Brightwater South Lake

Performance Report

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**Commission ID:** 7194

**Provider name:** Brightwater Care Group Limited

**Assessment Contact - Site date:** 21 June 2022 to 22 June 2022

**Date of Performance Report:** 27 July 2022

# Performance report prepared by

Janine Renna, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this Performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 Contact - Site report received on15 July 2022; and
* the Performance report dated 23 September 2021 for the Site Audit conducted from 21 July 2021 to 23 July 2021.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Assessment Team assessed Requirements (3)(a) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers at the Assessment Contact. No other Requirements in this Standard were assessed.

Requirements (3)(a) and (3)(e) were found non-complaint following a Site Audit conducted from 21 July 2021 to 23 July 2021, where it was found the service did not 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; and
* care and services were reviewed regularly for effectiveness, and when circumstances changed or when incidents impacted the needs, goals or preferences of the consumer.

The Assessment Team provided evidence of actions taken by the service in response to the non-compliance and have recommended the service meets Requirement (3)(a) and does not meet Requirement (3)(e).

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(a) and non-compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers. I have provided reasons for my finding under the specific Requirements below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

This Requirement was found non-compliant following a Site Audit conducted from 21 July 2021 to 23 July 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, behaviour management strategies were not always reviewed after incidents of aggression or where strategies were ineffective, and care planning documentation did not consistently reference accurate information about risks to consumers’ health.

The Assessment Team’s report for the Assessment Contact conducted on 21 June 2022 to 22 June 2022 described actions taken by the service in response to the non-compliance, which include, but are not limited to:

* provided staff education and training; and
* conducted full review of named consumers.

The Assessment Team provided the following information and evidence collected through interviews and documentation, which are relevant to my finding in relation to this Requirement:

* Consumers and representatives expressed satisfaction with the care and services consumers receive.
* Documentation showed identification, monitoring, planning and review of risks to consumers’ health and well-being, including in relation to weight loss and nutrition, bowel management and diabetes.
* Staff said they follow organisational guidelines for assessment and planning, and provided examples of how they had identified, assessed and planned for risks associated with various areas of care, including weight loss, skin integrity, pain, behaviours and diabetes. Staff were aware of risks and mitigation strategies associated with sampled consumers.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

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

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

This Requirement was found non-compliant following a Site Audit conducted from 21 July 2021 to 23 July 2021, where it was found the service was unable to demonstrate care and services were reviewed regularly for effectiveness, and when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer.

The Assessment Team’s report for the Assessment Contact conducted on 21 June 2022 to 22 June 2022 described actions taken by the service in response to the non-compliance, which include, but are not limited to:

* provided staff education and training; and
* conducted full review of named consumers.

However, at the Assessment Contact conducted 21 June 2022 to 22 June 2022, the Assessment Team was not satisfied the service demonstrated care plans were reviewed following incidents and identification of clinical deterioration to ensure care and services meet consumers’ needs, goals and preferences. The Assessment Team’s report provided the following information and evidence collected through interviews, observation and documentation, which are relevant to my finding in relation to this Requirement:

* Care and services were not reviewed for five consumers following identification of clinical deterioration or incidents. For example:
	+ Monitoring, review and management of one consumer’s falls risk and pain did not occur following three falls to ensure their comfort and safety, and assess the effectiveness of current strategies. As a result, the consumer experienced severe pain, loss of appetite and continued to experience falls.
	+ One consumer’s ability to safely self-medicate had not been reviewed annually or following deterioration in eyesight, in line with the organisation’s policy. The consumer confirmed they self-medicate, however, was unable to accurately articulate the purpose of each medication or how often they should be administered. The consumer’s medication profile does not consistently indicate which medication the consumer self-administers and for topical cream, where it is to be applied.
	+ Following identification of one consumer’s pressure injury and excoriation, a wound treatment plan was not developed to guide staff in managing the wound. Additionally, the consumer’s care and services were not reviewed to ensure risks associated with pressure injuries, skin integrity and continence were identified, and preventative/management strategies were effective.
	+ One consumer’s dysphagia assessment form and care plan were not reviewed or updated following Speech pathologist recommendations to minimise the consumer’s risk of choking, as required under the organisation’s policy. Staff were unable to articulate strategies to maintain the consumer’s safety and, with the exception of asking the Registered nurse, were unable to describe where they would access the information.
	+ One consumer’s pain was not assessed, and the effectiveness of pain interventions were not measured following an injury which resulted in increased pain. For the duration of the Assessment Contact, the consumer was observed clutching their injury. Four staff said current pain interventions were ineffective.
	+ The service was unable to demonstrate that one consumer had been reviewed by an external mental health service to address ongoing verbal behaviours, despite being referred by a Medical officer. Additionally, the consumer’s behaviour assessment, support plan and management strategies were not reviewed following two episodes of verbal behaviour. The consumer’s behaviour management plan was last reviewed eight months prior to the Assessment Contact.
* Management reported new Registered nurses had been employed, who require further training to ensure compliance with organisational policy.

The provider acknowledges the Assessment Team’s findings in relation to this Requirement. The provider’s response includes the service’s Plan for continuous improvement to demonstrate actions have been taken and/or planned to address deficiencies identified by the Assessment Team. These include, but are not limited to, review of handover processes, staff education and training, and full clinical review of named consumers. I acknowledge actions taken by the service to rectify issues identified by the Assessment Team.

In coming to my finding, I have considered the Assessment Team’s findings, information in the Assessment Team’s report and provider’s response, which demonstrates at the time of the Assessment Contact, care and services were not reviewed regularly for effectiveness, and when circumstances changed or when incidents impacted on the needs, goals and preferences of the consumer.

I have considered that care and services were not reviewed for five sampled consumers following incidents or change in condition, to ensure the service meets their needs safely and effectively. I find this failure has resulted in consumers experiencing unmanaged pain and/or loss of appetite, and has also increased consumers’ risk of falls, behaviours, wounds, choking and medication incidents. I have also considered that staff were unfamiliar with sampled consumers’ care needs and did not know where to access up-to-date information to ensure safe and effective care delivery.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Assessment Team assessed Requirements (3)(a) and (3)(b) in Standard 3 Personal care and clinical care at the Assessment Contact. No other Requirements in this Standard were assessed.

Requirements (3)(a) and (3)(b) were found non-complaint following a Site Audit conducted from 21 July 2021 to 23 July 2021, where it was found the service did not demonstrate:

* each consumer received safe and effective care that was best practice, tailored to their needs, and optimised their health and well-being; and
* effective management of high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team provided evidence of actions taken by the service in response to the non-compliance and have recommended the service does not meet Requirements (3)(a) and (3)(b).

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find the service non-compliant with Requirement (3)(a) and compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my finding under the specific Requirements below.

### Assessment of Standard 3 Requirements

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

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

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

This Requirement was found non-compliant following a Site Audit conducted from 21 July 2021 to 23 July 2021, where it was found the service was unable to demonstrate each consumer received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being, specifically in relation to wounds, physical restraints and medication management.

The Assessment Team’s report for the Assessment Contact conducted on 21 June 2022 to 22 June 2022 described actions taken by the service in response to the non-compliance, which include, but are not limited to:

* provided staff education and training; and
* commenced weekly clinical meetings to discuss consumer incidents and improve clinical outcomes.

However, at the Assessment Contact conducted 21 June 2022 to 22 June 2022, the Assessment Team were not satisfied the service demonstrated best practice and tailored care in relation to use of chemical restraint, pain, weight loss, supports for daily living and diabetes. The Assessment Team provided the following information and evidence collected through interviews, observations and documentation, which are relevant to my finding in relation to this Requirement:

Chemical restraint

* Documentation showed two sampled consumers are subject to chemical restraint, as the approved use of psychotropic medication administered is not consistent with their diagnosis.
* The consumers’ Wellbeing behaviour assessment and support plans incorporated recommendations from Dementia Support Australia (DSA) and included a number of non-pharmacological strategies to trial to address the consumers’ triggers and behaviours.
* There was no evidence indicating these strategies had been trialled prior to administering psychotropic medication. Management acknowledge this had not occurred.
* For one of the two sampled consumers, there is no evidence indicating informed consent had been obtained for the use of chemical restraint. The representative expressed dissatisfaction with the consumer’s medication management, as they are always drowsy and do not engage in activities.

Pain and supports for well-being and weight loss

* The consumer was observed to be in pain and was continually pacing throughout the service environment. On the first day of the Assessment Contact, the consumer stated they were in pain. On the second day of the Assessment Contact, the consumer reported no pain.
* Staff said the consumer had lost weight and while they regularly monitor them, they had not shown any signs indicating they were in pain. Staff were observed to be offering the consumer drinks and walking with them.
* Records show the consumer is not supported with any activities and staff said they would not sit still for activities.

Diabetes

* One consumer with diabetes did not have their blood glucose levels retested on the 17 occasions their levels were out of range, in line with their Specific diabetes and sick day management plan.
* Management were aware of the consumer’s diabetes and have referred the consumer to a Diabetic educator. The consumer was satisfied with the care and services they receive.

The provider acknowledges the Assessment Team’s findings in relation to this Requirement. The provider’s response includes the service’s Plan for continuous improvement to demonstrate actions have been taken and/or planned to address deficiencies identified by the Assessment Team. These include, but are not limited to, staff education and training, full review of named consumers’ care and services and all consumers subject to chemical restraint, and implementation of processes to ensure regular review of chemical restraints. I acknowledge actions taken by the service to rectify issues identified by the Assessment Team.

In coming to my finding, I have considered the Assessment Team’s findings, information in the Assessment Team’s report and provider’s response, which demonstrates at the time of the Assessment Contact, each consumer did not receive safe and effective care and services that were best practice, tailored to their needs and optimised their health and well-being.

I have considered that two sampled consumers’ psychotropic medication was not administered as a last resort, as required under the *Quality of Care Principles 2014*. The consumers’ Wellbeing behaviour assessment and support plans listed non-pharmacological strategies to be used to manage triggers causing their behaviours, however, there was no evidence these strategies had been trialled. I have also considered that for one consumer, there was no evidence informed consent had been obtained for the use of restraint and the representative expressed dissatisfaction with the consumer’s medication management, stating they are ‘always drowsy’.

In relation to the consumer who was experiencing pain and weight loss and had not attended activities, I find the evidence does not indicate that safe and effective services were not provided to the consumer. While the consumer did not attend activities, there was no evidence indicating whether this was by choice or due to a lack of suitable and stimulating options. In relation to the consumer’s pain and weight loss, there was no further information indicating that their pain and weight loss were ongoing and unmanaged.

In relation to the consumer with diabetes, I acknowledge that management were aware of their condition and had engaged a Diabetic educator to talk with the consumer. However, of the 17 occasions their blood glucose levels were out of range, retesting did not occur in line with their Specific diabetes and sick day management plan.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

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

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

This Requirement was found non-compliant following a Site Audit conducted from 21 July 2021 to 23 July 2021, where it was found the service was unable to demonstrate high impact or high prevalence risks associated with the care of consumers were effectively managed, specifically in relation to pain, medication and behaviour management, pressure injuries and skin conditions.

The Assessment Team’s report for the Assessment Contact conducted on 21 June 2022 to 22 June 2022 described actions taken by the service in response to the non-compliance, which include, but are not limited to:

* provided staff education and training; and
* commenced weekly clinical meetings to discuss consumer incidents and improve clinical outcomes.

However, at the Assessment Contact conducted 21 June 2022 to 22 June 2022, the Assessment Team were not satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of consumers, including in relation to pain, pressure injuries, skin integrity, medication and behaviours. The Assessment Team provided the following information and evidence collected through interviews and documentation, which are relevant to my finding in relation to this Requirement:

* At the entry meeting, management was unable to answer the clinical based risk questions. There were delays in providing information relating to consumers with pressure injuries and management later said information regarding consumers who suffered falls that required medical attention was included in the Clinical indicator reports.
* The service maintains a high-risk register; however, information is not current and supporting assessments or documents are not in place, current or reviewed in a timely fashion to manage or support the risk.
* Staff do not use the risk register to keep up-to-date with consumers’ high impact or high prevalence risks. However, staff were knowledgeable about one sampled consumer’s risk of falls.
* The service does not monitor and review skin injuries or surrounding skin areas to prevent deterioration or undertake assessments to ensure interventions are in place to promote the health and well-being of consumers’ skin. One consumer’s pressure injury and excoriation were not effectively managed. While wound care was being provided, photographs demonstrated deterioration of both wounds.
* Two consumers’ falls management strategies were not evaluated for effectiveness and assessments were not reviewed to enable effective management of their falls risks. One consumer suffered three falls within a three-week period, resulting in a fracture causing severe pain. Another consumer had one fall, resulting in increased pain and required a hospital transfer.
* The service has failed to monitor one consumer who continues to appropriately self-medicate prescribed creams. The consumer’s ability to self-medicate safely has not been reviewed following sensory deterioration and the consumer has not been provided sufficient information to administer medication in line with their prescription.
* The service has failed to review one consumer’s behaviour assessment, support plan and management strategies following two episodes of verbal behaviour. Despite being referred by a Medical officer, there was no evidence the consumer had been reviewed by an external mental health service. Two staff said the consumer continues to have loud and angry verbal outbursts.

The provider acknowledges the Assessment Team’s findings in relation to this Requirement. The provider’s response includes the service’s Plan for continuous improvement to demonstrate actions have been taken and/or planned to address deficiencies identified by the Assessment Team. These include, but are not limited to, monthly analysis of clinical indicator data, implementation of weekly risk reports that are discussed at staff meetings, updated clinical risk register, and staff education and training. I acknowledge actions taken by the service to rectify issues identified by the Assessment Team.

In coming to my finding, I have considered the Assessment Team’s findings, information in the Assessment Team’s report and provider’s response, which does not demonstrate ineffective management of high impact or high prevalence risks associated with the care of consumers.

I have considered that an out-of-date risk register and the service’s inability to respond to the clinical based risk questions does not indicate ineffective management of high impact or high prevalence risks. There is no evidence linking these issues to deficiencies in care or adverse outcomes for consumers. I find this evidence suggests deficiencies in the organisation’s governance risk management systems and practices, and has therefore been considered under Requirement (3)(d) in Standard 8 Organisational governance.

In relation to one consumer’s wounds, while the Assessment Team’s report indicates the service does not monitor and review skin injuries or surrounding skin areas to prevent deterioration, there is no evidence to support this finding. The Assessment Team noted the consumer’s wounds had deteriorated, however, there is no evidence indicating deficiencies in care delivery was a contributing factor. Evidence presented in the Assessment Team’s report indicates deficiencies in assessment and planning processes rather than ineffective risk management. This information has therefore been considered under Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

In relation to the two consumers who experienced falls, I find the evidence indicates deficiencies in assessment and planning processes, rather than the delivery of care. While falls management strategies were not reviewed following each fall, there was no evidence indicating strategies documented in each consumer’s care plan were not followed by staff. This information has therefore been considered under Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

In relation to the consumer who self-medicates, I find the evidence relates to deficiencies in assessment and planning processes, as risks associated with the consumer’s ability to self-medicate had not been reviewed following change in condition and care planning documentation did not contain sufficient information to guide staff in monitoring the consumer when self-medicating. There is no evidence indicating adverse outcomes for the consumer. This information has therefore been considered under Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

In relation to the consumer who exhibits behaviours, while two staff said the consumer continues to have loud and angry verbal outbursts, there is no corroborating evidence indicating how often this occurs or whether deficits in care delivery have attributed towards ongoing behaviours. Information in the Assessment Team’s report under Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers, indicates two episodes of verbal behaviours, with the last occurring more than six months prior to the Assessment Contact. I find the evidence, therefore, is more aligned with Requirement (3)(e) in Standard 2 Ongoing assessment and planning and does not demonstrate ineffective management of high impact or high prevalence risks.

Based on the information summarised above, I find the service compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Assessment Team assessed Requirement (3)(b) in Standard 5 Organisation’s service environment at the Assessment Contact. As no other Requirements in this Standard were assessed, an overall rating of the Standard has not been provided.

Requirement (3)(b) was found non-complaint following a Site Audit conducted from 21 July 2021 to 23 July 2021, where it was found the service did not demonstrate the organisation’s service environment was clean and safe. The Assessment Team provided evidence of actions taken by the service in response to the non-compliance and have recommended the service meets this Requirement.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 5 Requirements

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

*The service environment:*

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

This Requirement was found non-compliant following a Site Audit conducted from 21 July 2021 to 23 July 2021, where it was found the service was unable to demonstrate the service environment was clean and safe. Specifically, floors, furniture and bathrooms were observed to be unclean, there was no designated smoking area and there was no fire safety equipment in close proximity to where consumers were smoking.

The Assessment Team’s report for the Assessment Contact conducted on 21 June 2022 to 22 June 2022 described actions taken by the service in response to the non-compliance, which include, but are not limited to:

* reviewed cleaning services and undertook a deep clean of shared living areas and consumer bedrooms and bathrooms;
* removal of damaged and worn furniture;
* undertook consumer satisfaction survey in relation to the service environment;
* undertook environmental audit; and
* established a designated smoking area, which includes signage, fire blankets and an ashtray.

The Assessment Team provided the following information and evidence collected through interviews, observations and documentation, which are relevant to my finding in relation to this Requirement:

* Consumers and representatives said they find the service environment safe, clean and well maintained.
* Staff described cleaning schedules, including additional cleaning of high touch areas to reduce the spread of infection.
* Complaints data showed one complaint in relation to cleaning, which had been resolved. Emails between management and maintenance staff show scheduled improvements to floor coverings, painting and cleaning.
* Communal and personal areas within the internal and external environment were observed to be generally clean and tidy. Some areas requiring further cleaning were noted by the Assessment Team and were immediately rectified by management by the end of the Assessment Contact.
* A designated smoking area was noted to include signage, an ashtray and fire blankets close by.
* The fire indicator panel located near the entrance was noted to be in error. Management reported the fault was known and has been reported for repair, however, said they had not yet been trained in how to use the fire indicator panel.
* Doors were found to be unlocked and consumers were observed moving freely within all areas of the service environment.

Based on the information summarised above, I find the service compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

# STANDARD 7 Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(d) in Standard 7 Human resources at the Assessment Contact. As no other Requirements in this Standard were assessed, an overall rating of the Standard has not been provided.

Requirement (3)(d) was found non-complaint following a Site Audit conducted from 21 July 2021 to 23 July 2021, where it was found the service did not demonstrate the workforce was recruited, trained, equipped and supported to deliver the outcomes required by these Standards. The Assessment Team provided evidence of actions taken by the service in response to the non-compliance and have recommended the service meets this Requirement.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(d) in Standard 7 Human resources. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 7 Requirements

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

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

This Requirement was found non-compliant following a Site Audit conducted from 21 July 2021 to 23 July 2021, where it was found the service was unable to demonstrate processes were in place to equip and support multiskilled care workers to administer and evaluate the effectiveness of medications.

The Assessment Team’s report for the Assessment Contact conducted on 21 June 2022 to 22 June 2022 described actions taken by the service in response to the non-compliance, which include, but are not limited to:

* staff training and education; and
* reviewed rosters and introduced additional clinical hours.

The Assessment Team provided the following information and evidence collected through interviews, observations and documentation, which are relevant to my finding in relation to this Requirement:

* Overall, consumers and representatives reported staff were qualified, well trained and equipped, and were able to provide safe care and services to consumers.
* Staff said they receive the training they need in relation to various aspects of care, and feel supported by management if they require additional education or support. Staff said there are processes to ensure new and agency staff are supported, including a buddy system.
* As stated under Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers, staff were not consistently following organisational policies and procedures in relation to assessment and planning, which resulted in consumers experiencing unmanaged pain and/or loss of appetite, and has also increased consumers’ risk of falls, behaviours, wounds, choking and medication incidents. Additionally, staff were unfamiliar with sampled consumers’ care needs and did not know where to access up-to-date information to ensure safe and effective care delivery.
* As stated under Requirement (3)(a) in Standard 3 Personal care and clinical care, best practice and tailored care was not provided to consumers in relation to minimisation of restraint and diabetes.
* In response to the above, management reported new Registered nurses had been employed, who require further training to ensure compliance with organisational policy.
* Management reported opportunities for further education and training are identified through observation of staff practice, consumer feedback, audit results, clinical indicator analysis, incidents, performance appraisals and changes to industry and/or regulatory requirements.
* The service maintains an induction and mandatory training program, which is monitored centrally. Training records show three examples where staff have completed additional training as a result of incidents.

Based on the information summarised above, I find the service compliant with Requirement (3)(d) in Standard 7 Human resources.

# STANDARD 8 Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Assessment Team assessed Requirement (3)(d) in Standard 8 Organisational governance at the Assessment Contact. As no other Requirements in this Standard were assessed, an overall rating of the Standard has not been provided.

Requirement (3)(d) was found non-complaint following a Site Audit conducted from 21 July 2021 to 23 July 2021, where it was found the service did not demonstrate effective risk management systems and practices in relation to managing and preventing incidents. The Assessment Team provided evidence of actions taken by the service in response to the non-compliance and have recommended the service meets this Requirement.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(d) in Standard 8 Organisational governance. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

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

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

This Requirement was found non-compliant following a Site Audit conducted from 21 July 2021 to 23 July 2021, where it was found the service was unable to demonstrate risk management systems and practices were effective in relation to managing and preventing incidents.

The Assessment Team’s report for the Assessment Contact conducted on 21 June 2022 to 22 June 2022 described actions taken by the service in response to the non-compliance, which include, but are not limited to:

* establishing a weekly high impact or high prevalence risk meeting;
* completing clinical indicator reporting; and
* staff education and training.

The Assessment Team provided the following information and evidence collected through interviews, observations and documentation, which are relevant to my finding in relation to this Requirement:

* Regular meetings are held to identify, manage and monitor risks associated with the care of consumers, including wound care management, pressure injuries, skin care, medications, falls and infection control.
* Clinical indicator registers and reports are maintained to analyse and trend clinical incidents and ensure strategies for improvements are implemented.
* The service maintains a high-risk register; however, information is not current and supporting assessments or documents are not in place, current or reviewed in a timely fashion to manage or support the risk.
* Staff do not use the risk register to keep up-to-date with consumers’ high impact or high prevalence risks. However, staff were knowledgeable about one sampled consumer’s risk of falls.
* The organisation has an incident management system, which includes policies and procedures, and encompasses all staff across the service to report incidents, investigate, analyse incident data for trends, report trends to management, implement mitigation strategies, identify areas for improvement and provide staff education and training.
* Documentation for one sampled incident showed completion of an incident form, assessment of the risk, escalation to clinical staff, management and a Medical officer, and the representative was notified. As a result of a root cause analysis, staff education was provided, and procedures were updated.
* Reportable incidents sampled show correct categorisation and escalation within required timeframes.
* Staff demonstrated an understanding of the organisation’s incident management system and their associated responsibilities. While staff were not aware of the Serious Incident Response Scheme, they understood the types of elder abuse and neglect.
* Processes are in place to ensure consumers are supported to live the best life they can, including assessment of associated risk, implementation of mitigation strategies and monitoring mechanisms.

Based on the information summarised above, I find the service compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# 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 Requirement 2(3)(e)**

* Ensure staff have the skills and knowledge to initiate assessments, develop and/or update care plans, and regularly review consumers’ care and service needs.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

**Standard 3 Requirement 3(3)(a)**

* Ensure staff have the skills and knowledge to:
	+ provide appropriate care relating to chemical restraint and diabetes; and
	+ ensure information relating to consumers’ personal and clinical care needs is documented and effectively communicated to others.
* Ensure policies, procedures and guidelines in relation to best practice care delivery are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to best practice care delivery.