Isomer Aged Care Facility

Performance Report

1273 Wellington Road
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**Commission ID:** 3199

**Provider name:** Islamic Society of Melbourne Eastern Regions Inc

**Site Audit date:** 22 March 2022 to 25 March 2022

**Date of Performance Report:** 12 May 2022

# Performance report prepared by

Adrian Clementz, 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) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **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 provider’s response to the Site Audit report received 19 and 20 April 2022.
* Assessment Contact dated 3 May 2021 and Assessment Contact – Desk dated 20 September 2021, and the associated performance reports dated 3 June 2021 and 4 November 2021 respectively.
* Notice of requirement to agree dated 14 October 2021.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers and representatives expressed satisfaction consumers are treated with dignity and respect and that their identity, culture and diversity is valued.
* Consumers and representatives described how staff value the consumers’ culture, values and diversity.
* Consumers and representatives are satisfied they are supported to exercise choices and preferences in relation to care and services and are satisfied consumers are able to maintain relationships they choose.
* Consumers interviewed were satisfied they were supported to take risks to live the best life they can.
* Consumers and representatives sampled are satisfied that information is current, accurate, timely and communicated in a way that is clear, easy to understand.
* Consumers and representatives are mostly satisfied consumers’ personal privacy is respected and their personal information is kept confidential.

Staff were observed treating consumers with respect and understood their individual choices and preferences. Staff described how they provide culturally safe care to consumers; how they support consumers to continue relationships of choice; how they support consumers take risks; and, how consumers are provided with relevant information.

Consumers’ care planning documents include information about their individual preferences and the people who are important to them. The organisation has policies and procedures to support staff practice including confidentiality of personal information.

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.*

### 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Consumers and representatives generally consider they are a partner in ongoing assessment and planning that helps them get the care and services they need. For example:

* Consumers interviewed are satisfied staff consult them about their current needs and preferences.
* Representatives spoke positively about review of care.
* Consumers and representatives are generally satisfied in their involvement in ongoing partnership ion care.
* Consumers and representatives are satisfied outcomes of assessment and planning are communicated to them, however were not all aware they could access plans of care.
* The provider’s response includes a plan for continuous improvement to address conflicting consumer feedback about being a partner in care and access to plans of care through the strengthening consumer review and consultation processes.

While the service has a suite of assessments and file reviews indicate risks and associated interventions are planned for in relation to other aspects of clinical and personal care, risks associated with use of psychotropic medications and restrictive practices are not assessed and relevant plans of care developed.

Clinical staff described how they encourage completion of advanced care directives for consumers. Care staff described current needs, goals and preferences for sampled consumers. Staff described with examples how they involve and consult the consumer/representative and others as relevant in assessment and planning. Staff described how they communicate outcomes of assessment and planning to consumers and their representatives. Staff stated they have ready access to consumer plans of care and management said these are available to the consumer/representative. Staff described the clinical review process and how changes are communicated.

Care documentation sampled was consistent with consumers’ current needs and goals. Care documentation generally demonstrates involvement of consumers/representatives and other providers of care and services in assessment and planning. Care documentation reflect regular reviews of consumer care as per the structured review schedules and where an incident had occurred or a change in the consumer’s condition was recognised.

The Quality Standard is assessed as Non-compliant as one 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.*

The Assessment Team found assessments and care planning did not always consider or inform the delivery of safe and effective care for individual consumers specifically in relation to use of psychotropic medications and restrictive practices.

Evidence was provided for four sampled consumers prescribed psychotropic medications, including those considered a restrictive practice, that showed appropriate assessment, including for risk, and subsequent planning of care, did not occur for the use of these medications. Where this was a restrictive practice, the informed consent of the consumer and/or their substitute decision maker was not obtained.

The provider’s response stated management had identified deficits in the monitoring of the use of psychotropic medications and a plan for improvement had been raised on the day prior to the audit for action by the clinical care coordinator who commenced duties on the day prior to the audit.

For the four sampled consumers included in the site audit report, the provider’s response included evidence the service has since carried out an assessment of risk in relation to the use of psychotropic medications, developed a plan of care for the risk or restrictive practice, and, where relevant obtained the consent of the consumer/substitute decision maker. These were commenced toward the end of the audit and completed subsequent to the audit.

In response to other evidence that staff do not always undertake assessment and planning in accordance with the policy and procedures in relation to pain charting and review for one consumer, the provider’s response included evidence of medical officer and clinical staff reviews and relevant charting for that consumer.

My decision draws on the evidence in relation to assessment and planning for psychotropic medications and the obtaining of informed consent. While I acknowledge the service had identified deficits in processes prior to the audit, planned action had not commenced at the time of the site audit to address these deficits. I note and acknowledge the remedial action taken by the provider during and after the audit, however these actions, including plans to link reviews to the care consultation process, are newly completed and may not be fully embedded in staff practice. For this reason and that the service was not complying with the intent of this requirement at the time of the audit, I find the service non-compliant with this requirement.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) 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 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Consumers sampled consider they receive personal and clinical care that is right for them. For example:

* Representatives discussed how they were supported to document end of life preferences for their consumers.
* Consumers and representatives are satisfied consumers have timely access to other health professionals and providers of care.
* Representatives are satisfied they are contacted when their consumer is unwell or following an incident.

Care documentation reviewed indicates effective management of high impact high prevalent risk including falls, catheter, diabetes and weight loss. Care documentation sampled indicate changes and deterioration in consumer health or condition is recognised and responded to in a timely manner. Care documentation demonstrated regular and ongoing contributions from medical officers and other health professionals. Medical officers and allied health services contribute progress notes to the service’s electronic care documentation system.

Staff described high impact high prevalent risks relevant for consumers and interventions to manage these risks. Staff confirm they have received palliative care training and on how to access equipment and external palliative services to support consumer comfort. Staff were able to describe their role in identifying, responding to and escalating changes in a consumer’s condition. Clinical staff described how they access allied health and specialist services such as geriatricians and in-reach providers. Staff said handover occurs daily and the handover sheet is updated daily.

Management has implemented improvements to ensure the service is able to manage an outbreak of COVID-19. Revised policies and plans are in place to inform infection control and an outbreak response. Staff demonstrated a working knowledge for the minimisation of infection control risk and their practice observed to support this. Staff have received training relevant to their roles. Staff demonstrated an effective working knowledge in antimicrobial stewardship. The service tracks the vaccination status of staff and consumers.

However, the service does not always recognise a restrictive practice and use best practice to enable the minimisation of chemical restrictive practices.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team identified the service does not always recognise a restrictive practice and does not apply best practice principles to enable the minimising of chemical restraint and use of psychotropic medications. This was illustrated through evidence for three consumers:

* A consumer was prescribed an antipsychotic for agitation, as a regular and as required administration, following a medical officer review in February 2022. The service had not recognised this as a restrictive practice, and informed consent from the consumer not obtained, a risk assessment completed, or, planned for individualised alternative non-pharmacological strategies. The provider’s response acknowledged the deficit and included recently completed informed consent, restrictive practice and risk care plans. It was noted from evidence in the site audit report and the provider’s response, the consumer who was assessed as a falls risk, experienced a fall with head strike two days after the antipsychotic medication was prescribed. A goal of the consumer is to reduce falls, however the new medication has been known to increase falls risk due to sedation and balance loss.
* A second consumer is prescribed an as required benzodiazepine for anxiety which the service had not considered as a restrictive practice, and there was no informed consent, risk assessment or planning for individualised alternative non-pharmacological strategies to guide staff practice. The provider’s response stated the psychotropic medication is prescribed for a diagnosis of anxiety, however did not provide evidence to support this. Irrespective of whether the medication is prescribed for the diagnosis, it is also prescribed on an as required basis. An event of anxiety would have a trigger, and an intent of minimising restrictive practices is the trail off non-pharmacological alternatives before administering as required medication. These were not assessed or documented.
* A third consumer is prescribed an as required benzodiazepine for anxiety and agitation which the service had not considered as a restrictive practice. There was no informed consent, risk assessment or planning that includes individualised alternative non-pharmacological strategies. The provider’s response acknowledged the deficit and included a subsequently completed risk assessment, informed consent and a risk care plan, however the documentation submitted does not specify triggers and non-pharmacological interventions.

The Assessment Team presented evidence that while a consumer had individualised wound treatment strategies, wound assessment was not completed effectively. The provider refuted this evidence and provided documentation clarifying effective management of the consumer’s wounds. I am satisfied the provider’s evidence addresses the evidence presented by the Assessment Team.

The Assessment Team also presented evidence staff did not escalate an observation of pain for a consumer during morning care which resulted in the consumer not receiving timely pain relief. The provider’s response and evidence highlighted the pain-relieving medication regime, the triggers and non-pharmacological strategies the staff were aware of and used on the day, and, pain relief administered that morning. I am satisfied the provider’s evidence addresses the evidence presented by the Assessment Team.

My decision of non-compliance in this requirement is based on the three examples of the service not following best practice principles for restrictive practices. I acknowledge the remedial action taken by the provider during and after the audit. However, these actions are newly implemented and have not been evaluated as fully embedded in staff practice.

### 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.*

A Notice of Requirement to Agree in relation to this requirement was issued on the 14 October 2021 where the service was found to have failed to demonstrate that infection related risks are minimised during a COVID-19 outbreak. Prior to this the requirement had been found to be non-compliant at an assessment contact on 3 May 2021, where it was identified management were not familiar with the service’s outbreak management plan, ineffective entry screening processes, inadequate infection control supplies and staff not complying with required infection control practices. In an assessment contact - desk on 20 September 2021 it was identified the infection prevention and control lead had still not completed relevant training for the role.

The Assessment Team provided evidence improvements have been implemented to address deficits relating to the ability for the service to manage an outbreak of COVID-19. These include an updated outbreak management plan, staff training in infection control, and, the lead completing infection prevention and control training.

Management and clinical staff demonstrated an understanding of how infection related risks are minimised in the service. Observations of staff practice during the audit showed practice consistent with guidelines, effective entry to service protocols, and, sufficient availability of personal protective equipment supplies.

In coming to my decision, I have considered the improvements implemented to address the existing deficits, and the overall evidence relating to this requirement. I am satisfied the service has sufficiently demonstrated compliance with this required.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers and representatives are satisfied with the services and supports for daily living to meet consumer’s needs, goals and preferences.
* Consumers and representatives described how consumers’ are supported by staff in the service to maintain emotional, spiritual and psychological well-being.
* Most consumers sampled are satisfied with support to participate within the service and in the outside community as they choose.
* Most consumers and or their representatives expressed satisfaction with meals regarding the quality and quantity provided.

Staff described what is important to consumers and what they like to do.Staff explained what they would do when they notice that a consumer is not themselves, and how they provide individualised care and responses to that consumer. Staff described methods used for keeping them informed of changes in consumer care and services. Lifestyle staff discussed how they liaise with a range of external services; however pandemic restrictions limited a number of these supports. Staff interviewed confirmed they have adequate access to the equipment they need.

Care documentation included information about the services and supports consumers need to help them do the things they want to do. The service has processes and systems in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided. Care documentation reflect dietary needs or preferences.

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

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

### 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers and representatives expressed satisfaction the service environment is welcoming.
* Consumers and representatives are satisfied consumers are able to move freely both indoors and outdoors.
* Consumers and representatives are satisfied furniture, fixtures and equipment are clean and well maintained.

The service environment was observed as maintained, clean, uncluttered, suitably furnished and well-lit. There are a range of communal spaces to optimise consumer engagement and interaction, and access to outside areas.

Staff described how they assist consumers with limited mobility to move freely around the service, both indoors and outdoors. Staff confirmed they have sufficient, well-maintained equipment to support consumers.

The service demonstrated processes to ensure furniture fittings and equipment.

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 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

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

* Most consumers and representatives said they are informed of ways to make both internal and external complaints and are encouraged and supported to provide feedback.
* Consumers and representatives said they are satisfied that they can raise issues with staff or make complaints directly to management.
* Consumers and representatives mostly described how the service actions their complaints in a timely manner.

Staff demonstrated an awareness of the complaints process and how to support consumers to provide feedback. Staff demonstrated an understanding of how to support consumers with cognitive impairment and/or language barriers, and what to do in the event a consumer needs to provide feedback. Management and staff demonstrated an understanding of how they follow the service’s open disclosure approach. Management described how complaints data is reviewed and provided examples of how feedback informed improvements in quality of consumer care and services.

The service has procedures to support consumers with varying needs to provide feedback. Information on advocacy and language services is displayed. Complaints records showed feedback is actioned appropriately and an open disclosure approach is used.

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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most consumers and representatives considered that consumers get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers and representatives described staff as kind, caring, polite and they attend to consumers in a gentle manner.
* Most consumers and representatives considered staffing as adequate and requests for assistance are attended in a reasonable time.
* Most consumers and representatives said staff are informed and knowledgeable about their roles and conduct their duties with competence and confidence.

Staff were observed throughout the site audit to treat consumers in a caring, kind and respectful manner.

The service has implemented improvements to the planning of the workforce to enable the delivery of safe and quality care and services (see Requirement (3)(a) below).

Staff are satisfied they have sufficient time to complete their duties. Rosters show shifts are filled and replaced where required. Records show call bells are responded to a timely manner and there are real-time processes to escalate to management instances when call bells are not answered in the required timeframe.

The service has implemented improvements to ensure the workforce is trained and supported to deliver the outcomes required by these standards (see Requirement (3)(d) below).

Management described how they determine and monitor staff are competent and capable in their role. Clinical and care staff are satisfied with the training they receive, and they feel confident in their roles.

Documentation shows staff complete a range of mandatory education and competencies, and that staff access training driven by consumer needs. Recruitment processes incorporate relevant competencies and role requirements.

Management described and demonstrated processes to assess, monitor and review the performance of staff. The workforce confirmed appraisal of performance occurs.

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.*

A Notice of Requirement to Agree in relation to this requirement was issued on the 14 October 2021 when the service failed to demonstrate that the workforce at the service was sufficient to enable the delivery and management of safe and quality care and services during an outbreak of COVID-19.

The Assessment Team found the service has recruited new clinical and care staff and increased access to replacement staff. A new rostering system is in place to enable better management of planned and unplanned leave.

A full-time general manager is in place and a clinical care manager recently commenced duties. Clinical and care staff are satisfied there are sufficient staff and confirm unplanned leave is replaced. Rostering documentation shows shifts are filled and vacancies and leave filled. Management said the new rostering system provides greater visibility of vacant shifts for staff to nominate their availability. There is a bank of casual staff and the service has access to replacement staffing services.

Most consumers and representatives are satisfied levels of staffing meet the needs of consumers.

In coming to my decision, I have considered the improvements implemented to address the existing deficits, and the overall evidence in the audit report relating to this requirement. I am satisfied the service has sufficiently demonstrated compliance with this requirement.

### 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.*

This requirement was found to be non-compliant following an assessment contact on 3 May 2021 in relation to the service’s workforce not being adequately trained in outbreak awareness, infection control and response to serious incidents, and the nominated infection prevention and control lead was not trained for the role. A further assessment contact conducted on 20 September 2021 identified the nominated infection prevention and control lead had not yet completed the required training.

At this site audit, the Assessment Team found that staff have completed planned mandatory training including in infection control, outbreak management, serious incident reporting, incident management and restrictive practices. Staff described with examples how feedback mechanisms are used to identify training and deliver to support the delivery of outcomes. The general manager has received infection prevention and control lead training and the recently appointed clinical care manager had commenced this training at the time of the audit.

I have considered the evidence supporting the new non-compliance identified at the site audit. While this evidence indicates deficits in the understanding and application of restrictive practices, I also note the Assessment Team’s evidence that all staff have completed restrictive practices training.

I have placed weight on the improvements achieved by the service and the other evidence presented by the Assessment Team in relation to this requirement in forming a view that the service is on balance compliant with this requirement.

### 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Consumers and representatives generally considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers are satisfied they are supported to live their lives in a way that meets their needs and preferences.

Management and staff described how they involve consumers and representatives to feel supported and engaged in delivery of care and services.

The governing body has developed, implemented and documented expectations for the service and individuals to follow to promote safe, inclusive and quality care and services.

The service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Deficits identified previously have been addressed (see Requirement (3)(c) below).

Most staff demonstrated knowledge of the service’s approach to identifying and managing high impact risks for consumers; the process they follow for responding to abuse and neglect of consumers; and, the service’s incident management system.

The service has a risk management framework and policies describing how high impact high prevalence risks and abuse and neglect associated with care of consumers is reported and managed. The clinical governance committee meets regularly to discuss and analyse reported incidents and review quality indicator results.

The service demonstrated a clinical governance framework that includes antimicrobial stewardship, open disclosure and minimising the use of restraint, and staff have received training in these areas. Staff demonstrated an understanding and effective practice of antimicrobial stewardship, open disclosure and physical and mechanical restrictive practices.

However, management and staff were unable to demonstrate effective monitoring application of best practice principles for minimising chemical restrictive practices.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have 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.*

This requirement was found to be non-compliant in relation to meeting legislated obligations for the Serious Incident Reporting Scheme (SIRS) and Infection prevention and control leads following an assessment contact on 3 May 2021. An assessment contact conducted on September 2021 identified these deficits were still present and further deficits in governance were identified in the areas of continuous improvement, workforce, and, feedback and complaints.

The Assessment Team at this site audit found the service has effective governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

In relation to continuous improvement, the organisation’s committee of management now has oversight of the ongoing monitoring of improvements and quality indicators and these matters are discussed at senior management meetings. Feedback and complaints are now linked to the service’s continuous improvement system and trending and analysis of complaints are provided to the committee of management.

In relation to workforce governance, the service has a full time general manager and a clinical care manager has recently been recruited.

In relation to regulatory compliance, the president/secretary of the committee of management has overall responsibility for tracking notifications of changes to legislation and communicating these to the general manager. SIRS training has been provided to staff and the service now accesses and uses SIRS reporting portals. The general manager has completed, and the clinical manager in the process of completing, infection prevention and control lead education.

Taking all the evidence in the site audit report in relation to this requirement into account and the specific improvements to address existing non-compliance, I am satisfied the service is compliant with this requirement.

### 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 while the service has policies in relation to restrictive practices and staff had received training in these areas, staff practice did not minimise the use of chemical restraint and organisation’s processes to monitor this was not effective. Evidence included:

* The service’s register for monitoring psychotropic use was only available to the Assessment Team on the second day of the audit.
* Management and staff had not recognised all consumers who were subject to chemical restrictive practices and best practice principles were not applied to minimise the use of the restraint. This included not seeking informed consent from the consumer/substitute decision maker and ensuring individual support plans were in place to guide staff.

The provider’s response states that the service had identified deficits in the psychotropic monitoring tool prior to the audit and a continuous improvement item to review the register and consumers was raised on the day before the audit and tasked to the clinical care coordinator who commenced duties on that day, and this had been discussed with the Assessment Team.

Since the audit:

* The provider convened a meeting on the 8 April 2022 with consumers and representatives to discuss restrictive practices and psychotropic medications and included consumer rights in relation to consent and withdrawal of consent.
* All registered nurses have received additional training on psychotropic medications since the audit to ensure they are aware of current protocols and requirements. Evidence was provided as part of the response.
* Action taken to address deficits is recorded in Standard 2 Requirement (3)(a) and Standard 3 Requirement (3)(a).

I have considered the available evidence, including information the provider was planning a review of psychotropic use in the service, and the actions taken by the provider during and since the audit. However, my decision draws on the circumstances at the time of the audit which demonstrates ineffective monitoring, understanding of, and, practices to minimise use of restrictive practices. The remedial action taken and practices flowing from additional education provided to staff are yet to be evaluated as fully embedded in staff practice. For these reasons, I find the service non-compliant with 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.

* Ensure processes to assess and plan for the risk associated with use of psychotropic medication and chemical restrictive practices are embedded and effective.
* Ensure best practice is employed in the management of chemical restrictive practices.
* Ensure the service’s governance processes effectively monitor the use of restrictive practices and the psychotropic medication.
* Ensure staff have the knowledge to effectively apply the service’s policies and procedures to minimise restrictive practices.