Performance

Report

**1800 951 822**

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| Name: | Juniper St David's |
| Commission ID: | 7143 |
| Address: | 17-19 Lawley Crescent, MOUNT LAWLEY, Western Australia, 6050 |
| Activity type: | Site Audit |
| Activity date: | 4 June 2024 to 6 June 2024 |
| Performance report date: | 25 July 2024 |
| Service included in this assessment: | Provider: 93 Uniting Church Homes  Service: 4671 Juniper St David's |

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

**This performance report**

This performance report for Juniper St David's (**the service**) has been prepared by M Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the site audit report, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the provider’s response to the assessment team’s report received on 22 July 2024, including a Plan for Continuous Improvement (PCI) and a range of other documentation and actions undertaken following the site audit.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

**Standard 2 Requirement (3)(a), (3)(d) and (3)(e)**

Review policies and procedures and ensure:

* initial assessment processes, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services, specifically relating to restrictive practices, pain, and accurate recording of consumer diagnosis profiles to support effective and timely medical treatment.
* where an assessment is undertaken, the outcomes and management plans are effectively communicated to the consumer and documented in the care and service plan. Ensure consumers and where appropriate their representatives, are aware of and can access their care and service plan.
* 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. Relevant strategies are reviewed for effectiveness, specifically for pain, falls and wound management, and following deterioration of consumers’ condition.

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

Review policies and procedures and ensure:

* each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practiced, tailored and optimises their health and well-being in relation to bowel management and the provision of personal care.
* ensure effective management of high impact or high prevalence risks associated with the care of each consumer. Specifically, staff undertaking neurological observations consistently, risk of falls being effectively managed, time sensitive medication administered as ordered, and consumers who experienced changed behaviours have their changed behaviours effectively managed.

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

Review policies and procedures and ensure:

* effective risk management systems and practices, including in relation to high impact or high prevalence risks associated with the care of each consumer, and managing and preventing incidents, including the use of an incident management system.
* staff are completing incident forms where required to support the effective use of the incident management system.

# Standard 1

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

Findings

Consumers are treated with dignity and respect with their identity, culture and diversity valued. Staff were observed interacting with consumers in a way that respects their privacy and dignity. Care planning documentation demonstrated consumers’ preferences and background were documented and enabled staff to deliver care and services consistent with their preferences.

Care and services provided to consumers were culturally safe. Therapy staff explained how the service supports consumers to celebrate their culture throughout the year. Care planning documentation showed individual interests, customs, beliefs, culture and ethnic backgrounds to support cultural safety. Staff members from various disciplines were aware of consumers’ cultural preferences and confirmed they celebrate cultural events, holidays and special occasions.

Consumers and representatives said they are given choice about when care is provided, and confirmed their choices were respected. Staff members said they support consumers to make decisions and provided examples such as encouraging consumers to choose their own clothing, menu selections and social activities.

Consumers are supported to take risks which enables them to live their best lives. Staff demonstrated they were aware of risks taken by consumers. Documentation showed consumers are supported to take risks and relevant consultation is undertaken.

Consumers and representatives said the information they receive is accurate and communicated in a timely manner to support choice and decision making relating to personal and clinical care, meals, and lifestyle activities. The assessment team observed a range of information on notice boards to support consumer choice including an activity calendar, newsletter, and a range of other documentation in consumers’ rooms.

Consumers’ privacy is respected, and personal information is kept confidential. Consumers and representatives said staff respect consumers’ privacy and their information is kept confidential. Staff have access to an electronic care management system which was observed to be password protected.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in Standard 1 Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Not Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Not Compliant |

Findings

Requirement (3)(a)

The assessment team recommended requirement (3)(a) no met. The service could not demonstrate for three consumers relevant assessment and planning was completed to inform the delivery of a safe and effective care and services specifically pain, chemical restraint, and having access to an accurate medical diagnosis list to support timely medical treatment. The following evidence was considered relevant to my finding:

Consumer A

* The consumer was prescribed medication in the form of chemical restraint, however, relevant assessment and planning was not completed until 20 days after the initial medication order. The consumer also had a pain associated diagnosis, however, consistent monitoring was not undertaken to support effective pain assessment.

Consumer B

* Documentation showed the consumer was receiving incorrect medication for four days on entering the service, which was not identified during the initial assessment process.

Consumer C

* The consumer did not have an accurate diagnosis list completed on entry approximately two years prior. The consumer experienced a recent incident requiring medical treatment, however, the representative stated the treatment was delayed as the care documentation was not accurate.

The provider’s response accepted the assessment team’s findings. A PCI was submitted in the response detailing actions which included: conduct training for staff on involving consumers in assessment and planning, reviewing the admission procedure, implementing a training program on risk assessments, reviewing chemical restraint documentation, providing training on timely pain assessments/medication administration, and clarifying roles and responsibilities in relation to documentation.

Based on the assessment team’s report and the provider’s response, I find the service did not demonstrate relevant assessment and planning was completed for Consumers’ A, B and C, including consideration of risks to the consumers’ health and well-being to inform the delivery of safe and effective care and services. For Consumer A, on entry, a relevant assessment was not undertaken to inform safe and effective pain management, and relevant assessments were not undertaken to support effective medication management in the form of chemical restraint. For Consumer B, on entry, a relevant assessment was not undertaken to identify the consumer was receiving incorrect medication. For Consumer C, a relevant assessment was not undertaken to accurately record the consumer’s diagnosis profile to inform effective service delivery. In coming to my decision, I have considered the PCI submitted, which has a range of improvements, are yet to be implemented and monitored for effectiveness.

Based on the information summarised above, I find requirement (3)(a) non-complaint.

Requirement (3)(d)

The assessment team recommended requirement (3)(d) not met. The service was did not demonstrate outcomes of assessment and planning are effectively communicated to consumers and where appropriate relevant representative. Consumers and representatives said they are not informed of outcomes of assessment and planning and have not received a care plan by email or in person following a review. The following evidence was considered relevant to my finding:

* Seven consumers and representatives said they have never seen their care plan, including for Consumers D, C, E and F.
* The PCI prior to the site audit identified not all consumers were aware of having a care plan and included a range of actions.
* Staff were observed accessing a range assessment and care planning documentation on the electronic system.
* Inconsistent feedback was provided to the assessment team on relevant processes to inform consumers of outcomes following assessment and care planning processes.

The provider’s response accepted the assessment team’s findings. A PCI was submitted in the response detailing actions which included: clarifying roles and responsibilities in relation to informing consumers of outcomes following assessments and development of care and service plans, providing copies to consumers of care and service plans, and implementing a new process to inform representatives and consumers following the completion of a case conference.

Based on the assessment team’s report and the provider’s response, I find for Consumers D, C, E and F the service was not able to demonstrate outcomes of assessment and planning were effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer. Whilst staff have access to a care plan at the service, I have considered the inconsistent evidence from management and staff in relation to roles and responsibilities to support effective communication of outcomes following assessments. Evidence from 7 consumers and representatives, including Consumers’ D, C, E and F demonstrated they were not aware of their care plans or the information contained within them. Whilst I recognise the service identified this deficit prior to the site audit, relevant improvements were not implemented nor sustained, and I have considered the PCI submitted which has a range of improvements, are yet to be implemented and monitored for effectiveness.

Based on the information summarised above, I find requirement (3)(d) non-complaint.

Requirement (3)(e)

The assessment team recommended requirement (3)(d) not met. The service was not able to demonstrate care and services are reviewed for effectiveness when circumstances change, or when incidents impact on the needs, goals and preferences of the consumer, specifically in relation to falls, wounds, and pain. The following evidence was considered relevant to my finding:

Consumer G

* Documentation showed Consumer G had a change in their condition being pain with strategies not being effective, however a further review of pain management strategies or relevant monitoring was not undertaken. Documentation showed the consumer was subsequently transferred to hospital for a suspected infection following a period of 4 days.

Consumer H

* Documentation shows the consumer has a number of chronic wounds, however care documentation does not show a specific wound management plan for the 4 wounds.
* Dressing changes are to be undertaken every 3 days, however, documentation shows a period of 5 days.
* Documentation showed for one wound a possible infection, however, no further referral or review occurred.

Consumer C

* The consumer experienced a fall and sustained an injury, however, the consumer’s falls management strategies were not reviewed.

The provider’s response accepted the assessment team’s findings. A PCI was included in the response and included a review of the care planning policy and case management process.

Based on the assessment team’s report and the provider’s response, I find the service was not able to demonstrate 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, specifically for Consumers’ G, H and C. I have considered for Consumer G, an evaluation and review of pain management strategies was not undertaken whilst noting the current strategies were not effective. For Consumer H, review processes were not effective as the consumer’s wounds were not being dressed every 3 days consistently, which was not identified by staff from the service. The evidence indicates one of the wounds appeared to deteriorate with no evidence to demonstrate the consumer’s current management strategies were reviewed. For Consumer C, a relevant review of falls management strategies was not undertaken whilst noting the consumer had recently experienced a fall requiring medical treatment. In coming to my decision, I have considered the PCI submitted which has a range of improvements are yet to be implemented and monitored for effectiveness.

Based on the information summarised above, I find requirement (3)(e) non-complaint.

In relation to all other requirements, assessment and planning identifies and addresses consumers current needs, goals and preferences including advance care planning and end of life planning if the consumer wishes. Clinical staff were able to describe advance care planning processes and end of life treatment choices, and care documentation showed consumers had end of life treatment choices forms completed.

Consumers and representatives are involved in assessment and planning in partnership, and this includes other organisations and providers of care and services. Documentation viewed demonstrates the service consults a range of health professionals and other external providers. Staff described how consumers are consulted in relation to their care and services, and how they notify representatives when there are changes to care or when incidents occur.

Based on the information summarised above, I find the provider in relation to the service compliant with requirements (3)(b) and (3)(c) in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Requirement (3)(a)

The assessment team recommended requirement (3)(a) not met. The service was not able to demonstrate each consumer gets safe and effective personal care and clinical care, or both personal care and clinical care that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to bowel management and delivery of personal care. The following evidence was considered relevant to my finding:

* Documentation showed for Consumers I, L and J, relevant bowel management was not undertaken. Whilst documentation showed regular monitoring of consumers’ bowel routine, further actions were not undertaken or considered for 3 consumers who had extended periods between bowel movements.
* The representative for Consumer G was not satisfied with the provision of personal care as the consumer would refuse care. Documentation showed the consumer’s most recent shower was recorded as occurring five days prior and clinical staff said the consumer has a history of refusing care.
* Three consumers expressed being satisfied with the provision of personal care.

The provider’s response accepted the assessment team’s findings. A PCI was included in the response and included: establishing protocols to support effective bowel management, implementing an additional audit and implementing further training on documenting personal care.

Based on the assessment team’s report and the provider’s response, I find the service was not able to demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored and optimises their health and wellbeing. In relation to clinical care for Consumers I, L and J, staff did not effectively manage their bowel function and health with extended periods recorded in monitoring charts without further action undertaken. In relation to personal care, whilst I have noted 3 consumers were satisfied with the provision of personal care, I have considered that the requirement stipulates each consumer is to get safe and effective personal care and for Consumer G this was not demonstrated. Consumer G had an extended period of not having their personal hygiene attended to, to support optimal health and well-being. In coming to my decision. I have considered the PCI submitted which has a range of improvements, are yet to be implemented and monitored for effectiveness.

Based on the information summarised above, I find requirement (3)(a) non-complaint

Requirement (3)(b)

The assessment team recommended requirement (3)(b) not met. The service was not able to demonstrate effective management of high-impact and high prevalence risks associated with the care of each consumer. This specifically related to medication management, behaviour support, use of restrictive practices and falls management. The following evidence was considered relevant to my finding:

Consumer G

* The medication chart shows the consumer refused two types of medications on a number of occasions. Clinical staff stated the consumer has challenging behaviours, however, were not able to describe strategies to support safe and effective medication administration.

Consumer K

* Records showed the consumer was administered medication in the form of chemical restraint, however, records did not show staff consistently documented alternative strategies trialled prior to medication administration.

Consumers L, M, D, C and E

* Consumers L, M, D and E experienced falls requiring neurological observations to be completed, however, consistent neurological observations were not completed.
* Consumer L was observed to not have a falls management strategy implemented. Consumer D experienced a fall, and strategies to manage the consumer’s falls risk were not effectively implemented prior to the consumer sustaining a fall. For Consumer C, the representative advised the consumer experienced an injury following a fall, however, the documentation showed the consumer’s strategies were not reviewed following the fall. Consumer E requires time sensitive medication to support the consumer’s condition and falls risk, however, had a missed medication recorded and experienced a fall two days later.

The provider’s response accepted the assessment team’s findings. A PCI was included in the response and included: a review of processes to support effective pain management, implementation of a post falls protocol, further training on neurological observations, monitoring of falls prevention strategies and review of behaviour support plans.

Based on the assessment team’s report and the provider’s response, I find the service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. I find for Consumer G, the consumer’s changed behaviours were not effectively managed due to ineffective medication management with the noted potential risk existing of the consumer not being administered their ordered medication. I have noted relevant strategies to support effective medication management was not demonstrated. For Consumer L, effective restrictive practices in the form of chemical restraint was not demonstrated as staff were not consistently recording alternatives trialled to support effective monitoring and management. I find for Consumers L, M, D and E, relevant post falls monitoring was not undertaken as staff did not consistently follow internal policies and procedures to identify and monitor any adverse impacts and associated risks. I find for Consumers L, D, C and E effective falls management was not undertaken as either staff were not consistently following strategies outlined in the care and service plan and/or reviewing strategies to support effective falls management. In coming to my decision, I have considered the PCI submitted, which has a range of improvements, are yet to be implemented and monitored for effectiveness.

Based on the information summarised above, I find requirement (3)(b) non-complaint

In relation to all other requirements assessed, needs goals and preferences of consumers nearing end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Care documentation for sampled consumers showed their condition is monitored through the electronic care system and end of life pathway, and actions are taken when there is a change in their condition. Both clinical and care staff were familiar and able to describe the end-of-life process and knew how to monitor and record the consumer's condition.

Deterioration or changes in a consumer’s mental health, cognitive or physical function, capacity or condition are recognised and responded to in a timely manner. Care documentation showed where a consumer's condition changes, there are actions taken to address the change in a timely manner. Staff could describe the changes to consumers’ condition and the actions in place to manage deterioration. However, for one consumer, their wound experienced deterioration and was not effectively reviewed which was considered in my finding for requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

Consumers and representatives said referrals are initiated and clinical and care staff were knowledgeable of referral processes. The organisation has policies and procedures in place to guide and support staff in relation to timely and appropriate referrals and documentation viewed showed referrals are undertaken to a range of clinical personnel.

Processes support the minimisation of infection-related risks through the use of standard and transmission-based precautions to prevent and control infections and effective practices to promote appropriate antibiotic prescribing. Consumers and representatives expressed satisfaction with the use of personal protective equipment (PPE) by staff and the way outbreaks were managed.

Based on the information summarised above, I find the provider in relation to the service compliant with requirements (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

# Standard 4

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

Findings

Processes support the delivery of safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences. Consumers stated they felt supported to be independent and staff demonstrated strategies to assist consumers to remain independent. Consumers are assessed and provided with the appropriate equipment to enable independence such as mobility aides and consumers were observed utilising a range of equipment to maintain their wellbeing and independence.

Services and supports for daily living promote each consumer’s emotional, spiritual, and psychological wellbeing. Consumers said they were happy living in the service. The service has engaged pastoral visiting services to support consumers spiritual needs. Documentation viewed demonstrated consumers are supported to celebrate spiritual and cultural events.

Consumers said they are supported to participate in their community within and outside the service, keep in touch with people who are important to them and do the things of interest. Staff described how they support consumers to participate in the community or engage in activities of interest to them. Observations confirmed consumers have social and personal connections and participate in activities within and outside the organisation’s service environment.

Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Staff from various disciplines described how information about the consumer’s condition, needs and preferences is communicated through staff handover, consumers’ care plans and progress notes.Staff interviewed were able to describe ways in which they share information and are kept informed of consumers’ changing conditions, needs and preferences.

Consumers are referred to a range of providers as required, including allied health services, volunteer organisations, and optometrists. Staff were able to describe how they support referral processes. Meals are varied and of suitable quality and quantity. The menu includes input from the dietitian and consumers, and meal services are a standing agenda item at monthly Residents and Representative meetings and Food Focus meetings. Equipment provided is safe, suitable, clean and well maintained. Consumers said they felt safe when using equipment and equipment was easily accessible and suitable for their needs. Observations throughout the site audit showed equipment used to support daily lifestyle services including wheelchairs, hoists and walkers to be clean and well maintained.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in Standard 4 Services and supports for daily living.

# Standard 5

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

Findings

The service environment is welcoming and easy to navigate. Consumers and representatives were satisfied with consumers’ living environment and described how they can bring their own furniture and personal items from home. The reception area is located next to the main entrance and staff were observed welcoming consumers. The service environment supports consumers to move freely both indoors and outdoors. All consumers interviewed said they found the service to be comfortable, clean and well maintained. Staff could describe cleaning and maintenance related duties and tasks. Consumers were observed moving freely both indoors and outdoors. Documentation viewed confirmed processes to support safe egress in the event of an emergency.

Furniture, fittings, and equipment were observed to be safe, clean, and well maintained. An electronic maintenance reporting system supports the monitoring and actioning of maintenance related tasks including for preventative and reactive tasks. Consumers said the equipment they use is suitable for their care needs and felt it was safe to use.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in Standard 5 Organisation’s service environment.

# Standard 6

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

Findings

Consumers and representatives said they are encouraged to provide feedback through consumer and representative meetings, newsletters, and directly with staff. Staff described how they support consumers to provide feedback. Documentation viewed confirmed feedback is encouraged and supported.

Consumers have access to advocates, language services and other methods for raising and resolving complaints**.** A range of forms were observed from advocacy groups and other organisations and service providers accessible in the foyer. Consumers and representatives confirmed being aware of advocacy services and other methods for resolving complaints.

Consumers and representatives were satisfied with the way in which complaints were managed and confirmed the service uses open disclosure principles when things go wrong. Documentation viewed confirmed feedback and complaints are actioned and staff were able to confirm feedback processes. Consumers and representatives were satisfied their feedback was used to improve care and services. The plan for continuous improvement included improvements identified from a range of feedback sources.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in Standard 6 Feedback and complaints.

# Standard 7

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

Findings

Consumers and representatives were satisfied with the sufficiency of staffing. Staff confirmed they have enough time to undertake their roles. Consumers were observed being supported by staff and appeared unrushed. Care staff said they knew consumers well and were able to provide examples of individual care needs of specific consumers with respect of their identity, culture and diversity. Workforce interactions with consumers were observed to be kind, caring and respectful.

Consumers and representatives interviewed were satisfied staff were trained and have the knowledge and qualifications to deliver the care required. New and relief staff said they complete induction and orientation training to ensure competency and had buddy shifts before working independently. Management said clinical and allied health professionals had current registrations to ensure competency.

The workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. Staff confirmed recruitment processes and how they are supported in their roles. Management said all staff must complete mandatory training, and their attendance is monitored.

Staff performance is regularly monitored with all staff sampled having six monthly performance development reviews completed. Whilst all staff had regular reviews of performance, the assessment team noted staff were not consistently following post falls procedures and completing incident forms. Management stated falls management was identified as an area of improvement and staff were provided recent training.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in Standard 7 Human resources.

# Standard 8

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

Findings

Requirement (3)(d)

The assessment team recommended requirement (3)(d) not met. The service was not able to demonstrate effective risk management systems and practices to manage high impact or high prevalence risks associated with the care of consumers and effectively use the incident management system to review, monitor and identify opportunities for improvement.

The following evidence was considered relevant to my finding:

* Incident forms were not completed for Consumers C and L following potential falls and resulting investigations were not undertaken.
* Two consumers experienced incidents, however, incident forms were not completed.
* The service has an incident management system to record incidents.
* Consumer G experiences chronic pain, and despite being administered as required pain relief, the consumer’s pain was not monitored or reviewed effectively.

The provider’s response accepted the assessment team’s findings. A PCI was included in the response and included: implementation of an informed consent policy and procedure, undertake regular audits in relation to pain management and providing training for staff on incident reporting and analysis.

Based on the assessment team’s report and the provider’s response, I find the service was not able to demonstrate effective risk management systems and practices specifically relating to managing high impact or high prevalence risks associated with the care of consumers and managing and preventing incidents, including the use of an incident management system. In coming to my finding, I have noted staff did not consistently complete incident forms on 4 occasions and further evidence was also considered from requirement (3)(e) in this Standard where another two incident forms were not completed. This impacts on the organisation’s ability to identify, manage and prevent risks. I have also considered in my finding that organisational risk management systems and practices were not effective in managing high-impact and high prevalence-risks as outlined in Standard 3 requirement (3)(b) where deficits were identified relating to the management of falls, medications, behaviour support and use of restrictive practices.

I have noted the organisation was able to demonstrate aspects of the requirement being that the organisation has policies and procedures to support consumers to take risks and staff are utilising a range of risk-based policies and procedures to support consumers to live their best life. I have also considered the organisation has processes to identify and respond to abuse and neglect of consumers as evidence in the assessment team’s report.

In coming to my decision, I have placed wait on the deficits in the provision of clinical care relating to high-impact and high-prevalence risks impacting the consumers identified in Standard 3 requirement (3)(b) and the failure in risk management systems in responding and effectively identifying and managing these risks.

Based on the information summarised above, I find requirement (3)(d) non-complaint

Requirement (3)(e)

The assessment team recommended requirement (3)(e) not met. The organisational has a clinical governance framework, however the framework was not effective at ensuring appropriate prescribing of antimicrobial medication. The following evidence was considered relevant to my finding:

* Three consumers were identified as having been administered antimicrobials for an extended period which was not identified by staff.
* Two consumers did not have incident forms completed in relation to suspected infections.
* The service has policies and procedures in relation to restrictive practices and open disclosure.
* Staff were able to describe open disclosure principles and care staff confirmed they are informed of restrictive practices through regular meetings.

The provider’s response accepted the assessment team’s findings. A PCI was included in the response and included: providing further training to staff on restrictive practices and restraint minimisation, reviewing antimicrobial stewardship policies and procedures, and undertaking further audits to monitor antimicrobial usage.

Based on the assessment team’s report and the provider’s response, I have come to a different view and find the service was able to demonstrate a clinical governance framework relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. I have noted the organisation has a range of policies and procedures relating to the provision of clinical care including minimising the use of restraint and open disclosure as evidenced in Standard 3 Personal care and clinical care and Standard 6 Feedback and complaints. Whilst 2 requirements have been found non-compliant relating to the delivery of effective personal care and clinical care, I have found the remaining 5 requirements compliant. I have considered the evidence relating to the 3 consumers being administered long standing antimicrobials and have noted that the response stated the medical officer has since ceased the medication order. In addition, I have considered evidence specifically in Standard 3 requirement (3)(g) where staff were aware of practices to minimise the use of antibiotics and that there are effective processes to minimise the use of infection related risks.

Based on the information summarised above, I find requirement (3)(e) complaint.

In relation to all other requirements, consumers are engaged in the development delivery and evaluation of care and services and are supported to complete feedback forms, take part in consumer satisfaction surveys and have access to ‘open door’ discussions with management and staff. Documentation viewed showed consumers are engaging with the service and making suggestions about the care and services they receive.

The organisation’s governing body promotes a culture of safe, inclusive, quality care and services, and is accountable for their delivery. Systems are in place to collect and analyse clinical data and risks and this information is provided to the Board. Clinical data indicators are analysed and reported on at monthly clinical meetings and to the Board. Relevant information is reported on at Board meetings which was confirmed through documentation viewed.

The service has a range of policies and procedures to ensure effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. An electronic record system is maintained, a range of continuous improvement initiatives are undertaken, a range of financial delegations and reporting processes support financial management, workforce processes ensure sufficiently skilled and qualified staff, and effective feedback and complaints mechanism processes support the analysis and reporting of feedback and complaints.

Based on the information summarised above, I find Requirements (3)(a), (3)(b) and (3)(c) compliant in Standard 8 Organisational governance.

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