Juniper Trinity

Performance Report

4-10 Hayman Road
BENTLEY WA 6102
Phone number: 08 6363 6372

**Commission ID:** 7147

**Provider name:** Uniting Church Homes

**Site Audit date:** 20 July 2022 to 22 July 2022

**Date of Performance Report:** 30 September 2022

# Performance report prepared by

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

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | 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) | Compliant |
| Requirement 3(3)(b) | Non-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** | **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) | 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 August and 24 August 2022.
* referral information received by the Commission.

# STANDARD 1 COMPLIANTConsumer 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

Most consumers sampled considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Most consumers and representatives said staff were respectful towards consumers and their individual identity and culture. Consumers’ diversity was recognised and valued, and they were encouraged and supported to maintain their independence.
* Consumers said they were supported to maintain connections with people important to them, including their family, other consumers and the wider community.
* Most consumers were satisfied care and services provided afforded them dignity and personal privacy.
* Consumers said the service supported them to exercise choice, including taking risks.
* Consumers said the service provided information that enabled them to make informed choices about their care.
* Consumers and representatives said they received information through the activities calendar, resident and representative meetings, monthly newsletter, and verbally from staff and advised staff were available to explain things to them if needed.

Staff demonstrated they generally knew sampled consumers well and were able to describe how they ensured consumers’ culture, values and background influenced the delivery of care and services. Staff spoke about consumers in a way that showed respect and demonstrated an understanding of consumers’ personal circumstances and life journeys.

The Assessment Team observed display boards throughout the service and at the neighbouring café which generally contained information about what was happening within and outside of the service. Staff were able to describe the different ways information was provided to consumers, including, but not limited to, reading out the menu and activity calendar if consumers were visually impaired, had literacy issues or difficulties understanding written communication.

Care planning documents reflected what was important to the consumer and their diversity. Consumers’ personal strategies and preferences were recorded in care plans and lifestyle documentation. Risk assessments identified the risk, discussion with the consumer and/or representative, contributing factors and actions to mitigate the risk. Staff were able to provide examples of how consumers were supported to take risks.

The service has a policy to guide staff on providing diverse and culturally safe care, as well as ensuring consumer dignity and choice. Staff practices generally demonstrated consumers’ privacy was promoted and they were treated with respect.

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 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

* Consumers and representatives confirmed they were involved with care planning and the service provided them with information about the outcomes of assessments.
* Overall consumers and representatives stated the service regularly reviewed care and services and ensured consumers’ needs were reviewed when their condition changed.
* Consumers and representatives expressed satisfaction at the way information was communicated to them and had access to their care plan if they wished.
* Consumers and representatives were able to describe the ways in which they and other service providers had input into the care planning and assessment process.

Staff were able to outline the assessment process and how this was used to formulate the care plan. The Assessment Team noted assessment and planning processes were generally comprehensive, included the use of validated tools and generally addressed consumers’ current needs, goals and preferences.

The Assessment Team noted staff had access to policies/procedures on advance care planning and end of life, and an end of life tool was used to discuss and record consumers’ wishes.

The Assessment Team reviewed a selection of consumers and found care plans contained information for a wide range of domains and demonstrated input from the consumer and other service providers, which was regularly reviewed. Outcomes of assessments and planning were communicated to consumers and representatives and care plans were able to be printed on request.

Care planning documentation showed care and services were regularly reviewed, with care plans updated within the last 12 months. Staff including agency staff, generally had access to the electronic care system and staff stated they reviewed the effectiveness of care and services regularly and when changes or incidents occurred.

However, information was not always up to date to reflect consumers’ current requirements or had been consistently completed to guide staff. The Approved Provider outlined as part of its response, actions being undertaken to address these areas and I have considered these matters more broadly in relation to the assessment of other Requirements under Standard 3.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*

### 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

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

* Consumers and representatives were generally satisfied with the care consumers received.
* Consumers and representatives were satisfied that when consumers were unwell, the service responded in a timely manner.
* Consumers stated staff practiced good hand hygiene when assisting them.
* Consumers and representatives confirmed consumers were referred when they required care or services and this occurred in a timely manner.

The service demonstrated each consumer generally received safe and effective personal and clinical care that was best practice, tailored to their needs and optimised their health and well-being. The organisation had policies and procedures to guide staff in urinary catheter care, falls management and antimicrobial stewardship.

The Assessment Team reviewed care documentation for sampled consumers with wounds and noted all wounds were photographed and were healing. In respects to pain management, most consumers had a pain assessment and pain charting completed when required:

The service demonstrated there was a process on admission to ask consumers about their end of life preferences and when they were identified as deteriorating, a referral was made to seek specialist input to ensure their needs, goals and preferences were met. Documentation showed the service had ensured the comfort of a deceased consumer was maximised, and they were kept pain free.

The service demonstrated staff identified deterioration of a consumer’s mental health, cognition or physical function capacity or condition and this was recognised and responded to in a timely manner. A sample of consumer files (post fall) found the service monitored the consumer and arranged a physiotherapy review for mobility. Care staff stated they reported to the registered nurse any changes or deterioration in consumers. Registered nurses were able to describe how they identified signs of deterioration, including consumers with dementia.

The service generally demonstrated for most consumers the timely and appropriate referrals to individuals, other organisations and providers of other care and services. Staff were able to describe when and how to refer consumers and documentation demonstrated that referrals were generally completed in a timely manner for most consumers.

The service was able to demonstrate that it minimised the risk of infection through implementing standard and transmission-based precautions to prevent and control infections. There were policies and procedures to promote appropriate antibiotic prescribing and use, to reduce the risk of increasing resistance to antibiotics. Staff were able to describe the ways they ensured antibiotics were used appropriately and how they prevented the spread of infections. Staff were observed using hand hygiene products and cleaning equipment.

However, the Assessment Team recommended not met in relation to Standard 3 Requirement 3(b) and 3 (e). This was based on the service was unable to demonstrate effective management of high impact/high prevalence risks associated with the care of consumers and that information required to guide the provision of care was not consistently known or accurately reflected. The Approved Provider provided a response in relation to the Assessment Team’s findings.

Based on the information before me I find the service Non-compliant in Standard 3 Requirement 3(b) and I have come to a different view in relation to Standard 3 Requirement 3(e) and find the service Compliant. The reasons for my decision are outlined below.

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) 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.*

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

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

The Assessment Team found the service was not able to demonstrate it had effectively managed high impact or high prevalence risks associated with the care of each consumer. The Assessment Team reviewed three consumers with high impact high prevalence risks, such as falls and weight loss and provided the following information:

Consumer A had a known risk of malnutrition and their weight loss was not consistently monitored or evaluated. The consumer experienced a weight loss of approximately 11 kgs in two months. Although the representative was overall happy with care, they noticed there had been a decline and reduction of intake and considered this to be associated with the consumer’s cognition and following a period of COVID-19. However, the Assessment Team noted:

* There had not been a timely referral to a dietitian but was instead was referred to a palliative care service and was not noted to commence on a palliative care pathway. When reviewed by the dietitian on 22 July 2022, their supplement was increased to a higher dose.
* There was no documentation to support the consumer refused to be weighed in June 2022 nor evidence the service attempted to re-weigh the consumer until the next month.
* Staff did not consistently record Consumer A’s food and fluid intake and on three occasions supplements were recorded as not being available.
* Observations conducted during the visit identified on two separate occasions, the consumer was not consistently supported to eat or drink when asleep in their comfort chair.
* The medical officer’s notes 19 July 2022 recorded the consumer’s oral intake was poor, had lost weight due to intake and stated was hungry.

Consumer B entered the service at the end of June 2022 and was noted to have medical diagnosis which included advanced dementia and limited communication. The Assessment Team observed:

* The service did not effectively monitor the consumer to ensure they had been assisted as per care plan directives or reported when the consumer had not eaten.
	+ The consumer was asleep during meal services and was not always assisted until raised by the Assessment Team. A meal tray was noted to be removed untouched, however the service did not consider this was for Consumer B.
	+ During an interview with the consumer, the consumer reported they were hungry (following meal service and before afternoon tea) and fluids were not always within reach.
* During the visit, management advised the consumer always ate, they had not lost weight and therefore did not require intake monitoring.

Consumer C required a standing hoist for transfers, had multiple falls and was identified using the walker as a table to eat their meals. A dietitian had previously reviewed the consumer for weight loss and was prescribed supplement. However, the Assessment Team noted whilst the representative was overall satisfied with care, the service had not:

* Monitored Consumer C’s nutrition and hydration to ensure these were met and recommendations by the dietitian were implemented. Documentation on the consumer’s breakfast requirements were not up to date to reflect the need for additional protein.
* On the second day of the visit, Consumer C advised the Assessment Team they were still hungry after eating their breakfast, however staff were too busy to assist with providing additional food. Whilst additional food was subsequently provided following feedback from the Assessment Team, the consumer indicated this had occurred on previous occasions and there was no indication that recommendations relating to additional protein had been followed.
* Incident reports had not considered the use of the four-wheel walker as a contributing factor to their falls. The walker was noted to be used as a table for their meals as no overbed table was available.

On two separate occasions, the Assessment Team observed medications trolleys were left unattended and unlocked by staff. Management advised further education and reinforcement of responsibilities had occurred.

The Approved Provider submitted a written response outlining it did not consider the deficencies identified by the Assessment Team reflected the overall care at the service. It outlined the organisation had a policy and procedure framework to guide staff for the assessment process and clinical care delivery. It had developed an action plan and advised action was undertaken immediately to address gaps.

In relation to Consumer A, B and C, the Approved Provider provided further clarifying information as well as submitted additional care documents and extracts of progress notes. Its response included:

For Consumer A

* An acknowledgement weight monitoring did not take place in June 2022 and reported this was due to the consumer’s refusal.
* It agreed staff did not follow the organisation’s procedure and immediate actions were taken. An action plan was developed to address the identified deficencies. Actions included training for staff on the weight management procedure, documenting consumers’ refusals to be weighed, toolbox sessions on nutrition and hydration management and documentation requirements.
* It outlined the consumer’s decline appeared to be related to end stage dementia and recommendations by the palliative care team were to continue to assist with meals as tolerated.
* Extracts of progress notes for the period of 18 to 22 July 2022 were provided and included examples of staff assisting to consumer to eat; referral had been made for a dietician review and a reweigh on 21 July 2022 showed an increase in weight by 1.45 kgs (within 7 days).
* It reinforced the representative had provided complementary feedback throughout the site audit.

For Consumer B

* The Approved Provider provided clarifying information reporting the consumer moved into the service three weeks prior and their weight had increased by 1 kg.
* It had reinforced staff offered all consumers morning and afternoon tea and provided further education to staff on their responsibilities (in relation to escalation) if consumers are asleep or do not consume their meals.
* It advised Consumer B’s nutrition and hydration assessment was completed on entry and their assessment referred to the benefit of cutting up meals. The assessment identified although the consumer was within their weight range and no risks identified, further reference within the assessment outlined the consumer was at risk of malnutrition and staff to supervise.

For Consumer C

* The Approved Provider advised the consumer was reviewed by dietician in May 2022 and a nutrition and hydration review completed 14 July 2022. It reported the dietician’s recommendations were in place, weight monitoring occurred monthly and the consumer had gained 2kgs since July 2022.
* It did not consider the consumer to be at risk and reported a choice of breakfast was available to all consumers each day.
* It had taken immediate actions to ensure staff were aware of how to escalate issues, and information updated for kitchen staff.
* The consumer’s falls history was reviewed and this did not indicate the walker was a contributing factor. Review of the incident in June 2022 identified possible contributing factors and appropriate transfer to hospital. However, it reported documents were not able to be located for the second fall on 19 July 2022.
* An overbed table had been provided and the walker removed, although outlined the consumer was not satisfied with this action.

In respects to Consumer A, B and C, I acknowledge the follow up action taken including the development of an action plan and improvements being implemented. However, I am concerned regarding the number of consumers who reported to be hungry, observations did not consistently reflect recommendations were implemented and there was not a clear process or understanding of when to wake the consumer or when to let them sleep to support adequate nutritional intake.

For Consumer A, while I note their condition had declined, the consumer weight was below their specific range and a slight increase in weight noted, I am not persuaded by the effectiveness of the service’s monitoring system including the timely follow up in respect to their care. Furthermore, its response did not adequately address how intake was being analysed to support appropriate nutrition and hydration and there was no follow up in response to their refusal of being weighed to support the timely identification and modification of strategies.

Consumer B’s assessment noted the consumer to be at risk of malnutrition (based on a reference to a malnutrition screening tool) with strategies to supervise and monitor for good nutrition and hydration. Whilst I acknowledge a weight gain had been reported to occur and the consumer was within their weight range, observations did not confirm support was consistently being provided including fluids within reach.

For Consumer C, although dietary information was not consistently updated and the consumer had reported to gain weight, I am concerned that observation by the Assessment Team did not reflect dietary recommendations had been consistently provided and furthermore I am not persuaded the consumer was consistently supported when requesting additional food. In relation to falls history, although I do not have sufficient evidence to come to a view that their walker was a contributing factor, I note there was no record for the reported fall 19 July 2022.

Furthermore, I have also considered information under other Requirements relating to the management of high impact/high prevalence risks including the Approved Provider’s response which have been detailed further under Standard 3 Requirement 3(e) and Standard 8 Requirement 3(e). Specifically, I note that:

* There was not consistent sharing of information about high risk consumers via handover. One consumer identified agency staff were not familiar with their needs and this resulted in them experiencing pain due to their sensitive legs. The consumer had oedema and there was limited information to direct staff.
* The use of antipsychotic medications had not consistently been identified or considered as a potential chemical restraint for consumers. Although the service has taken action, which included one consumer’s medication being ceased (Consumer D) at the time of the audit, the service had not self-identified this in order to action within a timely manner. Furthermore, I note the service has been undertaking a number of improvements in relation to its processes including provision of additional training for staff to support critical thinking for the use of chemical restraint.

While I acknowledge the improvement actions being undertaken, at the time and subsequently following the site audit, these actions are yet to demonstrate the sustainability of the service’s systems for the management of high impact/high prevalence risks. Therefore, based on the information before me, I find the service Non-compliant in this Requirement.

### 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.*

The Assessment Team recommended not met in relation to this Requirement based on the service was not able to demonstrate that accurate information about the consumer’s condition, needs and preferences was documented and communicated within the organisation. Specifically, the Assessment Team noted that:

* The handover sheet and consumer care plans were not accurate, and there was conflicting information identified for four consumers sampled. Examples noted related to information about mobility and transfer requirements, continence needs, use of specialised cutlery and communication or sensory needs.
* Observation of the verbal handover did not always include consumers at risk or consumers’ mobility information being shared.
* One agency staff member was noted not to have comprehensive information or timely access to the electronic system about a consumer’s needs and preference before assisting with showering. The Assessment Team noted they had to rely on regular staff advising of the consumer’s mobility assistance.
* Agency staff were not always aware of consumers’ needs, with one consumer reporting an agency staff member did not know how to move their legs to avoid pain in response to their oedema. Review of the consumer’s care documentation identified this information had not been documented in their care plan.

The Approved Provider submitted a written response in relation to the areas identified by the Assessment Team. Its response included the provision of additional care documentation for specific consumers and an action plan which outlined the improvements being implemented:

* In relation to the handover sheet, the clinical or registered staff are to review each morning to ensure correct information was shared.
* The physiotherapist reviewed and updated mobility assessments and care plans for a consumer, and a review of all mobility assessments would progressively occur to ensure they provided current information and correct name of the hoist to be used.
* Clinical staff are to remind staff to use the correct drop-down menu in the electronic care management system to ensure correct information was available and that forms are checked before finalising at each review.
* Clinical staff to describe the impact of oedema in relation to skin sensitivity and information is transferred to handover sheets.
* Handover sheets to include information on consumers’ risk and agency staff are made aware of these for each shift.
* Management or clinical staff to attend handover to observe consumers’ risks are discussed at handover.

I have considered the Assessment Team’s report and the Approved Provider’s response, and I have come to a different view and find the service Compliant in this Requirement. This is based on the following reasons:

* Overall most consumers and their representatives expressed satisfaction with the provision of care and services and the Assessment Team reported on other examples of where information had been effectively communicated.
* Whilst information was not always reflective of the consumer’s needs or preferences, for some consumers there had not been an identified impact on care or service delivery. Although this increases the risk for staff who are not familiar with consumers, I note interviews with staff identified:
	+ Registered nurses received a handover before each shift to get updates on any changes to consumers and this information was also on the handover sheet provided to the registered nurse.
	+ Staff said they can access the information for consumers’ needs and preferences in the care plans and agency staff have allocated log ins, given to them when they are orientated to the service.
	+ Agency staff were allocated time to read all the consumer information prior to commencing care and they were buddied with a regular staff member.
* Where this did have a direct impact for consumers in respects to care delivery, I have considered this information in Standard 3 Requirement 3(b) including the Approved Provider’s response, as I find this information more relevant to this Requirement.

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices 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

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

* Most consumers and representatives said they felt supported by the service to maintain their independence and do the things they wanted to do, including being able to participate in religious and spiritual activities of their choice.
* Consumers and representatives said consumers were supported to take part in the community, to maintain social and personal relationships and were emotionally supported and aware of services available.
* Most consumers and representatives provided positive feedback about meals, including the provision of snacks outside of mealtimes.

Allied health staff said they conducted an assessment with new consumers and worked with the therapy team to match the new consumer with other consumers that have similar interests.

Information was generally shared with staff in relation to supports for daily living. Staff demonstrated how they supported consumers with their preferences, needs and interests to maintain their daily routines, encourage their independence and maintain their well-being. Staff said if they noticed consumers displaying feelings of being low or seemed down they would spend time with them and contact their family if they wished to or were asked to.

Most consumer care plans sampled by the Assessment Team included information about their needs, goals and preferences, their emotional, spiritual or psychological well-being and what cultural and special events were meaningful to them. Care plans identified matters of importance to consumers, provided information on how individual consumers wished to maintain relationships as well as the supports and recommendations from external organisations, such as dementia specialist services and community visitor schemes.

The service had a fortnightly activities calendar and the Assessment Team observed various activities during Site Audit, including painting and pampering held in the activity room, a church service held as well as a quiz activity. One on one visits with consumers were monitored and reviewed regularly by the therapy team.

The service was able to generally demonstrate meals provided were of varied and of suitable quality and quantity with options available to meet individual preferences and choice. Consumers were encouraged to provide feedback about meals via forums such as the food focus group. Changes to consumers’ dietary or food preferences were updated on the electronic care documentation system however, not all information recorded in different places consistently matched.

The service demonstrated equipment was generally safe, suitable, clean and well maintained. Consumers’ mobility and transfer equipment were assessed by the allied health professionals and adjusted as necessary. The Assessment Team observed a range of equipment available for consumers and staff to use, including activities equipment, equipment to support consumer independence including access to specialised crockery.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall consumers and representatives provided positive feedback about the service environment and described their rooms, bathrooms and common areas were clean and well maintained. For example:

* Consumers and representatives said the service was welcoming, clean and well-maintained, including furnishings and equipment.
* Consumers said they felt safe, were able to personalise their rooms and could freely access both indoor and outdoor areas.
* Consumers said staff undertook cleaning of their rooms and communal areas, and they knew how to get maintenance for their room or equipment when there was a need.

The service demonstrated the environment was welcoming, easy to understand and optimised each consumer’s sense of belonging, independence, interaction and function. The service’s information booklet covered various aspects of the home environment, including, but not limited to accommodation, dining, complaints and feedback, hair salon, maintenance, meetings, lifestyle, laundry and translating services.

The Assessment Team observed the service environment and noted:

* Overall the service environment was safe, clean and generally maintained.
* There was signage throughout the service to assist with navigation. Outdoor garden and courtyards were secure with paved areas that offered shading and sufficient tables and chairs for consumers and visitors to sit and relax.
* Consumers were moving freely around the outdoor areas or seated and enjoying the fresh air. Rooms were personalised with their own familiar objects and furniture and corridors were clean with handrails to mobilise around the environment.

The service demonstrated maintenance processes were generally in place to ensure both routine and reactive maintenance requests were appropriately actioned. The Assessment Team identified some gaps in either the cleaning and maintenance of areas and inconsistencies in the provision of equipment or its operation. These were reported at the time of the visit and management outlined follow up actions to be completed. Staff interviewed described how equipment was cleaned and various tasks were undertaken by cleaners, care, and clinical staff where applicable. Staff knew how to check and maintain equipment including how to log any maintenance issues.

Allied health staff said when there was a change to a consumer's equipment, they would provide instruction to staff to ensure it was used safely. Staff said they received training in the safe use of equipment and risk assessments were completed where appropriate. Equipment was generally provided to meet the needs of consumers and equipment, such as electric hoists, manual stand aids, wheelchairs, shower chairs and over the toilet aids appeared clean and well maintained.

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

Most sampled consumers and representatives considered they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken. For example:

* Consumers and representatives confirmed they knew how to provide feedback and make complaints, and they felt safe and comfortable in doing so.
* Consumers and representatives stated there were several complaint mechanisms available to them, including verbally and in writing via meetings, email and feedback forms.
* Consumers and representatives said feedback was responded to in a timely manner, the issues were generally resolved to their satisfaction and when things had gone wrong, were reassured it would not happen again.

The service’s feedback and complaints system was accessible and the service encouraged and supported consumers, their family and other stakeholders to give positive and negative feedback about the care and services received.

Internal and external feedback mechanisms were available throughout the service and consumers were able to lodge feedback and complaints anonymously. Consumers were provided an admission pack on entry, which guided them on how to provide feedback internally and externally to the Commission or advocacy services.

Staff described how they encouraged and supported consumers to provide feedback and make complaints. Although some communication strategies were not documented for consumers with sensory or communication barriers, staff said they would refer to communication strategies such as the use of communication aids or contacting families.

The service demonstrated management generally took appropriate action in response to a complaint and that an open disclosure process was used when something went wrong. Staff demonstrated an understanding of open disclosure and said they would apologise.

The service demonstrated they followed most of their obligations of fulfilling their complaint procedures to capture actions and the satisfaction of the complainant in resolving their concerns. Documentation reviewed demonstrated consumer satisfaction was monitored via meetings and surveys, and feedback was an agenda item at all meetings.

The service generally followed organisational processes to monitor, analyse and use feedback and complaints data to improve the quality of its care and services. The feedback register summarised and compared complaints with the previous month along with key actions/steps identified.

Whilst complaints were individually addressed, cumulative trends in complaints were not always considered. The Assessment Team noted there were two themes in relation to complaints and whilst some were noted to be isolated issues, other related to the cleanliness of the environment. I do note however, during the visit management completed a summary and was able to outline strategies already in place to address this trend.

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 COMPLIANTHuman 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

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

* Feedback from consumers and representatives identified staff generally provided care in a timely manner and that consumers’ call bells were generally answered in a timely manner.
* Consumers and representatives said they found staff to be kind, caring and gentle when providing care.
* Most consumers and representatives sampled felt confident that staff were skilled enough to meet the consumers’ care needs.

The Assessment Team noted the service had a structured approach for rosters and staff allocations, hiring and retaining members of the workforce, generally managing different types of leave and the use of casual and contracted staff. Management allocated resources to ensure the right skills and mix of staff were available in each area of the service. Staff across all designations reported the service generally maintained coverage of shifts whenever possible, with registered nurses reporting they could manage workflows.

The service also ensured monitoring systems, including complaints, workloads and acuity and occupancy levels were used to review and plan staff rosters and allocations. Although call bell data was able to be reported on, there was some limitations in being able to analyse this information. During the visit, management advised a new call bell system had been approved for installation.

The service actively recruited new permanent/casual staff to fill vacancies. Staff received ongoing support, training, professional development, supervision and feedback to carry out their role and responsibilities. New staff were required to undertake an orientation program and mandatory training specific to their roles. Staff training records showed mandatory training sessions were completed and monitored. Educational needs were considered and undertaken following feedback received through complaints, audit results and clinical indicator analysis, performance management reviews and industry changes. Staff were generally satisfied with the supervision and support they received from the organisation when learning new skills, however, staff felt agency staff did not consistently demonstrated the skills and knowledge to competently perform their roles.

The service had processes to monitor and review staff performance. The performance appraisal process was undertaken after a probationary period with new staff, two-yearly and where needs for further training or upskilling was identified. Management undertook a performance management process when staff were not performing in line with their responsibilities, using organisational policies and procedures to guide them during this process.

The Assessment Team identified through interviews and observations, deficencies in care and service delivery in which management attributed these to the use of agency staff. Although management at the time of the visit, advised further follow up would be conducted, I have considered this more broadly in relation to Standard 3 Requirement 3(b) including the Approved Provider’s response. However, the service should continue to monitor the ongoing effectiveness as part of its workforce governance.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Consumers and representatives felt they were encouraged to make contributions to the way their care and services were delivered. Surveys were distributed to consumers and representatives, and feedback and input was sought by management through consumer and focus group meetings, as well as through evaluations of meals and lifestyle programs.

The Assessment Team noted the Board and management conducted annual reviews of the strategic plan to ensure it was promoting a culture of safe, inclusive and quality care and services across the organisation.

The organisation had a Care and Clinical Governance Committee to monitor clinical incidents including instances of abuse, neglect or substandard care and an Audit and Risk Committee responsible for the establishment and monitoring of the overall framework for risk management. In addition, an internal audit and survey schedule 2022 had been established with the tools being categorised under each of Quality Standards. Examples were provided of changes driven by the Board as a result of consumer input and incidents.

#### The organisation generally demonstrated effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance and regulatory compliance, and feedback and complaints.

* In relation to information management, the service had policies and procedures about privacy and information management and data was used to monitor the service’s quality and compliance functionalities and operational needs. Electronic systems were password protected and staff generally said they had access to information. However, some information about consumers had not been consistently updated or reflective of current requirements.
* In relation to continuous improvement, the organisation had a quality management system that included quality assurance processes and a plan for continuous improvement. Identified improvement activities and corrective actions were recorded and addressed. The service used feedback forms to gather suggestions for improvements and feedback was also sourced from consumers and their representatives through various mechanisms.
* In relation to financial governance, this included an annual budget and monthly financial reporting. Management and staff provided examples of regular and as required equipment purchased to support changing needs of consumers.
* In relation to workforce governance, an organisational chart and job descriptions showed the workforce assignment of responsibilities and accountabilities. Workforce governance was monitored by the organisation via the manager’s report and electronic systems and online training platforms.
* In relation to regulatory compliance, the organisation tracked changes to aged care law and requirements. Changes to policies and procedures were generally updated and monitored monthly by the organisation's management team although some inconsistencies were noted relating to the use of chemical restraint.
* In relation to feedback and complaints, overall there were generally effective feedback and complaint systems in place. The system encouraged and supported consumers, their representatives, staff and others to give feedback and aimed to identify opportunities for improvements.

An organisational risk management framework had been established and the service was able to demonstrate its risk management systems and practices were generally effective relating to care, reporting of abuse, incident management and supporting consumers to live the best life they can.

Whilst the organisation was able to demonstrate they have a clinical governance system, the Assessment Team noted the service was not able to consistently demonstrate it had identified and minimised the use of chemical restraint for some consumers. The Approved Provider provided a response in relation to the Assessment Team’s findings which included an action plan and additional documentation.

Based on the information before me, I have come to a different view and find the service Compliant in Requirement 3 (e) of this Standard. The reasons for my decision are outlined below.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

### Requirement 8(3)(e) 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 recommended this Requirement as not met as the service was unable to demonstrate its clinical governance system was effective in identifying and minimising the use of restraint, specifically in relation to chemical restraint. Information gathered by the Assessment Team related to:

* Review of the service’s psychotropic register showed six consumers receiving an antipsychotic medication, with no consumers identified as being subjected to a chemical restraint through the organisation’s reporting processes.
* The Assessment Team sampled four consumers and noted two consumers on regular antipsychotic medication.
	+ For one consumer (Consumer D), there was limited information about the clinical indication for the use of this medication and it had not been recorded in the register. The service had not identified the consumer had been prescribed this medication twice a day following discharge from hospital
	5 July 2022.
	+ In relation to the second consumer (Consumer E), their medication chart and progress notes did not include a diagnosis to support the use of an antipsychotic medication and the service was not able to provide reports or discharge summaries from an external health provider. The Assessment Team noted references for its use pertaining to influencing behaviours.
	+ The organisation’s restrictive practice authorisation form and restrictive practice comprehensive assessment form were not completed for either consumer.

The Approved Provider provided a written response in relation to the above consumers which included extracts of clinical documentation and an action plan.

* I note at the time of the visit, a clinical review was undertaken and the medical officer had ceased the medication for Consumer D. Management reported they would revise its assessment process for when a restrictive practice was commenced in the community, including in hospital.
* In respects to the second consumer, the Approved Provider advised:
	+ Although medical reports had been requested, these were not available and the service provided extracts of the medical officer’s notes which included information about the consumer’s medical diagnosis.
	+ Following further exploration, the service had completed a restrictive practice authorisation form and restrictive practice comprehensive assessment form for the consumer. However, it did not deem the medication to be a chemical restraint and outlined the medical officer had monitored and reviewed the medication regularly.
* The organisation had undertaken a comprehensive review and had re-issued a psychotropic medication management procedure to provide clear instructions to staff on management of psychotropic medications for consumers. This included a toolbox session focusing on critical thinking strategies to ensure clinical staff understand the reason for the prescription in each individual case and the proposed benefit to the person. The organisation was also in the process of rolling out toolbox sessions and associated literature to each home.
* The service had provided a memorandum to staff to ensure discharge documents from hospitals were reviewed for new medications classified as a psychotropic medication.

I have considered the Assessment Team’s report and Approved Provider’s response. Based on the information before me, I have come to a different view and find the service Compliant in this Requirement. Whilst I note the organisation had a policy in place and there was some deficencies in relation to management of chemical restraint, I have considered this more broadly in relation to Standard 3 Requirement 3 (b) in respects to the management of individual consumers. Furthermore:

* The Quality of Care Principles outlines the requirement and responsibilities of providers for the minimisation of a restrictive practice, noting where the medication is used for the primary purpose of influencing a behaviour, but did not include medication relating to the treatment of a consumer as defined in the Principles. Therefore, as the diagnosis and reasons for prescription for an individual consumer will vary, these are important elements and considerations in the assessment process. I acknowledge the organisation has outlined improvements to strengthen staff knowledge relating to chemical restraint including through the use of critical thinking.
* In relation to the consumer where this had not been identified by the service following their return from hospital, I do not have sufficient evidence to demonstrate this was a systematic failing but I am satisfied that the actions being undertaken will support the identification of the changes to medications following discharge from hospital.
* In relation to other areas of clinical governance, the Assessment Team found:
	+ The organisation had a policy targeting appropriate use of antimicrobials, a process for training staff and ensuring staff awareness of antimicrobial stewardship. The service had a system for monitoring the use of antibiotics through monthly infection reporting. There was external involvement with the prescribing physicians and evidence the service monitored and analysed its performance to reduce antibiotic use where it was not appropriate.
	+ In relation to open disclosure, the organisation had demonstrated a policy and system which supported communication with consumers following incidents including evidence of staff following organisational policy.
* I have also considered other information presented under Standard 8 which generally supported there were effective governance systems in place.

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

# Areas for improvement

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

**In relation to Standard 3 Requirement 3(b)**

* The service to ensure there are effective systems in place for identifying, monitoring and responding to high impact and high prevalence risks associated with each consumer. This includes but not limited to risk associated with nutrition and chemical restraint.
* Ensure staff have consistent access to information and appropriate knowledge to effectively manage clinical risks.