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Description automatically generatedGraphical user interface, text, letter

Description automatically generatedCharlton Aged Care

Performance Report

4 Learmonth Street   
CHARLTON VIC 3525  
Phone number: 03 5477 6800

**Commission ID:** 3973

**Provider name:** East Wimmera Health Service

**Site Audit date:** 7 June 2022 to 10 June 2022

**Date of Performance Report:** 28 July 2022

# Performance report prepared by

David Lee, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | 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 |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 5 July 2022.

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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

Consumers interviewed considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers and representatives confirmed they receive current and timely information to enable them to make informed choices.

Consumers and representatives described how consumers are encouraged and supported to make decisions about their own care and the way care and services are delivered. The service supports consumers to maintain relationships of choice by using a variety of mechanisms such as video calls, letters and personalised cards.

Staff described consumers’ individual preferences, life stories, past occupations and experiences. Staff demonstrated an understanding of culturally safe care and how they support cultural diversity for each consumer.

The service has guidelines, policies and procedures for managing and supporting consumers to take risks.

The Assessment Team observed staff being respectful to consumers and ensuring privacy was maintained while providing personal and clinical care.

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as compliant.

## Assessment of Standard 1 Requirements*.*

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall, sampled consumers considered they are partners in the ongoing assessment and planning of their care and services. Consumers and representatives discussed how they are involved and participate in the ongoing assessment, planning, and review of consumer care including end of life wishes. Consumers and representatives were satisfied with how consumer care and services include health professional involvement and are planned around what is important to them.

Consumers and representatives described how the service consults and communicates consumers’ assessment and planning outcomes.

However, the service did not always demonstrate assessment and planning consistently considered risks to the consumer’s health and well-being. In addition, the service did not demonstrate consumer care and services are always reviewed for effectiveness when consumers’ circumstances change.

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

## Assessment of Standard 2 Requirements

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

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

For one named consumer, who receives regular and when required psychotropic medications to manage anxiety, pain and depression, regular risk management assessments were not conducted to determine the side effects and risks associated with multiple psychotropic medication use. In addition, the consumer’s files did not contain a signed psychotropic consent form or evidence of regular updates to the consumer’s care plan to ensure the ongoing safety and effectiveness of care and services.

For one named consumer, who is subjected to environmental restraint, care files do not have a signed environmental restraint authorisation form in line with best practice and legislation guidelines. Records of discussions with the consumer’s representative, on the risks associated with restraint use, were not evident in the consumer’s files.

For one named consumer, who developed a stage 2 pressure injury, information in the wound chart to assist with monitoring, treatment and healing was incomplete. A wound chart had been initiated as a result of the stage 2 pressure injury but did not have all the necessary information such as wound measurements and descriptions of the surrounding skin.

In relation to the named consumer that receives regular and when required psychotropic medications, the Approved Provider stated the consumer is seen frequently by their medical officer. The consumer also remains actively involved in their care planning process. In addition, nursing staff monitor and review the effectiveness of the psychotropic medications prescribed. The Approved Provider also submitted evidence that a new psychotropic consent form was completed at the time of the site audit.

In relation to the named consumer subject to environmental restraint, the Approved Provider stated the consumer has comprehensive progress notes. The Approved Provider submitted evidence of actions taken since the site audit including updates to the consumer care plan and obtaining a valid environmental restraint consent form.

In relation to the consumer identified at risk of developing pressure injuries, the Approved Provider submitted evidence of the consumer’s skin management needs in their care plan. The Approved Provider acknowledges the consumer’s incomplete wound charts along with an incorrectly categorised pressure injury. The Approved Provider submitted evidence of actions taken since the site audit. This includes updates to the consumer’s care plan to reflect the consumer’s skin care needs.

In making my decision I have considered the Assessment Team’s report and the response from the provider. I acknowledge the actions taken by the Approved Provider during and since the site audit and that documentation of assessments and planning can be captured in a variety of sources. I have also considered actions taken since the site audit such as updated consent forms and care plans. However, I have found that at the time of the site audit assessment and planning did not always consider risks to consumers to ensure the best possible care. I find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 2(3)(a).

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### 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.*

While the service demonstrated that care and service are reviewed regularly for effectiveness in most areas, the service was unable to demonstrate that regular reviews of care and services occur for weight loss.

For one named consumer, who experienced weight loss for three consecutive months, care and services were not reviewed to prevent continual weight loss. The consumer’s care plan does not reflect the commencement of oral nutritional support or supplement while waiting for a dietitian’s review, in line with the service’s nutrition and hydration procedure. In addition, weight monitoring and food and fluid charting for the consumer were not more frequent, to facilitate weight maintenance.

In relation to the named consumer who experienced weight loss for three consecutive months, the Approved Provider submitted evidence the consumer’s weight loss was monitored according to the service’s nutrition and hydration procedure. The Approved Provider stated the service’s nutrition and hydration are currently under review, to ensure it remains in line with best practice. The Approved Provider submitted evidence of actions taken since the site audit which included updates to the consumer’s care plan and a review by a dietitian.

For another consumer who experienced gradual weight loss, care plans are not updated to reflect a recent dietitian review to guide staff in meeting the consumer’s nutritional needs. The updates to the consumer’s care plan should contain information on the consumer’s eating habits, strategies to increase food consumption and continuation of weight monitoring.

In relation to the named consumer who experienced gradual weight loss, the Approved Provider acknowledges the consumer’s care plan did not reflect the consumer’s personalised meal routines. The Approved Providers submitted evidence of updates to the consumer’s care plan that included information from the dietitian’s review.

In making my decision I have considered the Assessment Team’s report and the response from the provider. I acknowledge the actions taken by the Approved Provider during and since the site audit. I also have considered actions taken since the site audit such as dietitian’s reviews and care plan updates. However, I have found at the time of the site audit, not all care and services were reviewed regularly for effectiveness to ensure they aligned with consumers’ care needs in particular in relation to weight loss. I find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 2(3)(e).

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Overall, consumers and representatives expressed satisfaction with the personal and clinical care they receive. However, the Assessment Team found the service was unable to demonstrate that clinical care delivery is always best practice, particularly for psychotropic medications, restrictive practices and wound management.

Consumers and representatives expressed satisfaction with the care of each consumer’s high-impact risks such as falls and diabetes.

Consumers and representatives described how the service responds to a deterioration of a consumer’s condition or health.

Care plans demonstrated how the service meets the needs and preferences of consumers receiving palliative care to ensure comfort care.

Care documentation reflects ongoing and regular consultation and referrals from consumers’ general practitioners, occupational therapists, physiotherapists, dietitians, and other health practitioners.

The service demonstrated that overall information about consumers’ conditions, needs and preferences is documented in their care plan and progress notes and is communicated within the service.

The service has policies and procedures to guide staff practices for infection prevention, outbreak management and antimicrobial stewardship practices.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found the service did not demonstrate it consistently identifies, monitors or regularly reviews wounds, environmental or chemical restraints to align with best practice that ensures safe and effective clinical care.

For one named consumer who is prescribed regular psychotropic medication, progress notes identify the medication as a chemical restraint. The consumer’s progress notes mention the positive effect of the psychotropic medication in managing the consumer’s aggressive behaviour. The Assessment Team provided evidence that the consumer care plan was not in-line with best practice or legislation guidelines to include, for example, regular psychotropic medication reviews monitoring for side effects.

For one named consumer, who developed a stage 2 pressure injury, cellulitis and a skin tear, skin assessments were not conducted in line with best practice to assist with monitoring, treatment and healing of the wounds. The consumer’s wound chart did not have all the necessary information such as wound measurements aligned with best practice and one wound was incorrectly assessed. A skin assessment recommendation to maintain skin integrity and prevent ongoing pressure injuries included the use of an air mattress. However, the Assessment Team did not observe an air mattress in place for the consumer throughout the site audit.

In relation to the named consumer prescribed psychotropic medication, the Approved Provider stated it is their opinion the psychotropic medication is not a chemical restraint. The Approved Provider submitted evidence from a geriatrician relating to the use of the psychotropic medication which included a cognitive assessment and states attending to the consumer’s personal care is easier with the addition of the psychotropic medication. The Approved Provider stated in its response the consumer’s responsive behaviour has been successfully managed with non-pharmacological strategies.

In relation to the consumer that developed a stage 2 pressure injury, cellulitis and a skin tear, the Approved Provider acknowledges the consumer’s incomplete wound charts along with an incorrectly categorised pressure injury. The Approved Provider stated due to a fault the consumer’s air mattress was removed and a replacement has been ordered. In addition, the Approved Provider stated an online module on prevention and Management of Pressure Injuries was allocated to staff to complete during the site audit.

I have reviewed the Assessment Team’s report and the information supplied in the Approved Provider’s response. Information provided includes, for example, the completion of new consent forms for consumer restraints and targeted wound education for staff. I acknowledge the evidence supplied demonstrated actions have been taken by the Approved Provider to improve clinical care practices since the site audit. However, I find that the service had a limited understanding of identification, monitoring and review of restrictive practices. I therefore, find at the time of the site audit, that clinical care was not aligned with best practice for each consumer and the Approved Provider did not demonstrate compliance with Requirement 3(3)(a).

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

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

While the Assessment Team found this requirement not met, I have come to a different view.

Overall, consumers and representatives expressed satisfaction associated with the care of each consumer’s high impact risks, including preventing and managing falls and managing diabetes. The service completes comprehensive neurological and physical assessments following a fall. Ongoing monitoring of consumers’ vital signs and neurological observations occurs after falls and a review is conducted by a general practitioner, in line with the service’s falls protocol. Care planning documents reflect consumers’ diabetic management is assessed and reviewed in consultation with the consumer, representative and general practitioner.

While the Assessment Team presented evidence relating to deficits in effective clinical care aligned with best practice for wound management. I have considered this evidence under Requirements 3(3)(a) and along with the management of risks and outcomes.

In addition, the Assessment Team presented evidence relating to deficits in reassessing care and services for effectiveness, particularly for weight loss. I have considered this evidence under Requirement 2(3)(e) and along with the management of risks and outcomes.

I have considered consumers’ and representatives’ satisfaction associated with the care of each consumer’s high impact risks for falls and diabetes. I have also considered skin and dietitian assessments, consumer and representatives’ opinions, and the Approved Provider’s response. I do not consider the risks identified are systemic failures in the effective management of high impact or high prevalence risks associated with the care of each consumer at the service.

Therefore, on balance, I find Requirement 3(3)(b) is Compliant.

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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

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

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers considered they receive the services and supports for daily living that are important for their health and well-being that enable them to do the things they want to do.

Consumers described how the service supports each consumer’s spiritual, emotional and psychological wellbeing. Consumers and their representatives expressed satisfaction with the quality and quantity of food at the service. Consumers described how they are offered different meal choices if the menu is not to their liking.

Staff demonstrated knowledge of consumers’ relationships and their interests both within and outside the service.

Care plans demonstrated how consumers’ conditions, needs and preferences are communicated within the service. The service used a range of community-based organisations to support consumers in lifestyle and social activities.

The Assessment Team observed a variety of equipment and resources used to provide and support clinical and care services. These include mobility aids, lifting equipment and comfort chairs.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

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

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers described how the service has a home-like feel and they can move freely inside and outside of the service.

Staff described how they report safety risks and log maintenance requests.

The Assessment Team observed disinfectant wipes placed around the service for easy access in common areas, near shared equipment and in donning and doffing stations. Corridors and communal areas were cluttered free and doors were unblocked by furniture.

The service environment was observed to be clean, tidy and well-maintained.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

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

*The service environment:*

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

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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

Overall, consumers and representatives confirmed they are encouraged and supported to provide feedback.

Consumers and representatives described a range of services to support them when making a complaint. Consumers and representatives confirmed staff and management respond to their complaints in a timely manner.

Staff demonstrated an awareness of the complaints process and how to support consumers to provide feedback. Staff demonstrated an understanding of how to support consumers who experience cognitive impairment or language barriers.

The service has processes and procedures to support stakeholders to provide feedback and make complaints.

The Assessment Team observed posters and brochures that refer to the external complaints mechanisms available to consumers that are displayed throughout the service.

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall, consumers and representatives confirmed there is sufficient staff. Consumers and representatives described how staff interact in a kind and caring manner. Consumers and representatives expressed satisfaction with how staff deliver care and services in a confident and competent manner.

Staff confirmed performance appraisals occur on an annual basis. Management described and demonstrated processes to assess, monitor and review the performance of staff working at the service.

The service demonstrated through roster documentation how shifts are filled including unplanned leave. Staff across different roles in the service said they are satisfied there are sufficient numbers of staff to enable them to perform their duties.

The Assessment Team found the service has policies and procedures related to human resource management that provide guidance and support related to recruitment and performance to enable the workforce to deliver consumer outcomes.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

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

While the Assessment Team found this requirement not met, I have come to a different view.

The Assessment Team provided evidence relating to deficits in staff competency related to reassessing care and services for effectiveness and clinical care not aligned with best practice. I have considered this evidence under Requirement 2(3)(e) and Requirements 3(3)(a) and have considered the workforce being able to effectively perform their roles.

In addition, the Assessment Team presented evidence relating to deficits in managing laundry. The Approved Provider and the Assessment Team submitted information that actions had been undertaken to remedy the laundry issue. I consider the approved provider managed this issue appropriately.

I have considered the Assessment Team’s report and the consumers’ and representatives’ satisfaction with how staff delivered care and services in a confident and competent manner. I have also considered the Approved Provider’s response including planned actions for education provision in wound management, managing weight loss and restrictive practices. On balance, I find Requirement 7(3)(c) is Compliant.

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

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

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

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example, consumers described how they attend resident meetings and participate in care planning and review.

The service was unable to demonstrate how its organisational governance systems and frameworks effectively assist the service in meeting some of its regulatory compliance obligations or manage the use of restraints and psychotropic medications.

The service was unable to demonstrate effective risk management systems and practices in place to identify and respond to risks. The service did not demonstrate that policies provide strong processes to minimise the use of restraint in-line with best practice. The organisation did not demonstrate effective systems are in place to monitor high impact or high prevalence risks to consumers.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

While the Assessment Team found this requirement not met, I have come to a different view.

The service demonstrated effective organisation wide governance systems for information management, continuous improvement, financial governance and complaints.

While the Assessment Team found the service did not demonstrate effective organisation wide governance systems for psychotropic medication and restraints to align with best practice and legislation guidelines under Requirement 3(3)(a), I am satisfied that the evidence provided by the Assessment Team under Requirement 8(3)(c) and the Approved Provider’s response to the site audit report, including an updated psychotropic register supports that this has not been a systemic failure at the service. On balance, I find the service Compliant with Requirement 8(3)(c).

### 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.*

While the Assessment Team found this requirement not met, I have come to a different view.

The service demonstrated effective risk management systems for identifying and responding to abuse and neglect of consumers and managing and preventing incidents.

The Assessment Team found the service did not report an incident to the Serious Incident Response Scheme (SIRS) after a consumer experienced a burn during an application of a heat pack. The Approved Providers submitted information to the Assessment Team at the time of the site audit including an updated service’s heat pack policy and providing staff education. In addition, the Approved Provider submitted evidence of actions taken since the site audit including lodging a SIRS report associated with the burn incident.

I am satisfied that the evidence provided by the Assessment Team under Requirement 8(3)(d) and the Approved Provider’s response to the site audit report supports that this has not been a systemic failure at the service. On balance, I find the service Compliant with Requirement 8(3)(d).

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

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

While the service demonstrated an effective clinical governance framework for open disclosure and antimicrobial stewardship the service was unable to demonstrate an effective governance framework to minimise the use of restrictive practices related to restraints and other psychotropic medications. The service’s self-assessment tool did not reflect current or accurate information for consumers receiving psychotropic medications. Care documentation was not reflective of information to support consumers receiving restrictive practices. Please refer to Requirement 3(3)(a).

I have reviewed the Assessment Team’s report and the information supplied in the Approved Provider’s response. I consider at the time of the site audit the Approved Provider did not demonstrate an effective framework to deliver safe, quality clinical care in relation to the use of restrictive practice including an updated psychotropic register and current consent forms for all forms of restraint in use. On balance, I find the Approved Provider Non-Compliant with Requirement 8(3)(e).

# 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.

**Requirement 2(3)(a)**

* Implement effective processes to ensure assessment and care planning, including consideration for risk, informs the delivery of safe and effective care, particularly with psychotropic medications, environmental restraint and wound care.
* Introduce internal processes to monitor the effectiveness of assessment and care planning, particularly with psychotropic medications, environmental restraint and wound care.

**Requirement 2(3)(e)**

* Implement processes to ensure care and services are reviewed regularly for effectiveness or when circumstances impact the needs or goals of a consumer, particularly with weight loss.

**Requirements 3(3)(a)**

* Ensure care is tailored to each consumer’s needs and is consistently delivered with best practice principles applied, particularly with restrictive practices and wounds.

**Requirements 8(3)(e)**

* Ensure effective clinical governance framework, particularly for psychotropic medication and chemical and environmental restraint.