Golden Oaks Nursing Home

Performance Report

11 Stoneham Street
GOLDEN SQUARE VIC 3555
Phone number: 03 5438 1400

**Commission ID:** 4512

**Provider name:** Bendigo Health Care Group

**Site Audit date:** 5 April 2022 to 8 April 2022

**Date of Performance Report:** 21 June 2022

# Performance report prepared by

S Byers, 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** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **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) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-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
* the provider’s response to the Site Audit report received 12 May 2022

# STANDARD 1 NON-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

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:

* Consumers and representatives expressed satisfaction they are treated with dignity and respect. Feedback included that staff are very kind and gentle when providing care and value consumers as individuals.
* Consumers confirmed they are supported to exercise choice in their daily activities and are supported to maintain relationships inside and outside the service.
* Consumers were satisfied staff respect their privacy and knock prior to entering their rooms.

While consumers were satisfied they are supported to take risks, the service did not demonstrate risk interventions associated with smoking and mobility aids (wheelchairs) were effectively followed to mitigate the risk to the consumer and others.

Staff described how culturally safe care and services are provided according to the consumers’ needs and preferences. Staff provided examples of how consumers are supported with decision making and maintaining social interaction. Staff provided examples of how consumer privacy is respected.

Care documentation reflected individual consumers' identity, cultural needs and preferences. While the Assessment Team found consumer care plans did not document communication strategies for all consumers with hearing impairments, the Approved Provider demonstrated that communication information is documented in the consumers initial assessment documentation and care plans.

Staff interaction with consumers was observed to be respectful and kind.

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

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

Conflicting evidence from the Assessment Team and the Approved Provider was submitted regarding this requirement.

While consumers were satisfied they are supported to take risks, the Assessment Team found the service did not effectively manage and minimise the risks to each consumer.

The Assessment Team’s evidence included:

* Dignity of risk documentation for smoking risks were generic and included incorrect consumer names.
* Consumers with documented risk strategies to wear smoking aprons while smoking were observed smoking without smoking aprons. A consumer was observed smoking without a protective cover on their wheelchair cushion.
* While the Assessment Team was advised the occupational therapist completes risk assessments for consumers who mobilise in electric wheelchairs, risk assessments were not available to review at the site audit.
* The designated smoking area did not contain a fire extinguisher or a fire blanket.
* Staff were unable to confirm if a named consumer with a change in physical function and another named consumer who had been involved in behaviour related incidents involving their wheelchair, had been reassessed for risks associated with mobilising in a wheelchair.

The Approved Provider submitted a written response with clarifying information and documentation including progress notes, occupational therapy assessments, psychogeriatric assessment scales and a physiotherapist assessment.

The Approved Provider submitted that negotiated risk agreements are completed for consumers when a risk is identified. All negotiated risk agreements were reviewed during the site audit. The errors have been rectified and all agreements are individualised with correct information. I note from the Approved Provider’s response that a negotiated risk agreement for the use of a wheelchair for a named consumer was completed in consultation with their representative after the site audit.

In relation to the consumers observed without smoking aprons, the Approved Provider submitted the consumers who refuse to wear the smoking aprons, are cognitively able to make this decision and it is documented in their negotiated risk agreements. Since the site audit a protective cover has been obtained for the wheelchair cushion.

The Approved Provider submitted information the named consumer with a change in physical function has been assessed by the physiotherapist and regularly reviewed by the occupational therapist since admission. Since the site audit the named consumer has been assessed by the physiotherapist and occupational therapist as being able to control the wheelchair safely.

While I acknowledge the evidence shows consumers are assessed and supported by allied health professionals, there is insufficient evidence to determine risk strategies are implemented and the effectiveness of outcomes in minimising risk to each consumer and others. Negotiated risk agreements and other risk related assessments have not been provided for my consideration.

I have considered all available information. I acknowledge the actions taken since the site audit and consider they have not been evaluated and implemented. I consider at the time of the site audit the Approved Provider did not demonstrate compliance with the Requirement. It is on this basis that I find the service Non-compliant with this requirement.

### 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 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

Overall, sampled consumers and representatives considered they were involved in care planning, including participating in ongoing assessments and planning of care. For example:

* Consumers and representatives confirmed being involved in consumer care planning and expressed how they feel respected and valued by being part of process.
* Consumers and representatives said staff listen to them and plan care around what is important to them.
* Representatives were satisfied they are informed of changes in the consumer’s circumstances and contacted following incidents.

While some consumers and representatives were unaware of care plans, or could recall being contacted for care plan consultations, they confirmed they receive regular communication from the service and are regularly involved in assessment and care planning for the consumer. Management described how care plans are readily accessible to consumers and representatives on request. The Approved Provider’s response demonstrated consumers and representatives are involved in regular care consultations.

The service demonstrated that risks associated with pain management, falls management and fluid restrictions are identified and considered during assessment and care planning and inform the delivery of safe and effective care.

The service demonstrated that assessment and care planning identified and addressed consumer’s current needs, goals and preferences in relation to fluid restrictions, skin integrity and pain management. Sampled consumer files demonstrated advanced care directives were completed after admission for all consumers.

The service demonstrated care and services are reviewed for effectiveness with input from registered nurses, medical practitioners and other health professionals’ followings incidents relating to falls and physical aggression.

Staff described how consumers, representatives, health professionals and others are involved in consumer care. Consumer care documentation aligned with feedback from consumers, representatives and staff and evidenced input from other organisations, individuals and providers of care.

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

## 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.*

Conflicting evidence from the Assessment Team and the Approved Provider was submitted regarding this requirement.

The Assessment Team found that assessment and care planning does not always inform the delivery of safe and effective care and services. A review of consumer files reflected that risks are not consistently identified and considered in care planning, particularly relating to pain management, falls management and fluid restrictions.

The response from the Approved Provider refutes the findings of the Assessment Team. The Approved Provider submitted a written response with clarifying information and documentation including care plans, progress notes, pain scales, Pain Management and Assessment Policy, Falls Management Protocol and Falls Risk Assessment Tools (FRAT). The Approved Provider demonstrated that for the named consumer in the site audit report pain was regularly assessed using pain scales with review by registered nurses, Residential In Reach and their medical practitioner with pain monitoring and assessment recorded in progress notes. This aligned with the services Pain Management and Assessment Policy that states documentation for pain monitoring is to be recorded on the electronic care system. In relation to falls management, the Approved Provider demonstrated the two named consumers had relevant individualised interventions documented in their FRAT’s to minimise risk of falls.

The Assessment Team provided an example of a named consumer who entered the service with a fluid restriction. The Assessment Team identified the service did not commence fluid intake charting both after admission and upon the consumers return from hospital where their fluid restriction had been changed. However, the Assessment Team identified the handover sheet guided staff to manage daily fluid intake, the consumer’s care plan documented the restriction at admission and had been updated to reflect the change in fluid restriction upon return from hospital. The Assessment Team also identified from review of the handover sheet that of the consumer’s sampled with fluid restrictions, none had fluid intake charting in place. The Approved Provider submitted staff monitor fluid restrictions in line with medical directives and there was no directive for fluid charting. The response demonstrated the risks associated with fluid restrictions are monitored and assessed through support from the consumers medical practitioners and Hospital in the Home.

The Assessment Team also identified inconsistencies in communication of information relating to fluid restrictions within the organisation and I have considered that under Requirement 3(3)(e).

I have considered the Assessment Team’s findings, the evidence in the site audit report and the Approved Provider’s response and have come to a different view. While I acknowledge there was some deficits in documentation, it is my decision that the Approved Provider has demonstrated that risks associated with pain, falls and fluid restrictions are considered and inform the delivery of safe and effective care and services. On balance, I find this Requirement is Compliant.

### 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.*

Conflicting evidence from the Assessment Team and the Approved Provider was submitted regarding this requirement.

The Assessment Team found that assessments and care planning did not reflect consumer’s current needs, goals and preferences. The Assessment Team provided examples relating to fluid restrictions, skin integrity and pain management.

I have considered the Approved Provider’s response to Requirement 2(3)(a) regarding fluid restrictions and pain management and it is my view the current needs, goals and preferences of the named consumers were identified and addressed in assessment and care planning.

In relation to skin integrity, the Assessment Team found care planning did not reflect the current number of pressure injuries for a named consumer. The Assessment Team identified that documentation only reflected two of the four pressure injuries. The Approved Provider submitted the wounds are managed and regularly reviewed by the podiatrist. As the wounds related to the same foot, the podiatrist added the new wounds to the original wound chart rather than creating a new wound chart for each wound. I have also considered wound management under Requirement 3(3)(a).

The Assessment Team found the service demonstrated assessment and planning includes advance care planning and end of life planning and all sampled consumers had advance care directives completed after admission.

I have considered the Assessment Team’s findings, the evidence in the site audit report and the Approved Provider’s response and have come to a different view. While I acknowledge there was some deficits in documentation, it is my decision that the assessment and care planning identifies and addresses consumer’s needs, goals and preferences. On balance, I find this Requirement is Compliant.

### 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.*

The Assessment Team found the service did not demonstrate that the outcomes of assessment and planning are effectively communicated to consumers and their representatives. The Assessment Team provided one example of a consumer whose assessments had not been completed within the required time frame since admission. While representatives confirmed receiving regular communication from the service, they did not recall participating in regular care plan consultations.

The response from the Approved Provider refutes the findings of the Assessment Team. In relation to the named consumer, the Approved Provider explained the outstanding assessments were completed four days past the due date. The documentation provided in the response including admissions policy, admission checklist and resident of the day checklist demonstrates that consumers and representatives have been involved in regular care plan consultations and reviews.

I have reviewed all of the information provided and on balance I find this requirement is Compliant.

### Requirement 2(3)(e) 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.*

Conflicting evidence from the Assessment Team and the Approved Provider was submitted regarding this Requirement.

The Assessment Team found the service did not demonstrate that care and services were reviewed for effectiveness following incidents for two named consumers, one who experienced several falls and the other involved in two physical aggression incidents.

The Assessment Team provided information that neither consumer were reviewed by their medical practitioner after each incident. For the named consumer involved in the physical aggression incidents, the Assessment Team provided information that the incidents had not been investigated and behaviour assessment and care planning documents had not been reviewed.

In relation to the named consumer who experienced several falls the Assessment Team also provided information identifying deficits in pain monitoring and neurological observations. I have considered this information under Requirements 2(3)(a) and 3(3)(b).

The response from the Approved Provider refutes the findings of the Assessment Team. The documentation provided in the response includes comprehensive progress notes and client incident reports that demonstrate that both consumers were reviewed post incident with input from registered nurses, medical practitioners and other health professionals. The Approved Provider also submitted evidence of behaviour support plan review and consultation with the named consumer’s representative.

I also note the site audit report includes positive feedback from consumers and representatives in relation to communication from the service regarding changes to consumer’s care or condition.

I have considered the Assessment Team’s findings, the evidence in the site audit report and the Approved Provider’s response and have come to a different view. On balance, I find this Requirement is Compliant.

# 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

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* Consumers and representatives were satisfied the care provided by the service reflects the consumer’s needs.
* Consumers and representatives confirmed they have access to their medical practitioner and/or allied health professionals when needed.

While consumers considered staff were aware of their needs and preferences, and they do not have to repeat information often, the service did not demonstrate that consumers conditions and needs are documented in a timely manner to support effective communication with the organisation.

While the service demonstrated that appropriate referrals are made, it did not demonstrate referrals are timely, particularly post falls.

While some deficits in documentation were identified by the Assessment Team, overall the service demonstrated consumers receive safe and effective care in relation to restrictive practices, pain and wounds. Consent is obtained and review and monitoring occur in line with regulatory requirements for consumers prescribed psychotropic medications. Non-pharmacological interventions were trialled prior to administration of as required psychotropic medications and pain medication.

The service demonstrated effective management of high impact and high prevalence risks associated with the care of consumers with fluid restrictions and high risk of falls. Risks associated with specialised nursing care and medication management were also managed effectively by the service.

The service demonstrated it recognised and responded in a timely manner to a consumer’s deterioration in mobility through support from a multi-disciplinary approach.

Palliative care is provided in accordance with consumer and representative wishes and advanced care directives reflect end of life wishes.

The service has infection prevention control policies to support the service in practicing transmission-based precautions and preparing for a possible infection outbreak. The service also has an antimicrobial stewardship policy that guides staff in the appropriate use of antibiotics. Clinical staff demonstrated understanding of the processes in place to ensure the appropriate use of antibiotics. Staff are required to complete annual mandatory training in infection prevention and control.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

Conflicting evidence from the Assessment Team and the Approved Provider was submitted regarding this requirement.

The Assessment Team found consumers do not consistently receive care in a timely manner, according to their needs or in accordance with best practice principles. The site audit report outlines areas of concern across a number of clinical areas. The Assessment Team provided examples relating to the management and administration of psychotropic medication, pain management and wound management.

I note that the primary source of evidence relied upon in the site audit report relates to documentation deficits and that consumer’s and representatives provided positive feedback with the care provided by the service.

The response from the Approved Provider refutes the findings of the Assessment Team. Evidence provided by the Approved Provider goes some way to addressing the deficits as understood by the Assessment Team, clarified the sequence of events in some instances and provided further documentation for consideration. Documentation provided in the response includes progress notes including Residential In Reach, incident records and wound charts.

The Approved Provider’s response demonstrated that non-pharmacological interventions were trialled prior to the administration of ‘as required’ psychotropic medications for the two named consumers in the site audit report. The response also demonstrated that progress notes recorded the effectiveness of the medication.

The Approved Provider’s response demonstrated that for the two consumers named in the site audit report prescribed regular and ‘as required’ analgesia, pain was regularly assessed using pain scales and non-pharmacological interventions were trialled with effectiveness recorded in progress notes. I have also considered the Approved Providers response under Requirement 2(3)(a) including the services Pain Management and Assessment Policy and that pain monitoring is recorded in the services electronic case management system.

In relation to wound management, the site audit report includes information for a named consumer with a documented unstageable wound that was not identified in a timely manner. The Approved Provider has submitted information that demonstrates the wound was a stage one wound and it has now resolved. I have also considered information relating to additional wounds for this consumer under Requirement 2(3)(a) and am satisfied the wounds have been managed in a reasonable manner. The Approved Provider’s response also demonstrated wound management for both named consumers were managed in line with care directives and included a multidisciplinary approach supported by Medical Practitioners, Podiatrists, Dietitians, and Residential In Reach.

I have reviewed all of the information provided. While I acknowledge there was some deficits in documentation, I consider the Approved Provider has demonstrated consumers receive safe and effective care in relation to restrictive practices, pain and wounds. Therefore, on balance I find this requirement is Compliant.

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

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

The Assessment Team found that the service was unable to demonstrate effective management of high impact or high prevalence risks for sampled consumers in relation to fluid restrictions and falls.

The site audit report included information that the service did not complete neurological observations in line with the services falls protocol for two named consumers post fall. For one of the named consumers, the Assessment Team identified that pain charting and sighting charting weren’t commenced in line with medical directives. The site audit report also included information the service did not monitor and manage fluid restrictions for two named consumers.

I note that the primary source of evidence relied upon in the site audit report relates to documentation deficits and that consumer’s and representatives were satisfied with the care provided by the service.

The response from the Approved Provider refutes the findings of the Assessment Team. Evidence provided by the Approved Provider provides clarifying information and further documentation for consideration. Documentation provided in the response includes progress notes, post falls progress notes form, Falls Assessment and Management Residential Services Protocol, Physiotherapist review notes, handover sheet

The Approved Provider submitted information that staff followed the service’s secondary falls process as stipulated in the services falls protocol which directs staff to complete observations in line with the post falls progress note guidance or until the registered nurse has reviewed the consumer and ceased observations. I have considered all available information in relation to neurological observations and it is my view that staff followed the secondary process for both consumers. In relation to pain charting and sighting charting the Approved Provider has submitted the consumers pain was monitored in progress notes in line with process and has demonstrated the physiotherapist did not recommend sighting charting to be completed, as it proved ineffective for the consumer.

In relation to the management of fluid restrictions, the Approved Provider submits staff monitor fluid restrictions in line with medical directives and there was no directive for fluid charting for either named consumer. The medical directives in place to manage fluid restrictions for both named consumers is through daily and fortnightly weights with changes in weight communicated to their medical practitioner. I have also considered the information in the site audit report relating to fluid balance restrictions under 2(3)(a).

I have considered the deficits in referrals identified by the Assessment Team under Requirement 3(3)(f) and the inconsistencies identified in sharing of information relating to fluid restrictions within the organisation under Requirement 3(3)(e).

The service was found Non-compliant in Requirement 3(3)(b) at a previous visit. While the Assessment Team found the service had not implemented improvements to address the deficits identified at the last visit I have come to a different view. While I acknowledge there was some deficits in documentation, I have reviewed all the information provided and find this requirement Compliant. I’m satisfied the Approved Provider was able to demonstrate that consumers with fluid restrictions and falls are managed effectively.

### 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.*

The Assessment Team found care documentation for the consumers sampled did not always reflect the identification of, and timely response to, changes in health status. The Assessment Team provided an example of one consumer whose deterioration in mobility was not recognised and responded to in a timely manner.

The response from the Approved Provider refutes the Assessment Team’s findings. Evidence provided by the Approved Provider clarified the timeline of events and provided further documentation for consideration. The Approved Provider’s response indicates appropriate action was taken to manage the consumer’s decline in mobility supported by a multi-disciplinary approach including support from the consumers medical practitioner, Residential In Reach and physiotherapist.

I have considered the deficits identified by the Assessment Team in relation to post fall neurological observations under Standard 3 Requirement 3(3)(b) and referrals under Requirement 3(3)(f).

I have reviewed all of the information provided and have come to a different view. On balance, I find Requirement 3(3)(d) is Compliant.

### 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 did not demonstrate information systems are effective. Information is not always accurate or up to date. Inconsistencies were identified across care plans, assessments and documentation in other areas of the organisation.

For a named consumer on a fluid restriction, the Assessment Team identified the change in the consumers fluid restriction upon return from hospital was not updated with kitchen documentation and staff within a timely manner. Nursing and kitchen staff both confirmed that kitchen staff provide jugs of water to consumers on fluid restrictions. Kitchen staff stated they are not provided timely updates after a consumer returns from hospital.

The Assessment Team identified the mobility assessment and handover sheet was not updated in a timely manner for a consumer who had a change in mobility aid. The consumer experienced a fall and was transferred to hospital. While progress notes stated the consumer required staff supervision with the new mobility aid, staff interviewed were not aware of the change in the mobility aid for the consumer.

The response from the Approved Provider refutes the findings of the Assessment Team. The Approved Provider submits that the consumers information was updated with the kitchen during the site audit. The consumer returned from hospital on 30 March 2022 and their information was updated on 6 April 2022. Since the site audit a review of all kitchen lists, meal cards and assessments for all consumers with fluid restrictions was undertaken with all details identified as correct.

In relation to the change in mobility aid the Approved Provider submits the physiotherapists plan was the trial the new mobility aid for a week, then review and update the care plan. However, the consumer fell three hours after the mobility aid was put in place. With regard to staff knowledge the Approved Provider suggests the staff may not have worked in the consumers unit.

I have also considered under this Requirement the negative staff feedback about the deficits in sharing of information relating to consumer’s needs and preferences received by the Assessment Team under Requirement 4(3)(d).

I have reviewed all of the information provided. I have placed weight on the Assessment Team’s evidence that demonstrated communication deficits within the organisation in particular the delay in updating relevant documentation to ensure risks are managed and safe care delivered. I consider at the time of the site audit the Approved Provider did not demonstrate compliance with the Requirement. On the balance of evidence available to me, I find the service is Non-compliant with Requirement

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

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

Conflicting evidence from the Assessment Team and the Approved Provider was submitted regarding this requirement.

The Assessment Team’s evidence included examples of consumers who have not been referred in a timely manner, to other providers of care and services. Staff raised concerns about the services referral system claiming it was not effective. While a consumer’s progress notes documented referrals were made to a physiotherapist after two unwitnessed falls, the physiotherapist stated they did not receive them and therefore the referrals were not actioned.

The response from the Approved Provider refutes the Assessment Team’s findings. The Approved Provider submits for all named consumers appropriate referrals were made within a timely manner. In relation to referrals to the physiotherapist post fall the Approved Provider submits that it is policy for the physiotherapist to review consumers every six months or after three falls in a month. While it may have been in line with service policy, for the named consumer where deterioration in mobility was identified, who experienced four falls including one resulting in a hospital transfer, I do not consider the referrals to be timely, particularly when the physiotherapist is at the service weekly to review consumers. I have also considered the delay in referral to the physiotherapist for another named consumer under Requirement 3(3)(b) who experience two falls in one day and was not reviewed by the Physiotherapist until three weeks later. For the other two named consumers in the site audit report I consider a more efficient referral to their medical practitioner and dentist would have reduced their discomfort. The Approved Provider submits they have asked for a review of the referral process and for the physiotherapist to review the consumer on every visit.

I have reviewed all of the information provided. I have considered and place weight on the Assessment Team’s evidence and the wording of this requirement, specifically “Timely and appropriate referrals…” While the referrals may be considered appropriate I am not satisfied they were timely. It is on this basis that I find the service Non-compliant with this requirement.

### 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 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

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 were satisfied the service enables them to be as independent as possible and supports them to participate in their preferred lifestyle activities.
* Consumers said they are supported to maintain relationships both within and outside of the service.
* Consumers were satisfied with the support they receive for their emotional, spiritual and psychological wellbeing.
* Most consumers said they enjoyed the food and were satisfied with the quality and quantity.

Staff demonstrated they know consumers well and described how they provide effective services and support for consumers, including emotional support and meal services. Lifestyle staff described how they develop a monthly activities calendar based on participation rates and consumer feedback. The lifestyle program offers a mix of group and one-on-one activities.

Staff confirmed they have access to appropriate equipment and described how they report equipment faults. Maintenance staff described the processes for cleaning and servicing equipment, including emergency maintenance.

Lifestyle care plans reflected the interests and preferences of the consumers and their important social and personal relationships. Consumer documents demonstrated there is adequate information to support effective and safe sharing of the consumer’s care and timely and appropriate referrals are actioned where required. Consumer planning documents contained specific dietary needs and preferences.

Equipment was observed to be safe, suitable and generally well maintained.

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.*

The Assessment Team found the service did not demonstrate information systems are effective. Inconsistencies were identified across documentation relating to consumer’s needs and preferences relating to meal choices, allergies, food and fluid restrictions.

I have considered the information in this requirement relating to negative staff feedback and fluid restrictions under Requirement 3(3)(e).

The Assessment Team’s evidence included feedback from food service staff about the difficulties in obtaining current and accurate information about consumers meal requirements and the delay in updating consumers food documentation; and one example of a consumer where inconsistencies were identified in dietitian progress notes and the consumers assessment documentation.

The Approved Provider provided a response that included clarifying information to the site audit report.

While I acknowledge the staff feedback and some deficits in documentation for the named consumer identified by the Assessment Team, on balance I am satisfied the response from the Approved Provider addresses the concerns raised in the site audit report. Therefore, I find this Requirement is Compliant.

### 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 NON-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

Most consumers and representatives said they feel safe and comfortable in the service’s internal and external environments. For example:

* Consumers said they feel safe at the service and have made the service their home as much as possible.
* Consumers and representatives said management and staff consistently welcome family and visitors.

Mixed feedback was received from consumers and representatives about the cleanliness of the living environment. The Assessment Team observed shared bathrooms and outside communal areas were not clean. Staff feedback indicated consumer rooms and bathrooms are not cleaned regularly.

The service is welcoming, and consumers can move around freely indoors and access outdoor areas to secure gardens. Consumers bedrooms were personalised with photographs and furnishings.

Furniture, fittings and equipment were observed to be safe, clean, generally maintained and suitable for the consumer. Staff described maintenance processes. There is an effective preventative and corrective maintenance schedule in place.

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) 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) Non-compliant

*The service environment:*

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

While the Assessment Team found the service environment enables consumers to move freely, both indoors and outdoors, they identified the service environment was not safe and clean. The Assessment Team observed two shared bathrooms and the outside communal areas where consumers were sitting were not clean. The bathrooms are shared between several consumers who are non-ambulant and require staff assistance for toileting and hygiene needs. While the designated smoking area contained adequate signage, it did not have a fire extinguisher or a fire blanket. Consumers and representatives provided mixed feedback about the cleanliness of the service, stating consumer rooms are not cleaned daily. Staff advised that rooms are not always cleaned daily or detail cleaned monthly due to lack of cleaning of staff. Cleaning staff stated there were no daily cleaning sheets. The cleaning documentation reviewed by the Assessment Team related only to detailed cleans and were incomplete and only available from April 2022.

I acknowledge that management took action in response to Assessment Team feedback during the site audit to clean the bathrooms and outside communal areas.

The response from the Approved Provider refutes the findings of the Assessment Team. Documentation provided by the Approved Provider included a Resident Cleaning Satisfaction Survey Report and cleaning duty lists.

The Approved Provider submits they have reviewed complaints and have not received any complaints regarding cleaning in the last 12 months. They also submit that the cleaning duty lists submitted confirm rooms and ensuites are cleaned daily and detailed cleaned monthly.

Actions taken by the Approved Provider since the site audit include:

* a cleaning survey for a sample of consumers. All sampled consumers stated they were satisfied with the cleanliness of the service, rooms and bathrooms.
* Added cleaning spider webs from the communal areas to the maintenance list for regular follow up

While I note the cleaning duty lists set out the cleaning duties to be undertaken by staff, it does not confirm that cleaning has been completed daily or that detailed cleans have been completed monthly. While the Approved Provider submits that cleaning sheets were archived, they have not been provided for my consideration.

I have reviewed all of the information provided. I have placed weight on the Assessment Teams observations and consumer, representative feedback at the time of the site audit that demonstrated that the service environment is not always safe, clean, well-maintained and comfortable, particularly in relation to shared bathrooms and the increased risk to non-ambulant consumers. While I note the actions taken by the Approved Provider these have not been implemented or evaluated. I consider at the time of the site audit the Approved Provider did not demonstrate compliance with the Requirement. On the balance of evidence available to me, I find the service is Non-compliant with Requirement

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

* Consumers felt comfortable raising a complaint and providing feedback to management.

Staff described how consumers and representatives are encouraged to provide feedback and complaints. For example, individually, through meetings and surveys. Staff and management demonstrated an understanding and practical application of open disclosure. Management described the actions taken in response to complaints and provided examples of improvements to care and services informed by complaints and feedback.

Complaint documentation recorded actions taken in response to consumer/representative feedback and complaints. Complaints and feedback are evaluated for service-wide improvements.

The service demonstrated it has processes in place to encourage and support consumers and representatives to raise feedback and complaints.

Written information on accessing internal and external complaint avenues including advocacy services were observed on display throughout the service available for consumers and representatives to access.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

* Consumers said staff are gentle and take time to provide quality individualised care.

While the Assessment Team received negative staff feedback about insufficient staffing levels adversely impacting on consumers, the service demonstrated the workforce is planned and deployed to enable the delivery of safe and quality care and services. Consumers and representatives did not raise any concerns about staffing. Roster and call bell documentation provided by the Approved Provider demonstrated shifts are generally replaced and call bells are responded to in a timely manner.

Staff confirmed they complete mandatory training and other education to support their role. Staff confirmed completing a performance review and said they feel supported by the service. Management stated monitoring of staff practice occurs through the day to day observations of staffing practice, incident reports and feedback.

Training records demonstrated most staff have completed mandatory education. Documentation demonstrates recruitment processes, and position descriptions set out minimum qualifications for all clinical, care and service roles.

The service demonstrated the workforce is recruited to specific roles requiring qualification, credentialing or competency with monitoring.

The service demonstrated a system for annual and as required staff appraisal and performance management processes.

Staff were observed interacting with consumers in a kind, caring and respectful manner.

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

## Assessment of Standard 7 Requirements

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

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

Conflicting evidence from the Assessment Team and the Approved Provider was submitted regarding this requirement.

The Assessment Team received negative staff feedback about staffing levels impacting on consumer care needs. Cleaning staff stated that consumer rooms and bathrooms were not cleaned daily due to insufficient cleaning staff levels. Roster documentation indicated shifts were unfilled and call bell reports did not provide sufficient information about response times. The Assessment Team observed two shared bathrooms to be unclean, I have considered this under Requirement 5(3)(b).

Consumers and representatives did not provide any negative feedback in relation to workforce levels impacting on consumer care. Management described to the Assessment Team several strategies to manage unfilled shifts including the use of agency staff and double or extended shifts.

The response from the Approved Provider refutes the Assessment Team findings. In the response the Approved Provider outlines a number of strategies it had introduced prior to the site audit to improve workforce planning and delivery of care. The response also reinforces the strategies described by management during the site audit. Documentation provided by the Approved Provider including nursing staff replacement escalation protocol, roster documentation, staff cleaning schedules and a consumer cleaning satisfaction survey demonstrates the workforce is effectively planned to ensure there are sufficient staffing levels to support consumer care. Roster documentation demonstrates that most shifts were filled for the period reviewed by the Assessment Team. Call bell information provided by the Approved Provider indicates a small proportion of call bells have not been responded to within five minutes which is the time frame that the service aims staff to respond to call bells in.

While I acknowledge that some staff were not satisfied with staffing numbers indicating consumers were negatively impacted, on balance I am satisfied the response from the Approved Provider addresses the concerns raised in the site audit report.

Based on the information available, I find this requirement Compliant.

### 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 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The organisation demonstrated how consumers are engaged in the design and delivery of care and how they are engaged through meetings, surveys and feedback. Management described how consumers' and representatives' feedback, incidents, and focus groups are used to develop, deliver, and evaluate care and services.

The Board promotes a culture of safe, inclusive and quality care and services through the establishment of a sub-committee and ensuring they are kept informed of the outcome of clinical audits, incidents and complaints through embedded reporting structures.

The organisation provided a documented risk management framework supported by policies and procedures documented to manage risk. The organisation has an incident management system in place. Risks are reported, escalated, and reviewed by management.

The organisation has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance.

The service demonstrated it has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Staff were asked about whether these policies had been discussed with them and what it meant for them in a practical way. Staff had been educated about the policies and were able to provide examples of the relevance to their work.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The Assessment Team found that while the service had effective governance systems for continuous improvement, financial governance, workforce governance and regulatory compliance, the service did not demonstrate effective information governance systems.

While the Assessment Team found some deficits during the site audit in relation to information systems within the organisation and these have been assessed as Non-compliant under Requirement 3(3)(e), it is my view that evidence provided by the Approved Provider in response to the site audit report supports this has not been a systemic failure at the service.

Based on all the available evidence, I find this Requirement Compliant.

### 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.*

The Assessment Team found the requirement not met and presented evidence related to the deficits identified in Standards 2 and 3 in relation to management of consumer risk and clinical care. I did not identify Non-compliance in the related Requirements and therefore I do not have sufficient evidence to support the organisation does not have effective governance. The response submitted by the Approved Provider, as well as information in the site audit report demonstrates that there are risk management systems and regular reporting and review processes in place.

The organisation provided a documented risk management framework supported by policies and procedures to manage risk, demonstrating the service has risk management systems in place to effectively manage high impact and high prevalence clinical risks and abuse and neglect of consumers. Management and staff demonstrated understanding and practical application of the policies and procedures.

The service was found Non-compliant in Requirement 8(3)(d) at a previous visit. The Assessment Team found the service did not demonstrate it had implemented improvements to address the deficits identified at the last visit. I have considered the Assessment Team’s findings and the Approved Providers response including those relating to deficits identified in Standards 2 and 3 and I am satisfied the Approved Provider has demonstrated it has a risk management framework in place and that effectively manages high impact and high prevalence risks.

Based on all the available evidence, I find this Requirement is Compliant.

### 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;*

*open disclosure.*

# 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.

* Ensure all consumers are supported to take risk, risk assessments are completed and up to date and interventions are implemented and adhered to by staff.
* Implement effective processes to ensure information is shared and documented within the organisation in a timely manner, particularly in relation to information shared between clinical and kitchen staff.
* Implement effective processes to ensure all consumers receive timely referrals including referrals to physiotherapist post fall.
* Implement effective processes to ensure all consumers bed rooms and bathrooms are cleaned daily and detailed cleaned monthly.