Kellock Lodge

Performance Report

15 Bon Street
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**Commission ID:** 3311

**Provider name:** Kellock Lodge Alexandra Inc

**Site Audit date:** 17 May 2022 to 20 May 2022

**Date of Performance Report:** 18 July 2022

# Performance report prepared by

Catherine Spiller, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-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 on 14 June 2022.

# 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

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

* Consumers said staff make them feel respected and valued as individuals, understood their background and showed respect for their past experiences.
* Consumers were satisfied that they are supported to exercise choice.
* Consumers and representatives interviewed reported satisfaction with the opportunity to maintain relationships.
* Consumers confirmed that they are supported to continue taking risks to live their best lives.
* Consumers and representatives were satisfied that consumer privacy is respected by staff at the service.

Staff demonstrated good understanding of what was important to consumers. Staff described how they help consumers to make choices and assist them to achieve their personal goals and consistently spoke of consumers in a respectful way. Staff were able to describe processes for consumers to undertake activities with associated risks. Staff said there are currently no consumers living at the service from a diverse cultural background but were able to explain how they would provide culturally safe care when required.

Consumer preferences are documented in care plans, including meal preferences, special requirements, assistance required for nutrition and hydration and activities of interest. Care planning documentation in the old electronic system was reflective of consumers’ backgrounds and cultural needs, including, religious preferences

Information was displayed on notice boards and dining tables to inform consumers of meal choices and scheduled lifestyle activities.

The Assessment Team observed staff interacting with consumers in a respectful way. Staff were observed to be respecting consumers’ private space.

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as compliant.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Overall, sampled consumer considered they were partners in the ongoing assessment and planning of their care and services and that outcomes of assessment and planning are effectively communicated to them.

However, the service did not demonstrate that assessment and planning adequately captures the current needs and preferences of consumers, nor addresses risks to their health and well-being. In addition, the service did not demonstrate that changes to consumer care needs are effectively documented and reviewed to ensure current care strategies meet consumer needs.

The Quality Standard is assessed as non-compliant as three of the five specific requirements have been assessed as non-compliant.

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found the implementation of a new documentation system in January 2022 has resulted in some inconsistencies and gaps in recording consumer information. During the site audit some members of staff stated they do not have access to the old system and management advised they are currently in the process of completing each consumer’s comprehensive assessment suite in the new system to formulate care plans. The new system was introduced. Due to staffing difficulties they have not been able to complete the process and many consumers do not have all required assessments completed, or a full care plan developed.

In their response, the approved provider stated that limited resourcing has impacted significantly on their ability to complete new assessments in the new system. All consumers had an initial assessment, summary care plan, falls risk assessment, mobility assessment, dietary and pain assessment completed which is accessible to staff in a read only format. They said it was their desire and goal to have all assessments completed in the new system and have recruited an additional registered nurse to assist with this task.

I have considered the Assessment Teams’ findings regarding the gaps in assessments and care planning. In their response, the approved provider submitted additional supporting documentation to refute these findings. However, at the time of the assessment, some consumers assessment and care information was documented across two systems. The service explained that assessments and reviews are being progressively completed in the new system, and the old system is still available for reference, however, the use of two systems concurrently creates the potential for risk to the continuity of care and the delivery of safe and effective care. I therefore find the service non-compliant with this requirement.

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

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

The Assessment Team found whilst staff could articulate the needs and preferences of consumers, there is insufficient documentation in one location to guide care of consumers. Five of five of the consumers sampled do not have current care planning documents in one place, that detail their current needs, goals and preferences. Four of five sampled consumers have completed care plans that were reviewed 6-7 months ago, which reflect the needs and preferences of the consumer at that time. Carers advised that these care plans are not currently in use.

In their response, the approved provider stated all necessary assessments are completed for consumers. For consumers who entered the service prior to December 2021, assessments are available in the old system, whilst for consumers entering the service since January 2022 documentation is in the new system. Since February, an RN has commenced actively working on assessments and invited consumer representatives to discuss care plans, no representatives had taken up the offer, at the time of the assessment. Since the assessment, the approved provider stated progress has been made and that all care plans reviews will be completed by June.

The Assessment Team found a number of deficits relating to care planning not accurately capturing the current needs or preferences of consumers. For example:

* A consumer with swallowing difficulties did not have a risk assessment documenting their dietary preferences.
* One consumer with challenging behaviours did not have details of strategies used to manage behaviours documented in their current care plan.
* One consumer who was a falls risk, did not have details of the specialised mobility aids or necessary personal assistance was necessary for personal hygiene documented in the care plan.
* One consumer did not have a complete suite of assessments, including no details of personal and hygiene.

In their response, the approved provider refuted the Assessment Teams findings, providing supporting evidence of these assessments, some from the old system.

I have considered the approved provider’s response and accept a number of their arguments that assessments are carried out. In addition, I acknowledge the service has plans in place to transition all care planning documents to the new system. While staff can articulate consumers’, care needs and end of life planning is documented, at the time of the assessment, assessment and planning documents did not always accurately address the current needs, goals and preferences of consumers, as care planning information is recorded across two different systems.

Based on the evidence summarised above, I find the service non-compliant with this is requirement.

### 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) Non-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.*

The service was unable to demonstrate changes to consumers’ care needs are effectively documented and reviewed to ensure current care strategies meet the consumer needs. While consumers and representatives are satisfied they are made aware of changes in care needs following incidents, care planning documents do not always reflect these changes and reviews do not occur in a systematic fashion. Staff demonstrated an understanding of the importance of reviewing and monitoring care changes following incidents, however, these changes are not consistently documented. For example:

* One consumer did not have a pain assessment and consistent charting post fall. Subsequently, this consumer rolled from bed and Assessment team were unable to find an incident form or implementation of a falls protocol.
* One consumer did not have a bed sensor installed as recommended post fall.

In their response, for the named consumers above, the approved provider, provided a completed Falls Risk Assessment tool (FRAT). However, they acknowledged an incident form should have completed and absence of a bed sensor.

Overall sampled representatives expressed satisfaction with communication from the service, when there was a change or incident that impacted on consumer’s needs One representative said that the service had contacted them promptly after their consumer had a fall resulting in a transfer to hospital. Another consumer said they receive monthly phone calls about routine care, changes or incidents. Another consumer, said staff call monthly and provide an update on their consumers care needs, and are notified immediately when their consumer is unwell.

In making this decision, taking into consideration, the Assessment Team findings and the approved provider response, on balance the service does not consistently review care, when circumstances change or incidents impact on the needs of the consumer. Therefore, I find the service is non-compliant with this requirement.

# 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 considered that they receive personal care and clinical care that is safe and right for them. Consumers said that staff know them well and understand their care needs. Consumers confirmed that they are referred to health professionals as required.

Consumer information regarding end of life wishes is recorded, and information about the consumer’s current condition is also recorded within progress notes and changes are noted. For sampled consumers, progress notes and handover tools provide adequate information about the consumer’s immediate condition, acute needs and preferences Documentation reflected timely and appropriate referrals generally occur.

Clinical staff described the process for monitoring deterioration or change, saying they would report changes to the medical practitioner and discuss goals of care with the consumer and/or their representative. Staff described practices related to reducing infection transmission such as hand hygiene and the service has established policies on infection control, outbreak management and antimicrobial stewardship.

However, the service did not demonstrate each consumer receives safe and effective clinical care, or that high impact or high prevalence risks are effectively managed.

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

### Assessment of Standard 3 Requirements

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

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

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

Overall, consumers and representatives expressed satisfaction with the safety and effectiveness of personal and clinical care they receive. However, the Assessment Team found some consumer care plans were incomplete and not tailored to each consumer. For example:

* Three consumers did not have their wounds managed and documented in a manner that follows best practice principles.
* Some consumers did not have consistent pain charting to monitor for pain.

In their response, the approved provider acknowledged wound assessment and pain charting for the above consumers has been inconsistent. Since the assessment a number of improvement strategies have been put in place; including nurse education, and reclarification of roles and responsibilities.

In making this decision, I have considered the provider response, and whilst they have since reviewed and reclarified wound management practices and pain charting, at the time of the assessment, a number of consumers were not being managed in line with best practice. Therefore, I find the service non-compliant with this requirement.

### 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 that most consumers and representatives expressed satisfaction with the management of high impact risks. Sampled consumer care files demonstrate some risk assessments are completed, and where a consumer has opted to accept a level of risk, a dignity of risk assessment is completed. However, monitoring of incidents including post fall reviews, and documentation to support clinical monitoring after an incident, were not consistently completed. The Assessment Team also found evaluation of existing strategies to minimise the risks are not formally reviewed for effectiveness. For example:

* A consumer with multiple falls did not have neurological observations and pain charting completed as per service guidelines.
* Recommendations to install a sensor beam was not followed up for this consumer, who subsequently fell three more times.

In their response, the approved provider did not refute the Assessment team findings for the named consumer above, but provided the service policies for falls and pain management.

At the time of the Assessment, high impact or high prevalent risks were not consistently or effectively managed for the named consumer above. Therefore, I find the service non-compliant with 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.*

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

* Consumers and representatives interviewed are satisfied with the program of lifestyle activities.
* Consumers interviewed confirmed that they are supported to keep in touch with people who are important to them.
* Most consumers sampled said how staff are attentive to their emotional wellbeing and moods. Consumers said if they feel low, they can speak to staff anytime. Consumers described how staff would check in and ask how they are feeling
* While the majority of consumers and representatives expressed satisfaction with meals, some consumers and representatives raised concerns about the quality of meals.

Staff demonstrated a knowledge of individual consumers and showed that they understood their specific needs and preferences. Staff explained how they support consumers to keep in touch with people important to them, included helping the consumer having telephone or video calls

Staff described how they check on the well-being of consumers taking time to talk with them if they were feeling low. Staff described how they would escalate to the registered nurse if they were concerned about a consumer.

Dietary needs and preferences are catered for and nutritional supplements are provided as required. Aa menu planning group is in place where consumers were can input in the menu but due to COVID-19 it was cancelled. Management said they are in the process of recommencing the menu planning group.

The service’s uses a new electronic care management system to document consumer needs for daily living. Management said the service is currently working on transferring consumer’s lifestyle and service preferences into the new electronic system.

Staff were observed to be engaging in conversations with consumers about things of interest to them. The Assessment Team observed various activities during the visit and noted staff and consumer engagement. Consumers were observed being supported to enable them to participate as much as possible in activities.

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 said that they feel safe and comfortable in the service environment. The Assessment Team observed the environment to be safe, clean, and reflective of dementia-enabling design principles. For example:

* Consumers described feeling welcome at the service and were pleased with its cleanliness.
* Consumers and their representatives described the service as safe, well maintained and comfortable.
* Consumers said they can move freely indoors and outdoors.
* Consumers with limited mobility described how staff assist them to go outside.
* Consumers said the service environment and their equipment is well-maintained, repairs to equipment actioned promptly.

Staff described how they make consumers feel welcome and how to lodge cleaning and maintenance requests. Staff demonstrated the use of a cleaning and maintenance system, with maintenance requests actioned according to priority.

Records of reactive maintenance requests, were sighted by the Assessment Team. However, the service’s preventative maintenance schedule was not operation at the time of the site audit, this was due to limitations with the new electronic system. Management provided evidence that it had taken steps complete a new and updated preventative maintenance schedule.

The Assessment Team observed the service environment to be welcoming, easy to understand, and organised in a way that optimises consumer’s sense of belonging, independence, interaction and function. The service environment was clean and well maintained. Indoor spaces were kept at a comfortable temperature. Walkways had handrails and were clear of obstacles and equipment. Consumers were observed accessing outdoor areas.

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

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

* Consumers felt they could make complaints and felt safe to do so.
* Most consumers and their representatives confirmed action is taken in response to complaints
* Consumers and their representatives were satisfied with access to a range of services to support their complaints.
* Most consumers and representatives are satisfied with changes made to care and services because of feedback

Staff described how they support consumers to provide feedback or make a complaint. Lifestyle staff said they could assist consumers with contacting advocacy services. Staff understood open disclosure and how they would acknowledge a mistake by apologising. Management said that the catering service, had been reviewed in response to consumer feedback.

The Assessment Team observed feedback/complaints forms and suggestion boxes around the service. Interpreter, advocacy, and external complaints information were displayed at the service.

The service demonstrated there are established processes to enable the submission of complaints and formal complaints are documented, actioned and mostly resolved in a timely manner.

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 NON-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

Overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. While the service experiences challenges recruiting and retaining staff, it was able to demonstrate how the reallocation of tasks and other strategies are used to ensure quality care is provided to consumers. Staff are employed directly by the service and demonstrated having adequate knowledge and skills to provide consumer care.

The Assessment Team found the service provided limited opportunities for staff education and training. Some staff had not completed mandatory training, and senior clinical staff were unaware of the Serious Incident Response Scheme (SIRS). The Assessment Team found the service did not have effective systems relating to completing mandatory training and staff performance appraisals.

The Quality Standard is assessed as non-compliant as two of the five specific requirements have been assessed as non-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) Non-compliant

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

The Assessment Team found the service did not effectively support the workforce to be trained and equipped to deliver the outcomes required by these standards. Staff had not completed mandatory training or been offered sufficient opportunities for professional development through education. Staff reported not receiving adequate training in the new electronic system and were unable to recall participating in education about the Serious Incident Response Scheme or changes to restrictive practices legislation.

In their response the approved provider said that staff who do not complete mandatory training are sent reminder emails.

In their response, the approved provider, has since referred all nursing staff to wound care training resources and requested them to seek advice from senior colleagues weekly on all wounds. All staff have been reminded of their obligations to complete 20 hours of professional education each year.

In their response the approved provider stated staff are provided with a suite of training modules on commencement, and then annually. It is noted that since the assessment visit, staff have been referred to free wound care training resources. There is an education notice board displaying information about training offerings. The service has invested a significant amount of time with some nursing staff over the last six months with education around wound management. Additionally, a number of training initiatives and supports are underway, including funded qualifications, paid study leave, supported training sessions for clinical staff, e‑learning relating to the new electronic care documentation remains available for a further 12 months, provision of a training room and daily messaging regarding care hints and tips.

In making this decision, I acknowledge, the response provided by the provider, and appreciate the level of investment in training that is underway, but on balance have decided that there are gaps in training the workforce adequately to deliver the outcomes required by these standards, specifically mandatory training and training relating to important legislative changes which directly affects consumer care. Therefore, I find the service non-compliant with this requirement.

### Requirement 7(3)(e) Non-compliant

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

The service does not currently have a systematic process to monitor and review the performance of each member of the workforce. Management advised a 3-month appraisal (probation) and annual performance appraisal should be conducted, but these were not completed in recent times. While the service previously had a performance appraisal schedule incorporated into the old electronic system, at the time of the site audit, the schedule is not replicated by the new electronic system. Management advised that, due to limitations with the electronic system and challenges posed by staffing issues, some probation reviews and performance appraisals not been conducted. The Assessment Team found not all staff members had participated in 3-monthy probation reviews or annual performance appraisals as is required by the service’s policy.

In their response the approved provider acknowledged operational requirements have taken preference over performance appraisals. Currently, staff are doing overtime due to shortages, and ongoing feedback and gifts of gratitude are provided to reward and motivate staff. A new performance appraisal process will be initiated going forward.

I have taken into consideration the approved providers response and the Assessment Team findings. Whilst the service has committed to developing a new performance appraisal process, and explained that workforce constraints have impacted on their ability to undertake regular assessment, monitoring and review of performance of their workforce, a systematic process is not currently in place. Therefore, I find the service non-complaint with this requirement.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall, consumers generally provided positive feedback about being engaged and supported in the development, delivery, and evaluation of services. Consumers said they felt comfortable approaching staff to provide feedback and make suggestions.

The service was to demonstrate how the governing body is accountable for the delivery of safe, inclusive, and quality care and services, the service also demonstrated effective organisation wide governance systems. In addition, the service demonstrated effective risk management and clinical governance frameworks are in place.

The service did not have effective information management systems in place. At the time of the Assessment, the transfer of consumer information from one system to another was incomplete.

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

## Assessment of Standard 8 Requirements

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

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

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

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

The Assessment Team recommend a finding of non-compliance for this requirement, however I have formed a different view.

The Assessment Team found the service was unable to demonstrate how the governing body is accountable for the delivery of safe, inclusive, and quality care and services citing evidence including a policy which explicitly precludes board input and advice from management that specific incidents are not discussed. The Assessment Team also noted the service was unable to provide recent clinical indicator reporting.

In their response, the approved provider acknowledged the above mentioned policy, but stated this does not preclude the board’s direct input into policy development, particularly in relation to risk. The approved provider also stated the circumstances of specific incidents with serious injuries are discussed, however identifying details are not provided to the board. In addition, a board member with previous clinical experience attends the quality meeting and has access to the full details of these incidents. The approved provider also submitted recent clinical indicator reporting and stated that from January 2022, data has been collated and provided to the Board in the CEO’s monthly report.

I have reviewed all of the information submitted by the Assessment Team and the approved provider and while noting the service is currently reviewing aspects of its governance framework, on balance, I find this requirement is compliant.

### Requirement 8(3)(c) Non-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.*

The Assessment Team found the service did not demonstrate effective organisation wide governance systems for information management, continuous improvement, and regulatory compliance. For example:

* In January 2022 the service commenced using a new electronic system, however, at the time of the site audit several consumer files had not been migrated from the old system to the new system (See Requirement 2(3)a for further information).
* The Assessment Team reviewed the business improvement strategy and quality improvement register and found:
	+ The quality improvement register is a replication of the complaints register.
	+ The quality improvement register does not reflect ongoing improvements at the service. For example:
		- There is no documented plan/timeline for transferring care plan data from the old electronic system to the new system.
* The service’s policies on restrictive practices were last reviewed in 2018. The service has not incorporated changes to restrictive practices legislation, which came into effect on 1 September 2021, into its policies and processes.

In their response, the approved provider states that staff retain access to the old electronic care system, and all residents have a basic set of care plans in the new system. The organisation has also purchased a suite of policies and procedures and is in the process of reviewing the policies to integrate more specific local procedures. The approved provider also submitted evidence of the board providing inputs into policies and procedures.

I have reviewed the service’s continuous improvement register submitted as part of the approved provider’s response and I am satisfied this register is sufficient to guide ongoing continuous improvement at the service. Additionally, a restrictive practices policy dated 9 June 2020 was submitted.

While I accept a number of arguments put forward by the approved provider in relation to continuous improvement and regulatory compliance, the full transfer of consumer information from one system to another has not occurred, and therefore I am not satisfied that the organisation has effective information management systems in place. I therefore find the service is non-compliant in this requirement.

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

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

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

The Assessment Team recommend a finding of non-compliance for this requirement, however I have formed a different view.

The Assessment Team found not all risks, near misses, and incidents are identified, documented, and/or assessed whether the incident was required to be reported to SIRS. The Assessment Team also found that recent data on clinical indicators was not available and that the service was unable to provide call bell response data.

In their response, the approved provider states the service does have an operational call bell system, and I note that requirement 7(3)a is compliant. I also note the approved provider submitted recent clinical indicator reporting and stated that from January 2022, data has been collated and provided to the Board in the CEO’s monthly report.

I have reviewed all of the information submitted by the Assessment Team and the approved provider and I find this requirement is compliant.

### 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 recommend a finding of non-compliance for this requirement, however I have formed a different view.

The Assessment Team were provided with a copy of *Board of Management* policy which includes the roles and responsibilities of the Board, as distinct from the role and responsibilities of the Chief Executive Officer and other management personnel.

The Assessment Team considers the *Board of Management* policy acts as a clinical governance framework; however, the policy does not outline how the Board, in its role, monitors and seeks to improve the outcomes for consumers through the promotion of antimicrobial stewardship, restraint minimisation, and use of open disclosure. The service provided a copy of an antimicrobial stewardship policy, However the service was unable to provide policies relating to minimising the use of restraint and open disclosure.

In their response, the approved provider submitted policies relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. I am satisfied the service has a satisfactory clinical governance framework in place and I find this requirement is compliant.

# 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 Ongoing assessment and planning with consumers**

Requirement 2(3)(a)

Ensure all consumer assessment and care planning information is documented in one system to ensure the safe and effective delivery of care and services to consumers.

Requirement 2(3)(b)

Implement systems and processes to ensure all consumer assessment and care planning information is reviewed regularly and documented in care plans.

**Standard 3 Personal care and clinical care**

Requirement 3(3)(a)

Ensure all staff have the knowledge and skills to manage and assessment and document wounds that aligns with best practice and is tailored to each consumer needs.

Requirement 3(3)(b)

Embed processes and systems to ensure high impact or high prevalence risks are managed appropriately.

**Standard 7 Human resources**

Requirement 7(3)(d)

Implement effective processes to ensure the workforce has access to and completes mandatory and other training to deliver the outcomes of these standards.

Requirement 7(3)(e)

Implement a systematic process to ensure each member of the workforce’s performance is regularly assessed, monitored and documented.

**Standard 8 Organisational governance**

Requirement 8(3)(c)

Ensure effective organisation wide governance systems are in place for information management.