Performance

Report

**1800 951 822**

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| Name of service: | Guildford Village |
| Service address: | 34 Swan Street East GUILDFORD WA 6055 |
| Commission ID: | 7204 |
| Approved provider: | Pu-Fam Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 15 November 2022 to 17 November 2022 |
| Performance report date: | 13 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 Guildford Village (**the service**) has been prepared by M Glenn, 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; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* the provider’s response to the Assessment Team’s report received on 14 December 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-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

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

**Standard 1 Requirement (3)(f)**

* Ensure each consumer’s privacy is respected and others, including other consumers, do not compromise consumers’ privacy.

**Standard 2 Requirement (3)(a)**

* Ensure consumer care plans are reflective of consumers’ current and assessed needs and preferences, and risks to consumers’ health and well-being are identified and management strategies developed to enable staff to provide quality care and services.

**Standard 3 Requirement (3)(b)**

* Ensure staff have the skills and knowledge to:
  + provide appropriate care relating to restrictive practices, behaviours and falls;
  + develop and/or implement appropriate management strategies relating to use of restrictive practices and monitor and review effectiveness of use; and
  + develop and/or implement appropriate behaviour management strategies and monitor effectiveness of strategies to ensure impact of behaviours on other consumers’ safety and well-being is minimised.
* Ensure policies, procedures and guidelines in relation to management of high impact or high prevalence clinical risks, including restrictive practices, behaviours and falls are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management of high impact or high prevalence clinical risks, including restrictive practices, behaviours and falls.

**Standard 4 Requirements (3)(b) and (3)(c)**

* Ensure staff have the skills and knowledge to:
  + identify, assess, review and monitor each consumer’s emotional and psychological care needs and preferences and implement appropriate, individualised supports, where required; and
  + identify things of interest to each consumer, implement activity programs in line with consumers’ preferences and abilities and engage them in activities of interest.
* Ensure policies, procedures and guidelines in relation to supporting consumers’ emotional and psychological well-being and leisure and lifestyle services and supports are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to supporting consumers’ emotional and psychological well-being and leisure and lifestyle services and supports.

**Standard 7 Requirements (3)(a)**

* Ensure appropriate and adequate staffing levels and skill mix are maintained to deliver care, services and supports in line with consumers’ needs and preferences.

**Standard 8 Requirement (3)(d)**

* Review the organisation’s risk management systems and practices, specifically in relation to managing and preventing incidents, responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

# 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. | 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. | Non-compliant |

Findings

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

The Assessment Team recommended Requirement (3)(f) in Standard 1 Consumer dignity and choice not met as the service failed to undertake appropriate action in response to a privacy request made by a consumer. The Assessment Team’s report provided the following evidence relevant to my finding:

* Progress notes included two entries in October 2022 directly related to incidents where Consumer A felt their privacy and dignity were at risk, as another consumer was intruding into their bedroom causing them distress. An email complaint also indicated Consumer A was upset and distressed by another consumer entering their room and bathroom.
* Consumer A indicated consumers sometimes come into their room when they are on the toilet and this is embarrassing. Consumer A stated on occasion at night, they have called out to staff to help them when a consumer is in their room, however, it takes some time (for assistance).
* Consumer A said they have complained about this on many occasions to staff, management and the General practitioner and nothing happens or changes.

The provider’s response was limited to commentary directly relating to the deficits identified in the Assessment Team’s report. Documentation to support the assertions made was not provided. The provider’s response included, but was not limited to:

* An email was received in May 2022 relating to concerns about a consumer wandering into Consumer A’s room. An investigation was undertaken and a case conference held with Consumer A and their representative. An offer of moving Consumer A to another room was declined.
* In consultation with their representative, the other consumer was moved to another room away from Consumer A. Management and staff have been working with the consumer and adhering to interventions in the care plan to reduce wandering behaviours. The room transfer correlated with a reduction of wandering behaviours towards Consumer A’s room.
* Recognise the distress Consumer A experienced and can confirm this was an isolated event, with no other reports from other consumers in regard to the consumer’s behaviours.

I acknowledge the provider’s response. However, this Requirement expects that each consumer’s privacy is respected, therefore, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, this did not occur for Consumer A.

I have considered that the service did not ensure the behaviours and interactions of another consumer did not compromise Consumer A’s privacy. While the provider asserts that a room transfer, date not noted, correlated with a reduction of the consumer’s wandering behaviours towards Consumer A’s room, Consumer A stated, and progress notes from October 2022 confirmed, the consumer continued to enter Consumer A’s personal space and compromise their privacy. As such, I find the service has not ensured the consumer’s behaviours have been effectively managed which has adversely affected Consumer A’s privacy and dignity.

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

In relation to all other Requirements in this Standard, observations confirmed, and all consumers and their representatives sampled said, staff treat consumers well, whilst ensuring dignity and respect, and provided positive and consistent feedback indicating staff are both friendly and kind to consumers. On entry, each consumer provides an individualised profile to enable staff to understand their life preferences, preferred social and lifestyle activities, spiritual requirements, cultural needs and background. The service demonstrated how they provide culturally safe services to consumers to meet their expectations and recognising their rights. Staff described specific needs of sampled consumers providing examples of how they support them with their preferences. Consumers cultural needs are reflected in their care and activity plan and lifestyle programs are coordinated to include multicultural customary celebrations and events.

Consumers are encouraged to be involved in decision-making processes relevant to the daily aspects of their lives and the service has developed processes to support the wishes of consumers to exercise choice and their independence. Consumers, representatives, staff and management provided feedback demonstrating consumers are actively supported to communicate their decisions and make connections with others to maintain relationships of importance to them, including intimate relationships.

Consumers are supported to undertake activities which include an element of risk to enable them to live their life as they choose. While two consumers sampled indicated they understood risks related to activities they partake in, risk assessments had been not been completed nor agreed strategies to lower risk formally implemented. I have considered risk assessment and planning processes further in my finding for Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

A range of mechanisms are used to ensure consumers and their representatives are provided with current, accurate and timely information to enable them to exercise choice. Information is provided to consumers through a range of avenues, including newsletters, verbal communication, menus and activity planners.

For the reasons detailed above, I find Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 1 Consumer dignity and choice compliant.

# 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. | Non-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

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

The Assessment Team recommended Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers not met as they were not satisfied all risks to consumers’ health and well-being were identified, and strategies consistently completed. The Assessment Team’s report provided the following evidence relevant to my finding:

* There were no strategies recorded relating to Consumer B’s lack of safety when undertaking activities which included an element of risk The consumer had three falls which occurred outside, two of which resulted in fractures.
  + A consent for a restrictive device, implemented in June 2022, did not have provision to record potential risks associated with the device or strategies to minimise risks.
* There has been no risk assessment of an activity Consumer C enjoys or strategies implemented if known behaviours occur while alone with male staff. A Dignity of risk form was created following feedback from the Assessment Team.
* There has been no risk assessment completed for an activity Consumer D partakes in or strategies implemented to mitigate risk of potential harm. A Dignity of risk form was created following feedback from the Assessment Team.

The provider’s response was limited to commentary directly relating to the deficits identified in the Assessment Team’s report. Documentation to support the assertions made was not provided. The provider’s response included, but was not limited to:

* On further review of Consumer B’s falls, another Risks/safety assessment which assessed the insight into safety, was last conducted in August 2021. Clinical staff reviewed the Falls and other risk/safety assessment in June 2022 but failed to update the insight into safety section.
* A restraint consent form and implications were discussed with Consumer B’s representative by the General practitioner and clinical staff. The form outlines directions of use and duration. Following the Site Audit, the consent form has been amended and all future consents will incorporate a potential risks component.
* In relation to Consumer C, the facility has closed circuit television cameras covering outdoor areas. A dignity of risk form was completed during the Ste Audit and provided to the Assessment Team.
* Consumer D has always advised staff when they leave the site and returns, has access to the gate code and does not leave the vicinity of the facility. The consumer also has the service’s contact details. The consumer has not deteriorated in a way that compromises their ability to undertake the activity safety. A Falls and other risk/safety assessment was conducted in August 2022 indicating the consumer did not lack insight into safety.

I acknowledge the provider’s response. However, I find at the time of the Site Audit, assessment and planning did not consider risks to consumers’ health and well-being to inform delivery of safe and effective care and services.

In coming to my finding, I have considered the service did not demonstrate that assessment and planning processes were consistently completed to enable risks to consumers’ health and well-being to be identified and appropriate management strategies implemented. While I acknowledge Dignity of risk forms were created during the Site Audit and the restrictive practice consent form has been amended, I have considered that these actions were taken in response to the Assessment Team’s feedback and/or subsequent to the Site Audit and were not considered as part of the service’s overall assessment and planning processes. As such, I find this has not ensured care plans are tailored to consumers’ specific needs or informs how, for each consumer, care and services are to be delivered and risks to consumers’ health and well-being are minimised.

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

In relation to all other Requirements in this Standard, assessment and consultation processes assist to identify consumers’ care needs, goals and preferences, including advance care and end of life care planning. Consumers confirmed their care needs are discussed with them on entry to develop their care and services plan and on an ongoing basis.

Care files demonstrated staff work in partnership with the consumer and/or representative and Allied health professionals to ensure care and service provision is in line with consumers’ needs and preferences. There are processes to ensure the outcomes of assessment and planning are communicated to consumers and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers and representatives. Representatives said they are involved in or consulted in the care planning process and are provided a copy of the care plan every six months, when reviewed. There are processes to ensure care plans are regularly reviewed, up-to-date and meet consumers’ current needs, including when changes are required due to an adverse event, change in consumers’ health condition or following an incident.

For the reasons detailed above, I find Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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. | 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

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

The Assessment Team recommended Requirement (3)(b) in Standard 3 Personal care and clinical care not met as they were not satisfied the service demonstrated effective management of high impact or high prevalence risk associated with the care of each consumer, specifically in relation to behaviours, restrictive practices and falls. The Assessment Team’s report provided the following evidence relevant to my finding:

* Consumer E is prescribed a chemical restraint and since entry in April 2022, has recorded a 20kg weight loss. Weight has been monitored, however, the impact the chemical restraint was having on the consumer receiving adequate nutrition and hydration was not considered with the weight loss considered by the service to be positive.
* A General practitioner review in October 2022 resulted in a reduction in psychotropic medications and noted the consumer’s sleep cycle was out and the consumer was missing meals. A referral to a Dietitian was initiated. Weight loss had not been identified as an unwanted side effect of the use of psychotropic medication.
* Consumer E’s challenging behaviours are not being managed, posing a risk of causing harm to themselves and others. Incidents include physical aggression towards other consumers and intrusive behaviours, particularly impacting Consumer A.
* Consumer E has been reviewed by specialist services and recommendations made. However, due to lack of documentation, it could not be determined if the recommendations have been trialled, and if they were unsuccessful. Behaviour charting commenced two days prior to the review and did not include any entries.
* A restrictive practice was implemented for Consumer B in June 2022. Review of the effectiveness of the restrictive device or monitoring for potential adverse effects, such as skin tears or injury was not demonstrated.
* Documentation over a three week period post implementation included three entries indicating the consumer’s legs were through the rails; required constant supervision as they were attempting to get out of bed; and the consumer was moved by night staff to a wheelchair in the lounge area to enable monitoring. There was no evidence to indicate this documentation had been considered or effectiveness of the bed rails reviewed.
* Morning staff identified two skin tears and a bruise in a one week period in July 2022. Skin tears had not been recorded as incidents nor had an investigation occurred to establish if the bedrails had caused the injuries.
* Consumer B had three falls in three months, the last in August 2022 where the consumer mobilised outside unsupervised. Thirty minute visual observations or supervision when mobilising did not occur at the time of the third fall, in line with the care plan which was updated following the second fall in June 2022.

The provider’s response was limited to commentary directly relating to the deficits identified in the Assessment Team’s report. Documentation to support the assertions made was not provided. The provider’s response included, but was not limited to:

* A Dietetic team handover on entry documented Consumer E’s ideal weight range which was 20kg less than the consumer’s entry weight. Weights were closely monitored and reviewed by the General practitioner. The weight loss trend was identified and a Dietitian review initiated following a food and fluid intake record indicating irregular meals habits and dietary intake. The outcome of the Dietitian review was to prevent further weight loss.
* A Behaviour assessment was completed for Consumer E in May 2022 and outlines relevant behaviours. A toolbox session was conducted with all staff in June 2022 to understand Consumer E’s behaviours and specialist recommendations. An evaluation in October 2022 demonstrated interventions have been effective. Management will monitor and support Consumer E in managing behaviours.
* Although the effectiveness of Consumer B’s restrictive practice device was discussed with team members on a regular basis, acknowledge this should have been documented. Also acknowledge oversight of not using an incident form. The form will be revised to implement a specific section to document effectiveness of restrictive practice devices.
* Consumer B’s Falls and other risk/safety assessment completed in June 2022 does not include 30 minute visual checks, rather the focus was on providing staff assistance/supervision needed during transfer and locomotion activities. Management could not identify the need for 30 minute checks.

I acknowledge the provider’s response. However, I find at the time of the Site Audit, high impact or high prevalence risks, specifically in relation to restrictive practices, behaviours and falls were not effectively managed for consumers highlighted.

In relation to Consumer E, I acknowledge information was provided to the service on entry outlining the consumer’s ideal weight range. However, I have considered the consumer’s weight loss was not effectively monitored or impacts of psychotropic medication on the consumer’s nutritional intake considered in a timely manner. While the provider asserts the consumer’s weight was closely monitored and reviewed, including by the General practitioner, action in relation to weight loss did not occur until a 20kg weight loss was recorded. General practitioner notes indicate the consumer was missing meals and had a disrupted sleep cycle and a reduction in psychotropic medication was initiated. The provider indicates a food and fluid intake record (unknown commencement date) identified irregular meal habits and poor intake, however, there is no indication that action was taken to address the consumer’s poor oral intake or consideration the medication was contributing to the consumer’s poor oral intake prior to a 20kg weight loss being recorded over the six month period.

I have also considered Consumer E’s behaviours have not been effectively managed, impacting other consumers. While the provider asserts an evaluation in October 2022 demonstrated behaviour interventions had been effective, I have placed weight on feedback provided to the Assessment Team by Consumer A indicating Consumer E’s behaviours have impacted their health and well-being. Consumer A described feeling unsafe and distressed. One progress note entry indicated Consumer A was crying and wanted to die following an incident where Consumer E had entered their bedroom.

In relation to Consumer B, I have considered risks related to use of a restrictive device were not effectively monitored, managed or reviewed. I have also considered while strategies were initiated following a second fall in June 2022, including the requirement for staff assistance and supervision with all transfers and locomotion activities, these strategies were not effectively implemented. The consumer sustained a fall after independently mobilising outside. Additionally, while I acknowledge the provider’s response indicating the need for 30 minute visual checks for Consumer B could not be identified, I have considered information in the provider’s response for Requirement (3)(d) in Standard 8 Organisational governance indicating ‘management and staff take responsible steps to ensure clients are sighted hourly’. I have considered this may have not occurred for Consumer B in this instance.

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

In relation to all other Requirements in this Standard, the service has processes to ensure each consumer receives effective personal and clinical care that is best practice, tailored to their needs and optimises health and well-being. Care files sampled demonstrated appropriate management of wounds, diabetes and skin integrity. There are processes to identify each consumer’s needs, goals and preferences in relation to end of life. A care file for one consumer demonstrated the consumer was kept comfortable and the representative stated staff showed compassion for the consumer at the end stage of life. The representative also stated the consumer was pain free and they were able to spend time with them.

Where changes to consumers’ health are identified, care files demonstrated appropriate and prompt action had been taken, including timely referrals to General practitioners and/or Allied health professionals, where required. Information relating to consumers’ condition needs and preferences was noted to be effectively documented and communicated. Staff stated they have the information they need to provide care to consumers, and representatives stated staff know consumers’ preferences and their care requirements.

The service demonstrated minimisation of infection related risks through implementation of standard and transmission based precautions and practices to promote appropriate antibiotic prescribing. The service has an outbreak management plan and an Infection prevention control lead is in place. Staff demonstrated knowledge of practical ways to reduce the use of antibiotics and care files sampled demonstrated appropriate management of identified infections.

Based on the Assessment Team’s report, I find Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care compliant.

# 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. | Non-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. | Non-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

The Quality Standard is assessed as non-compliant as two of the seven specific Requirements have been assessed as non-compliant. The Assessment Team recommended Requirements (3)(b) and (3)(c) in Standard 4 Services and supports for daily living not met.

**Requirement (3)(b)**

While support mechanisms are in place to promote consumers’ emotional, spiritual, and psychological well-being, the service failed to provide emotional and psychological support for one consumer to ensure their health and well-being was optimised. The Assessment Team’s report provided the following evidence relevant to my finding:

* Consumer A said they do not like living at the service as they feel unsafe when they find other consumers entering their bedroom which causes them great distress. The consumer said staff don’t always come to assist them when they call out as they say they are busy assisting other consumers. When they do come, the consumer said staff say, ‘come on’ to the consumer and take the consumer out and they are ‘just left crying’. The consumer’s representative said they feel the consumer would be happier living at the service if other consumers did not frequently enter their room.
* Progress notes for a 28 day period between October and November 2022 included incidents recorded by staff where other consumer’s had entered Consumer A’s room. One entry indicated the consumer said they wanted to die as they did not want other consumers in their room. There was no evidence to indicate additional emotional support was provided by staff or a referral to a specialist initiated to provide additional emotional or psychological support, in response to these statements.

The provider’s response was limited to commentary directly relating to the deficits identified in the Assessment Team’s report. Documentation to support the assertions made was not provided. The provider’s response included, but was not limited to, discussing the possibility of moving the consumer to the service’s new co-located facility with the consumer and their representative; and Consumer A was referred to specialist services following the Site Audit to meet their emotional and psychological well-being.

I acknowledge the provider’s response. However, I find at the time of the Site Audit, the service did not ensure each consumer, specifically Consumer A, was provided services and supports for daily living to promote emotional and/or psychological well-being. While I acknowledge Consumer A has been referred to specialist services to meet their emotional and psychological well-being, this action was taken subsequent to the Site Audit and not as a result of the service’s own monitoring processes. Progress notes recorded incidents related to other consumers entering Consumer A’s room and the resulting impacts this had on Consumer A, however, there was no indication emotional support was provided to the consumer following these incidents or referral to the General practitioner or specialist services considered at this time.

For the reasons detailed above, I find Requirement (3)(b) in Standard 4 Services and supports for daily living non-compliant.

**Requirement (3)(c)**

While a varied program of group activities is offered, where many consumers reported these are of interest to them, the service does not ensure those consumers who are unable to participate in the group activity program are supported, have stimulation or undertake things of interest to them. The Assessment Team’s report provided the following evidence relevant to my finding:

* Consumers who were satisfied in pursuing their own individual activities were largely consumers who did not need assistance to do so. The service did not demonstrate that consumers requiring assistance to undertake things of interest to them, or which provide stimulation, are supported to do so.
* Seven consumers were observed either remaining in their bedrooms or house living area whilst group activities were in progress within the group activity area. Care files for these consumers showed there were no one-to-one activities recorded for the days they were observed.
* Staff said they cannot always find time to help consumers who require assistance to attend group participation activities, as often there is insufficient staff available to assist.
* Consumer G was observed on several occasions during each of day the of the Site Audit alone in their bedroom and did not appear to be engaged in any activities.
  + Activity charts for a 30 day period between October and November 2022 included only four lifestyle entries, including only one one-to-one activity. The entries do not record the consumer’s capacity to participate in the activities, engagement or enjoyment levels.
  + Care staff said due to lack of staffing and two staff required to attend to the consumer, it is not always possible to take the consumer to activities of interest to them.
* Staff said beyond the group activity program, they do not have time to assist consumers to pursue activities of interest to them. There is no schedule for visiting and providing supports to consumers who are unable to participate in group activities and several consumers exhibit challenging behaviours making it difficult to provide them with appropriate activities, when insufficient care staff hours are allocated to assist lifestyle staff undertake activities.
* There is currently only one full-time lifestyle staff member employed whose role is to cover the lifestyle needs for all 30 consumers. Lifestyle staff are often required to assist consumers with care needs, which the Assessment Team observed occurring during the Site Audit.
* Staff said if the lifestyle staff member is unavailable or absent from site, lifestyle activities for consumers are generally unable to proceed due to insufficient care staff being available to step in and assist.

The provider’s response was limited to commentary directly relating to the deficits identified in the Assessment Team’s report. Documentation to support the assertions made was not provided. The provider’s response included, but was not limited to:

* The Lifestyle coordinator runs various activity programs for consumers who are active and those who may need one-to-one services.
* An audit in June 2022, related to this Requirement, achieved 81.1%. The audit identified more volunteer support would be ideal to engage consumers who are self-isolating.
* The Lifestyle coordinator was able to refer consumers to the Community Visitors Scheme and recently had an independent volunteer who participated in one-to-one sessions with consumers.
* The Assessment Team’s findings have been considered as continuous improvement and actions will be taken to address the gaps in relation to consumer activities. A further audit will be conducted in February 2023 to ensure improvement is achieved.

I acknowledge the provider’s response. However, I find at the time of the Site Audit, services and supports for daily living did not assist each consumer to participate in activities of interest to them. While the provider asserts audit results from June 2022 achieved a score of 81.1%, the response does not indicate if consumers who are unable to participate in or require assistance to attend the activity program were considered in the audit sample. Eight consumers were observed to be either in their bedrooms or the house living areas whilst group activities were in progress and staff said they cannot always find time to help consumers who require assistance to attend group activities. Care files for these consumers did not demonstrate engagement in any meaningful activities, with no or minimal one-to-one activities recorded for the days they were observed. I have also considered that while a Lifestyle coordinator is engaged, feedback from care staff, and observations made by the Assessment Team indicate lifestyle staff often assist consumers with care needs and when lifestyle staff are absent, lifestyle activities are generally unable to proceed. As such, I find that the service has not ensured services and supports, specifically the lifestyle program, have been tailored to meet the unique needs of the consumers or ensured their well-being and quality of life are enhanced through social interaction through doing things they enjoy and are of interest to them.

I have also considered evidence highlighted relating to staffing and impacts in the provision of the lifestyle program in my finding for Standard 7 Human resources Requirement (3)(a).

For the reasons detailed above, I find Requirement (3)(c) in Standard 4 Services and supports for daily living non-compliant.

In relation to all other Requirements in this Standard, the entry process, including assessment and consultation with consumers and representatives, ensures each consumer provides an individualised profile to enable staff to understand their life preferences, preferred social and lifestyle activities, spiritual requirements, cultural needs and background. Information gathered is used to develop a lifestyle plan to assist staff in the provision of care and services. The service demonstrated how they provide services and supports for consumers to assist them in their daily living, in line with their documented preferences. The service has access to specialists, as required, to ensure each consumer’s daily living needs, goals and preferences are met and their independence, health, well-being, and quality of life is optimised. Consumers and representatives said consumers are supported to maintain their independence and are provided opportunities, when available, to engage in meaningful activities.

Most consumers said they enjoy the meals and were satisfied meals are varied and of suitable quality and quantity. Meals are provided in line with a seasonal four-week rotating menu which is reviewed by a Dietitian. Information relating to consumers’ specific dietary needs and/or preferences, including allergies, likes and dislikes is collected and there are processes to ensure this information is provided to staff, including catering staff.

Equipment used by staff was observed to be safe, suitable, clean and well maintained. Maintenance processes ensure equipment provided is maintained. Consumers and representatives said consumers felt safe when utilising the service’s equipment and that the equipment they needed was accessible and suitable for their needs.

Based on the Assessment Team’s report, I find Requirements (3)(a), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 4 Services and supports for daily living compliant.

# 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

The service environment was observed to be welcoming, and gardens, courtyards and facilities were aesthetically pleasing and very well maintained. The service is divided into three houses and information and directional signage is both clear and easily readable. Most consumers and representatives said consumers like living at the service and find the surroundings to be comfortable, clean, relaxing and homely.

The service was observed to be clean, well maintained and comfortable and the service environment supports free movement of consumers. Consumers, representatives and visitors were observed freely accessing outdoor areas, gardens, and communal common areas within the service environment and consumers said they can freely access the outside environment, when wishing to do so. Preventative and reactive maintenance and cleaning processes are in place, ensuring the service environment, furniture, fittings and equipment are safe, clean and maintained.

Based on the Assessment Team’s report, I find Standard 5 Organisation’s service environment compliant.

# 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 know how to provide feedback and complaints through completion of surveys, in writing by completing a feedback form and in person by discussing the matter with staff or management. Complaints documentation demonstrated consumers and representatives actively engage with feedback and complaints process. Staff described how they support consumers to provide feedback and raise concerns and were aware of the organisation's complaints handling processes.

Consumers and representatives have access to information relating to internal and external feedback and complaints mechanisms, advocacy and language services, where required, on entry and on an ongoing basis. Consumers and representatives are made aware of feedback and complaints processes through information posters and brochures displayed in communal areas, the service newsletter, entry processes and a flowchart displayed throughout the service. Most representatives were aware of the internal and external feedback and complaints avenues available to them.

Management and staff are supported in the complaints process through various policies and procedures and a complaints register demonstrated complaints are recorded, actioned and closed off in a timely manner. Most consumers and representatives who had made complaints said the complaint had been resolved to their satisfaction. Management described how feedback and complaints data is analysed, trended, reviewed and discussed and the Plan for continuous improvement included opportunities for improvement to care and service provision identified from feedback from consumers and representatives. Representatives indicated they were comfortable raising concerns and felt improvements would be made as a result.

Based on the Assessment Team’s report, I find Standard 6 Feedback and complaints compliant.

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

Findings

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

The Assessment Team recommended Requirement (3)(a) in Standard 7 Human resources not met as they were not satisfied the service demonstrated the number and mix of members of the workforce were sufficient to enable the delivery and management of safe and quality care and services. The Assessment Team’s report provided the following evidence relevant to my finding:

* Eight consumers and/or representatives did not believe there were enough staff available to provide safe and quality care at all times. Impacts to consumers described included lack of supervision possibly contributing to a consumer’s falls, not enough staff to manage a consumer’s behaviours and staff taking a long time to attend to a consumer’s needs.
* There is one Support worker for each of the three houses. Ten consumers reside in each house. Two to three consumers in each house require two staff assistance with care needs.
* A float staff works in the morning and afternoon shifts to assist between the houses. Float shift staff said they struggle to keep up with all consumers on their list, all of whom have complex care needs, in the allocated time.
* Five of six Support workers did not feel there were enough support staff available to always care for consumers safely and to a high standard. They said they were stretched to provide quality care and services because consumers in their care have complex needs, changed behaviours, are at risk of falls and two to three consumers in each house require two staff to assist with care needs. Impacts to consumers described included not being able to spend time with consumers to ensure meals are consumed, consumers spending time in bed as there are not enough time for two staff to transfer them and inability to monitor consumers with changed behaviours.
* Support workers also indicated the extent of the duties of the role which included medication administration, domestic duties, laundry, dishwashing, as well as personal care and meal service, impacted on their capacity to always provide consumers a good standard of care.
* The Assessment Team observed several occasions where Support workers were unable to attend to consumers as they were caring for others. This included a staff member repositioning a consumer on their own.
* One Lifestyle staff is engaged for 30 consumers. Diversional therapy activity charts for four consumers sampled showed minimal one-to-one support provided to consumers who were unable to participate in group activities. Some consumers were observed sitting unengaged, in their respective houses for extended periods of time.

In coming to my finding, I have also considered evidence highlighted in Standard 4 Services and supports for daily living Requirement (3)(c), including:

* Staff said if the lifestyle staff member is unavailable or absent from site, lifestyle activities for consumers are generally unable to proceed due to insufficient care staff being available to step in and assist.
* Staff said that they cannot always find time to help consumers who require assistance to attend group participation activities, as often there is insufficient staff available to assist.
* There is currently only one full-time lifestyle staff member employed whose role is to cover the lifestyle needs for all 30 consumers. Lifestyle staff are often required to assist consumers with care needs, which the Assessment Team observed occurring during the Site Audit.

The provider’s response was limited to commentary directly relating to the deficits identified in the Assessment Team’s report. Documentation to support the assertions made was not provided. The provider’s response included, but was not limited to:

* Management is committed to the recruitment and provision of a quality workforce.
* The set roster is published two weeks in advance and management ensures all shifts are covered. Staff absenteeism is well managed, and no shifts have been unfilled.
* Staffing levels are monitored through audits, incident management and surveys and change requirements are effectively implemented.
* Management have approved appointment of a weekend Registered nurse to provide clinical services.

I acknowledge the provider’s response. However, I find at the time of the Site Audit, the service did not effectively demonstrate there were adequate numbers and mix of staff to deliver safe and quality care and services. In coming to my finding, I have placed weight on feedback provided by consumers and representatives indicating insufficient staffing numbers to provide quality care, services and supports which has resulted in impacts for consumers. This also was reflected through the Assessment Team’s observations, which included some consumers not being engaged in meaningful activities. Additionally, I have also considered feedback provided by Support workers indicating staffing levels and the additional requirements of their role do not provide them sufficient time to deliver effective care and services to consumers and the resulting impacts to consumers described by staff.

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

In relation to all other Requirements in this Standard, consumers said, and observations confirmed, staff interactions with them are compassionate, appropriate and respectful. Staff described how they respect consumers’ choice, needs, preferences and individual identity, and are guided in practice through policies and procedures relating to providing person centred care in a respectful, kind, and compassionate manner.

The service has processes to ensure the workforce has the skills and knowledge to effectively perform their roles and, overall, consumers and representatives were confident staff were skilled and competent. Staff are recruited with appropriate qualifications to perform their designated role and are required to complete compulsory core education and are supported with ongoing training. Support workers are medication and insulin competent and have completed competency training to enable them to safely administer medications. Staff competency is monitored through direct observation, feedback from consumers, representatives and staff, training/skills competency results and staff performance appraisal processes. Each role has specified levels of required competency and mandatory training and there are processes to ensure this is completed. The Assessment Team were not satisfied management had comprehensive knowledge of their reporting obligations under the Serious Incident Response Scheme. I have considered this evidence further in my finding for Requirement (3)(d) in Standard 8 Organisational governance.

There are processes to ensure the workforce is recruited, trained, equipped, and supported to deliver the outcomes of these Standards. Staff complete a corporate orientation program which includes mandatory training. Management said, and training records showed, opportunities for further education and training are identified through observation of staff practice, consumer feedback, audit results, clinical indicator analyses, incidents, performance appraisals and changes to industry and regulatory requirements. Staff were satisfied they receive the training and education they need to provide safe and effective care and consumers and representatives considered staff were qualified, well trained, and equipped to provide safe care and services.

A staff performance framework ensures staff performance is regularly assessed, monitored and reviewed. Performance appraisals are conducted formally following commencement of employment and annually thereafter. There are systems to ensure performance management processes are initiated in response to poor performance, following feedback from consumers and staff, and where incidents have occurred.

For the reasons detailed above, I find Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 7 Human resources compliant.

# 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. | 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

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

The Assessment Team recommended Requirement (3)(d) in Standard 8 Organisational governance not met as they were not satisfied the service demonstrated an effective risk management and systems relating to managing and preventing incidents, responding to abuse and neglect of consumers or supporting consumers to live the best life they can. The Assessment Team’s report provided the following evidence relevant to my finding:

* Two incidents relating to consumers were not reported as required under the Serious Incident Response Scheme. Management said they had determined these incidents were not reportable.
* An incident involving Consumer B had not been investigated in line with the service’s incident management policy. Management did not provide any additional information to support they had investigated the incident or identified any opportunities for improvement.
* Two skin tears and a bruise sustained by Consumer B in July 2022 had not been recorded in the incident management system.
* An incident form was not completed in line with policy for an incident involving two consumers, and progress notes did not demonstrate the incident had been recorded, investigated, and appropriately actioned.
* A policy is available to guide staff in ensuring consumers are supported to exercise choice, contrary to specialist advice and which poses risk. However, for two consumers, strategies to minimise risks associated with consumer choices were not identified, documented, and implemented, and the service process to monitor these risks did not identify the deficits.

The provider’s response was limited to commentary directly relating to the deficits identified in the Assessment Team’s report. Documentation to support the assertions made was not provided. The provider’s response included, but was not limited to:

* Acknowledge staff failed to use incident report form, however, they have documented in progress notes and advised the Clinical coordinator.
* An audit will be conducted to identify whether there were any additional skin tears in the past six months that were not reported using an incident form. Remedial action will be taken to ensure all future skin tears are reported.
* The Serious Incident Response Scheme decision support tool will be used for all incident records and a copy of the outcome saved.
* All consumers have a Falls risk and other safety assessment which includes an assessment of insight into safety, completed on entry and reviewed annually. Steps are taken to ensure consumers are sighted hourly and it is documented where consumers are out of the facility. Ongoing risk activity requires a case conference where discussion on risk and boundaries is held and documented in progress notes. Once established and agreed upon, consent from the representative is required. Signed consent for one consumer was demonstrated during the Site Audit.

I acknowledge the provider’s response. However, I find at the time of the Site Audit, the organisation did not demonstrate effective risk management systems and practices, specifically in relation to managing and preventing incidents, responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

In coming to my finding, I have considered staff have not demonstrated consistent understanding and application of incident reporting and escalation processes. Not all consumer incidents are being documented, escalated or reported. I find this has not ensured that all incidents are identified or analysed to assist to identify trends and opportunities for improvement or risks to consumers’ health and well-being are being minimised and/or eliminated. I have also considered management have not demonstrated a sound knowledge of Serious Incident Response Scheme reporting requirements. While management indicated the Serious Incident Response Scheme decision making tool was used to determine if incidents were reportable, there was no evidence to demonstrate how this conclusion was made.

I acknowledge consumers are being supported to live the best life they can, including partaking in activities which include an element of risk. However, I have considered that the service does not have effective systems and processes to enable the possibility of risks and the impact of those risks to be reduced and monitored. While the provider asserts ongoing risk activity requires a case conference where discussion on risk and boundaries is held and documented in progress notes, evidence to demonstrate this process was not included in the provider’s response. I have placed weight on evidence highlighted in the Assessment Team’s report indicating assessment processes to identify risks had not been completed nor agreed strategies to lower risk implemented. Additionally, management stated they did not have a specific form to identify consumers wishing to take risks and created a form during the Site Audit visit.

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

In relation to all other Requirements in this Standard, consumers are engaged in the development, delivery and evaluation of care and services through various avenues, including feedback processes, surveys and care plan review processes which contribute and are used to drive continuous improvement.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Facility management meets with the Director on a fortnightly basis and reports on various topics, including compliance, incidents, operational matters, feedback/complaints, occupancy and staffing matters. The Director can request further information to satisfy themselves consumers are receiving care and services in line with the Quality Standards.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the Board is aware and accountable for the delivery of services.

The organisation has a clinical governance framework, supported by policies and procedures and to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff awareness of organisational policies and procedures relating to clinical governance was demonstrated through evidence presented in other Standards.

Based on the Assessment Team’s report, I find Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in Standard 8 Organisational governance compliant.

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