Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | CraigCare Ascot Waters |
| Commission ID: | 7412 |
| Address: | 2 Waterway Crescent, ASCOT, Western Australia, 6104 |
| Activity type: | Site Audit |
| Activity date: | 14 November 2023 to 16 November 2023 |
| Performance report date: | 13 February 2024 |
| Service included in this assessment: | Provider: 1213 Glenn-Craig Villages Pty Ltd  Service: 22933 Craigcare Ascot Waters |

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 CraigCare Ascot Waters (**the service**) has been prepared by M Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the provider’s response to the assessment team’s report received 13 December 2023.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not 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 | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

Standard 1 requirement (3)(a)

* Review processes to ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued, including in relation to the provision of meal services and staff practices to support the delivery of effective personal hygiene.
* Monitor staff practice to ensure each consumer is consistently treated with dignity and respect.

Standard 2 requirements (3)(a), (3)(c) and (3)(e)

* Review processes to ensure 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, and specifically for consumers at risk of pain and pressure injuries or experiencing restrictive practices.
* Review processes to ensure assessment and planning is based on ongoing partnership and includes other organisations, and individuals.
* Ensure consumers and others that the consumer wishes are satisfied with their level of involvement in assessment, planning and review.
* Ensure following incidents of falls, pressure injuries or episodes of changed behaviours, existing management strategies are reviewed for effectiveness and alternative strategies considered.

Standard 3 requirements (3)(a) and (3)(b)

* Review processes to ensure consumers who experience falls have appropriate post falls monitoring completed.
* Ensure consumers’ skin integrity management strategies, including pressure relieving devices, are effectively implemented and monitored for effectiveness.
* Review processes to ensure consumers receive safe and effective personal care including showering according to their assessed needs and preferences.
* Review processes to ensure high-impact and high-prevalence risks for each consumer are effectively managed including for risks associated with; administration of time sensitive medication, pain, falls and restrictive practices.

Standard 7 requirements (3)(a) and (3)(d)

* Review processes to ensure 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.
* Monitor feedback from consumers, representatives and staff to inform workforce planning to support the delivery and management of safe and quality care and services.
* Review training processes to ensure the delivery of outcomes required by these standards including in relation to deficits identified.
* Monitor staff practice to ensure consistent practice with internal policies, procedures and training and ensure training improvements are sustained.

Standard 8 requirement (3)(d)

* Ensure staff are recognising and reporting incidents through the incident management system and effectively reviewing incidents to identify opportunities for improvement.
* Ensure staff are aware of their responsibilities in relation to reporting incidents consistent with the Serious Incident Response Scheme (SIRS).
* Review relevant policies and procedures to support effective use of risk management systems and practices.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Not 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

I have assessed the Quality Standard as non-compliant as I am satisfied requirement (3)(a) is non-compliant.

Requirement (3)(a)

The assessment team recommended requirement (3)(a) not met, as each consumer was not always treated with dignity and respect with their identify valued. The following evidence was considered relevant to my decision:

* Three examples of staff not treating consumers with dignity and respect were described by consumers and their representatives to the assessment team; Consumer A requested for staff assistance on one day which was not provided, Consumer B stated they observed staff speaking in a different language and Consumer C stated staff do not respect them and an example was provided of the consumer’s chair being repositioned without informing the consumer prior.
* An example from a complaint of a shower chair being missing for period of time impacting the provision of personal care for consumer D.
* Observations of consumers who require assistance with meals having to wait to be served in the dining area until other consumers who require less assistance were served first.
* However, the report also included evidence of the service demonstrating some aspects of the requirement with six staff members stating they knew consumers well and understand their cultural needs and preferences.

The provider’s response refutes the assessment team’s findings and provided a range of supporting information including tool box training on dignity and choice. The following evidence was considered relevant to my decision;

* A recent survey with evidence recording the majority of consumers responding always to being treated with dignity and respect and a small percentage responding mostly.
* The response states their documentation shows five staff attended to Consumer A on the day the consumer alleges care was not provided with evidence of two progress notes provided stating care was provided and nil issues were reported. In addition, evidence of an allied health review completed prior to the site audit in relation to the consumer’s care needs. Evidence of following up with the consumer after the incident and an additional strategy being implemented with no further incidents reported.
* In relation to staff speaking a different language in front of Consumer B, the response states this was addressed approximately two years prior.
* In relation to Consumer C’s chair being repositioned without informing the consumer prior, the response indicates they were not aware of this occurrence and provided evidence of the outcome of a care evaluation prior to the site audit which stated the consumer was satisfied with the care being provided.
* In relation to Consumer D and the missing shower chair impacting the delivery of personal care, the response acknowledges being aware of a complaint which was resolved prior to the site audit with evidence of follow up discussion confirming satisfaction with the shower chair provided.
* In relation to observations made by the assessment team in relation to dignified meal services, the response asserts consumers are being provided social stimulation and staff sit with them whilst observing and supervising others.

Based on the assessment team’s report and provider’s response, I find the service was not able to demonstrate each consumer is treated with dignity and respect, with their identify and diversity valued including for consumers requiring assistance with meals or requiring assistance for other aspects of care.

In coming to my finding, I have considered, the survey provided recording a percentage of consumers finding the service does not consistently treat them with dignity and respect. Whilst the service provided responses in relation to Consumers A, B, C and D indicating they were either unaware of the issues or the issues had been addressed, I am persuaded by the totality of evidence and the experiences reported by consumers or their representative. In relation to the provision of meal services, I find all consumers were not being treated with dignity and respect during meal services. Whilst I acknowledge the response states consumers requiring assistance with meals are being provided social stimulation prior to the provision and assistance with their meal, I find the preferential provision of meal services based on acuity as evidence of not all consumers being treated with dignity and respect. In addition, I have also considered the evidence documented in requirement (3)(a) in Standard 3 Personal care and clinical care where consumers and representatives expressed dissatisfaction with the provision of their personal hygiene according to their preferences.

For the reasons detailed above, I find requirement (3)(a) in Standard 1 Consumer dignity and choice non-compliant.

Requirement (3)(d)

The assessment team recommended requirement (3)(d) not met as not all consumers sampled were effectively supported to take risks with documentation showing some consumers were undertaking activities involving elements of risk without risk assessments completed or mitigating strategies developed. The following evidence was considered relevant to my decision:

* Consumers E and F are at risk of falls, leave the service independently and have not had relevant assessment and planning completed or informed of risks.
* Consumers G and H expressed to the assessment team they would like to leave the service, however one staff member stated they were not able to leave the service.
* Consumer I did not have a risk assessment for their activity.
* However, the report also included evidence of the service demonstrating some aspects of the requirement. Two consumers had dignity of risk forms completed, with strategies discussed and were regularly reviewed.

The provider’s response refutes the assessment team’s findings and provided a range of supporting information, the following evidence was considered relevant to my decision:

* Consumer E did not require a dignity of risk assessment, was at low risk of falls and had no cognitive impairment, however a dignity of risk assessment was subsequently completed after the site audit.
* Consumer F has never left the service unaccompanied and provided evidence of a discussion with strategies discussed prior to the consumer leaving the service.
* Consumers G and H recently entered the service, management were not aware both consumers were wanting to leave the service unaccompanied and relevant assessments and plans have since been completed. Evidence was also provided showing the representative was satisfied with the provision of care and services.
* Assert consumer I did have a risk assessment completed, however, a copy was not provided. Evidence was provided that the activity has since been ceased.
* Refresher training has been provided on dignity of risk with evidence of training provided in addition to a plan to review the mandatory training schedule.

Based on the assessment team’s report and provider’s response, I have come to a different view and find each consumer was supported to take risks to enable them to live the best life they can including for Consumers E, F, and I. In coming to my finding, I have placed weight on the evidence specifically for the two consumers where risks were identified and strategies developed in consultation to support them in undertaking activities involving an element of risk.

In relation to Consumer E, I find the service supported Consumer E’s choice relating to leaving the service unaccompanied. I have accepted the evidence including the subsequent dignity of risk assessment showing the consumer is at low risk of falls and the consumer having the autonomy to make their own decisions.

In relation to Consumer F, I find the service supported the consumer’s choice in leaving the service and strategies were implemented. I accept the information in the response including that the consumer never leaving the service unaccompanied.

In relation to Consumers G and H, I find both consumers were experiencing a restrictive practice at the time of the site audit being environmental restraint and while relevant assessment and planning was not completed at the time of the restrictive practice, it has since been completed. I have considered the information in relation to the deficits in assessment and planning in my finding for requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers. I have noted the evidence that the representative was satisfied with the provision of care and services including the restrictive practice.

In relation to consumer I, whilst a risk assessment was not provided the evidence in the progress notes indicates a risk assessment was completed when the consumer was undertaking the activity.

For the reasons detailed above, I find requirement (3)(d) in Standard 1 Consumers dignity and choice compliant.

In relation to all other requirements, care and services provided to consumers are culturally safe and staff were able to describe how they deliver culturally safe services. Documentation viewed recorded cultural and religious preferences in consumer’s care planning documentation and consumers confirmed being involved to celebrate events, holidays and special occasions that are important to them.

Consumers are supported to exercise choice and independence, and staff described how consumers make choices every day, are encouraged to choose their own clothing, are involved in meal selections and are involved in social activities. Documentation viewed confirmed staff support consumers in relation to when family, friends, carers, or others should be involved in their care. Married couples are supported to maintain their relationship and are supported to spend time together by offering appropriate living arrangements.

Information provided to consumers and their representatives is current, accurate and timely to support choice. Staff, consumers and representatives described the way information is provided including through newsletters, calendars, and various meetings. Consumers provided specific examples on how information is provided including being well informed of meals, activity choices and any changes occurring within the service.

Consumer’s privacy is respected, and personal information is kept confidential. Consumers and representatives said staff respect consumers’ privacy and confidentiality is maintained. Staff were able to describe ways they ensure privacy is respected. Staff have access to policies and procedures to support privacy and confidentiality.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(b), (3)(c), (3)(e) and (3)(f) in Standard 1 Consumer dignity and choice.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not 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. | Not 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. | Not Compliant |

Findings

I have assessed the Quality Standard as non-compliant as I am satisfied requirements (3)(a), (3)(c) and (3)(e) are non-compliant.

Requirement (3)(a)

The assessment team recommended requirement (3)(a) not met as risks associated with unmanaged pain, falls, pressure injuries, restrictive practices and activities did not inform the delivery of safe and effective care and services. The following evidence was considered relevant to my decision:

* Consumer J did not have a range of assessments completed in line with internal processes. The consumer entered the service following a medical procedure and stated they experience pain following an incident and is planning to have a medical review. Whilst a chart has been commenced to monitor the consumer’s pain an evaluation has not been completed.
* Consumer L did not have a skin assessment completed on entry consistent with internal processes and the consumer experienced a skin injury approximately two weeks following entering the service, the day prior the site audit. A skin assessment was subsequently completed during the site audit which identified the consumer at high risk for developing pressure injuries and strategies were developed.
* Consumer M had a history of falls, however, the falls risk assessment was incomplete and strategies were generic.
* Wound documentation photos for Consumer N did not always have rulers consistent with internal processes.
* Consumer O and P have their beds positioned in a manner used in the form of a restrictive practice, however a restrictive practice assessment was not completed.
* Consumer Q undertakes an activity involving an element of risk and whilst a care plan was developed to manage the risk, the consumer experienced an incident.

The provider’s response refutes the assessment team’s findings and provided a range of supporting information. The following evidence was considered relevant to my decision:

* Asserts Consumer J’s pain was evaluated with no pain identified for all but one instance. Evidence of a progress note following an incident confirming the consumer experienced pain.
* Asserts Consumer L’s skin assessment and management plan were reviewed following the identification of the skin injury, evidence of a review by an allied health worker prior to the site audit and provided evidence of wound photos.
* Provided evidence demonstrating the service attempted to undertake a mobility assessment for Consumer M on entry, however, the consumer experienced incidents of change behaviours. Evidence of a subsequent review was provided outlining a range of falls prevention strategies.
* Provided evidence of the internal protocol relating to wound photographs which records the wounds are to be taken weekly and the response asserts staff were taking photos with the ruler consistent with their process for Consumer N.
* Disagreed, Consumer O and P were experiencing a restrictive practice. For Consumer O, provided evidence the bed should be positioned in a manner which is not considered a restrictive practice. For Consumer P, provided evidence of an allied health review and clinical review stating the consumer was non-ambulant. All consumers have since been reviewed who have low level beds in relation to restrictive practices.
* Consumer Q was appropriately assessed and provided evidence demonstrating following the incident, the consumer’s plan was reviewed and an additional strategy was implemented.

Based on the assessment team’s report and provider’s response, I find the service was not able to demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services for Consumer J in relation to risks associated pain, Consumer L and risks associated with pressure injury risk, Consumers O and P and risks associated with mechanical restrictive practices and I have also considered evidence documented in other areas of the report for Consumers G and H and risks associated with environmental restrictive practices.

In relation to Consumer J, relevant assessment and planning relating to the consumer’s pain was not undertaken. Whilst the response asserts the consumer was not regularly experiencing pain, I have noted the consumer entered the service following a medical procedure and the consumer expressed to the assessment team that they were experiencing pain following an incident. I have also considered the progress note provided confirming the consumer experienced pain in response to the incident and relevant assessment and planning was not completed nor strategies developed specifically relating to pain on entry and following the incident.

In relation to Consumer L, relevant assessment and planning relating to the consumer’s skin and pressure injury risk was not undertaken. Whilst the response asserts the skin assessment and care plan were reviewed after the incident, evidence to support a skin assessment and management plan being developed prior to the incident was not demonstrated.

In relation to Consumer M, I have come to a different view and find relevant assessment and planning relating the consumer’s falls risk was undertaken on entry with the consumer being reviewed by an allied health staff with initial strategies developed to address the consumer’s risk of falls.

In relation to Consumer N, I find the service was effectively monitoring the wound size with photographs taken consistent with their internal wound management protocol which was weekly photographs.

In relation to Consumer O, I find the consumer was assessed in relation to the bed height being set at the consumer’s knee level and this is not considered a restrictive practice, however, the evidence documented in requirement (3)(b) in Standard 3 demonstrates staff are not consistently following this strategy to manage the consumer’s falls and mobility care needs and when the consumer’s bed is positioned in the lowest position as the evidence indicates the consumer was experiencing a restrictive practice and thus requiring a relevant restrictive practice assessment. In relation to Consumer P, I find the consumer was assessed in relation to their mobility care needs as non-ambulant with the assessment information indicating the consumer is not experiencing a restrictive practice. I have however, considered the observations documented in requirement (3)(b) in Standard 3, where the consumer was observed mobilising with a walking aid and evidence from staff, specifically how the bed was being positioned indicating the consumer was experiencing a restrictive practice when in bed and thus requiring a relevant assessment to support the restrictive practice. I have noted all residents have since been reviewed in relation to restrictive practices and low level beds.

In relation to Consumer Q, I find the consumer had been appropriately assessed and had a care plan developed. Whilst the assessment team indicate one of the risks was not planned for, I have considered the consumer had an assessment and management plan developed with strategies implemented.

In relation to Consumers G and H, I have considered information in requirement (3)(d) in Standard 1 where both consumers were experiencing an environmental restrictive practice and relevant assessment and planning were not completed.

Considering the totally of the evidence and specifically deficits identified as outline above I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

Requirement (3)(c)

The assessment team recommended requirement (3)(c) not met. Whilst staff were able to describe assessment and planning processes being collaborative and the service having established policies and procedures, consumers and representatives expressed not being actively engaged in the assessment, planning and review of care and services. The following evidence was considered relevant to my decision:

* Seven consumers and five representatives said they were not actively involved in the assessment, planning and review of care and services.
* Consumer J entered the service and did not have a care plan consultation and evaluation completed consistent with internal processes. The consumer stated they did not have discussions in relation to how they would like their care and services delivered and specifically in relation to the provision of personal hygiene.
* The representative for Consumer C advised they were not involved in assessment and planning processes.
* Consumers B and S and the representative of Consumer T expressed they are not involved in assessment and planning and provided examples in relation to personal care.
* However, the assessment team also provided evidence of staff demonstrating aspects of the requirement with one example provided showing the involvement of another organisation for one consumer and one clinical staff member being able to describe the process of involving consumers and others in assessment and planning.

The provider’s response refutes the assessment team’s findings and provided a range of supporting information. The following evidence was considered relevant to my decision:

* Asserts Consumer J’s representative and consumer were involved in assessment and planning in partnership when the consumer first entered the service and provided an exert of the personal hygiene assessment showing the consumer’s preferences.
* Evidence of a case conference involving Consumer C and S
* Provided an exert for consumer T regarding being involved in the care plan evaluation.

Based on the assessment team’s report and provider’s response, I find whilst the service demonstrated assessment and planning includes other organisations, and individuals and providers of other care, the service did not demonstrate consistently that assessment and planning is based on ongoing partnership with the consumer and others that the consumer wishes to involve in their care specifically in relation to Consumers J, C, B, S and T. Whilst the provider asserts consumers and their representatives are involved in assessment and planning in partnership and has provided a range of information including case conferences, assessments and exerts from progress notes, I have considered and placed weight on the number of consumers and representatives expressing dissatisfaction with their level of involvement in assessment and planning in coming to my decision.

For the reasons detailed above, I find requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

Requirement (2)(e)

The assessment team recommended requirement (3)(e) not met as care and services were not effectively and consistently reviewed for one consumer who experienced two falls whilst at the service. The following evidence was provided relevant to my decision:

* Consumer M experienced two incidents of falls however following both incidents the consumer’s falls prevention strategies were not reviewed. However a falls risk assessment was completed following the second fall at the service.
* However, the report also included evidence of the service demonstrating some aspects of the requirement with six other care plans viewed which were updated based on a set schedule and for one consumer care documentation showing their care planning documentation was reviewed and updated following a decline in their mobility.

The provider’s response refutes the assessment team’s findings. The following evidence was considered relevant to my decision:

* Records of progress notes and an allied health review demonstrating Consumer M was initially reviewed with strategies developed to manage the consumer’s risk of falls. The response asserts the reassessment did not require new strategies

Based on the assessment team’s report and provider’s response, I find the service was not able to demonstrate care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer, and specifically for Consumer M and not having their falls management strategies reviewed following their first fall at the service. I have also considered evidence documented in other requirements which are indicative of ineffective review processes to support my decision and specifically for; Consumer T and not being reviewed following episodes of refusal of care impacting the delivery of personal hygiene and Consumer N and timely and effective review following a pressure injury.

In coming to my finding, I have noted for Consumer M, following the consumer’s first fall the consumer’s falls management strategies were not reviewed or additional strategies implemented and the consumer experienced a subsequent fall.

I have also considered evidence documented in requirement (3)(a) in Standard 3 Personal care and clinical care demonstrating ineffective review processes, specifically for Consumer T who experienced ongoing episodes of refusal of care impacting the provision of personal hygiene which did not result in a review of care and services to ensure safe and effective provision of personal hygiene. Whilst the response asserts the refusal of personal hygiene is a changed behaviour, the evidence does not demonstrate the consumer’s strategies are being consistently nor effectively reviewed to ensure the consumers gets effective personal care.

For consumer N, I have considered evidence outlined in requirement (3)(a) in Standard 3 Personal care and clinical care where the consumer’s skin assessment was not updated and strategies effectively reviewed following the identification of a new wound. Whilst the response asserts the consumer’s skin assessment was reviewed, the documentation showed the skin assessment was reviewed significantly later and the assessment did not identify the subsequent new wound nor that the strategy listed, being a pressure relieving device, was not being implemented by staff as directed in the care plan and was confirmed by the assessment team through their observations.

For the reasons detailed above, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

In relation to all other requirements, assessment and planning documentation identifies the consumer’s current needs and contained information on goals. Documentation showed recent improvements in the capturing of advanced health directives which was confirmed through documentation viewed.

Outcomes of assessment and planning are recorded in a care plan that is readily available to the consumer, representative and staff. Staff confirmed they receive information through handover and through the electronic documentation system. Management described processes to support documenting information for consumers in the electronic documentation system which has the capacity to generate a detailed and a summary care plan.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(b) and (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not 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

I have assessed the Quality Standard as non-compliant as I am satisfied requirements (3)(a) and (3)(b) are non-compliant.

Requirement (3)(a)

The assessment team recommended requirement (3)(a) not met as the service did not demonstrate effective delivery of tailored personal care for four consumers, effective pressure injury management for one consumer and effective post falls monitoring for two consumers. The following evidence was provided relevant to my decision:

* Consumer U was not satisfied with the provision of personal care, with care planning documentation recording preferences of alternate day showers, which was not consistent with other records.
* Consumer T was not satisfied with the provision of personal care and records showed the consumer was refusing showers.
* The representative of Consumer V was not satisfied with the provision of personal care being showers for Consumer V, whilst the care plan stated alternate days for showering, this was not consistently followed.
* Consumer B was not satisfied with the provision of personal care as this was not delivered in line with their preference.
* Consumer N has a history of pressure injuries and experienced a new pressure injury, a skin assessment was not completed until three and six months later and the assessments did not show a review of the existing strategies or highlight the current longstanding wound. Two staff were unaware of the pressure injury strategies. The assessment team noted the strategies to manage the consumer’s skin integrity as recorded in the skin assessment being; floating the heel and using pillows were not observed to be implemented.
* Consumers M and W both sustained a fall, however neurological observations were not consistently completed.

The provider’s response refutes the assessment team’s findings and provided a range of supporting information. The following evidence was considered relevant to my decision:

* Assert Consumer U was receiving daily hygiene and occasional showering. Staff have since followed up with the consumer and updated the care planning documentation to support the consumer’s choice on the day.
* Assert Consumer T experiences a changed behaviour impacting the provision of personal hygiene and provided evidence of care provision charting.
* Assert Consumer V had a decline in health status, and provided evidence of a medical review prior to the site audit showing the consumer had declined in health status and the representative was notified and satisfied with the plan. In addition, asserts the consumer was not tolerating being out of bed.
* Assert Consumer N’s skin management strategies were reviewed, however the skin assessment was not required to be reviewed, medical staff were regularly involved and the consumer’s wound was improving. Staff receive effective handover regarding current wounds and assert the strategy in the care plan is not effective due to the consumer’s changed behaviour. Evidence of photos and wound charting were included in the response for two wounds.
* Acknowledged the gap for Consumer M in relation to undertaking neurological observations consistent with internal policies and procedures and followed up with the staff member.

Based on the assessment team’s report and provider’s response, I find the service did not demonstrate each consumer gets safe and effective personal care and clinical care. Consumers U, T and V did not receive effective personal care, specifically showering consistent with their assessed needs and preferences, Consumer N did not receive effective skin integrity management to support optimum wound healing and Consumers M and W did not have effective post fall monitoring undertaken.

For Consumer U, documentation showed preferences for alternate day showering was not provided consistently, and the consumer was not satisfied with the provision of personal hygiene. For Consumer T, whilst I acknowledge the consumer experiences changed behaviours, the evidence demonstrates the consumer was not receiving effective personal hygiene, being showering, according to their assessed preferences. I have also considered this as ineffective review processes as part of requirement (2)(e) in Standard 2 Ongoing assessment and planning with consumers. For Consumer V, whilst I acknowledge the consumer had declined in health status, the consumer’s preferences were recorded in care planning documentation as alternate day showers which was not provided consistent with their assessed preferences and feedback provided by the representative.

For Consumer N, whilst the evidence indicates the consumer is receiving regular wound care attendance, I find the consumer’s skin integrity is not being effectively managed as the strategy outlined in the care plan, being the implementation of a pressure relieving device, has not been effectively implemented as was observed by the assessment team. I have also considered the deficits in the timely and effective review of the skin assessment in requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

For Consumers M and W, effective post falls monitoring was not consistently undertaken in line with internal policies and procedures which was acknowledge in the response for Consumer M.

For the reasons detailed above, I find requirement (3)(a) in Standard 3 Personal care and clinical care non-compliant.

Requirement (3)(b)

The assessment team recommended requirement (3)(b) not met as the service did not demonstrate effective management of high-impact and high-prevalence risks for consumers in relation to administration of time critical medications for three consumers to manage their condition and associated falls risk, falls management for one consumer, pain management for one consumer and restrictive practices for three consumers. The following evidence was considered relevant to my decision:

* Consumer W sustained a fall with injury and the representative stated the strategy outlined in the care plan, being the sensor mat, is not always being implemented and staff do not always promptly attend to the Consumer. The sensor mat was observed by the assessment team to be under the consumer’s bed and not implemented and the care plan did not identify the consumer requiring the sensor mat. Staff stated the consumer is able to walk unassisted despite the assessment team noting the consumer experienced a recent fall with significant injury.
* Consumer B is prescribed time critical medication to manage their condition and falls risk, however the records demonstrate the consumer is not always administered this medication on time. The consumer experienced a fall where a delay in the administration of time sensitive medication was not recognised by staff from the service and the consumer’s time critical medication was administered significantly later than the prescribed time prior to the fall.
* Consumer O who is prescribed time critical medication to manage their condition and falls risk, experienced a fall and records showed the consumer’s medication was administered late on that occasion. Consumer O experiences a restrictive practice when in bed with staff stating they lower the consumer’s bed to the lowest position to prevent the consumer getting out of bed with documentation showing the consumer is ambulant and the restrictive practice has not been recognised and planned for.
* Consumer X is prescribed time critical medication to manage their condition and falls risk, however, the representative stated the medications are consistently administered late and provided an example where the consumer’s conditioned had worsened where it was later identified the consumer’s medication was not administered.
* Consumer J entered the service following a procedure and described to the assessment team ongoing episodes of pain with progress notes recording the consumer experienced pain following one incident involving a consumer and bruising following another incident.
* Consumer P, experiences a restrictive practice with staff describing how the bed is positioned to prevent the consumer from getting out of bed, and the consumer was observed mobilising in their room with relevant assessment and planning not being completed in relation to the restrictive practice.
* Consumer M experienced a fall and the feedback documented in the incident indicated the consumer was experiencing a restrictive practice in relation to the bed height.

The provider’s response refutes the assessment team’s findings and provided a range of supporting information. The following evidence was considered relevant to my decision:

* For Consumer W provided evidence the consumer’s sensor mat was initially removed and this was discussed with the representative due to the consumer experiencing a changed behaviour. Evidence was provided of a subsequent review being undertaken following the fall by allied health staff where the sensor mat was recommended as a strategy and the consumer requiring assistance for mobility.
* For Consumer B refute the delay in the timely administration of time sensitive medication was a contributing factor to the consumer experiencing an incident and assert the majority of the medication administrations were within the time critical period of 30 minutes. However, evidence was provided of subsequent education for staff on time sensitive medication and improvement in recording processes.
* Assert Consumer O’s medication was administered on time and the recording was an issue with the medication system. In relation to restrictive practices assert the consumer is not experiencing a restrictive practice as the bed is set at knee level.
* Acknowledge one incident where Consumer X’s time critical medication was administered late however refute any other instances.
* Assert Consumer J’s pain is effectively managed, had offered the consumer the opportunity to be reviewed by the internal medical officer, provided records of exerts of two pain charts and pain evaluations with minimal and minor pain recorded and stated the consumer is being administered a medication to manage the consumer’s pain.
* Assert Consumer P is not experiencing a restrictive practice as the consumer was non-ambulant and provided evidence of an allied health review which showed the consumer was non-ambulant.
* Assert Consumer M was not experiencing a restrictive practice prior to the incident and the bed was positioned at the consumer’s knee level.
* One from five staff recognised positioning a bed to the lowest position impacting the consumer’s ability to get out of bed was a restrictive practice.

Based on the assessment team’s report and provider’s response, I find the service did not demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer, specifically for Consumer W and management of risks associated with falls, for Consumers B, O and X and risks associated with administration of time critical medications to manage their condition and associated falls risk, Consumer J and risks associated with pain and Consumers O and P and risks associated with restrictive practices and specifically mechanical restraint.

For Consumer W, whilst I acknowledge the response states staff removed the sensor mat as part of managing the consumer’s changed behaviours, I find the service did not demonstrate other strategies were developed or considered to manage the consumer’s risk of falls following the removal of the sensor mat to alert others the consumer was ambulating in their room unassisted. In addition, following a subsequent review by allied health staff in response to the fall the strategy recommended was for the sensor mat to be in the consumer’s room which was observed as not being effectively implemented during the site audit and staff interviewed did not describe the level of care required for the consumer’s mobility consistent with the care needs assessed by allied health staff.

Time critical medications were not effectively administered for Consumers B, O and X with evidence of at least three administrations greater than 30 minutes for Consumer B and evidence of at least one medication administration greater than 30 minutes for Consumers O and X. I acknowledge the improvements implemented including education of staff and improvements in recording processes, however, I am not satisfied these improvements have been embedded, sustained and evaluated for effectiveness.

For Consumer J, I find the consumer’s pain was not effectively managed. I have placed weight on the consumer’s feedback regarding them experiencing pain and whilst the response asserts the consumer’s pain was being effectively managed, the charting provided showed the consumer did experience some pain and a comprehensive pain management plan was not completed to support effective pain management.

In relation to effective management of restrictive practices, I find Consumers O and P were experiencing a restrictive practice which was not effectively recognised, assessed and planned for. I have placed weight on the staff feedback for Consumer O where the bed was positioned in the lowest position possible impacting the consumer’s freedom of movement. Whilst I recognise the response asserts the bed is to be positioned at knee level, this was not consistent with staff feedback and practice. Whilst I acknowledge for Consumer P the allied health review indicates the consumer is non-ambulant, I have considered the assessment team’s observations during the site audit which indicates the consumer is ambulant and the staff feedback of how the bed is positioned impacting the consumer’s freedom of movement when in bed being indicative of a restrictive practice. In relation to Consumer M, it is unclear how low the bed was being positioned at the time of the incident to determine if the consumer was experiencing a restrictive practice at the time of the fall and Consumer M has not been considered as part of my finding for this requirement in relation to restrictive practices.

For the reasons detailed above, I find requirement (3)(b) in Standard 3 Personal care and clinical care non-compliant.

In relation to all other requirements, needs, goals and preferences of consumers nearing the end of life are recognised and addressed. Staff described how they support consumers receiving end-of-life care. Care files viewed confirmed the provision of end-of-life care.

Staff were knowledgeable in the monitoring and responding to deterioration and changes in mental health, cognitive abilities and physical function. Documentation viewed demonstrated deterioration is promptly recognised and addressed. A range of clinical tools are used to monitor the consumers health status when deterioration is identified.

Information about consumer’s needs and preferences is documented in a care plan, and communicated within the organisation and others where the responsibility is shared. Staff described a range of processes to support effective communication including communication books, white boards, handovers and care planning documentation.

Referrals are completed to internal and external health professionals and specialists in a timely manner. Staff demonstrated how referrals are completed. Documentation viewed confirmed referral processes including to allied health and medical staff.

Infection related risks are minimised with consumers at risk of infections having strategies developed to support antimicrobial stewardship. Staff were able to describe how they minimise the risk of transmission of infections. Consumers and representatives expressed satisfaction in relation to infection control and management of infections. The service has an infection control lead to oversee infection control. Staff were able to describe infection control processes.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(c), (3)(d), (3)(e), (3)(f), and (3)(g) in Standard 3 Personal care and clinical care.

# Standard 4

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

Findings

Most consumers and representatives interviewed were satisfied they receive safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, well-being and quality of life. The representative of one consumer who recently entered the service was not satisfied and an example was provided in relation to the consumer’s preference for experiencing the outdoor environment. I have considered this information in the context of the consumer newly entering the service. Care plans for other consumers viewed included a lifestyle and leisure section which detailed the interests and preferences of consumers. Staff were able to describe the identified goals for optimising consumer’s independence and wellbeing.

Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Consumers have access to regular church services and consumers and representatives stated staff provide emotional support to them when they feel down. Staff described having access to an external service to support consumer’s emotional well-being.

The service supports consumers to participate in their community by inviting the community into the service. The service has established relationships with local school and has intergenerational events such as morning teas. For other consumers, the service supports them to access the community by organising transport and ensuring consumers are ready for the activity. Consumers are supported to have personal relationship with care and services tailored for family members by supporting them to be in close proximity and attend the same lifestyle program. The majority of consumer were satisfied they can do things of interest however feedback was provided from a small number of consumers that some activities were repetitive.

The service has processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the organisation and with others where responsibility is shared. Care staff interviewed said they receive information in relation to the changing condition, needs or preferences of each consumer, directly from the nurse and from the electronic care plans.

The service has systems to ensure meals provided are varied and of suitable quality and quantity. Catering staff described how the food temperature is checked, and how a dietician is involved to ensure the menu is nutritious, varied and of good quality. Consumers were observed being served food that was in line with texture modified dietary requirements documented in their care plans. Consumers and representatives have access to food focus meetings. Most consumers were satisfied with meals provided, however, a small number of consumers expressed dissatisfaction. A response was provided addressing the consumer feedback in relation to the quality of the meals.

Equipment provided is safe suitable clean and well maintained. Consumers stated they are satisfied with equipment provided to them. The assessment team observed a range of equipment provided to meet individual consumer’s needs including a range of mobility aids. Allied health staff described their roles and responsibilities in relation to providing equipment.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in Standard 4 Services and supports for daily living.

# Standard 5

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

Findings

Consumers and representatives said the service environment is welcoming and easy to navigate. Consumers can personalise their bedroom and bring items of furniture from home to aid the feeling of belonging. The layout of the service is the same on each floor which assists in navigation for staff and consumers. Visual signs assist consumers to navigate throughout the service. All rooms having access to individual ensuites and consumers are supported in their preferences for shared rooms if they wish.

Consumers and representatives interviewed said they found the service to be comfortable and clean. Management described planned improvements in relation to the cleaning of carpets specifically for high traffic areas. The service has a courtyard which is accessible to all consumers, and balconies on each floor. Consumers said they can move freely within the service.

Furniture, fittings and equipment are safe, clean, and well maintained. Consumers stated equipment they use is safe for use. Consumer equipment appeared clean and well maintained. Staff described reporting processes when maintenance related tasks were required.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in Standard 5 Organisation’s service environment.

# Standard 6

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

Findings

The assessment team recommended requirement (3)(c) not met as a number of consumers and representatives were not satisfied appropriate action was being taken in response to complaints. The following evidence was provided relevant to my decision:

* Eleven consumers and four representatives expressed staff do not always recognise their feedback as a complaint and take appropriate action.
* The representative of Consumer W provided an example of feedback in relation to a missing item which was not addressed.
* Consumer Z stated they complained about the floor coverings, and whilst staff attended to their feedback they were not satisfied their feedback was adequately addressed.
* Consumer 1, said they provided feedback on the meals and this has not been addressed.
* Five other consumers provided feedback in relation to meals, however this has not been addressed.
* Documentation viewed recorded for Consumer L, the representative was not satisfied with the provision of care and services on one day and this was not recognised as a complaint.
* Documentation viewed showed when feedback is recorded in the electronic system feedback is responded to in a timely manner.

The provider’s response refutes the assessment team’s findings and provided a range of supporting information. The following evidence was provided relevant to my decision;

* Acknowledged staff were aware of the missing item reported by the representative of Consumer W and the information provided to them at the time contradicts the information provided by the representative to the assessment team. The response states staff have attempted to seek further information from the representative but have been unsuccessful.
* Assert staff had a plan for the floor coverings to be further cleaned. Provided a signed letter from Consumer Z containing a range of information including that the floor coverings having been further cleaned, staff effectively communicated with them and were satisfied with the maintenance staff. A range of other documentation were also included such as maintenance requests and room inspections.
* Assert that subsequent to the site audit, staff discussed with feedback provided during the site audit with Consumer 1 in relation to meals, and the consumer was satisfied with the provision of meals and provided an exert of a progress note.
* Assert for Consumer L the feedback recorded was not a complaint and provided a copy of a progress note with the response asserting the feedback was addressed. However, it is unclear how the progress note provided directly addresses the feedback recorded in the previous progress notes.
* Disagreed with the evidence in relation to consumers not being satisfied with the provision of meals and provided a range of documentation.
* Provided evidence of an updated policy and procedures to support the variety of feedback provided.
* Provided exerts of an audit stating the majority of consumers and representatives were satisfied with feedback processes.

Based on the assessment team’s evidence and provider’s response, I have come to a different view and find the service was able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong and specifically for Consumers W, Z and 1. In coming to my finding, I have considered the evidence which showed when complaints were documented in the register appropriate actions were taken in response. I have also considered the service has since updated their procedure in relation to complaints management to better support the identification of feedback. For Consumers W, Z and 1, I have accepted the supplementary information with the evidence not demonstrating systemic deficits in complaints management processes. For Consumer L, it is unclear if the feedback was directly addressed, however I recognise the service was regularly communicating with the representative in relation to the provision of care and services.

For the reasons detailed above, I find requirement (3)(c) in Standard 6 Feedback and complaints compliant.

In relation to all other requirements, consumers and representatives are encouraged to provide feedback and make a complaint through a range of mechanism including an electronic complaints system, feedback forms and staff assistance. Feedback and complaints are discussed at staff meetings and consumer and representative meetings. A small number of consumers said they did not feel comfortable to make a complaint but confirmed they are supported through other mechanisms.

Processes support consumers being made aware of and having access to advocates, language services and other methods for raising and resolving complaints. Management said information on advocacy is discussed at consumer and representative meetings and an external advocacy provider attends annually. Information on advocacy and external complaint processes was observed to be accessible to consumers and representatives. Most consumers interviewed said they were not aware of services that are available to them to raise and resolve complaints but felt they did not need to access external services.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. Consumers said they were satisfied their feedback is used to improve care and services. Management described processes for monitoring complaints and feedback and how this data is used for continuous improvement.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(a), (3)(b) and (3)(d) in Standard 6 Feedback and complaints.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Not 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. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I have assessed the Quality Standard as non-compliant as I am satisfied requirements (3)(a) and (3)(d) are non-compliant.

Requirement (3)(a)

The assessment team recommended requirement (3)(a) not met as consumers and representatives reported they were not always satisfied with the sufficiency of staffing and staff outlined how care and services are impacted. The following evidence was provided relevant to my decision:

* Examples were provided in relation to insufficient staffing including from the; representative of Consumer C and the provision of drinks, Consumer T and the provision of personal hygiene, representative of Consumer W and staff response time to manage the consumer’s falls risk, Consumer A and the provision of personal hygiene and Consumer 2 wanting to chat with the staff but staff appearing rushed and busy.
* Six staff said they are often working understaffed and provided an example of how this impacted the delivery of personal hygiene.
* Management said they are overstaffed, have minimal unfilled shifts and monitor feedback and call bell data to monitor the sufficiency of staffing.

The provider’s response refutes the assessment team’s findings and provided a range of supporting information. The following evidence was provided relevant to my decision:

* Provided an outlined of their staffing allocation and the response states all shifts are filled.
* Disagreed with the staff feedback in relation to how the provision of personal care is impacted and said this is the consumer’s choice.
* Provided evidence of rostering processes.
* Disagreed with the evidence for consumers identified being related to sufficiency of staffing; for Consumer C and the provision of drinks outlined the consumer’s weight is stable, for Consumer T and provision of personal hygiene the consumer is experiencing a changed behaviour which has been assessed and planned for, for Consumer W and falls management the consumer has only had one fall in an extended period indicating the consumer’s falls risk is being effectively managed, for Consumer A staffing is based on acuity and is modified per shift, and for Consumer 2 and wanting to chat the response asserts staff spend sufficient time with the consumer and provided evidence of a progress note where support was provided to the consumer and the representative.

Based on the assessment team’s evidence and provider’s response, I find the service was not able to demonstrate 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. In coming to my finding, I have placed weight on the feedback from consumers and representatives in relation to Consumers C, T, W, A and 2 impacting safe and quality care and services. I have also considered to support my finding the feedback from staff in relation to the impact of staffing on the provision of personal care. Whilst the evidence provided in the response asserts staffing is planned and there are minimal vacant shifts, this information contradicts the feedback provided to the assessment team from consumers, representatives and staff.

For the reasons detailed above, I find requirement (3)(a) in Standard 7 Human resources non-compliant.

Requirement (3)(d)

The assessment team recommended requirement (3)(d) not met as the service did not demonstrate staff received effective training including in relation to restrictive practices, complaint management and training to deliver care and services consistent with the Quality Standards. The following evidence was provided relevant to my decision:

* The service has recruitment process and mandatory training for all staff including training in restrictive practices, however 3 out of 4 staff were not aware of restrictive practices in relation to mechanical restraints. Examples were provided for Consumers O and P in relation to staff positioning the bed in the form of a restrictive practice.
* Staff did not understand; internal feedback processes and do not record all feedback into the electronic system, understand processes for accessing equipment with one example provided and did not understand processes for supporting consumers to take risks.

The provider’s response refutes the assessment team’s findings and provided a range of supporting information. The following evidence was provided relevant to my decision:

* Asserts staff are aware of their responsibilities in relation to restrictive practices and for both Consumers O and P they were not experiencing a restrictive practice. Assessment information in relation to Consumer O prior to the site audit outlining the consumer’s bed was assessed as being set at knee height.
* Listed a range of training provided to staff to ensure they are suitably trained and supported including in relation to incident management, dysphagia, clinical care, wound management and assessment care planning.
* Provided evidence of additional training provided to staff including on feedback processes, dignity of risk, open disclosure, restrictive practices and mobile phone usage.
* In relation to staff not being aware of how to access equipment, the provider’s response r disagrees and states there is sufficient equipment. In relation to staffing, the response acknowledged the increased number of unplanned leave during the site audit.

Based on the assessment team’s report and provider’s response, I find whilst the service has recruitment and training processes these processes were not effective to ensure the delivery of outcomes required by these standards.

In relation to restrictive practices and specifically for Consumers O and P, whilst the response asserts Consumer O was not experiencing a restrictive practice, I found both consumers were experiencing a restrictive practice as outlined in requirement (3)(b) in Standard 3 Personal care and clinical care.

I acknowledge the additional training provided in response to the site audit, however, I am not satisfied the training has been embedded and evaluated for effectiveness. I have considered the deficits in staff practice specifically relating to Standard 1, 2 and 3 are indicative of ineffective training to support the delivery of safe and quality care and services including; in relation to staff consistently treating consumers with dignity and respect; assessment, planning and review in partnership with the consumers including in relation to pain, pressure injuries, falls and changed behaviours; and delivery of safe and effective personal care and clinical care including in relation to falls, skin integrity management, administration of time sensitive medications and restrictive practices.

For the reasons detailed above, I find requirement (3)(d) in Standard 7 Human resources non-compliant.

In relation to all other requirements, the service values include respect, kindness, individuality and all staff are expected to uphold these values. Consumers and representatives overall spoke of staff being kind and respectful however provided feedback that they were often rushed. Staff spoke respectfully when speaking about consumers. Although the assessment team received negative feedback from consumers and representatives in relation to workforce practices and the provision of personal hygiene, this information has been considered in my finding for requirement (3)(a) in standard 1 Consumer dignity and choice.

The organisation has processes to ensure all staff are qualified and have the knowledge to effectively perform their role. Consumer and representatives stated overall staff have the knowledge to perform their roles with one example provided stating some staff are just inexperienced. The service has an infection and prevention control lead responsible for educating staff to ensure competency. The service monitors registration of clinical staff to ensure competency.

Processes support the regular assessment, monitoring and review of staff performance. Staff confirmed regular performance reviews consistent with documentation. Examples were provided of staff being provided additional training in response to consumer feedback and incidents. The infection and prevention control lead described how they regularly monitor the performance of staff in relation to infection control.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(b), (3)(c) and (3)(e) in Standard 7 Human resources.

# Standard 8

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

I have assessed the Quality Standard as non-compliant as I am satisfied requirement (3)(d) is non-compliant.

Requirement (3)(d)

The assessment team recommended requirement (3)(d) not met as the service did not demonstrate effective use of the incident management system as not all incidents were reported with strategies developed and staff did not consistently respond following incidents of abuse impacting the consumer. The following evidence was provided relevant to my finding:

* A document from Consumer Y recorded Consumer Y and another consumer were involved in a physical incident of a significant nature, however the incident form did not document the reason as to why the incident was not reported through SIRS.
* Consumer J reported an incident to the assessment team involving another consumer of unreasonable use of force with evidence in the progress notes documenting the incident, however an incident form was not completed nor reasons as to why the incident was not reported through SIRS.
* The representative described an incident where Consumer W stated a consumer entered their room and the alleged impact, however, neither an incident report nor a SIRS report were completed. Progress notes recorded Consumer W reporting the incident as occurring including the impact to the consumer’s emotional well-being.
* The incident form showed Consumer C experienced a bruise, however, the incident report did not show how the incident occurred.
* Documentation records Consumer 3 experiencing a physical changed behaviour impacting others and an incident form was not completed.
* Consumer 4 sustained a fall and whilst the incident form was completed, it did not identify a particular contributing factor identified by the assessment team.
* Policies and procedures support staff in supporting consumers to live their best life and minimise risks associated with their choices.
* The service has a range of policies and procedures in relation to evaluating clinical care and data analysis, however the clinical meeting minutes are not specific and the policy used in relation to clinical indicators was not consistent with the policy.

The provider’s response refutes the assessment team’s recommendation and provided a range of supporting information. The following evidence was provided relevant to my decision:

* For Consumer Y assert the incident did not require SIRS reporting, the consumer sustained no injuries and the consumer was reviewed by the medical officer.
* For Consumer J, a SIRS report was subsequently completed.
* For Consumer W, asserts the incident did not require a SIRS report as there was no psychological or medical treatment required and stated the progress notes document the consumer as being confused.
* Asserts for Consumer C the consumer was referred to the medical officer and the incident was effectively managed and were unsure as to how the bruise occurred.
* Asserts staff are monitoring Consumer 3’s changed behaviours through the documentation and the information was misinterpreted by the assessment team and there were no incidents of the consumer hitting other consumers or staff on the day identified.
* Assert in relation to Consumer 4, the incident was not reportable through SIRS as the event was not directly linked to deficits in service provision.
* The response describes a range of risk management systems and practices to support the management of high-impact and high-prevalence risks including multi-disciplinary meetings clinical indicator data and provided a list of reports that can be generated through the electronic documentation system. Provided evidence of analysis of organisational clinical data including in relation to falls, skin tears, weight loss and identified increased rates of infections with a planned action.

Based on the assessment team’s evidence and provider’s response, I find the service was not able to demonstrate effective risk management systems and practices, in relation to managing and preventing incidents, including the use of an incident management system, identifying and responding to abuse and neglect of consumers and managing high-impact or high-prevalence risks associated with the care of consumers.

In relation to effective the use of the incident management system and identifying and responding to abuse and neglect of consumers, I find the service did not demonstrate this aspect of the requirement as the service was not always recognising when incidents occurred nor consistently undertaking effective investigations and undertaking relevant reporting.

For Consumer J, I find the service did not complete an incident form to support the effective use of the incident management system and I acknowledge staff have since completed a relevant report in relation to the SIRS incident. For Consumer W, I find the service neither completed an incident form to support the effective use of the incident management system nor recognise the potential of the incident being reportable to SIRS with respect to the impact of the incident on Consumer W, whilst noting the progress notes documented the consumer experienced emotional symptoms.

For Consumer Y, whilst I acknowledge staff undertook an incident investigation, it is unclear from the incident report how the service determined the incident was not reportable through SIRS in the context of the consumer reporting a physical altercation and evidence documented in the incident form demonstrating the consumer was experiencing emotional symptoms. For Consumer 4, whilst an incident form was completed, I find the incident investigation completed by staff from the service did not identify all potential contributing factors to support the effective use of the incident management system. For Consumer 3, it is unclear if the consumer was experiencing a changed behaviour and if the incident was required to be reported through the incident management system.

In relation to effect risk management systems and practices and managing high-impact or high-prevalence risks associated with the care of consumers, I find the service did not demonstrate this aspect of the requirement. Whilst I acknowledge a range of risk based systems support the management of high-impact and high-prevalence risks including audits, clinical meetings and policies and procedures, in coming to my finding I have considered the deficits identified in Standard 3 Personal care and clinical care requirement (3)(b) where the risk based system was not effective in identifying and addressing risks identified specifically relating to time critical medications, restrictive practices, pain and falls management.

The service demonstrated effective risk management systems and practices in supporting consumers to live the best life they can.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance non-complaint.

In relation to all other requirements, the organisation has processes to engage consumers in the development, delivery and evaluation of care and services including feedback systems, surveys, meetings, care conferences and food focus meetings. Staff were observed seeking feedback on the lifestyle activities to support the evaluation of care and services. Recent planned improvements to support consumer engagement and evaluation of care and services included implementing a consumer advisory group which is being finalised.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Board meeting minutes outline the performance of each service within the organisation. The organisation has policies and procedures to guide expected staff behaviours and values expected within the organisation to support a culture of safe inclusive and quality care and services.

The organisation has a range of governance systems including in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. A rage of policies and procedures and reporting systems support governance processes.

The organisation has a clinical governance framework including policies and procedures in to support antimicrobial stewardship, minimising use of restraint and open disclosure.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(a), (3)(b), (3)(c) and (3)(e) in Standard 8 Organisational governance compliant.

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