Edward River Gardens

Performance Report

38 Turora Street   
MOULAMEIN NSW 2733  
Phone number: 03 5888 9555

**Commission ID:** 0304

**Provider name:** Moulamein Retirement Village Committee Inc

**Site Audit date:** 28 June 2022 to 29 June 2022

**Date of Performance Report:** 23 August 2022

# Performance report prepared by

Vanessa Stephens, 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) | Non-compliant |
| Requirement 2(3)(d) | Non-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) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-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** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-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 on 5 August 2022.

# STANDARD 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.

Most sampled consumers 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. For example:

* Most consumers sampled said they are encouraged to exercise choice and make decisions regarding care and services and are supported to maintain relationships.
* Most consumers and representatives indicated that they felt that care and services are culturally safe.
* Consumers provided examples of how their privacy is respected by staff.

Consumers indicated they were supported to take risks to enable them to live their best lives and staff provided examples of how consumers are supported to have choice and control, including when that choice involves risk. However, the service was unable to provide evidence of individual risk assessments and two consumers did not have lifestyle care plans.

Staff demonstrated that they are aware of the interests and preferences of consumers in their care. Staff and management could describe ways in which they provide individual support for specific consumers. They also clearly outlined how essential information was communicated in a timely manner and in a way that was accessible and clearly understood.

Staff and consumers were observed interacting with each other in a respectful and friendly manner.

While noting gaps in documentation relating to Requirement 1(3)(d), 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.*

# STANDARD 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

The Quality Standard is assessed as non-compliant as four of the five specific requirements have been assessed as non-compliant. My reasons and findings are explained under each requirement.

## 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.*

The Assessment Team found that the service did not demonstrate that assessment and care planning is safe and effective for all consumers, and that potential risks are not consistently identified and considered in care planning. For example:

* For one consumer experiencing pain, there is no evidence a pain scale was used to monitor their pain, that the effectiveness of pain medication was monitored, or that the site of the pain was recorded in their care plan.
* The service did not recognise that a consumer was chemically restrained, consequently there is no documented consent for the use of chemical restraint.
* The service was unable to provide risk assessments for scooter use or foods that were contraindicated by dietary recommendations or diagnoses.

In their response to the Assessment Team’s report, the approved provider submits they have updated admission procedures to better assess consumer care needs prior to admission. In addition, the service has also updated their psychotropic medication register. The approved provider also submitted information in relation to deficits in specific consumer care planning identified by the Assessment Team. I have considered this information, however I find it does not displace findings by the Assessment Team which evidences instances where the service has not demonstrated assessment and planning, including consideration of risks, has informed the delivery of safe and effective care. Therefore, I find the service does not comply with this requirement.

### 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.*

The Assessment Team found that while advance care planning occurs, care assessments and planning do not reflect current consumer care needs, nor are assessments consistently completed when changes in consumer care needs are identified. The Assessment Team cited three specific consumer examples relating to pain management, stoma care and hospitalisation preferences at end of life.

In their response to the Assessment Team’s report, the approved provider refutes evidence in relation to stoma care and hospitalisation preferences. I accept these arguments. I also note evidence from the Assessment Team’s report that representatives of sampled consumers were satisfied care is planned around what is important to consumers. While I note one consumer’s changing pain management needs were not recorded in care planning documentation, this deficit is captured in Requirement 2(3)(a). On balance, I find the service complies with this requirement.

### Requirement 2(3)(c) Non-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.*

The Assessment Team found the service did not demonstrate there are effective ongoing partnerships with consumers or their representative in the assessment, planning and review of consumer care and services. The Assessment Team found most sampled consumer representatives do not feel like partners in assessing or planning consumer care. For example, two out of four sampled summary care plan reports did not identify that care plans have been discussed with consumers and/or their representatives, or that care has been planned in consultation with others.

In their response to the Assessment Team’s report, the approved provider refutes evidence in relation to the level of involvement of one sampled consumer’s representative. I have given weight to this argument. However, the approved provider’s response does not displace the Assessment Team’s evidence relating to deficits in documentation for two sampled consumers. Therefore, on balance, I find the service does not comply with this requirement.

### Requirement 2(3)(d) Non-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.*

The Assessment Team found that the service did not demonstrate that all care and services are documented within a care plan due to a number of outstanding assessments in one sampled consumer file. At the time of the site assessment, management acknowledged the gap in this sampled consumer’s assessments, stating they would be completed soon.

In their response to the Assessment Team report, the approved provider refutes evidence that a nutrition and hydration assessment was not completed for the sampled consumer or that the service did not have an admission process. I accept these arguments. I have also considered evidence from a member of staff that while they communicate regularly with representatives, the outcomes of these conversations are not always documented. On balance, I find the service does not comply with this requirement.

### 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.*

The Assessment Team found the service was unable to demonstrate that care needs following incidents are always effectively reviewed. The service did not adequately review care and services for two sampled consumers following incidents of consumer aggression. Some care staff were unaware of the interventions and strategies documented in care plans to manage the care needs of consumers. Two out of three care staff interviewed were unable to describe specific strategies to manage the challenging behaviours of one sampled consumer. However, care staff were able to describe generic strategies to manage behaviours.

In their response to the Assessment Team report, the approved provider states that one consumer’s behaviours were becoming more challenging during the months of May 2022 and June 2022, and the service was still developing appropriate strategies to manage this behaviour. Sampled consumers were reviewed on 2 June 2022 by a medical practitioner and by a geriatrician on 27 July 2022. Following these reviews, the challenging behaviours of one consumer has improved and incidents of aggression have reduced significantly.

While I accept the approved provider’s contention that there are delays obtaining specialist appointments in regional areas, at the time of the site assessment, the service did not demonstrate effective review of care and services in relation to managing the challenging behaviours of one consumer, behaviour which adversely impacted another consumer. Therefore, I find the service does not comply with this requirement.

# STANDARD 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

The Quality Standard is assessed as non-compliant as four of the seven specific requirements have been assessed as non-compliant. My reasons and findings are explained under each requirement.

### 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 that while consumers provided feedback that they are generally satisfied with the care they receive, not all consumers are receiving safe clinical care, tailored to their needs and according to best practice. Wound care is not completed in accordance with best practice or consumer needs. For example:

* For a consumer with a wound which requires regular dressing, there was no active wound chart, no wound photos had been taken since the commencement of the dressing regime, and nil wound measurements were taken to monitor if the wound is healing.
* Another consumer with a wound did not have a wound chart, nor were wound photos taken.

The Assessment Team also found that the service did not identify all consumers who are chemically restrained, nor demonstrate that restrictive practices are implemented as a last resort or reviewed on a regular basis with the aim to cease or minimise their use. In addition, the service has not always obtained informed consent prior to the use of chemical restraint. For example:

* The psychotropic medication register contained minimal information, particularly in relation to chemical restraint.
* The service did not obtain informed consent prior to the use of chemical restraint for three sampled consumers.

One consumer was administered anxiety medication on more than ten occasions, however care documentation demonstrates no interventions were trialled prior to administering medication to manage their behaviour. Behaviour charting has been completed, however care staff were not aware of effective interventions to manage behaviours for this consumer.

In their response to the Assessment Team report, the approved provider states that no consumers have acquired pressure injuries in the service and that there is a fault with electronic wound charts which is being investigated. In the interim, paper‑based wound care documentation is being completed. The approved provider also stated that since the site assessment:

* Staff have received training in documenting and assessing the effectiveness of administering as required psychotropic medication.
* Consent is now documented for all consumers subject to chemical restraint.

While I note the remedial action taken the by service since the site assessment, at the time of the site assessment, I find that the service did not demonstrate best practice wound care or safe and effective administration of chemical restraint. Therefore, I find the service does not comply with this requirement.

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

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

The Assessment Team found the service did not always demonstrate appropriate identification or management of high impact or high prevalence risks associated with the care of each consumer. For example:

* The behaviour care plan for one consumer exhibiting challenging behaviours did not adequately identify triggers and contained generic interventions. Nor was there evidence the service had reviewed the effectiveness of interventions for this consumer.
* For a consumer experiencing weight loss, fluid and intake charting was not commenced as per service policy. In addition, this consumer was not referred for review by a dietician.

In their response to the Assessment Team report, the approved provider states behavioural interventions were generic due to delays obtaining specialist review in a regional areas. Since the site audit, new behaviour management strategies have been implemented and challenging behaviours have decreased. In addition, the consumer experiencing weight loss has been referred to a dietician.

While I note the remedial action taken the by service since the site assessment, at the time of the site assessment, I find that the service did not demonstrate effective management of high impact risks, namely behaviour and weight loss management. Therefore, I find the service does not comply with this requirement.

### 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.*

The Assessment Team found that the service did not demonstrate that a consumer nearing the end of their life had their wishes recognised and their comfort maximised. Progress notes demonstrate a consumer on a palliative pathway had requested oxygen to assist breathing however this request was denied by the service. The consumer advised assessors while they were on site that a doctor was visiting them the following day.

In their response to the Assessment Team report, the approved provider states that the consumer had not previously been prescribed oxygen as their oxygen saturation levels were in the normal range and that oxygen can only be prescribed by a doctor. In relation to this sampled consumer, I accept the arguments put forward by the approved provider. Therefore, I find the service complies with this requirement.

### 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.*

With reference to the sampled consumer discussed in Requirement 3(3)(c), the Assessment Team found that the service did not demonstrate that they act in a timely manner in relation to deterioration or changing consumer health. The Assessment Team was not satisfied with the service’s handling of the consumer’s request for oxygen.

In their response, the approved provider acknowledges that information was not accurately captured in documentation, however the consumer was referred for review on multiple occasions and a request for oxygen was denied by a visiting doctor. While I acknowledge the distress of the sampled consumer, based on all of the information before me, noting that a satisfactory resolution for the consumer was outside of the service’s control, I am satisfied the service maximised this consumer’s comfort to the best of their ability. Therefore, I find the service complies with this requirement.

### Requirement 3(3)(e) Non-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.*

The Assessment Team found the service has a process to document and communicate information about consumer condition, needs and preferences including verbal and written handover. For sampled consumers, documentation including care plans, progress notes and written handover mostly provided information to support effective and safe sharing of consumer information. However, the Assessment Team identified numerous gaps in documentation. For example:

* One consumer’s changing pain management needs were not recorded in care planning documentation.
* Behaviour support plans lack individual interventions.
* Documented consent for chemical restraint has not been obtained.

In their response to the Assessment Team report, the approved provider states they believe their handover processes are effective and as noted in the assessor’s report, consumers and their representatives at the service did not provide negative feedback in relation to their care needs not being effectively communicated. While I acknowledge these arguments, the approved provider’s response does not displace the Assessment Team’s evidence relating to deficits in documentation as listed above. Therefore, I find the service does not comply with this requirement.

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

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

With reference to the sampled consumer discussed in Requirement 3(3)(c) and Requirement 3(3)(d), the Assessment Team found that the service did not demonstrate timely and appropriate referrals. While one sampled representative expressed dissatisfaction with the timeliness of referrals, I note evidence in the Assessment Team report that most consumers and their representatives were satisfied referrals to health professionals occur as needed and in a timely manner. While I note a delay referring one consumer to a dietician, based on all of the information before me, on balance, I am satisfied the service makes timely and appropriate referrals to allied health professionals. Therefore, I find the service complies with this requirement.

### Requirement 3(3)(g) Non-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.*

The Assessment Team found that infections are identified and managed, and antibiotic prescription is minimised. However, the team observed numerous instances of poor staff practice in relation to hand hygiene and the use of personal protective equipment (PPE). On numerous occasions, staff were observed to have their masks under their nose or under their chin, and staff were observed not sanitising their hands before or after touching their masks. It was also observed that disinfectant was not available to sanitise shared equipment.

In their response to the Assessment Team report, the approved provider states infection control is now included on their plan for continuous improvement and additional staff training is planned.

While I note the remedial action taken the by service since the site assessment, at the time of the site assessment, I find that the service did not demonstrate effective infection prevention and control, namely staff PPE use and hand hygiene practices. Therefore, I find the service does not comply with this requirement.

# STANDARD 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

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 – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service, and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Most sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers have access to group activities both within the service and in the wider community.
* Most consumers indicated the services and supports provided by the service promote emotional, spiritual, and psychological wellbeing.
* Most consumers reported satisfaction with the supports they receive to participate in the community, to maintain relationships, and to do the things that interest them.
* Most consumers said that their condition, needs and preferences are effectively communicated within the service and with other organisations where applicable.
* Most consumers said they can access individuals, other organisations and providers of other care and services if required.
* All consumers interviewed provided positive feedback about the variety and flexibility of the food menu and the nutritional value of meals.

Staff demonstrated an understanding of consumer interests and lifestyle preferences. Overall, staff also demonstrated a good understanding of how sampled consumers participate in the service and the wider community, and how they maintain contact with the people important to them.

Where consumers had lifestyle care plans, they contained information on consumer needs and preferences. Equipment used by lifestyle and clinical staff was observed to be clean, suitable and well-maintained.

The Assessment Team observed that although staff were generally aware of consumer needs, there was no documented evidence that appropriate referrals were being made to external disability, mental health and palliative care services.

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.*

While the Assessment Team found that most consumers can access individuals and external care and service providers if required, the team found that for some consumers receiving external support services, care planning documents did not did not reflect the involvement of others in the provision of lifestyle supports.

In their response to the Assessment Team report, the approved provider stated appropriate referrals had been made for sampled consumers.

While I acknowledge gaps in documenting referrals, based on all of the information before me, noting that most consumers are satisfied they can access external supports, on balance, I am satisfied the service complies with this requirement.

### 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.*

# STANDARD 5 NON-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 equipment. The team also examined relevant documents.

Overall, consumers expressed feeling at home at the service and that they are safe and comfortable in the service environment. For example:

* Consumers and representatives in the main wing confirmed that the internal and external environment is homely, and that consumers can personalise their own living areas.
* Consumers and representatives confirmed bedrooms and communal areas are kept clean.
* Consumers expressed that maintenance of equipment and furnishings occurs promptly.

The Assessment Team observed the service to be safe, clean and well maintained, with clear walkways enabling the free movement of consumers. Furniture, fittings and equipment were observed to be safe, clean and well maintained. However, the Assessment Team observed the Memory Support Unit was sparsely furnished, that one consumer’s room was bare and two consumer rooms were not personalised or decorated.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Non-compliant

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

The Assessment Team found that the main area of the service is welcoming and offers a range of communal spaces that optimise consumer engagement and interaction. Consumer rooms were personalised, and consumers provided positive feedback about the environment. However, the Assessment Team observed the Memory Support Unit, in which three consumers reside, was sparsely furnished, one consumer’s room was bare, and two consumer rooms were not personalised or decorated. No puzzles, games or activities for sensory simulation were evident.

In their response to the Assessment Team report, the approved provider states the Memory Support Unit has been identified as needing improvement and works are planned to commence in September.

While I note the remedial action planned for September, at the time of the site assessment, I find that the service did not demonstrate the Memory Support Unit was welcoming and supported consumer interaction and function. Therefore, I find the service does not comply with this requirement.

### 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.*

# STANDARD 6 NON-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.

Most sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and representatives expressed confidence that they could provide feedback and that staff were always approachable.
* While some consumers stated feedback was not resolved in a timely manner, most consumers who made complaints or provided feedback were generally satisfied with the outcome.

Advocacy and external complaints information was displayed in common areas of the service. Staff demonstrated understanding of open disclosure principles when handling complaints, including apologising when necessary. However, documentation reviewed by the Assessment Team demonstrated that actions taken to resolve complaints were not being recorded consistently or comprehensively to ensure systemic problems were identified and used to improve the delivery of care and services.

The Quality Standard is assessed as non-compliant as one of the four specific requirements have been assessed as non-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.*

The Assessment Team found that while some consumers stated feedback was not resolved in a timely manner, most consumers who made complaints or provided feedback were generally satisfied with the outcome. Staff demonstrated understanding of open disclosure principles when handling complaints, including working collaboratively with consumers and representatives and apologising when necessary. The Assessment Team reviewed complaints lodged from January 2022 to June 2022, and noted that the service’s complaints database did not display any information other than the subject of the complaint and the complainant’s details. Individual complaint processes and outcomes were not identified.

In their response to the Assessment Team report, the approved provider states a complaints register has now been implemented to better capture the outcomes of complaints and the register is linked to the service’s new continuous improvement process.

While I note that at the time of the site assessment the service did not adequately record the outcomes of complaints, I am of the view that this evidence is relevant to Requirement 6(3)(d) which is discussed below. I note evidence in the Assessment Team report that most consumers who made complaints or provided feedback were generally satisfied with the outcome, notwithstanding the issue of timeliness for some consumers. Having considered all of the information before me, noting gaps in documentation, I am satisfied the service takes appropriate action in response to complaints and that open disclosure occurs. Therefore, I find the service complies with this requirement.

### Requirement 6(3)(d) Non-compliant

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

The Assessment Team found that the service was unable to adequately demonstrate how the complaints process is used to inform continuous improvement at the service. When asked about how complaint outcomes serve to inform continuous improvement, management acknowledged that complaint and feedback information was not consistently recorded. The Assessment Team reviewed the service’s plan for continuous improvement and noted it did not include objectives specifically developed in response to consumer feedback and complaints.

In their response to the Assessment Team report, the approved provider states a complaints register has now been implemented to better capture the outcomes of complaints and the register is linked to the service’s new continuous improvement process.

While I note the remedial action taken by the service, at the time of the site assessment, I find that the service did not demonstrate that feedback and complaints informed continuous improvement in the quality of care and services provided. Therefore, I find the service does not comply with this requirement.

# STANDARD 7 NON-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.

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers described that there are sufficient staff numbers to meet their daily care needs.
* Consumers were satisfied that staff had the knowledge and skills to provide the care that they need.
* Consumers and representatives described in various ways, that staff are kind, caring and gentle when providing care.

Most staff expressed satisfaction with staffing levels and explained that they have sufficient time to provide the required care to consumers. Staff expressed satisfaction with the quality of training provided.

The Assessment Team observed interactions between consumers, representatives and staff to be kind, respectful, and caring.

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

The Assessment Team found that the service could not demonstrate that the mix of staff deployed facilitatesthe delivery and management of, safe and quality clinical care. The roster demonstrated that there are currently two registered nurses rostered to work on the same Friday each fortnight. Only one other shift was filled by a registered nurse in a sampled two week period, which included the site audit.

In their response to the Assessment Team report, the approved provider states the service has made numerous attempts to recruit a registered nurse and while these attempts have been unsuccessful to date, casual registered nurse staff are available and work extra shifts as needed.

I give great weight to the evidence that most consumers and their representatives expressed satisfaction with the sufficiency of staffing within the service and the quality of the care provided, and that most staff expressed satisfaction with staffing levels. While noting deficits in documentation and care in Standard 2 and Standard 3, I am not satisfied these deficits are necessarily attributable to the number and mix of staff at the service. On balance, I find the service complies with this requirement.

### 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.*

### Requirement 7(3)(d) Non-compliant

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

The Assessment Team found the service could not demonstrate that an appropriate workforce has been recruited and trained to support the delivery of outcomes required by the Quality Standards. The service could not demonstrate that staff had received sufficient training in relation to managing feedback and complaints, restrictive practices and mandatory reporting processes. In addition, there is no process in place to ensure that staff have completed all mandatory training. Training records demonstrate a number of mandatory courses have low staff completion rates, including courses relating to manual handling, reportable incidents, risk management and infection control.

In their response to the Assessment Team report, the approved provider states additional staff training has been provided since the site assessment and mandatory reporting and restrictive practices are now included in the service’s mandatory training.

While I note the remedial action taken by the service, at the time of the site assessment, based on training gaps in a number of areas, I find that the service did not demonstrate that the workforce is equipped and supported to deliver the necessary outcomes required by these standards. Therefore, I find the service does not comply with this requirement.

### Requirement 7(3)(e) Non-compliant

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

The Assessment Team found the service was unable to demonstrate that they have a process in place to ensure regular review of staff performance. Sampled staff stated that they could not recall being involved in a performance appraisal for over two years. Management explained that any performance issues are discussed one‑on-one with staff, however there was no documentation of discussions held with staff.

In their response to the Assessment Team report, the approved provider states all staff have had performance appraisals completed in July and reviews will occur every July from now on.

While I note the remedial action taken by the service, at the time of the site assessment, I find that the service did not demonstrate regular assessment and review of staff performance occurs. Therefore, I find the service does not comply with this requirement.

# STANDARD 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Consumers and representatives provided mixed feedback as to whether they considered that the organisation is well run and as to whether they felt that they can partner in improving the delivery of care and services. The Assessment Team noted that not all feedback from consumers was documented in the service’s feedback system, however consumers were satisfied that their suggestions in relation to activities, meals, the environment and care were generally actioned.

Management demonstrated how it seeks input from the consumers and representatives, through consumer surveys, resident and relative meetings and the care plan review process.

The Quality Standard is assessed as non-compliant as four 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) Non-compliant

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

The service provides a monthly report to the board. The report includes data regarding complaints and feedback, continuous improvement, mandatory reporting, incident management and quarterly benchmarking data. However, due to gaps identified in the service’s systems and processes, the Assessment Team found much of the information received by the board is inaccurate. The Assessment Team noted that where the board had been provided details in relation to the performance of the service, it had acted to improve processes and to mitigate risk to consumers. The Assessment Team acknowledged that the board acts appropriately when provided information, however, the board has a responsibility to be proactive in ensuring that the service’s systems and processes meet all regulatory requirements, identify and minimise risks and ensure the provision of quality and safe care.

In their response to the Assessment Team report, the approved provider states the board made themselves available to assessors during the site assessment however they were not contacted.

Notwithstanding the board were not contacted by assessors during the site assessment, evidence throughout the Assessment Team report demonstrates the service has a number of gaps in the delivery of care including wound management, behaviour management and chemical restrictive practice. Ultimately, the board is responsible for preventing deficits in care. Therefore, I find the service does not comply with this requirement.

### Requirement 8(3)(c) Non-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.*

The Assessment Team found the service did not demonstrate that it has processes in place to collect, manage and review information to ensure that it allows for accurate trending and analysis. Opportunities for improvement are often not recognised and when they are, they are inconsistently documented in the plan for continuous improvement. The service could not demonstrate that it meets its regulatory obligations in relation to chemical restraint and mandatory reporting requirements. In addition, governance systems relating to continuous improvement, feedback and complaints and actions taken in relation to feedback and complaints are not documented consistently.

In their response to the Assessment Team report, the approved provider states that since the site assessment, the service has created new registers to capture incidents, complaints and feedback, and continuous improvement.

While I note the remedial action taken by the service, at the time of the site assessment, I find that the service did not demonstrate effective governance systems in relation to regulatory compliance, continuous improvement and feedback and complaints. Therefore, I find the service does not comply with this requirement.

### Requirement 8(3)(d) Non-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.*

The Assessment Team found the organisation was able to provide a documented risk management framework, including policies, however it was noted that this framework was not being consistently used and guidance materials were not being followed. Incidents of consumer aggression were not reported to the Serious Incident Response Scheme as required. The Assessment Team also found incident reports were not always completed, were not always effective in identifying the cause of the incident, and did not always reflect implementation of effective strategies to prevent reoccurrence. In relation to high impact or high prevalence risks, the Assessment Team also found:

* The system in use for documenting and monitoring wounds was not consistently followed.
* Pain monitoring practices did not reflect best practice, or the service’s documented policy.
* Staff had not reviewed consumers for unplanned weight loss and had not managed unplanned weight loss according to the service’s policies and procedures

In their response to the Assessment Team report, the approved provider states new wound, pain and unplanned weight loss procedures will be implemented, risk forms have been created and are being reviewed, and serious incident reporting training has occurred.

While I note the remedial action taken by the service, at the time of the site assessment, I find that the service did not demonstrate effective risk management systems were in place. Therefore, I find the service does not comply with this requirement.

### 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.*

The Assessment Team found the service has a documented clinical governance framework in place and the service demonstrated adequate policies and procedures in relation to open disclosure, antimicrobial stewardship and managing infections. However, chemical restrictive practices at the service did not align with policy, best practice or regulatory requirements. The psychotropic medication register was incomplete, contained minimal information in relation to chemical restraint and lacked medication review dates.

In their response to the Assessment Team report, the approved provider states all restrictive practice forms are now being reviewed and the psychotropic medication register has been updated.

While I note the remedial action taken by the service, at the time of the site assessment, I find that the service did not demonstrate effective clinical governance in relation to minimising chemical restraint. Therefore, I find the service does not comply with this requirement.

# 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.

* Implement and maintain ongoing assessment processes to consider risks to consumers.
* Ensure staff recognise chemical restraint and that consent is documented for consumers who are chemically restrained.
* Ensure adequate assessment and planning occurs for consumers experiencing pain.
* Implement and maintain ongoing assessment processes to ensure ongoing partnerships with consumers and others involved in their care. Ensure these interactions and outcomes are recorded in consumer care documents.
* Document care assessment and planning outcomes. Document communication of these outcomes to consumers and their representatives.
* Ensure care and services are effectively reviewed when care needs change.
* Consider telehealth options to ensure timely review of changing consumer needs, especially when these changing needs adversely impact other consumers.
* Ensure the service’s psychotropic medication register is complete and accurate.
* Improve practices relating to wound charting.
* Ensure behaviour care plans are customised to the individual.
* Implement charting and referral procedures for consumers experiencing weight loss.
* Ensure clinical care documentation reflects all consumer care needs including informed consent where required.
* Monitor staff PPE and hand hygiene practices.
* Make improvements to the Memory Support Unit to ensure it is a welcoming, stimulating and supportive environment for consumers experiencing cognitive decline.
* Ensure complaints and feedback are captured, recorded and analysed to inform continuous improvement of care and services.
* Ensure gaps in staff training and performance appraisals are monitored, recognised and responded to.
* Implement and maintain systems to ensure more accurate information is provided to the board for their consideration.
* Maintain and review newly-implemented registers relating to incidents, complaints and feedback, and continuous improvement.
* Maintain and review newly-improved risk and incident management procedures.
* Maintain the recently updated psychotropic medication register, ensuring informed consent is obtained for all consumers who are chemically restrained.