Hawksbury Gardens Aged Care

Performance Report

8 Elmgrove Road
SALISBURY NORTH SA 5108
Phone number: 08 8281 6259

**Commission ID:** 6198

**Provider name:** UnitingSA Ltd

**Site Audit date:** 5 April 2022 to 7 April 2022

**Date of Performance Report:** 24 June 2022

# Performance report prepared by

Andrea Hopkinson, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others;
* the Approved Provider’s response to the Site Audit report received 28 April 2022; and
* referral information received by the Commission.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

A high proportion of sampled consumers considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they choose. Feedback included:

* Overall, consumers said staff knew what was important to them and felt their identity, culture and diversity was valued.
* Consumers sampled confirmed they were supported to take risks, with mitigating strategies implemented to support them in doing so.
* Consumers confirmed they were encouraged to maintain their independence, and relationships of choice.
* Consumers said they received the information they needed to make decisions and exercise choice. They described methods of communication used by the service and said they were suited to their needs.
* Consumers confirmed their personal privacy was respected and relayed examples of how staff respected this.

The service was able to demonstrate care and services were culturally safe. Staff interviewed demonstrated knowledge of consumers’ individual identity, culture and diversity and could relay strategies which promoted choice and independence. Lifestyle staff said they gathered information about consumers’ life history, cultural needs and preferences on admission and incorporated specific cultural practices and days of significance into the lifestyle program where appropriate.

Consumers’ care and service needs were identified through undertaking assessments to capture what culturally safe care looked like for consumers. Care plans sampled were personalised to show personal preferences, including gender preferences, daily routines, as well as relationships that were important to consumers.

Consumers were supported to make their own choices, communicate their decisions, to take risks and maintain relationships that were important to them. Care and lifestyle staff were observed inviting and assisting consumers to activities, reconfirming meal choices in most dining areas and asking consumers questions regarding their care needs prior to initiating care.

Policies and procedures were in place to guide staff in identifying risks and supporting consumer choices. Care and clinical staff sampled could demonstrate awareness of consumers who partake in risky activities and the strategies implemented to mitigate risks associated with these.

The service was able to demonstrate information was clear, easy to understand, current, accurate and timely and communication was provided to consumers which enabled them to exercise choice. Information was displayed in large print on noticeboards, including meal options for the day and activity schedules. Staff could describe the ways in which information was provided to consumers, including consumers with cognitive impairments or other communication barriers.

The Assessment Team observed staff respecting consumers’ privacy and keeping personal information confidential. Staff stated they respected the personal privacy of consumers by knocking on doors and asking for permission to enter and perform personal and clinical tasks.

The Assessment Team recommended Standard 1 Requirement (3)(a) Not met as the service was not able to demonstrate each consumer was treated with respect. The Approved Provider provided a response in relation to above matters. However, based on the information, I have come to a different view and find the service Compliant in this Requirement.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The Assessment Team found the service did not effectively demonstrate each consumer was treated with dignity and respect, with one consumer describing being spoken to disrespectfully by staff and being refused care in line with their assessed need, goals and preferences. Specifically, the Assessment Team noted:

* Consumer A advised staff did not treat them with dignity or respect. The consumer advised some staff bossed them around, some did not provide assistance with toileting needs despite their request and some were dismissive.
* The Assessment Team observed:
	+ One staff member to not support the consumer’s request for toileting reporting they were busy and kept walking without stopping.
	+ Staff were increasingly being frustrated and short tempered with the consumer when they did not move despite multiple requests.
	+ There were few interactions between staff and consumers during the lunch time meal service in one of the five areas.
* Two staff said the consumer regularly expressed frustration with night staff saying they had not toileted them overnight. Both had not escalated this to management.
* A second care staff member advised consumers in one wing were sometimes found saturated (from incontinence) when morning staff arrived and this was not acceptable.

The Approved Provider submitted a written response which included an action plan in relation to the above matters and outlined it was committed to undertaking continuous improvement in its practices associated with consumer dignity and personalised care.

It reinforced the positive feedback received from multiple consumers and representatives and advised since the audit, the service had spoken to Consumer A regarding their concerns raised. As a result, an apology had been provided, a range of care actions established, and further actions were being implemented to address staff practices. Specific actions included:

* The provision of additional education to all staff in relation to dignity and personalised care.
* The service had disseminated information on dignity of care principles to staff and consumers.
* At the suggestion of Consumer A, a brief case study relating to their care experience would be shared via staff meeting.

In coming to a view about compliance, I have considered the Assessment Team’s findings and the Approved Provider’s response. Based on the information before me, I find the service Compliant in the Requirement. The reasons for my decision are based on the following:

* In relation to treating consumers with respect, I am not satisfied that staff interactions were consistently respectful to Consumer A and that staff did not raise their concerns regarding night duty staff. However, I note:
	+ The actions being undertaken by the service in order to address and rectify concerns with treating consumers with dignity and respect, including using this as an opportunity for the service to learn from Consumer’s A experience.
	+ In relation to other consumers’ continence management, I have considered this information more broadly in respects to Standard 3 Requirement (3)(a) and the delivery of care, along with consumer/representative feedback regarding overall continence management.
	+ Furthermore, observations by the Assessment Team regarding meal times showed, that in the majority of areas staff were engaging with consumers and on the last day observed staff were engaging with consumers in the area that was identified above.
* I have also considered the totality of evidence and other information reported by the Assessment Team in relation to this Requirement. This included:
	+ Overall, the Assessment Team had interviewed a further 18 consumers and representatives who had expressed consumers were being treated with dignity and respect, with consumers stating staff were ‘lovely’, ‘kind’ and ‘respectful’. In addition, of the 12 consumers sampled, 11 confirmed their identity, culture and diversity were valued by staff.
	+ Lifestyle assessments sampled captured individual interests, life story and cultural and religious needs and preferences. Staff sampled demonstrated familiarity with consumers’ backgrounds and could identify specific strategies to maintain consumers’ identity, culture, and diversity, such as supporting them to attend mass, participate in activities of interest and respecting consumer gender preferences when initiating personal care.

While I am of the view that staff practices were not acceptable in relation to this consumer, I acknowledged the actions being undertaken and I am satisfied the planned actions will address the concerns raised. I note overall, consumers and representatives were satisfied with the way staff treated consumers and staff were generally observed to engage consumers. Therefore, based on the information before me, I find the service Compliant in this Requirement

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

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

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected, and personal information is kept confidential.*

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Overall, sampled consumers considered they felt like partners in the ongoing assessment and planning of their care and services. For example:

* Most consumers confirmed they or a person of their choosing, was involved in care planning and had a say in the delivery of care and services.
* Most consumers said staff were aware of their needs and preferences and these were generally met.
* Representatives confirmed they were informed about incidents and were provided with frequent updates regarding outcomes of assessment and planning.

Staff interviewed were generally knowledgeable about care planning and assessment processes, including re-assessment, and confirmed care planning and assessment documents were readily accessible on the electronic system.

The service had monitoring processes in place, such as clinical audits and 24-hour progress note reviews and a range of policies and procedures, including an admission checklist, to guide practice. While care documentation reviewed demonstrated deficiencies in relation to assessment and care planning processes, the Assessment Team sighted evidence that care plans were reviewed regularly, including following changes in circumstances or incidents, were readily available and was generally based on ongoing partnership with consumers and others.

Care files viewed included recommendations from medical officers and allied health professionals and included evidence of individualised management strategies that had generally been devised in line with consumers’ needs and preferences.

The Assessment Team recommended Standard 2 Requirement (3)(b) as Not met as the service did not demonstrate it had not identified consumers’ goals across all aspects of service delivery and had not identified end of life wishes for consumers. Furthermore, I have also considered information within the Assessment Team’s report and the Approved Provider’s response and note the service was not able demonstrate there was an effective assessment and planning process in relation to the use of chemical restraint. Therefore, I find the service also Non-compliant with Standard 2 Requirement (3)(a). My reasons for my decisions are outlined below.

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

## Assessment of Standard 2 Requirements

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

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

Although the service demonstrated a range of assessment tools and risk assessments was used to inform care, the Assessment Team identified deficiencies in the service’s assessment processes in relation to the use of restrictive practices. In considering this information and the Approved Provider’s response, I have come to a different view and find the service Non-compliant. The reasons for my decision are outlined below:

* The Assessment Team noted assessment and planning documentation contained minimal information to identify and inform care and services in relation to restrictive practices (specifically chemical restraint). For example:
	+ The service had not recognised psychotropic medication for sampled consumers was a chemical restraint, despite the indication for use in medication charts to be for influencing their behaviour.
	+ Medication charts, restrictive practices authorisation forms and behaviour support plans were viewed for five consumers (Consumers L, M, N, O and P). The Assessment Team identified the service had not obtained informed consent to ensure it was authorised, nor was there any assessment or document detailing how the restrictive practice was to be used, monitored or reviewed.
	+ Furthermore, the Assessment Team identified Behaviour Support Plans did not reflect information regarding restrictive practice. I have, however, considered this in relation to Standard 8 Requirement (3)(e) and meeting legislative requirements.
* Although representatives for Consumer M and N advised they were satisfied with care and services, one of the two representatives, advised they could not recall a discussion regarding restrictive practices and was not aware medication dosage had changed recently.
* During the visit, I note for one consumer their medication and diagnosis had been reviewed by the medical officer and clinical management had provided an action plan to the Assessment Team to advised they would review the legislative requirements and refine assessment and planning documentation for restrictive practices.

The Approved Provider did not refute the Assessment Team’s findings and its response included the submission of an action plan in order to address the identified deficiencies. Its response included:

* 100% review of all consumers’ medications to confirm all diagnosis in relation to chemical restraint.
* Implement a standard assessment tool that informs all aspects of restrictive practice in line with legislation
* Implement a centralised register that is cohesive to the requirements under restrictive practices.

While I acknowledge the actions being undertaken, the service was not able to demonstrate an effective assessment and planning process to inform care specifically in relation to restrictive practices. I note the service will require a period of time to implement all actions and to demonstrate the sustainability of its systems. Therefore, based on the information before me, I find the service Non-compliant with this Requirement.

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

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

The Assessment Team found the service was not able to demonstrate assessment and planning had identified consumers’ goals across all aspects of service delivery, including the identification of current needs, goals and preferences with respects to advance care planning or end of life planning. The Assessment Team provided the following information and evidence relevant to my findings:

**In relation to goals of care**

Although consumers and representatives interviewed expressed satisfaction with care and services and considered goals of care to be addressed, the Assessment Team identified nine consumer files did not contain any goals of care in any assessment or care plan, and clinical management and staff confirmed goals of care had never been identified or captured during routine assessments and/or care plan evaluations.

**In relation to end of life wishes**

The Assessment Team identified for three of the four consumers, the service had not been consistently reviewing advance care planning or end of life routinely on admission or at care plan reviews as per its procedures and consumers had not been provided with opportunities to express end of life wishes until death was imminent. Three clinical staff advised whilst consumers were asked if they had an advance care directive on entering the service, they did not routinely initiate a conversation on entering or at care plan evaluations.

* For Consumer B, their end of life wishes was not identified in a timely manner prior to their death (in January 2022) and the service did not demonstrate advance care planning had been reassessed or discussed routinely or following deterioration. The Assessment Team identified the day prior to the consumer’s death, staff had begun charting an end of life pathway. While two discussions were noted to have occurred with family about expectations regarding comfort care and consent for pain relief medications, the end of life care pathway and advance health care directive palliative care plan did not identify any end of life wishes, goals or preferences and information about religious, cultural and spiritual needs was marked as ‘pending’.
* For Consumer C, their end of life wishes was not identified despite receiving comfort care and being under a palliative care team since September 2021. Care and clinical staff said the consumer was receiving comfort care but did not consider end of life was imminent.
	+ The Assessment Team noted whilst the consumer had an advance care directive (August 2021), the section relating to values and wishes was left blank and assessment and care planning documentation did not reflect those preferences communicated to the Assessment Team, such as having a religious priest. Consumer C said staff had not initiated a discussion about end of life care wishes but expressed they would be happy to.
	+ None of the staff interviewed by the Assessment Team were aware of, nor had identified the consumer’s end of life wishes.
* For Consumer D, the service had not identified their end of life wishes despite starting palliative care at the end of February 2022. The consumer was noted to have ceased oral medications and was receiving regular pain relief and anti-nausea medication since the mid-March 2022. The Assessment Team noted:
	+ The values and wishes section of the consumer’s advance care directive (February 2020) was left blank; the advance health care directive – palliative care plan was blank, and an end of life care plan had not been commenced.
	+ Progress notes documented a discussion with the consumer’s representative in March 2022 regarding the consumer’s conditions and wishes, however, there was no further documentation of end of life wishes or preferences.
	+ Whilst the consumer’s representative expressed satisfaction with the palliative care provided and felt informed of the consumer’s condition, they said the service had not initiated a discussion about end of life wishes.
	+ Care and clinical staff interviewed were not aware if Consumer D had any end of life wishes.

The Approved Provider submitted a response in relation to the Assessment Team’s findings which also included an action plan. Its response identified:

* In relation to goals of care – the organisation was committed to continuous improvement in gathering appropriate goals to enhance personalised care within the service and this was communicated to consumers and representatives via the service’s April 2022 newsletter with a planned date of completion by July 2022.
* In relation to end of life wishes – the organisation had previously identified the need to improve in this area of care and had succeeded in obtaining a grant to become a part of the End of Life Directions for Aged Care Project Linkages Program in association with a university on 29 March 2022.
* In relation to the four consumers identified by the Assessment Team, its response outlined:
	+ For consumer B – there was scope for improvement and reinforced the project the service has been engaged in.
	+ End of life care has been discussed with the consumer and their representative (in April 2022 following the site audit); this has been documented within the relevant care plan along with the representative’s satisfaction for all three consumers.
* Furthermore, it outlined the following actions being undertaken:
	+ Inform all consumers and representatives of the importance of goals, preference and end of life wishes to improve the collection of and application of this information for consumers.
	+ Ensure all consumers and representatives are encouraged to facilitate a review of their individual advance health care directives – palliative care plan to better inform staff of consumers’ preferences.
	+ Ensure consumers and their representatives consider the completion of advance care directives by promotion in newsletters and within the board goals of care project.
	+ Continue learnings and staff development as an outcome of being part of the End of Life Directions for Aged Care Project Linkages Program.

In coming to a view about compliance, I have considered both the Assessment Team’s findings and the Approved Provider’s response and find the service is Non-compliant. I acknowledge the service had reported discussions had since occurred for those consumers identified by the Assessment Team and the improvement actions being undertaken by the service. However, I am satisfied that at the time of the audit, the service was not able to demonstrate it had a process to ensure consumers’ goals were consistently identified as part of its assessment and care planning processes and this extended to the goals and preferences of consumers for advance care planning and end of life care.

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) Compliant

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Overall, sampled consumers considered they received personal care and clinical care that was safe and right for them. For example:

* Most consumers were satisfied with the personal and clinical care provided.
* Two consumers confirmed their pain was managed effectively and staff had responded to falls appropriately.
* Consumers and representatives confirmed consumers had access to medical officers and/or allied health professionals as and when they needed it.

The Assessment Team viewed a range of policies and procedures relating to best practice care delivery and staff confirmed they were easily accessible. The Assessment Team also viewed evidence the service had processes, such as daily progress notes reviews, clinical audits and weekly multi-disciplinary meetings, to identify, monitor, trend and analyse high-impact and high-prevalence risks for consumers.

Consumer files viewed demonstrated the service had identified high-impact or high-prevalence risk through assessment processes and documented individualised strategies for effective management in care plans. The Assessment Team noted the use of charting and evaluations for pain and wound, and referrals to medical officers and allied health professionals when appropriate. Staff demonstrated knowledge of sampled consumers’ personal and clinical needs and could relay individualised strategies for managing high-impact or high-prevalence risks, such as wounds, falls and pain.

The service had identified and responded to deterioration or changes in consumers’ function, capacity and condition, and mostly communicated information about the consumers’ condition, needs and preferences effectively within the organisation. The Assessment Team sighted evidence the service overall used standard and transmission-based precautions to prevent and control infection and promoted antimicrobial stewardship.

The Assessment Team recommended not met in relation to Standard 3 Requirement (3)(a) as the service was unable to demonstrate that one consumer was provided safe and effective personal care, specifically in relation to toileting and mobility, in accordance with their assessed needs. The Approved Provider provided a response in relation to the above matters and based on the information before me, I have come to a different view, and I find this requirement Compliant.

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team found that the service was not able to demonstrate each consumer received safe and effective care that was best practice, tailored and optimised the consumers’ health and well-being. The Assessment Team noted for one consumer (Consumer A):

* While staff demonstrated an awareness of the consumer’s needs, feedback and observations by the Assessment Team identified staff did not consistently provide toileting assistance when requested.
* Furthermore, two staff advised the consumer regularly expressed frustration with night staff saying they had not been toileted, however, this had not been escalated to management. A second care staff member advised other consumers (in Consumer A’s wing) that required two staff assistance were sometimes found in saturated clothing and incontinence aids and felt that night staff were not consistently undertaking their job correctly.
* Consumer A was assessed by a physiotherapist in relation to a function assessment in February 2022 which identified they required the assistance of one staff member. However, three staff said the consumer will self-propel in the wheelchair and does not need nor was provided with assistance.

The Assessment Team also identified deficiencies in relation to the management of chemical restraint particularly in relation to assessment and care planning processes. This included completion of documentation relating to informed consent and discussion of the risks. However, as this information is more relevant in Standard 2 Requirement (3)(a), I have considered this under that Requirement.

The Approved Provider’s response included a written submission and action plan. I note that:

* For Consumer A, in addition to the actions taken (as outlined in the Approved Provider’s response under Standard 1 Requirement (3)(a)), there has been further consultation regarding their care and services. Consultation had identified the consumer’s key goal or focus in relation to their continence management and further support was being undertaken to address this through care planning. The consumer had also agreed with the referral to a geriatrician and would be supported to have greater involvement in the care for their partner.
* In relation to actions regarding restraint, I have considered the Approved Provider’s response as detailed in Standard 2 Requirement (3)(a). I also note that for two consumers sampled this was administered as a last resort and staff advised they checked and documented the effectiveness of medication.

After considering both the Assessment Team’s report and the Approved Provider’s response, I have come to a different view and find the service Compliant in this Requirement. The reasons for my decision are based on:

* While I am not satisfied care for Consumer A was optimal or tailored to their needs, I note the service had outlined actions and strategies being implemented to address these.
* Interviews conducted by the Assessment Team with 11 other consumers, confirmed they received the personal and clinical care they needed, and services were tailored to their needs. Consumers said staff will assist with showering or dressing at their preferred time and enabled them to be as independent as possible.
* Although feedback from staff identified concerns at time with consumers in one particular area of the service not being assisted with continence needs, the Assessment Team noted three consumers residing in this area, confirmed staff assisted them with their toileting and personal care needs and they did not wait extended periods for their call bell to be answered.
* All six representatives stated consumers were always well cared for, noting their relatives have always been clean, dressed and groomed.
* Furthermore, the Assessment Team noted other aspects of clinical and personal care was being delivered:
	+ Staff had responded to reports of pain in a timely manner, documenting the location, experience, treatment, and effectiveness of interventions in assessment and care planning documentation.
	+ In relation to skin integrity, sampled consumers’ skin had been assessed and practices implemented to prevent and reduce skin breakdown. Where wounds, bruising or skin tears had been identified, staff had initiated wound management assessments and charting and adhered to dressing regimens. The Assessment Team noted two sampled consumers with pressure injuries were reviewed regularly by wound specialists and the wounds were improving.
	+ Seven staff interviewed demonstrated knowledge of each consumer’s personal and clinical needs and could describe how care was tailored and optimised consumers’ health and well-being. For example, care staff described how they supported consumers to shower and dress at their preferred time, how to manage consumers’ behaviours of concern and clinical staff advised how they managed diabetes, oxygen requirements and worked with consumers to provide stoma and catheter care.
	+ Management advised of the processes to support ensuring care delivered was in line with best practices.

Therefore, based on the information before me, I find the service Compliant in this Requirement.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Most sampled consumers considered they received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. For example:

* Consumers said they were supported to maintain their independence, participate in the community, undertake activities of interest to them and maintain social and personal relationships.
* Consumers sampled said they had support networks in place to support them when they were feeling low, such as talking to their family or the Chaplain.
* Consumers sampled confirmed their condition, needs and preferences had been identified by the service and were known by staff. This included dietary requirements and preferences, mobility aids, religious affiliations, emotional needs.
* Most consumers were satisfied with the meals provided by the service regarding variety, quality and quantity. Consumers confirmed they had input into the menu, could provide feedback and were provided with meal choices.
* Consumers said the service and equipment was clean and well maintained.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared.

Staff described what was important to individual consumers, their needs, and preferences. Staff provided examples of how they assisted and supported consumers to do the things they liked as well as provided emotional and psychological support when required. Staff confirmed they had access and were provided with relevant information about consumers to enable them to provide care and services.

Care planning documentation and assessments generally showed consumers’ needs, preferences and what was important to them was documented and communicated as required and informed how services were provided. Lifestyle care plans and assessments sampled included information about consumers’ relationships and family connections, leisure and interests, cultural needs, favourite things to do, and information regarding background and work history as well as emotional support strategies. However, consumer goals were not captured within care plans and following recent audit by the service, additional staff training was being provided due to identified gaps noted in assessments.

There was a lifestyle activity program which had been tailored to meet the preferences of consumers with external providers engaged to supplement the lifestyle program. The lifestyle team described how consumers were supported to undertake activities that were meaningful to them and meet their needs and preferences. The Assessment Team observed consumers participating in activities throughout the Site Audit and engaging in individual activities of their choosing.

Care planning documentation confirmed consumers’ dietary needs and preferences, including allergies, likes and dislikes, was obtained on entry to the service and changed as required. Menus were seasonal and developed in consultation with the dietitian, onsite chef and consumers through the recently implemented food focus group meetings. Systems were in place to ensure food safety requirements were being met.

Staff could describe how to report a problem with faulty equipment and lifestyle staff said they had access to enough equipment to assist them in undertaking lifestyle activities. Maintenance and cleaning documentation showed the service had reactive and preventative processes in place for maintaining equipment.

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall, sampled consumers considered they belonged in the service and felt safe and comfortable in the service environment. For example:

* All consumers sampled said they felt safe, found the environment welcoming, easy to navigate and clean.
* Consumers said they had personalised their rooms with items to make it more like their family home.
* Consumers confirmed they were supported by staff to go outdoors and could access outdoor areas without assistance.
* Consumers confirmed they felt safe using the equipment provided by the service.

The Assessment Team observed:

* While there was limited navigational signs to direct visitors and consumers, overall the service environment was welcoming, safe and well maintained. Courtyards, garden areas and pathways were maintained and free of any hazards.
* There were sufficient spaces for consumers to mobilise throughout the service, including being wheelchair accessible and handrails fitted in hallways and bathrooms.
* Consumers moving freely indoors and outdoors and using communal spaces to participate in activities, watch television, listen to music or when engaging with other consumers and visitors.
* Most furniture, fittings and equipment were safe, clean, well maintained and suitable for consumers. This includes mechanical and electronic devices, such as lifters and scales, in addition to furniture and fittings in communal areas and consumers’ rooms. Some items of furniture both indoors and outdoors were noted to require additional cleaning. Management stated they would review furniture items for cleanliness and additional cleaning if required.

Maintenance documentation showed processes were in place to ensure the service environment was safe, clean and well maintained. Preventative maintenance works were carried out in accordance with a schedule and fire safety provisions were inspected and monitored by an external contractor. Cleaning schedule records indicated general room cleans were completed daily, with a full room clean completed weekly.

Care staff confirmed they received training on the use of lifters and electronic items, were confident in their use and could relay how they would request repairs should any issues be identified. Management advised feedback from the consumers and surveys were used to monitor satisfaction with the service environment.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Overall, most sampled consumers considered they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken.

* Most consumers said they felt they could provide feedback and make a complaint and felt comfortable to do this.
* Consumers said they were satisfied with the resolution process if they raised an issue and were satisfied their families would be notified in the event something went wrong.
* Three consumers described how management have made improvements to their care and services in response to complaints and feedback. One consumer however, felt staff did not listen to them when they raise a complaint.

Consumers, representatives and staff were generally encouraged and supported to provide feedback and make complaints. Feedback and complaints, including external complaints authorities were advertised throughout the service, as well as within information packs. Consumers were made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Management and staff were guided by clear responsibilities based on their roles, responsibilities and timeframes to respond. Care staff said they received complaints training and if a consumer raises a complaint to them, they will try and fix it as most complaints received can be easily resolved without the need for escalation.
The service demonstrated it takes appropriate action when responding to complaints, an adverse event or incident. Feedback and complaints were captured through a variety of avenues and logged onto a feedback register, and continuous improvement opportunities were identified and actioned. Results demonstrate the service was responsive to verbal feedback and took action to address issues as they arise, however, the continuous improvement log did not always record actions taken as a result of consumer feedback.

The service reviewed feedback and complaints to improve the quality of care and services for consumers and staff could describe the open disclosure process. Management said complaints were collated and reported to the executive management team, with a monthly feedback analysis report generated.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Overall, most sampled consumers considered they received quality care and services when they needed them and from people who were knowledgeable, capable and caring. For example:

* A high portion of consumers and representatives confirmed staff were kind, caring and respectful and knew what they were doing. However, one consumer said staff were not always respectful to them.
* Overall, consumers and representatives considered there were enough staff who were skilled to meet consumers’ care needs and services.
* Consumers were satisfied staff were competent in their role.

The service demonstrated the workforce was planned to deliver safe, quality care and services. Staffing levels had remained consistent throughout the pandemic and part time, causal and agency staff were utilised for vacant shifts. Staff said shifts were generally filled and care staff said they had enough time to complete their duties and answer call bells. Some care staff identified at times they could benefit from an extra staff member; however, this had not impacted on their duties.

Overall, most workforce interactions with consumers were kind, caring and respectful of each consumer’s identity, culture and diversity. Staff interviewed displayed an understanding and knowledge of individual consumer’s care needs, however, the Assessment Team identified through observations and feedback from a consumer and staff member that at times there were instances where some staff interactions were not always respectful. This information has been considered in relation to Standard 1 Requirement (3)(a) including improvement actions being implemented.

Staff were employed, trained, supported and mentored through established systems, including regular and ongoing training. Staff were guided in their practice through job and person specifications relative to their roles and responsibilities. The organisation had systems to monitor staff were competent, had the qualifications and knowledge to perform their role.

Staff said they were supported to undertake training and professional development and undertake compliance and regulatory checks as part of their employment. Management said while staff have been trained to monitor, review and document the effectiveness or impact of restrictive practices used, the service had not recognised that some forms of psychotropic medication were considered chemical restraint and behaviour support plans updated to reflect legislative requirements. Management had implemented a continuous improvement activity in relation to an organisational wide review of their restrictive practices, which has been considered as an element Standards 2, 3 and 8.

Staff were supported in their role through supernumerary shifts, performance reviews and onsite mentoring. Results demonstrated there were established systems to monitor and review the performance of new and ongoing staff, including agency staff. Performance reviews were generally undertaken annually, while some staff were still outstanding they had been prioritised for completion. Management said they monitor both staff and consumer feedback, clinical indicators and other key performance indicators to identify where training opportunities may occur for staff. Staff said they had a performance review and could request additional training and support as needed.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall, most sampled consumers considered the organisation was well run, and they could partner in improving the delivery of care and services. For example:

* Consumers said the service was well run, they and their authorised representative were involved in the development, delivery and evaluation of care and services.
* Consumers described how they and their family were involved and notified of changes to their care needs, when their representative were notified of incidents, and how the service was responsive to their feedback.

The service had systems to engage and support consumers and/or their representatives in the development, delivery and evaluation of care and services. Entry and ongoing care and lifestyle review process, feedback, consumer experience survey, various consumer meetings and the newsletter helped inform, support and engage consumers in how they wanted the care and services provided. Results demonstrated consumers and their representatives were generally engaged in the care and services and supported to take risks.

The service’s governing body promoted a culture of safe, inclusive and quality care and services and was accountable to the Corporate Executive Team. Management generated various reports that were provided to the Executive Risk Committee and Corporate Meetings. Management outlined the improvements made in relation to their incident management systems and demonstrated Serious Incident Response Scheme incidents were investigated and discussed at a corporate level. Information regarding the Quality Standards was displayed around the service, was contained in service documents and information packs provided to consumers and their representatives.

The service generally had effective organisational wide governance systems that promoted and supported the safe delivery of quality care and services. This included overall effective systems relating to information management, continuous improvement, financial governance, workforce governance, including assignment of clear responsibilities and accountabilities, regulatory compliance and feedback and complaints. However, the service’s management and staff have not identified and implemented changes to legislation related to restrictive practices – chemical restraint and this has been further considered in relation to Standard 8 Requirement (3)(e).

There were overall effective risk management systems and practices in place relating to the identification of high impact or high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

The Assessment Team however recommended that while the service has a clinical governance framework that included antimicrobial stewardship and open disclosure, its framework for restrictive practice was not aligned to legislative requirements (Standard 8 Requirement (3)(e)). The Approved Provider provided a response in relation to the above matters, however based on the information before me, I find the service Non-compliant with this Requirement.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

### Requirement 8(3)(e) Non-compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The Assessment Team found the organisation had a framework in place for antimicrobial stewardship and open disclosure. However, it was unable to demonstrate a clinical governance system was embedded to ensure the effective identification, authorisation and consultation for minimising the use of restrictive practices (namely chemical restraint). Information and evidence gathered by the Assessment Team relevant to my findings included:

* The organisation had policies to guide staff practice in relation to supporting the minimisation of restrictive practice, however, this was not reflective of the guidelines or amended *Quality of Care Principles* (2014) legislation.
* Furthermore, the Assessment Team identified clinical management and nursing staff were not aware of their legislative responsibilities in relation to key changes to restrictive practices for Approved Providers from 1 July 2021 or what constituted chemical restraint.
	+ Clinical management did not consider any consumers at the service to be on chemical restraint and reported they had not received any training on restrictive practices. the Assessment Team noted that management said staff received toolbox training on restraint on 7 April 2021.
	+ Behaviour Support Plans did not reflect information regarding restrictive practice (chemical restraint) as required under the Quality of Care Principles.
* The service maintained a chemical and physical restraint register/psychotropic medication list which identified over half of consumers were prescribed some type of psychotropic medication. The Assessment Team identified consumers had been prescribed and administered psychotropic medications that influenced their behaviour, however, there was not an effective assessment process to support the appropriate identification, authorisation and consent from the consumer and/or their representative for the use of chemical restraint.
* The Assessment Team discussed with the service the legislative requirements related to the Restrictive Practices reforms and chemical restraint and Behaviour Support Plans. Management said they would undertake a review of all the psychotropic medications prescribed and review the Behaviour Support Plan requirements with their legislative requirements and obligations.
* Clinical management provided the Assessment Team with a Restrictive Practice Organisational Review on the last day of the site audit. Actions outlined included:
	+ Current assessments and process regarding restrictive practices (Restrictive Practices Authorisation Form/ Restrictive Practice Assessment and Behaviour Support Plans will be reviewed against the requirement of the *Quality Care Quality Principles* (2014).
	+ Restrictive practices training will be commenced for all clinical staff.
	+ Review of consumers’ medication and diagnosis in relation to chemical restraint.
	+ Implement a standard assessment tool that informs all aspects of restrictive practice in line with legislative practices and educate staff on the new process.

The Approved Provider’s response included a written submission and an action plan. Its response acknowledged there was a deficit in the interpretation of restrictive practices guidelines after being directed to the Quality of Care Principles and this practice was now under review by the organisation. Furthermore, it reported the following actions were being undertaken:

* The site has commenced a 100% audit of restrictive practices assessments and behaviour support plans to ensure congruent information is present and in line with legislative requirements and that restraint is only used in response to proper clinical assessment.
* Implement a standard assessment tool that informs all aspects of restrictive practice in line with legislative requirements.
* Implement a centralised register that is cohesive to the requirements under restrictive practices.

At the time of the Site Audit, the service had presented an action plan to the Assessment Team which included the above areas as well as education to be provided to all staff.

In coming to a view about compliance, I have considered the Assessment Team’s report and Approved Provider’s response. I note the Approved Provider had acknowledged the deficiencies in its system related to restrictive practices and were working to address these. However, at the time of the visit, the organisation was not able to demonstrate its clinical governance framework was implemented consistent with legislative requirements. Therefore, based on the information before me, I find the service Non-compliant in this Requirement.

# Areas for improvement

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

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

* Ensure assessment and planning processes are effective in identifying the use of chemical restraint and that appropriate assessments are undertaken to inform care delivery.
* Ensure assessment and planning processes are effective in identifying and addressing consumers’ needs, goals and preferences relating to their care, as well as in respect to the end of life or advance care planning.
* Ensure consumers and/or representatives are engaged in the assessment and care planning processes.
* Ensure staff are trained in changes to the service’s assessment and planning processes.

**Standard 8 Requirement (3)(e)**

* Implement a clinical governance framework to ensure policies, procedures and practices are reflective of current requirements for minimising restraint.