Performance

Report

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| Name of service: | Goodwin Ainslie (Goodwin House) |
| Service address: | 35 Bonney Street AINSLIE ACT 2602 |
| Commission ID: | 2906 |
| Approved provider: | Goodwin Aged Care Services Limited |
| Activity type: | Site Audit |
| Activity date: | 31 October 2022 to 2 November 2022 |
| Performance report date: | 20 January 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Goodwin Ainslie (Goodwin House) (**the service**) has been prepared by J. Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* The Assessment Team’s report for the site audit conducted from 31 October 2022 to 2 November 2022; 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 Approved Provider’s response to the site audit report, received on 6 December 2022.
* Other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

* *Requirement 1(3)(a):* The service ensures staff use best practice behaviour support strategies to support consumers living with dementia; ensures restrictive practices are used in full compliance with all legal requirements; ensures staff deliver care and services in a manner that protects consumer dignity; and ensures consumers’ religious, cultural and linguistic needs are identified and used to inform care and services.
* *Requirement 3(3)(a):* The service ensures staff provide effective personal care to each consumer; and ensures staff practice is monitored for alignment with best practice and in line with legislative requirements.
* *Requirement 3(3)(b):* The service ensures high impact and high prevalence risks associated with the care of consumers, including in relation to pain, behaviour management and restrictive practices, are effectively managed.
* *Requirement 7(3)(b):* The provider ensures staff provide kind, caring and respectful care and services to consumers.
* *Requirement 8(3)(c):* The service ensures deficits in organisational governance systems for information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints are rectified
* *Requirement 8(3)(d):* The service ensures there are effective systems in place for managing high impact, high prevalence risks, dignity of risk and incident management and prevention, as well as recognising and responding to abuse and neglect of consumers.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Non-compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirement 1(3)(a).

*Requirement 1(3)(a):*

The Site Audit Report reflected most consumers stated they were treated with dignity and respect, and staff demonstrated an understanding of consumers’ personal circumstances and life journeys. However, the service was unable to demonstrate care and services were delivered in line with one consumer’s preference and their care was delivered respectfully.

Some conflicting information was presented in the site audit report around the consumer’s past experiences and life stories. The Assessment Team considered the service was unable to demonstrate it provided care and services that were respectful of the consumers’ past experiences and their preferences to have female carers were not being carried out in line with care planning documentation. Concerns were raised by staff regarding rough handing and holding the consumer down and placing a hand over the consumer’s mouth while attending to care needs. I have considered those comments further under Quality Standard 3, Requirements (3)(a) and (3)(b).

In its response, the Approved Provider clarified the consumer’s past experiences and history, and this was corroborated by the consumer’s enduring power of attorney (EPOA). Reports provided by dementia specialists stated female carers should attend to the consumer, as it was less distressing. The consumer’s lifestyle assessment also stated the consumer was more partial to female staff. Care staff interviews reported the consumer became agitated with male staff due to previous trauma. Following the site audit, the Approved Provider met with the EPOA, who confirmed their preference was for female staff. However, sometimes the consumer prefers male staff and they are happy for their care needs to be met by male staff.

The Approved Provider responded with several staff interview statements, which all confirmed staff held the consumer during personal care. Staff said they didn't hold her gently, but firmly; they wrap the consumer’s arms in towels to avoid any discomfort.

While I acknowledge the Approved Provider’s response, I consider the information identified in the Site Audit Report showed significant impact to one consumer. I have given weight to staff feedback at the time of the Site Audit. I am satisfied the service failed to ensure staff provided care and services in a way that respected and maintained the consumer’s dignity. The consumer’s behaviours and other care needs were mismanaged, which negatively affected their dignity. Further, at the time of the site audit, I also find the consumer did not receive consumer-focused care and the service did not observe their preference for female carers.

As a consequence, I consider that, at the time of the Site Audit, the service did not demonstrate each consumer is treated with dignity and respect.

Therefore, I find the service is non-compliant with Requirement 1(3)(a).

*Requirement 1(3)(b):*

The Assessment Team considered this Requirement was Not Met, as it considered care and services were not culturally safe.

The Assessment Team noted care planning documentation for one consumer was incorrect. This was raised with management, who clarified and updated the care planning documentation promptly. Care staff reported they experienced difficulties talking to the consumer and used translation aids and sign language to converse with the consumer. Management were aware of staff difficulties communicating with the consumer and had tried to engage an interpreter service previously.

The Assessment Team noted another consumer had been subject to domestic violence and the Holocaust; however, this information was not reflected in care plan documentation. The Assessment Team reviewed the consumer’s care plan, which identified a preference for female staff as a consequence of a history of trauma. Staff confirmed they had held down the consumer and placed a hand over their mouth while trying to provide care and services. I have considered those issues further in Requirements 1(3)a, 7(3)(a) and 7(3)(d).

In its response, the Approved Provider admitted there was an error in the care planning regarding one consumer’s spoken language and this was rectified immediately. Evidence of translation and interpreting service input, community support visitor engagement, and family involvement were provided by the Approved Provider, which showed the service utilised other organisations to support the workforce to deliver culturally safe care and services.

Information in care planning documentation and lifestyle assessments did not indicate the named consumer was part of the Holocaust or was subject to domestic violence. The service has processes in place to identify consumers’ unique and diverse needs, culture and identity, and consumers were satisfied they were treated with dignity and respect.

While I accept there were gaps in care planning documentation, none of the consumers or representatives raised any concerns about the service meeting their cultural needs. The deficiencies identified in care planning documentation did not pose any impact to consumers.

Therefore, I reached a different conclusion to the site audit report, and decided the service is compliant with Requirement 1(3)(b).

*The other Requirements*:

Regarding the remaining Requirements, consumers said they could make choices about their care and these choices were reflected in care planning documentation. Staff described how the service supported consumers to maintain relationships with people important to them, including encouraging family and friends to visit and facilitating communication via different means.

Consumers described how the service supported them to take risks. Staff demonstrated they were aware of the risks taken by consumers and said they supported consumers’ wishes to take risks to live the way they wished. The Assessment Team observed and reviewed documentation and dignity of risk forms which showed the service supported consumers to take risks to live the best lives possible.

Consumers and representatives said they were kept informed through various methods, which allowed them to make informed decisions. Staff described various methods for communicating information. The Assessment Team observed information being provided and updated in a clear way that supported informed decision making.

Consumers said the service was considerate of their privacy and did not express concerns about the confidentiality of their personal information. Staff described the practical ways they respected the personal privacy of consumers at the service. The Assessment Team observed all nurses’ stations were locked, computers were password protected, and staff knocked on doors before entering consumers’ rooms.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives confirmed they received the care and services they needed. Staff described the assessment and care planning process, and how it informed the delivery of care and services. Care planning documentation included the risks to the consumers’ health and well-being and these were used to inform the provision of safe and effective care and services.

Consumers and representatives said staff involved them in the assessment and planning of the care for the consumer and end of life wishes were discussed. Staff described how the service ensured assessment and planning reflected consumers' current preferences and how end of life wishes were captured. Care documentation included advanced care plans which outlined specific preferences for consumers.

Consumers and representatives were able to explain who was involved in their care. Staff described the referral process to allied health following changes in the care needs. Care planning documentation showed regular care plan evaluations and review, and involvement of a diverse range of external providers, allied health and Medical Officers.

Consumers and representatives said they felt the service maintained good communication with them, particularly around changes in care and medication, and said that staff explained things to them clearly and clarified clinical matters if needed. Clinical staff said representatives were contacted through telephone and email conversations and case conferences took place. Summary or detailed care plans were available for consumers or representatives if they wish.

Consumers and representatives interviewed said that clinical staff regularly discussed their care needs with them, and any changes requested were addressed in a timely manner. For most consumers, care planning documentation identified evidence of review on both a regular basis and when circumstances changed, such as consumer deterioration or incidents such as falls. The service was unable to provide evidence of assessments being reviewed or updated following incidents and new bruising or to monitor pain as directed by Dementia Services Australia (DSA) in relation to changed behaviours exhibited by one consumer. I have considered these issues under Requirements 3(3)(a) and 3(3)(b) for more information. Management and clinical staff could describe how and when consumer care plans were reviewed.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirements 3(3)(a) and 3(3)(b). following requirements are non-compliant:

*Requirements 3(3)(a) and 3(3)(b):*

The Assessment Team considered most consumers received effective personal care and clinical care that was tailored to optimize their health and well-being. Examples were provided of how the service managed risks and responded to changes to consumers’ conditions. However, examples were given for one consumer who did not receive suitable clinical care or whose risks were not effectively managed.

The site audit report raised issues around the use of rough handling and physical restraint for one consumer. The Assessment Team noted care planning documents stated the consumer exhibited physical and verbal aggression and often spat and scratched when care needs were being attended to. The Assessment Team report included information that one consumer was inappropriately physically restrained; staff put a hand over the consumer’s mouth and roughly handled them in the delivery of care, and recent allegations of bruising caused by staff were not reported or managed appropriately. The Assessment Team noted bruising to the consumer’s forearms.

The Assessment Team noted the same consumer had continued to lose weight as they refused to be weighed, and were not taking their medications. Behaviour charting and progress notes for one month showed the consumer exhibited aggressive behaviours, which were not controlled by strategies in place. Pain charting had been carried out sporadically. Pain was noted as a trigger for the consumer to refuse personal care and staff identified that this was not always charted, which may contribute to her behaviours going unmanaged.

In its response, the Approved Provider submitted statutory declarations from staff members which provided further clarification regarding their interviews. However, several staff member interviews reported holding the named consumer and showed staff were concerned they would get into trouble for the use of physical restraint. Staff carried out a skin assessment following feedback from the Assessment Team and noted old bruising near the wrist. One staff member stated they were not sure if the named consumer was being physically restrained.

The Approved Provider submitted evidence of regular nutritional assessments, pharmacist reviews, and input from dementia specialists and Medical Officers to manage challenging behaviours. The behaviour support plan outlined strategies to manage challenging behaviours; however, these were ineffective as staff were resorting to the use of physical restraint to ensure care needs were met. The behaviour support plan included strategies to manage the consumer’s behaviour; however, the use of physical restraint to manage them was not listed. Dementia Support Australia recommended it would be beneficial for female staff to attend to care needs for the consumer as it would be less distressing.

The Approved Provider stated pain assessments were completed approximately 6 months ago and after the site audit, however did not provide any evidence of these assessments in its response. The Approved Provider did not send any evidence of behaviour charting to indicate triggers for behaviours.

The Approved Provider’s policy for behaviour support states reportable behaviour incidents were where the behaviour of a resident towards another person involved physical aggression. Employees were to complete a client incident accident or injury report for instances of physical aggression.

While I acknowledge the Approved Provider’s response, I am satisfied reportable behaviours had not been reported in line with the service’s behaviour support policy. The legislative requirements in the Quality of Care Principles 2014 place explicit obligations on providers to minimise the use of physical restraints in residential aged care. Staff at the service reported they physically held down a resident and held their arms to deliver care. Staff were restricting the consumer’s behaviours through the use of physical force. Pain had not been consistently assessed and ruled out as a trigger for the consumer’s behaviours. Male staff were involved in the delivery of care which was not in line with the consumer’s assessed care needs at the time of the site audit. I have placed weight on the evidence obtained in staff interviews reflected in the site audit report, including observations of bruising to the consumer’s wrists and the information provided in the Assessment Team’s report.

Therefore, having considered all the available evidence, I decided the service is non-compliant with Requirements 3(3)(a) and 3(3)(b).

*The other Requirements*:

Regarding the remaining Requirements, the representative of a recently deceased consumer was happy with end of life care provided. Staff described how they cared for end of life consumers through supporting regular family visits, specialist palliative care input and symptom control. Care planning documentation showed consumers were administered pain relief as needed, and comfort care was attended to regularly

Consumers and representatives said the service was responsive to consumers’ care needs and adequately responded with care management strategies. Care planning documents reflected the identification of, and in response to, deterioration or changes in condition. Staff gave examples of consumer deterioration and interventions.

Consumers and representatives sampled said consumers’ care needs and preferences were effectively communicated between staff and they received the care they needed. Staff described how information was shared when changes occurred. The Assessment Team observed care planning and handover documentation provided information to support effective and appropriate sharing of consumers’ information to support care.

Consumers and representatives interviewed said referrals were timely and appropriate, and consumers had access to a range of health professionals. Management and clinical staff described how the care at the service was supplemented by other providers of care. Care planning documentation and progress notes showed the involvement of Medical Officers and other providers of care where needed.

Sampled consumers and their representatives commended staff on their frequent use of protective personal equipment (PPE) and hand hygiene, consistent with The Assessment Team’s observations. The service’s infection prevention and control (IPC) lead described their role in the event of an infectious disease outbreak, how they monitor staff practice and the service’s preparedness for an outbreak occurrence.

# Standard 4

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

Findings

Most consumers and representatives said they felt supported to participate in activities they liked, and they were provided with appropriate support to optimise their independence and quality of life. However, some consumers and representatives said that they do not find all activities cognitively challenging. Following this feedback, management said they would ensure activities catered to all consumers. Lifestyle staff explained how consumers’ preferences and needs were collected and communicated. The Assessment Team observed consumers of varying levels of ability engaged in daily living activities on several occasions during the site audit.

Consumers described how the service promoted their emotional, spiritual and psychological well-being. Staff described how they supported consumers’ emotional and spiritual needs. Most care planning documentation included information on consumers' emotional, spiritual and psychological well-being needs, goals and preferences. The activity schedule contained activities which supported consumers’ emotional, spiritual and psychological well-being, including church services and reminiscing and pampering activities. However, the Assessment Team identified that emotional and psychological supports were not identified in a consumer’s care planning documentation related to their experiences as a victim of the Holocaust and domestic violence. This has been considered under Standard 1(3)b.

Consumers said they were supported to participate in activities within the service and in the outside community as they chose. The service enabled consumers to maintain social and personal connections that were important to them. Staff provided examples of consumers who were supported to maintain their relationships, both inside and outside of the service. Care planning identified the people important to individual consumers and the activities of interest to those consumers.

Consumers said information about their conditions, needs and preferences was communicated within the organisation and with others where responsibility for care was shared. Staff said that they communicated and documented changes in the electronic care management system and shift handovers. Care planning documentation for consumers provided adequate information to support safe and effective care as it related to services and supports for daily living.

Consumers said they were supported by other organisations, support services and providers of other care and services. Staff described other individuals, organisations and providers of other care and services and referred to specific consumers who utilised these services. Care planning documentation identified referrals to other organisations and services.

Most consumers and representatives said the service provided varied meals of suitable quantity and quality. Consumers with special dietary needs were accommodated and all staff were knowledgeable regarding their needs. Care planning documentation reflected dietary needs and preferences. The Assessment Team observed meal services and noted a variety of options available for consumers, allergy information displayed in the serveries and most plates returning to the kitchen without leftovers.

Consumers and representatives reported having access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities. Staff interviewed said they had access to equipment when they needed it and described how equipment was kept safe, clean and well-maintained. The preventative maintenance schedule demonstrated regular servicing of equipment relevant to services and supports for daily living.

# Standard 5

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

Findings

Consumers and representatives said the service environment was very simple to understand, and they felt as though they were at home. Management and staff described aspects of the service that helped consumers feel welcome and optimised each consumer’s sense of belonging. The Assessment Team observed the service environment was welcoming and allowed for easy accessibility of the various parts of the service.

Consumers and representatives said they thought the service environment was safe, clean and well-maintained and allowed them to move around freely. Staff described how the service environment was cleaned and maintained. The Assessment Team observed consumers independently moving between wings and to outdoor areas during the site audit, including the Memory Support Unit (MSU).

Consumers and representatives said the service, furniture and equipment were clean, well maintained and comfortable. They advised they were able to report maintenance issues to the staff. The service demonstrated furniture, fittings and equipment were safe and well-maintained. The Assessment Team observed, and consumers confirmed, their equipment was checked, cleaned and maintained regularly.

# Standard 6

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

Findings

Consumers and representatives said they understood how to give feedback or make a complaint, felt comfortable doing so and there were multiple ways to provide feedback and make complaints. Staff and management advised consumers were encouraged to provide feedback regularly through various avenues.

Consumers and representatives said they were aware of external complaints, languages and advocacy services that were available to them. Management and staff reported that 3 consumers currently used external language services. Management described the information and brochures available for advocacy organisations and language services available for any CALD consumers the service may have. The Assessment Team observed brochures and posters for external complaints agencies.

Consumers and representatives said staff and management addressed and provided a solution and apology in response to feedback or complaints raised by consumers and representatives, or when an incident occurred. Staff demonstrated an understanding of open disclosure and explained the process. A review of the service's complaints and continuous improvement register showed the service took appropriate action, and documented complaints in the complaints register in a timely manner

Consumers and representatives said their feedback was used to improve services, such as the purchase of raised garden beds and additional gardening tools. Management described complaints and the actions taken in response, as well as how feedback and complaints were used to drive continuous improvement across the service. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Non-compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirement 7(3)(b).

*Requirement 7(3)(b):*

The Assessment Team considered most workforce interactions with consumers were kind, caring and respectful of each consumer's identity, culture and diversity. However, in at least one instance, a consumer was not treated kindly or respectfully and was subjected to physical restraint. Care staff raised concerns they witnessed 2 other care staff attend to one consumer who had been faecally incontinent in her room; the consumer showed signs of aggression towards the staff. The staff physically held down the consumers’ arms and one placed their hands over the consumers’ mouth. This method was used by the 2 care staff while they attended to the consumers’ hygiene and continence needs. Furthermore, the Assessment Team noted care planning documentation indicated the named consumer preferred female staff due to previous trauma.

In its response, the Approved Provider advised the service completed a thorough and detailed investigation regarding the statements and allegations made in the Assessment Team report. The Approved Provider produced statutory declarations and believed the observations of the Assessment Team were not correct.

The investigation summary and file notes indicated staff held the consumer’s arms while other staff members changed them. One care staff said they placed hands under the consumer’s armpits and held her arms while seated, hugging her from behind and wrapping their arms around her.

The information outlined above shows staff did not meet the consumers’ needs, in holding the consumer down to carry out their care needs. Staff interviews indicated workforce interactions were not always kind or respectful, or of a compassionate nature.

At the time of the Site Audit, the service did not demonstrate the workforce interactions with one consumer were consistently kind, caring and respectful of each consumer’s identity.

Therefore, I find the service is non-compliant with Requirement 7(3)(b).*e other Requirements:*

Most consumers and representatives felt the service had sufficient staff to meet their needs. Management and staff described how they ensured there were sufficient staff to provide safe and effective care, through having a pool of casual staff available to fill vacancies at short notice to cover the care needs of consumers. Call bell reports indicated call bells were answered in a timely manner.

Consumers and representatives said that they felt staff were competent, and were confident and assured staff were skilled to meet their care needs. Staff said they were confident the training provided by the service equipped them with the knowledge to carry out care and services for consumers. The Assessment Team viewed position descriptions for clinical and care staff that described the required training, competencies and experience required for the positions.

Consumers and representatives said staff had the appropriate skills and knowledge to deliver safe and quality care and services. Management described, and the Assessment Team reviewed, the mandatory orientation day agenda, which included key topics such as manual handling, SIRS and restrictive practices. The service's training matrix showed all active staff were up to date with their mandatory education. All staff interviewed said the service provided mandatory and supplementary training, which supported them to perform their roles effectively. However, the staff members involved in holding down the consumer to carry out care needs were unable to demonstrate an understanding of these concepts after they inappropriately used physical restraint to manage her behaviours and did not subsequently report the incident to management. This has been further considered under Standards 3 and 8.

The service demonstrated how it regularly reviewed staff performance, encouraged staff to set goals, and took action in response to staff performance. Staff outlined how their performance was monitored through annual performance appraisals. Management described the performance appraisal process which included a formal discussion with management at least annually.

# Standard 8

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

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirements 8(3)(c) and 8(3)(d).

*Requirement 8(3)(c):*

The Assessment Team identified gaps in one consumer’s care planning documentation in relation to their pain, behaviours, bruising and weight loss. Pain was noted as a trigger for the consumer to refuse personal care and staff identified that this was not always charted, which may have contributed to her behaviours going unmanaged. This has been considered further under Requirements 3(3)(a) and 3(3)b.

The Assessment Team identified 2 care staff involved in an alleged incident of holding down one consumer’s arms and holding a hand over her mouth, and who continue to deliver care to the named consumer. The Assessment Team informed management of the incident and confirmed there was no documented incident report of holding down the consumer’s arms and putting a hand over her mouth. Nor has there been any follow-up report concerning the suspected unauthorised use of physical restraint and elder abuse in line with the service’s responsibilities and legislative obligations. The care staff involved continue to deliver care to the consumer.

In its response, the Approved Provider stated a pain assessment was completed for the consumer, both formally and informally; this has been further considered under Requirements 3(3) a and 3(3)b. The Approved Provider was not aware of the allegation until it was reported to them by the Assessment Team during the site audit. Staff interviews submitted by the Approved Provider indicated there was a level of underreporting due to the volume of aggression from one consumer and uncertainty regarding reporting incidents in accordance with the service’s policies.

At the time of the site audit, the consumer in question had not had an assessment by an approved health provider, or informed consent from their representative, to use physical restraint in line with regulatory compliance, and the service had not identified this through its own governance systems. Staff had not reported incidents as per the Serious Incident Response Scheme (SIRS) requirements. Some staff did not demonstrate an understanding of SIRS reporting requirements. All of the above points indicated non-compliance with this Requirement.

Therefore, I decided the service is non-compliant with Requirement 8(3)(c).

*Requirement 8(3)(d):*

The Assessment Team noted, following episodes of aggression by a consumer, staff physically held down the consumer’s arms, and one staff member placed their hand over the consumer’s mouth while staff attended to their care needs. However, no incident report was generated following these incidents.

In its response, the Approved Provider submitted evidence of a detailed investigation they carried out, following which they concluded the allegations were not substantiated. The Approved Provider reported the incident as a SIRS priority 1 following the site audit. Staff interviews submitted by the Approved Provider stated staff did not carry out incident reporting in line with the service’s processes. Care staff reported they used the wrong terminology regarding rough handling of one consumer. The Approved Provider submitted evidence of their training matrix and mandatory training compliance records and staff confirmed they received toolbox training and know what to report.

At the time of the site audit, staff did not share a common understanding of how to report incidents and what incidents needed to be reported under legislative requirements. Further, the service demonstrated it did not take appropriate action in response to incidents. The service did not demonstrate it effectively addressed and managed ongoing behaviors of one consumer at the time of the site audit, nor did the service demonstrate it had effective risk management systems and practices to identify risks to consumers’ health and well-being, specifically in relation to managing high impact or high prevalence risks associated with the care of consumers.

Therefore, I find the service is non-compliant with Requirement 8(3)(d).

*The other Requirements:*

Concerning the remaining Requirements, consumers and representatives said the service was well run and they felt the service sought input on a range of topics and listened and responded to their suggestions. Management said consumers and representatives were actively engaged in the development, delivery and evaluation of care and services through a variety of mechanisms.

The service demonstrated it was governed by a Board that promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. Management described the role the Board played in ensuring safe and quality care was delivered within the service and provided examples.

The service had a clinical governance framework that included detailed policies and procedures relating to the minimization of restrictive practises, antimicrobial stewardship and open disclosure. Staff demonstrated a shared understanding of these concepts and gave practical examples of how the principles applied to their work.

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