relating to consumers at risk of choking due to emerging swallowing difficulties had been responded to and escalated appropriately.

Therefore, I find Requirement 3(3)(b) as compliant.

I find the remaining 5 Requirements of Quality Standard 3 are Compliant as:

Consumers/representatives confirmed their care needs were effectively communicated between staff, their medical officers, and other care providers and referrals were promptly issued if needed. Consumers expressed confidence the service’s end of life care would support them to be as free as possible from pain and to have those important to them with them.

Staff described individual consumer’s needs and preferences and how these were delivered in line with their care plans. Care documentation showed staff identified, communicated, and responded to deterioration or changes in a consumer’s condition or health status. Referrals to a range of medical officers, geriatricians, and allied health professionals were timely and appropriate. Consumers/representatives confirmed any changes in the consumer’s condition was promptly recognised and responded to appropriately.

The service had policies and procedures to ensure palliative or end of life care was delivered in accordance with consumers’ documented preferences and wishes. Staff maximised the physical comfort and dignity of consumers approaching the end of life and provided access to external palliative support services, as requested. Care documentation showed palliative care was delivered in accordance with the consumer’s wishes.

Staff were observed exchanging information about changes to individual consumers condition and care needs through shift handover discussions and documentation. Staff described the referral process and care documentation showed timely referrals to appropriate medical specialists and other allied health professionals. Staff said they notified the consumer’s medical officer and representatives if there was a clinical incident or other change in condition or needs.

Consumers/representatives said although they did not enjoy the restrictions during the 5 COVID-19 outbreaks over the last 12 months, they felt well supported by the service and staff were noted to be washing their hands and vigilant about infection risks. The service minimised infection related risks through standard and transmission-based precautions to prevent and control infection. Staff demonstrated knowledge of the service’s antimicrobial stewardship policy and implemented strategies to minimise antibiotics use in the course of their work.

# Standard 4

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| Services and supports for daily living | | 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. | 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 Assessment Team recommended 2 of these requirements were not met. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Provider’s response and find the service compliant with these requirements:

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

The Site Audit Report evidenced positive feedback from consumers/representatives regarding the supports and services for daily living including laundry and hairdressing, however, some provided negative feedback regarding staff disturbing them at night, accessing the courtyard and the leisure program, including the bus trips and walking group activities, provided. Additionally, consumers were observed to be disengaged from activities.

In relation to feedback from a consumer, who has requested not to be disturbed during the night, I have considered this information under Requirement 3(3)(a) as it relates to personal care.

I have considered consumers ability to access the outdoor courtyard, under Requirement 5(3)(b) where it is most relevant.

The Approved Provider refuted the evidence in the Site Audit Report and provided additional clarifying information and documentation in supporting their compliance.

For a named consumer, who expressed dissatisfaction with the bus outings as they were the same and you couldn’t alight from the bus. I accept the Provider’s explanation and find it reasonable outings into the community via the service’s bus were changed to promote consumer safety during the COVID pandemic. I also find it reasonable the walking group activity had been altered due to a recent outbreak. Therefore, I do not consider these examples support non-compliance with this Requirement.

For consumers who were disengaged or expressed they would like a greater range of and more aged appropriate activities. I acknowledge the documented evidence submitted which substantiates consumers had expressed satisfaction and provided positive feedback in relation to activity choices through a survey conducted prior to the site audit and based on the feedback received improvement actions including a full review of consumers leisure interests and the leisure program has been planned to improve the range of activities available. I consider this supports compliance.

Therefore, I find Requirement 4(3)(a) is compliant.

In relation to requirement 4(3)(f), the Site Audit Report evidenced consumers and representatives confirmed the meals provided were varied and of suitable quality and quantity, however, meals served were observed to be inconsistent with the consumers’ modified dietary needs, consumers were not being assisted and consumers dining preference to eat in their room were not accommodated.

I have considered the inconsistencies in meals served and the consumers modified dietary needs as a high impact risk and have considered this information under Requirement 3(3)(b).

In relation to a named consumer, observed to be unaided and unsupervised during their meal, I note their care plan describes the assistance required as supervision, prompting and at times physical assistance. I do not consider this supports non-compliance as staff were in the dining room to provide the supervision or prompting and there were no observations brought forward to support the consumer did not eat their meal. I also note this consumer was not identified to be on the service’s weight loss register, therefore an adverse effect has not been indicated.

In relation to observations made of a consumer eating their meals in the dining room, despite their care plan describing it as their preference to eat in their room. I concede it is a consumer’s choice where they decide to eat and do not consider this as supporting non-compliance with this Requirement.

I note the Provider’s response which refuted the findings of the Site Audit Report and raised conjecture about some observations made as they did not correlate with closed camera television footage. Therefore, I have not included these observations in my findings.

Overall, I have placed weight on the positive consumer feedback in relation to quality and quantity of the meals served, observations of adherence to food safety practices and documentation which supports the menu is varied with consumer consultation, informing the selection of included meals.

Therefore, I find Requirement 4(3)(f) is compliant.

I find the remaining 5 Requirements of Quality Standard 4 are Compliant as:

Consumers stated their emotional, spiritual, and psychological well-being was well supported within and outside the service with access to professional organisations, religious services and external programs. Staff said the service connects with several churches and support organisations such as the Community Visitors Scheme.

Consumers said they were supported to participate in the service’s lifestyle program or do independent activities of their choice. Consumers felt supported to maintain important social and emotional connections. Care planning documentation contained detailed information outlining activities of interest, evidence of participation and information about relationships they wished to maintain.

Information about the consumer’s condition, needs and preferences was communicated effectively within the service, and with others involved in caring. Consumers reported information about their daily living choices and preferences was effectively communicated and the staff who provided daily support understood their current needs and preferences.

The service referred consumers to other individuals, organisations and providers care and services as needed. Organisational procedures guide staff in the referral processes to services outside the organisation and resources to support referrals were observed to be readily available.

Mobility aids such as walking aids and wheelchairs, which enable consumers to mobilise within and outside the service were clean and well maintained. A wide range of lifestyle activity products were available for consumers to use such as books, magazines, games and colouring activities sensory board and reminiscing activities. The service conducted regular inspections on all equipment with maintenance logs evidencing preventive and reactive maintenance was completed on time.

# Standard 5

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| Organisation’s service environment | | 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. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

The Assessment Team recommended this requirement was not met, however, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the provider’s response and find the service compliant with this requirement:

* The service environment:

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

The Site Audit Report confirmed consumers felt safe in the service environment. However, concerns were raised regarding access to the courtyard and consumer access to outdoor areas.

The Provider responded refuting the not met findings and provided additional clarifying information and evidence in support of their compliance. The Provider advised access to the courtyards was restricted due to a construction project for remedial works and this was to ensure consumer safety.

I accept the service was undertaking necessary remedial building works which rendered the courtyards temporarily unsafe for use by consumers and consumers normally capable of mobilising independently were able to access alternative outdoor areas, this was also confirmed by consumers as detailed in the Site Audit Report and the provider advised consumers who required assistance to mobilise could request staff assistance to access outdoor areas should thy wish, however, due to recent weather conditions no consumers had requested to access the outdoors.

Therefore, I find Requirements 5(3)(b) is compliant.

I find the remaining 2 Requirements of Quality Standard 5 are compliant as:

Consumers said they belonged, felt at home and were safe and comfortable in the service. Representatives said they felt very comfortable visiting the service and spoke highly of the care delivered by the staff.

The service environment appeared welcoming and easy to navigate. Both floors of the service have clear wayfinding signage which enabled consumers and visitors to orientate and navigate around the service. The corridors were spacious allowing easy movement for consumers using aids such as walkers and wheelchairs, the walls are decorated with framed photos and various paintings. The consumers each have their own ensuite and consumers could personalise their rooms with items from their home and photos and artworks they want to bring. Each room is numbered and with a photo of the consumer.

There were effective processes in place to ensure the service environment was safe, clean, well maintained, and comfortable. Consumers were observed moving through the service. Call bells were accessible to consumers and the call bell system was observed to be operating efficiently and answered promptly during the site audit.

Furniture, fittings, and equipment were safe, clean, well maintained, and suitable for the needs of consumers. Consumers were satisfied with these elements of the service environment. Maintenance logs showed the planned, periodic, and reactive maintenance program was up to date.

# Standard 6

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| Feedback and complaints | | 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. | Compliant |

## Findings

All consumer/representatives said they had no complaints about the service but felt safe and supported to provide feedback or raise concerns with staff and management if the situation arose. Consumers said if they had any concerns, they would raise them immediately with staff or management and they were confident appropriate action was taken. Staff said they endeavoured to address any issues if it was something they could resolve quickly, otherwise they would escalate it to the registered nurse or management.

Management described various ways consumers/representatives could provide feedback or raise complaints such as through; regular meetings, feedback forms and post boxes or through verbal feedback or email. Information regarding advocacy, complaints and feedback was displayed in the lifts, reception area and other wings of the service. All staff said they would support consumers to raise complaints or access interpreter or advocacy services.

The service had a feedback, complaints and compliments policy which included a section on open disclosure. Feedback and complaints were documented and followed an open disclosure process when things went wrong or there had been an incident. Representatives confirmed staff utilised the open disclosure process when they had raised concerns and the service acted appropriately in relation to their feedback. Staff described the complaints process and were aware open disclosure involved apologising and finding an acceptable solution.

The service had clear processes for managing feedback and complaints and using them to inform continuous improvement. The service’s complaint register recorded known complaints and the action to be taken in relation to each complaint. The service’s quality improvement register showed satisfaction surveys, feedback and complaints informed timely continuous improvement actions taken by the service.Standard 7

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| Human resources | | 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. | 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. | 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 Assessment Team recommended this requirement was not met, however, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Provider’s response and find the service compliant with this requirement:

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

The Site Audit Report found consumers/representatives said staff were knowledgeable, capable, knew them and their needs; and the service had systems and processes in place to ensure members of the workforce were qualified and competent in their duties. However, the staff were described as, not understanding mechanical restrictive practice, open disclosure and serious incidents.

The Provider refuted the not met findings and supplied additional clarifying information and evidence in support of their compliance. The service asserts staff were trained and aware of their responsibilities and processes in relation to restrictive practices, serious incident reporting and open disclosure and this is consistent with findings of compliance.

I have considered the identification, assessment and application of mechanical restrictive practices under Requirement 3(3)(a) and consider staff did demonstrate appropriate knowledge as documentation submitted in response to this concern, supported compliance. I also acknowledge the additional training provided to staff to increase this knowledge and support ongoing compliance.

In support of compliance, I note the Site Audit Report detailed staff had received training in serious incident reporting, restraint and open disclosure. Whilst staff knew open disclosure involved apologising, they could not provide examples of the process, however consumer/representative feedback confirmed staff use an open disclosure approach, therefore, I have place weight on the consumer feedback and consider this supports compliance. In response to deficits in serious incident reporting, I note where serious incidents have occurred these have been escalated and reported, and this substantiates staff demonstrating knowledge of serious incident reporting requirements and supports compliance as described under Requirement 8(3)(c).

In relation to lack of staff knowledge on effective behaviour management strategies brought forward under Requirement 3(3)(b), I note the Site Audit Report brings forward staff were seen to be implementing known strategies which had been demonstrated effectiveness in the management of a named consumer. I also note these were the interventions described in the consumer’s behaviour support plan. While staff were not able to describe observation of pain or scheduled toileting as behaviour support strategies, I do not consider this as supportive of non-compliance as the consumer did not have these strategies listed in their behaviour support plan and these aspects of care would have been covered in other areas of the consumer’s care plan.

While, I have not found deficiencies in staff knowledge or competencies, I also note the organisation’s educator was onsite during the site audit and a suite of training in response to the identified areas of concern was commenced immediately and included restrictive practices, dementia, serious incidents and assisting consumers with nutrition or hydration needs.

Overall, I consider the service demonstrated their workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Therefore, I find Requirement 7(3)(c) is compliant.

I find the remaining 4 requirements of Quality Standard 7 are compliant as:

Consumers/representatives said they had no concerns with the number and mix of staff and considered they got quality care and services when they needed it, from staff who were knowledgeable, capable, and caring. Documentation supported workforce planning ensured staffing was adequate to enable the delivery of safe and quality care and services. Staff said they had enough time to complete their duties during each shift and felt supported by management. Call bell data demonstrated staff respond in under 10 minutes when consumers call for assistance.

Interactions between staff and consumers were generally observed to be kind, caring and respectful however, on 3 separate occasions, staff within earshot and line of sight of consumers did not responding to consumers’ calls for assistance.

The service demonstrated staff were trained and equipped to undertake their roles and supported to deliver outcomes for consumers. Mandatory training is a part of the service’s induction process and staff undertake mandatory and additional training programs throughout the year to help maintain and improve their knowledge and skills. Position descriptions set out the qualifications, registration, knowledge, skills and abilities required for the designated roles. The service maintained a range of documents and processes to recruit and monitor professional registrations and criminal history checks.

Management demonstrated processes to assess, monitor and review the performance of staff was completed according to a schedule. Staff performance was monitored through formal performance appraisals, and informal monitoring and review. Management said if there were any concerns these are raised with the staff member when issues arise, to address them immediately. Staff confirmed their performance is monitored through formal performance appraisals including assessing their own performance and list goals to work towards in the future.

# Standard 8

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| Organisational governance | | 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. | 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. | 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 Assessment Team recommended 2 of these requirements were not met, however, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Provider’s response and find the service compliant with these requirements:

* Effective organisation wide governance systems relating to; information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.
* A clinical governance framework which included; antimicrobial stewardship, minimising restraint and open disclosure.

The Site Audit Report evidenced management and staff could describe organisation wide governance systems relating to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. However, deficiencies were identified in information processes as there were inconsistencies in dietary documentation, behaviour support directives not being in care plans and consumers/representatives were not informed of the construction works. Additionally, deficiencies in compliance with regulations for serious incident reporting and management of restrictive practice was identified.

The Provider refuted the not met findings and supplied additional clarifying information and evidence in support of their compliance.

I have considered the inconsistent dietary documentation and delay in updating behaviour support strategies into a consumer’s care plan, under Requirement 3(3)(b) and have found no concerns, as while the dietary cards and profiles included different descriptions, they conveyed the same information, in different formats specific to the role of the staff person reading them. Additionally, a 3-day delay in incorporating behaviour support strategies into a care plan, when staff had received verbal handover of the recommended interventions which were still under review by the consumer’s medical officer, is also not indicative of ineffective information management systems.

In relation to consumers reporting they were unaware of the commencement of the construction works scheduled for the courtyards and the progress of the project. I acknowledge, minutes of consumer meetings, submitted demonstrated consumers/representatives were advised of the works prior to their commencement and they were updated regularly once it was underway with information on the purpose of the works; the expected timeframe; and informed the courtyards would be closed during the period of construction works. I consider this supports compliance with this Requirement.

For serious incidents described as not having been reported in line with regulatory requirements, I note for a named consumer described as displaying verbally abusive language, their behaviour charting includes incidents described as verbally aggressive, verbally agitated and using offensive language. These were either described as directed to staff or did not indicate the involvement of other consumers, on all but one occasion. I note this incident occurred on 17 June 2022 and in accordance with legislation the service has 30 days in which to report the incident. At the time of the Site Audit, the 30-day period had not yet expired and therefore, non-compliance is unable to be determined in relation to this incident.

For another named consumer, described as displaying verbal and physical behaviours to other consumers, and involved in physical incident with a visitor to the service, I acknowledge the response from the Provider, who lodged a serious incident report, as soon as they were aware of the incident, I acknowledge this report was submitted despite it not meeting the reporting requirements as the person involved in the incident was not a recipient of care at the service and consider this supports compliance with this requirement.

For inappropriate use of chemical and environment restrictive practice not being reported, I have considered the examples contained in the Site Audit report under Requirement 3(3)(a) and have found the restricted access to courtyards due to construction works was not environmental restraint nor does it constitute neglect and for consumers prescribed psychotropic medications without an appropriate diagnosis, documentation was submitted which evidenced the restraint had either been ceased or was assessed, authorised and consent provided. Therefore, I do not consider these examples support non-compliance as there was no inappropriate use of restrictive practice substantiated.

I have considered the identification, assessment and application of mechanical restrictive practices under Requirement 3(3)(a) and consider the consumers using various types of assistive chairs was appropriate as their movement was limited by their own physical capacity. Therefore, the criteria to warrant a serious incident report for inappropriate use of restrictive practice had not been met.

Overall, I am satisfied staff have access to information commensurate to their roles, communication with consumers/representatives was undertaken, serious incidents have been reported in line with regulatory requirements.

Therefore, I find Requirement 8(3)(c) is compliant.

In relation to Requirement 8(3)(e), the Site Audit brought forward a recommendation of not met for this Requirement based on the identification, management and monitoring of restrictive practices for chemical and environmental restraint. However, I have considered the evidence under other requirements and found no concerns in relation to environmental or chemical restrictive practice.

Additionally, and in support of compliance the Site Audit Report evidences the organisation has a documented clinical governance framework which included policies relating to; antimicrobial stewardship, minimising restrictive practice and open disclosure.

Management were able to provide examples of changes made to the way care and service were planned, delivered or evaluated as a result of the implementation of these policies and confirmed the service was in the process of transitioning from one organisation to another and policies that were redundant or not effective had been replaced.

The restrictive practice policy and procedure outlines the organisation’s commitment to ensuring if any restrictive practices are used, this is only as a temporary solution and should only be considered after a comprehensive assessment.

The ‘open disclosure’ policy sets out the key elements for providing an apology, providing a factual explanation of what happened, the opportunity for the consumer and family to discuss, consequences associated with the incident and steps taken to manage.

Staff had been educated about the policies and some staff were able to provide examples of their relevance to their work, other were not and identified they would seek guidance from clinical staff if they were unsure. I consider this supports an effective clinical governance structure is in place.

On the balance of the evidence provided which supports compliance with this Requirement, I am satisfied the service implemented a clinical governance framework which included; antimicrobial stewardship, minimising restraint and open disclosure.

Therefore, I find Requirement 8(3)(e) is compliant.

I find the remaining 3 Requirements of Quality Standard 8 are Compliant as:

Most consumers/representatives considered the organisation was well run, and they could partner in improving the delivery of care and services. They confirmed they were engaged in the design, delivery, and evaluation of care and services and felt confident their feedback was taken on board and would influence how the service operated.

Management described the involvement of the governing body in the promotion of a culture of safe, inclusive, and quality care and services. All information is provided to the Board via meeting minutes and reports. Additionally, the General manager is the Chair of the clinical governance committee and reports directly to the Board. To satisfy itself the Quality Standards are being met, Board members engage with the service and access the education modules on the Quality Standards. Results of consumer and staff surveys conducted, at least annually, are reviewed by the Board and the executive team, enabling the Board to identify any areas of concern. Various internal site audits are undertaken throughout the year, the results are presented within the service’s different meeting forums with action items identified in response to results and included into the continuous improvement plan.

The organisation demonstrated effective risk management systems and practices and had policies relating to; management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can. Staff understanding of these policies and their responsibilities was mixed under interview. The organisation had developed a risk management procedure formalising and communicating the management of risk. This framework includes systems and practices to oversee risk. Procedures (for example in relation to assessment and care planning, incident management, serious incident reporting, collection of clinical data, including incidence of unplanned weight loss, wounds, and infectious outbreaks) were available to guide service managers and staff.

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)