Frank Prendergast House

Performance Report

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**Commission ID:** 7255

**Provider name:** Southern Cross Care (WA) Inc

**Site Audit date:** 31 May 2022 to 2 June 2022

**Date of Performance Report:** 14 July 2022

# Performance report prepared by

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

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **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) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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; and
* the provider’s response to the Site Audit report received on 29 June 2022, which accepts the Assessment Team’s findings and includes the service’s Plan for continuous improvement to demonstrate planned actions are in place based on information in the Assessment Team’s report.

# STANDARD 1 COMPLIANTConsumer 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

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

Overall, sampled consumers considered they are treated with dignity and respect, can maintain their identity and live the life they choose.

Consumers said staff are kind, respectful and supportive of their identity, culture and diversity. Staff were knowledgeable of consumers’ personal history, cultural background, preferences and things of importance to them and were observed to be interacting with consumers in a respectful manner.

Care planning documents included individualised information about each sampled consumer, including preferences for care and aspects of their lives which are important to maintain their identity, culture and diversity. Staff provided examples of how this information is used to ensure care and services are culturally safe.

Consumers are supported to exercise choice and independence in relation to when they are assisted with personal care, what they would like for meals, preferred activities, and are encouraged to maintain their independence. Staff described how they engage with consumers to facilitate choice and independence, and how they support consumers to maintain relationships.

Consumers felt supported to take risks. Where a consumer chooses to undertake an activity that involves an element of risk, assessments are undertaken, strategies implemented, and consultation occurs with consumers and representatives. Staff were knowledgeable about risks associated with consumers’ choices and were knowledgeable of the organisation’s dignity of risk processes.

Information provided to consumers is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. Consumers said they receive information through various channels, including the activities calendar, newsletters, meetings and verbally, and considered the level of information sufficient to make appropriate choices about their care and service delivery. Consumers said staff, management or their families will explain anything if needed. Staff provided examples of how they tailor communication to ensure consumers have sufficient information to make choices.

Consumers and representatives confirmed consumers’ privacy is respected and staff provided examples of how they ensure consumers’ personal information is kept confidential and privacy is maintained.

Based on this evidence, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Quality Standard is assessed as non-compliant as one of the five specific Requirements has been assessed as non-compliant.

The Assessment Team recommended the service meets Requirement (3)(e) in this Standard, however, findings and evidence presented in the Assessment Team’s report under Requirement (3)(b) in Standard 3 Personal care and clinical care indicated care and services were not reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and provider’s response and find the service non-compliant with Requirement (3)(e). I have provided reasons for my finding under the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found most sampled consumers feel like partners in the ongoing assessment and planning of their care and services.

Care planning documentation showed comprehensive assessment and planning that included consumer needs, goals and preferences, advance care and end of life planning, risks to consumer health and well-being, and risk mitigation strategies.

End of life wishes forms are completed on entry and annually, and include consumers’ preferences in relation to contacts, cardiopulmonary resuscitation and hospital transfers. Staff demonstrated an understanding of assessment and planning processes and described how they approach end of life and advance care planning. Staff were aware of sampled consumers’ current needs, goals and preferences.

Care plans were reflective of the consumer and inclusive of those involved in the care of the consumer, including relevant health specialists. The organisation has policies and procedures to guide staff in pathways of referral.

Following development of care plans, case conferences are held with consumers and representatives to discuss consumers’ care and service needs. Consumers and representatives said they could ask staff for copies of consumers’ care plans if needed and were satisfied they are informed of changes to consumers’ care needs as they arise.

Based on this evidence, I find the service to be compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

The Assessment Team recommended the service meets this Requirement, however, findings and evidence presented in the Assessment Team’s report under Requirement (3)(b) in Standard 3 Personal care and clinical care indicates care and services were not reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. In coming to my finding, I have considered the following evidence:

Consumer A

* Consumer A is administered regular psychotropic medication and is nursed in bed seven days a week due to restlessness and fidgeting behaviour.
* Behaviour assessments were not undertaken to monitor the effectiveness of an increase in medication.
* The consumer’s Behaviour management plan was not current, as documented behaviours and associated management strategies had not been updated following a decline in mobility and cognitive awareness and did not include information relating to chemical restraint.
* There is no evidence demonstrating the service had identified the risk related to the consumer being left in bed all day.
* Documentation showed the consumer experienced significant weight loss in the five months preceding the Site Audit, however, there was no evidence indicating a nutritional assessment or meals monitoring chart was commenced. Management reported it was unnecessary as the consumer eats well, they increased the consumer’s meal sizes and commenced twice-daily nutritional supplements, which are monitored. The consumer was reviewed by a Dietitian prior to the Site Audit, who reported the weight loss was due to an unknown cause.

Consumer B

* For at least 18 months, Consumer B has been administered three different psychotropic medications regularly each day.
* There was no evidence indicating the consumer’s psychotropic medication has been reviewed since it was first prescribed.
* The consumer’s Behaviour management plan was not updated to reflect changed behaviour and associated management strategies identified through Behaviour assessments undertaken during April 2022.
* Staff reported the consumer sleeps throughout the day, which contributes towards active wandering during the evening. Management denied this occurs. There was no evidence indicating sleep charting was undertaken to monitor the consumer’s sleeping pattern and understand the impact this has on their behaviour.

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

I have considered that Consumer A’s care and services were not reviewed following a significant physical and cognitive decline, and changes in prescribed medication. Documented strategies to guide staff in managing their behaviours were not applicable at the time of the Site Audit, as the consumer was no longer mobile, and risks associated with the consumer being left in bed all day had not been considered and mitigation strategies had not been implemented. The consumer was not monitored following an increase in medication to ensure it meets their needs safely and effectively.

In relation to Consumer A’s weight loss, a nutritional assessment should have been undertaken following identification of weight loss or deterioration, however, I find that the consumer was referred to a Dietitian who acknowledged they were eating well and noted the weight loss was due to an unknown cause. I have also placed weight on management statements that they had increased the consumer’s meal portion sizes and commenced supplements twice-daily, which are monitored.

In relation to Consumer B, I have considered the consumer’s psychotropic medication had not been reviewed for at least 18 months since it was prescribed to ensure the need for the medication was congruent to the consumer’s needs. I have also considered that although staff know the consumer’s sleeping pattern contributes towards active wandering and following changes in behaviour, the consumer’s care and services were not reviewed to ensure their needs are met and effective strategies are documented to guide staff practice.

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

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard is assessed as non-compliant as one of the seven specific Requirements has been assessed as non-compliant.

The Assessment Team recommended the service does not meet Requirement (3)(b) in this Standard. I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and provider’s response and find the core deficiencies relate to best practice care and assessment and planning processes. This information and evidence has therefore, been considered under Requirement (3)(a) in this Standard and Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers. I have provided reasons for my finding under the respective Requirements.

In relation to all other Requirements in this Standard, the Assessment Team found most sampled consumers consider they receive personal and clinical care that is safe and right for them.

There are processes in place to ensure needs, goals and preferences of consumers nearing the end of life are recognised and addressed, with their comfort maximised and dignity preserved. End of life wishes forms are in place to guide staff on consumers’ needs, goals and preferences when nearing the end of life. Staff provided examples of additional support provided to consumers when clinically deteriorating, including engagement of a palliative services team to ensure pain and comfort is managed and dignity preserved.

Documentation showed deterioration in consumers’ health status is recognised and responded to in a timely manner, including initiating appropriate referrals, conducting assessments and implementing additional clinical care congruent to changed needs.

Information regarding consumers’ condition, needs and preferences is documented on a care plan and readily available to staff and others where responsibility for care is shared. Staff said they access up-to-date consumer information through care plans and at handover and demonstrated knowledge of how changes in consumers’ clinical needs are identified and actioned.

Consumers said they have access to appropriate clinical and other specialists to manage their complex health needs. Care planning documents showed timely and appropriate referral to other services and organisations for additional review and treatment of consumers’ health care needs.

There are processes in place to support the minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection, and practices to promote antibiotic prescribing and use to reduce the risk of increasing resistance to antibiotics. Trends in infection and antibiotic use are reported monthly to ensure they are being effectively managed, and antibiotics are being used appropriately. Staff demonstrated an understanding of and have been provided training in infection control minimisation.

Based on this evidence, I find the service compliant with Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### 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 recommended the service meets this Requirement, however, findings and evidence presented in the Assessment Team’s report under Requirement (3)(b) in this Standard indicates each consumer did not receive safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. In coming to my finding, I have considered the following evidence:

* In January 2022, one consumer was prescribed as required psychotropic medication. The Assessment Team’s report did not document the reason for the prescription.
* Behaviour assessments conducted in January 2022 identified the consumer displayed agitation and restlessness, however, further information to describe the behaviour was not consistently documented. With the exception of one occasion, there was no evidence that strategies were implemented to support the consumer’s physical or emotional needs.
* In February 2022, following completion of the behaviour assessments, the consumer was commenced on regular psychotropic medication. The Assessment Team’s report did not document the reason for the prescription.
* In March 2022, the consumer’s psychotropic medication was increased due to regular rolling out of bed and agitation. There was no evidence demonstrating further behaviour assessments were undertaken to monitor the effectiveness of the medication increase on the consumer’s behaviour.
* There was no evidence indicating informed consent was obtained for the use of psychotropic medication.
* The consumer was observed each day for the duration of the Site Audit. The Assessment Team noted they were nursed on a concave mattress and their bed was in a low position.
* An assessment from an Occupational therapist conducted two weeks prior to the Site Audit stated the consumer is at risk of isolation, as they are kept in their room seven days a week. The assessment states, ‘this is inhumane’ and requests the consumer sit out on a mobile recliner chair three times per week and engagement be provided, including music.
* Management reported the consumer’s condition has deteriorated and they require one-to-one supervision while in their mobile chair, as their restlessness and agitation has caused them to nearly fall out. Management said on further discussions with the Occupational therapist, they have decided to get the consumer up once per week and will provide one-to-one care during this time.
* Management reported the consumer had only been outside their room on two occasions since the Occupational therapist review and their family has been asked to bring in more music for them to listen to.

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

I have considered that safe and effective care was not provided for one consumer, as strategies were not consistently implemented to meet their emotional and physical needs, informed consent was not obtained prior to administering psychotropic medication and the effectiveness of an increase in medication was not monitored. I have also considered that the consumer’s health and well-being was not optimised, as they are only taken out of their room once per week, despite an Occupational therapist stating the consumer is at risk of isolation and recommending they be taken out of their room at least three times per week.

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

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

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

The Assessment Team was not satisfied the service demonstrated high impact or high prevalence risks associated with the care of each consumer are effectively managed. The Assessment Team provided the following evidence relevant to my finding:

Consumer A

* Consumer A is administered regular psychotropic medication and is nursed in bed seven days a week due to restlessness and fidgeting behaviour.
* Behaviour assessments were not undertaken to monitor the effectiveness of an increase in medication. The consumer’s Behaviour management plan is not current, as documented behaviours and associated management strategies have not been updated following a decline in mobility and cognitive awareness and does not include information relating to chemical restraint. There is no evidence informed consent was obtained prior to administering chemical restraint.
* There is no evidence demonstrating the service has identified the risk related to the consumer being left in bed all day and their significant weight loss.

Consumer B

* For at least 18 months, Consumer B has been administered three psychotropic medications regularly each day. Documentation showed the medication has not been used for the shortest time possible or as a last resort.
* The consumer’s Behaviour management plan was not current as it did not reflect their changed behaviour.

Consumer C

* Two types of psychotropic medication were trialled to manage Consumer C’s restless behaviour. Before and after each medication was prescribed, behaviour charting was undertaken to monitor the effectiveness of the medication.
* Documentation showed requirements of behaviour charting were not met, as the consumer’s location, activity, who was with them and their unmet need were not documented at the time when restlessness was noted.
* Following the medication trial, the Medical officer reviewed the consumer and identified the appropriate medication for regular continued use.
* An annual assessment of Consumer C was subsequently conducted, which showed new behaviours of verbal disruption and agitation. Progress notes show staff trialled multiple non-pharmacological interventions to manage the consumer’s behaviour, with varied effect. However, on one occasion, staff did not trial all documented non-pharmacological strategies prior to administering as required psychotropic medication.
* There was no evidence indicating these new behaviours had been discussed with the Medical officer following a medication review.
* Management reported the consumer has been much more settled in the month prior to the Site Audit.

In coming to my finding, I have considered evidence in the Assessment Team’s report which does not demonstrate ineffective management of high impact or high prevalence risks associated with the care of each consumer.

In relation to Consumers A and B, the Assessment Team’s report indicates safe and effective care was not provided in relation to the use of psychotropic medication and Behaviour management plans are not current. I have considered the evidence under Requirement (3)(a) in this Standard and Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers, as the core deficiency relates to best practice care and assessment and planning processes.

In relation to Consumer C, I have considered that while the consumer demonstrated new behaviours, there was no evidence demonstrating they had not been effectively managed at the time of the Site Audit. I have placed weight on representative and management interviews which do not indicate dissatisfaction with the consumer’s care or that behaviours are ongoing. While evidence demonstrates requirements of behaviour charting were not entirely met, there were no adverse outcomes for the consumer and documentation was sufficient for a Medical officer to determine the effectiveness of the medication.

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANTServices 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

The Quality Standard is assessed as non-compliant as one of the seven specific Requirements has been assessed as non-compliant.

The Assessment Team recommended the service does not meet Requirement (3)(a) in this Standard. I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and provider’s response and find the service non-compliant with Requirement (3)(a). I have provided reasons for my finding under the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found most sampled consumers considered the service supports them to do the things they want to do, and which are important for their health and well-being.

Services and supports are in place to promote each consumer’s emotional, spiritual and psychological well-being. Care staff explained how they identify and respond to consumers who need additional support and were knowledgeable about strategies to support sampled consumers emotional, spiritual and psychological well-being. Consumers said staff provide them with support when they are feeling low and they have the option of attending church services and meet and connect with family members and friends.

Consumers described how they are supported to participate in their community within and outside the organisation’s service environment, have social and personal relationships and do things of interest to them, including undertaking external activities, visiting family, gardening and participating in lifestyle activities.

There are processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the organisation, and with others where responsibility for care is shared. Staff said they are kept up-to-date with consumers’ changing condition, needs and preferences through daily staff huddles and handover, and by accessing consumers’ care plans. While consumers were not aware of how their information is communicated with those responsible for their care, they felt staff know their routines, preferences, likes and dislikes, and who is important to them.

Consumer files showed timely and appropriate referrals to individuals, organisations and providers of other care and services for the provision of supports for daily living. The organisation has policies and procedures in place to guide staff in the referral process for external service providers.

Overall, consumers said they enjoyed the food, there was plenty of variety and meals are of suitable quantity. The service has a seasonal menu that caters for consumer preferences, dietary requirements and allergies. The menu includes various meal options to allow consumers to exercise choice, including portion sizes. The service was able to demonstrate how consumer feedback has been considered when planning the menu. Care plans included consumers’ dietary requirements and preferences and were observed to be located in kitchen areas.

Equipment used to support daily living was observed to be safe, suitable, clean and well maintained. Consumers said they have access to the equipment they need to mobilise safely, and staff demonstrated an understanding of preventative and reactive maintenance processes to ensure equipment is clean and in good condition.

Based on the above evidence, I find the service compliant with Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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.*

The Assessment Team was not satisfied the service demonstrated each consumer gets safe and effective services and supports for daily living that meets the consumer’s needs, goals and preferences and optimises their independence, health, well-being and quality of life. The Assessment Team provided the following evidence relevant to my finding:

Consumer A

* Consumer A was observed sleeping in bed on each of the three days of the Site Audit and while they were able to be roused briefly, they were too drowsy to be interviewed.
* An Occupational therapist assessment undertaken during May 2022 states the consumer is at risk of isolation as they are kept in their room each day and states ‘this is inhumane’.
* The consumer’s care plan documents strategies to guide staff in maintaining their well-being, however, there was no evidence these strategies were implemented.

Consumer D

* Consumer D reported feelings of frustration, unhappiness and anger due to their loss of independence and inability to do things they enjoy. The consumer said this makes them verbally lash out at staff and they experience pain due to lying in bed each day. The consumer said they would like to optimise their independence by leaving the service independently, making their own food and drinks, and having their own mobile phone.
* The consumer’s care plan identifies their needs, goals and preferences consistent with those described to the Assessment Team.
* Documentation for May 2022 showed the consumer attended some activities, however, there was no evidence indicating the consumer had been supported to undertake any activities in line with their documented needs, goals and preferences.
* The Occupational therapist advised the consumer cannot leave the service independently as the bus is full and cannot accommodate a wheelchair, they took the consumer to the shops a couple of years ago and they were rude and difficult, and they would need to engage their own carer if they wanted to leave the service.

In coming to my finding, I have considered information in the Assessment Team’s report and provider’s response, which demonstrates that at the time of the Site Audit, each consumer did not receive safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and that optimised their independence, health, well-being and quality of life.

I have considered that Consumers A and D did not receive services and supports for daily living in line with their assessed needs, goals and preferences. Care planning documentation described a number of strategies to guide staff in optimising the consumers’ independence, health and well-being, however, there was no evidence indicating supports were in place to enable these to occur. This lack of support has impacted the consumers’ quality of life, as Consumer A is kept in their room every day and Consumer B said they often feel frustration, unhappiness and anger.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(a) in Standard 4 Services and supports for daily living.

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Sampled consumers feel they belong and feel safe and comfortable in the service environment. Consumers reported the environment is clean and well maintained, they are free to use communal areas and are encouraged to personalise their rooms. Consumers also confirmed the furniture and equipment they use is clean, well maintained and suitable for their needs.

Staff demonstrated how they ensure the service environment is clean and safe, including the process for actioning and prioritising internal and external maintenance.

The environment was observed to be welcoming with individual rooms decorated with photographs and other personal items and were clean and well maintained. The layout of the environment enabled consumers to move around freely, with suitable furniture and fittings to help consumers navigate. Consumers had access to outdoor courtyards with tables and chairs, and paths that enabled free movement around the area.

Based on the above evidence, I find the service compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANTFeedback 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

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

Sampled consumers considered they are encouraged and supported to give feedback and make complaints, and appropriate action is taken to address feedback and complaints.

The service has multiple mechanisms in place for providing feedback and complaints, including feedback forms, surveys and consumer meetings. Consumers were able to describe how they are supported to provide feedback or make a complaint and staff demonstrated an understanding of the feedback and complaints process. Information relating to internal and external complaints processes and advocacy services was observed in communal areas.

Processes are in place to ensure complaints are followed up and appropriate action is taken. Consumers and representatives said management has acted promptly in response to feedback and complaints and provided an explanation of the issue raised and the actions taken or being taken to resolve it. Staff demonstrated an understanding of open disclosure and how it applies to complaints resolution processes.

Documentation showed feedback and complaints are recorded and analysed to implement improvements for any trends identified. The service’s Plan for continuous improvement reflected feedback from consumers, representatives and staff across the service. Consumers and management provided examples of how the quality of care and services has been improved as a result of feedback and complaints.

Based on the evidence above, I find the service compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Sampled consumers considered they get quality care and services when they need them, from people who are knowledgeable, capable and caring.

Processes are in place to ensure the number and mix of staffing enables the delivery and management of safe and quality care and services. Management provided examples of how they ensure the right skills and mix of staff are available to meet each consumer’s needs and preferences, including introduction of float shifts, sufficient permanent staffing levels to ensure continuity of care and monitoring complaints, acuity and occupancy levels. While the service does not monitor call bell response times, escalation processes are in place when call bells are not answered within a set time frame. Consumers and representatives reported there are generally enough staff to ensure consumers get the care they need.

The service has a person-centred care approach, which is used to guide staff in the delivery of care. Consumer interviews and feedback records showed consumers have interactions with the workforce that are kind, caring and of their identity, culture and diversity. Onboarding processes focus on the organisation’s commitment to respectful care and services.

There are systems to identify if staff have the right mix of skills, qualifications and knowledge. Competencies are monitored through review of clinical incidents, feedback and complaints and observation of staff practice. Consumers and representatives were confident that staff are skilled enough to meet consumers’ care needs and provided examples of timely administration of medication, assistance with mobility and safe transfers. Staff were observed providing care to consumers in line with their assessed needs, goals and preferences.

Staff attend regular professional development or training to improve their knowledge, so they can effectively perform their roles. Education is provided by various means and the service has a mandatory training program that is informed by feedback and complaints, audit results, clinical indicator analysis, performance appraisals, and industry and regulatory changes. Staff attendance at mandatory training is monitored. Staff felt supported by management and said new staff are oriented and buddied in line with the service’s processes.

Based on the above evidence, I find the service compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team recommended the service does not meet Requirement (3)(e) in this Standard. I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and provider’s response and find the service compliant with Requirement (3)(e). I have provided reasons for my finding under the specific Requirement below.

In relation to all other Requirements in this Standard, consumers sampled considered the organisation is well run and they can partner in improving the delivery of care and services.

Consumers and representatives interviewed felt encouraged to make contributions to the way that consumers’ care and services are delivered. Surveys on the provision of care and services are distributed to consumers and representatives, and that feedback and input is sought by management through consumer and focus group meetings, and evaluations of food menus and lifestyle programs.

The governing body ensures its culture and values are instilled in staff through management embodying the promoted culture and values which are reflected through their work.

Interviews with staff and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices are in place to ensure effective management of high-impact or high-prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can.

Based on the above evidence, I find the service compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

### Requirement 8(3)(e) 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 was not satisfied the service demonstrated clinical governance systems were effective in minimising the use of restraint and ensuring safe and effective clinical care provided to consumers. The Assessment Team provided the following evidence relevant to my finding:

* The organisation maintains clinical indicator and quality assurance reports to guide clinical governance in relation to restrictive practices.
* Five of 19 consumers’ Restrictive practice assessment and consent forms did not reflect regular psychotropic medication. Management reported this error has occurred as a result of the previous Clinical nurse manager who did not consider regular psychotropic medication to be chemical restraint. The Assessment Team noted forms completed by the current Clinical nurse manager include both regular and as required chemical restraint.
* Restrictive practice assessment and consent forms for two consumers did not include information to guide staff in relation to monitoring the effectiveness and side effects of chemical restraint.
* As evidenced in Requirement (3)(a) in Standard 3 Personal care and clinical care, consumers were not monitored following administration of psychotropic medication and there was no evidence indicating restrictive practices were used as a last resort and for the shortest duration.
* The organisation has appointed a new Quality manager and Clinical lead to ensure clinical governance effectiveness and have developed a new policy to better guide staff in relation to restrictive practices. This policy had not been implemented at the time of the Site Audit.
* In relation to antimicrobial stewardship, interviews with management and documentation showed strategies and practices are in place to ensure appropriate prescribing of antibiotics, including monitoring of infections and antibiotic use, staff education and policies and procedures.
* The organisation maintains a policy to guide staff in the process of open disclosure. As demonstrated under Requirement (3)(c) in Standard 6 Feedback and complaints, staff were aware of the organisation’s open disclosure process.

In coming to my finding, I have considered information in the Assessment Team’s report and provider’s response, which does not demonstrate the organisation’s clinical governance framework was ineffective.

While evidence in the Assessment Team’s report indicates areas for improvement in relation to restrictive practices, I have considered that prior to the Site Audit, there had been a significant change in management, including a new Clinical nurse manager, Quality manager and Clinical lead, who were working towards improving clinical governance by recognising existing deficits and developing a new policy to better guide staff practice. I find this demonstrates effective clinical governance.

With the exception of restrictive practices, the Assessment Team’s report did not identify deficits relating to any other area of clinical care. Additionally, documentation showed effective clinical governance in relation to antimicrobial stewardship and open disclosure.

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

# Areas for improvement

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

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

* Ensure consumer care plans are updated in response to changes in consumers’ health and well-being and are reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

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

* Ensure staff have the skills and knowledge to:
* Provide appropriate care relating to chemical restraint.
* Recognise changes to consumers’ health and well-being, including psychological and emotional well-being, take appropriate action, implement management strategies and initiate referrals in a timely manner to Medical officers and relevant specialists.
* Ensure care plans are accurate and reflective of each consumer’s current care and service needs.

**Standard 4 Requirement (3)(a)**

* Ensure staff have the skills and knowledge to:
* identify, assess, review and monitor each consumer’s emotional and psychological care needs and preferences.
* support consumers’ independence, health, well-being and emotional and psychological needs and preferences.
* Ensure policies, procedures and guidelines in relation to optimising consumer independence, health, well-being and quality of life, and supporting emotional and psychological well-being are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to optimising consumer independence, health, well-being and quality of life, and supporting emotional and psychological well-being.