Melaleuca Home For The Aged

Performance Report

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**Commission ID:** 8820

**Provider name:** Melaleuca Home for the Aged Inc

**Site Audit date:** 24 May 2022 to 27 May 2022

**Date of Performance Report**: 11 July 2022

# Performance report prepared by

David Lee, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 17 June 2022.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers and representatives 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.

Consumers described how staff valued their culture, values, diversity and privacy which influences how their care and services are delivered. This includes, for example, staff supporting culturally significant events or social celebrations.

Consumers provided examples of staff treating them with respect, supporting them to take risks in their everyday lives to maintain their independence and how they understand their individual choices and preferences.

The service has an Inclusion, Diversity, Cultural and Spiritual Life Policy which outlines the service’s commitment to consumers, to ensure they are free to pursue their cultural and spiritual preferences in a safe and encouraging environment.

The Assessment Team observed staff supporting consumers to take risks, treating consumers with dignity and respect and greeting consumers’ family and friends in a friendly manner.

Consumers and representatives reported receiving timely communications and updates regarding consumer care.

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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall sampled consumers and representatives considered they are partners in the ongoing assessment and planning of consumers’ care and services. However, the service did not demonstrate that assessment and care planning always identifies and considers each consumer’s risk associated with their health and well-being and consistently guide staff practices. This includes, for example, diabetes, skin integrity and behaviour management.

The service did not always demonstrate assessment and planning addressed consumer’s current needs, goals and preferences associated with advanced care and end-of-life planning.

Recommendations from other organisations are not always reflected in consumers’ care needs. This includes recommendations from allied and other health professionals impacting the management of consumers’ wounds.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found that staff do not always undertake consumers’ care assessments and planning to inform the delivery of safe and effective care and services.

For a named consumer with diabetes, a medical directive instructed staff to monitor and record daily blood glucose levels under specific conditions and at certain times of the day. The information recorded on the consumer’s blood glucose chart was not consistent with the medical directive to manage the consumer’s blood glucose levels within the targeted range.

For one named consumer with a skin tear, the Assessment Team found gaps in ongoing wound assessment and monitoring. This included, for example, incomplete wound measurements and wound descriptions. The named consumer’s wounds were not regularly photographed to assist with monitoring, treatment and healing of the wound.

For another named consumer, the Assessment Team reviewed progress notes and found evidence staff did not initiate care assessments or develop care plans to reflect discussions about advance care planning with the consumer’s representatives, medical officer and in-line with the service’s palliative care policy.

In relation to the named consumer with diabetes, the Approved Provider submitted evidence and information about actions taken since the site audit. This includes educating staff on the importance of recording all blood glucose levels, updates to the service’s diabetes policies and practices and informing staff of the requirements to monitor and record blood glucose levels on consumers’ care plans, medication charts and the electronic management system.

In relation to the named consumer with a skin tear, the Approved Provider submitted evidence and information about actions taken since the site audit in its response. This included completing the consumer’s wound assessment and planning, an updated wound care management policy and procedure, staff education on changes to wound care management practices and regular photography of wounds to assist with wound monitoring and the wound healing process.

In relation to the named consumer requiring advance care planning, the Approved Provider submitted evidence and information on actions taken since the site audit. This included completing the consumer’s palliative care assessment and palliative care plans, educating staff on the service’s palliative care policy and the importance of completing palliative care assessments and plans.

Other concerns were raised about the hydration and nutrition assessment and planning of one consumer, refer to Requirement 3(3)a.

In making my decision I have considered the Assessment Team’s report and the response from the provider. I acknowledge the actions taken by the Approved Provider during and since the site audit. I also have considered the actions taken such as updated guidelines, policies and staff education may not yet be fully implemented and evaluated. I find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 2(3)(a).

### 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 reviewed six consumer files and found that three sampled consumers’ assessments and care plans were not reflective of the consumer’s current needs, which included end-of-life care and behaviour management.

For one named consumer, an advance care plan was not reflective of the consumer’s current needs, wishes and preferences. Comfort care had been initiated, however, the consumer’s advance care plan was not updated to reflect changes in pain management requirements including using subcutaneous pain medication.

For another consumer that is prescribed psychotropic medication to assist with responsive behaviour and insomnia, the Assessment Team identified gaps in the consumer’s behaviour support plan. The Assessment Team found assessment, monitoring, review, and evaluation of the psychotropic medication in the consumer’s behaviour support plan did not meet the Quality of Care Principles. This included, for example, information relating to alternative strategies prior to the use of the psychotropic medication.

In relation to the named consumer requiring advance care planning the Approved Provider in its response provided evidence and information on actions taken since the site audit. The service has provided evidence of staff education on its palliative care policy and the importance of completing palliative care assessments and plans. The service has updated the consumer’s palliative care assessment and care plans to reflect the consumer’s wishes and preferences.

In relation to the named consumer prescribed psychotropic medication, the Approved Provider in its response provided evidence and information on actions taken since the site audit. This included the service reviewing and updating the consumer’s Behaviour Support Plan and obtaining informed consent on the use of the psychotropic medication.

In making my decision I have considered the Assessment Team’s report and the response from the provider. I acknowledge the actions taken by the Approved Provider during and since the site audit such as updated palliative care assessments and plans. I also have considered actions taken since the site audit that may not yet be fully implemented and evaluated, such as staff education on the palliative care policy. Therefore, I find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 2(3)(b).

### 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.*

While the Assessment Team found this requirement not met, I have come to a different view. The Assessment Team presented evidence relating to deficits in assessment and monitoring to inform effective care to meet consumers’ current needs and risks, clinical care not aligned with best practice and gaps in the management of consumers with high impact or high prevalence risks. I have considered this evidence under Requirements 2(3)a, 2(3)b, 3(3)a and 3(3)b.

I have also considered consumer and representatives’ wishes, discussions consumers and representatives had with medical officers and the involvement of external health services and allied health professionals in consumer care.

The Approved Provider’s response indicated regular consultation and partnership with consumers, representatives and health professionals. Therefore, on balance, I find Requirement 2(3)(c) is Compliant.

### 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.*

While the Assessment Team found this requirement not met, I have come to a different view. The Assessment Team presented evidence relating to deficits in neurological observations following a fall, gaps with post-fall assessment and monitoring, clinical care aligned with best practice, management of high impact or high prevalence risks and appropriate referrals to other health professionals. I have considered this evidence under Requirements 2(3)a, 2(3)b, 3(3)a, 3(3)b and 3(3)f.

I have also considered consumer and representatives’ discussions with the services and the information from staff interviews. The Approved Provider’s response indicated observations occurred at the time of the fall and post-fall. I have also considered wound management consultation that occurred with a general practitioner before and since the site audit. Therefore, on balance, I find Requirement 2(3)(e) is Compliant.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

While most sampled consumers and representatives considered consumers receive clinical care that is safe and right for them, the Assessment Team found the service was unable to demonstrate that clinical care delivery is best practice, particularly for psychotropic medications and restrictive practices.

The service did not consistently manage risks associated with consumers’ clinical care, particularly for wounds, diabetes, falls, weight loss, and dysphagia. The service did not demonstrate timely referrals to other health care service providers to monitor and ensure appropriate care when changes occurred to a consumer’s health and well-being.

The Assessment Team found the service has infection control policies that are inclusive of outbreak management, vaccination and anti-microbial stewardship. Policies also include information on influenza and gastro-enteritis.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that the service did not demonstrate effective management of consumers’ chemical restraint and psychotropic medications. Consumers’ care and services related to wounds were not effectively managed, monitored or delivered in line with the service’s policies to inform effective and individualised clinical care.

For one named consumer, who requires psychotropic medications daily and on an ‘as required’ basis to manage their responsive behaviours and insomnia, the service did not always ensure the consumer received effective clinical care. The consumer’s behaviour support plan was not in-line with best practice and did not have relevant diagnosis, the purpose of the psychotropic medication, alternative strategies to manage the consumer’s responsive behaviour and post-administration monitoring information, to determine the effectiveness or side effects of the medications.

For one consumer with a lower leg skin tear the service did not manage the consumers skin tear effectively. The service did not always regularly assess, monitor or initiate clinical interventions to facilitate wound healing or determine the effectiveness of current wound treatments. The wound deteriorated, causing the consumer pain, which required a course of antibiotics.

In relation to the named consumer requiring psychotropic medication, the Approved Provider presented evidence and information of actions taken since the site audit. This includes, for example, the named consumer’s Behaviour Support Plan being reviewed and updated, receiving the consumer’s informed consent for restrictive practice, an Anti-Psychotropic Plan Form amended to incorporate a three-monthly general practitioner review, updates to the chemical restraint form to record psychotropic medication discussions and staff education on alternate psychotropic medications strategies.

In relation to the consumer that sustained a skin tear in their lower leg after a fall, the Approved Provider advised a second wound was incorrectly added to the original wound chart. Since the site audit, a new wound chart has commenced for the second wound with regular follow ups by a general practitioner. Staff have also been educated on change to wound care management practices.

I have reviewed the Assessment Team’s report and information supplied in the Approved Provider’s response. This includes, for example, amendments to the anti-psychotropic use review plan, updated behaviour support plans and staff education on alternative strategies prior to the use of chemical restraints. I acknowledge the evidence supplied demonstrated actions have been taken by the Approved Provider to improve clinical care practices since the site audit. I have also considered that actions and improvements will take time to be embedded in staff practice. I therefore, find while improvements have been made, at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 3(3)(a).

### 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 identified that the management of consumers’ wounds, diabetes management, falls, unplanned weight loss and swallowing difficulties were not always effective.

For one name consumer with diabetes, the service did not always effectively manage or monitor the consumer’s blood sugar levels. A medical directive informed staff to record blood glucose levels during fasting and at certain times of the day. Ongoing monitoring was not consistent with the instruction provided to assist the medical officer in the management of the consumer’s diabetes, tailoring consumer’s diabetes medications and developing strategies to reduce the long-term complications of diabetes.

For one named consumer with an unwitnessed fall, the service did not conduct neurological observations in a timely manner, or at regular intervals, in line with best practice or the service’s post-fall assessment and management plans. Prior strategies to assist with the consumer’s fall were not initiated in care plans and the Assessment Team did not find evidence of post-fall review conducted by a physiotherapist to effectively manage the ongoing risk to the consumer.

For one consumer with a stage 2 pressure injury, the service did not manage the pressure injury effectively. Wound assessments were not regularly conducted. The Assessment Team found the service did not regularly monitor the wound to assist with wound care and with the healing process. The pressure injury subsequently deteriorated and became infected.

For another consumer with swallowing difficulties, the service did not always manage the consumer swallowing problems effectively. The service did not seek a referral to a speech pathologist to assess or develop a plan to find alternative strategies to reduce complications of dysphagia such as aspiration or coughing.

In relation to the consumer with diabetes, the Approved Provider advised insulin was administered. Information on actions taken since the site audit included updates to the services diabetes management policies, educating staff on the importance of recording all blood glucose levels and staff to add blood glucose levels to consumer care plans, medication charts and the electronic management system to ensure effective risk management of diabetes.

In relation to the named consumer with an unwitnessed fall, the Approved Provider advised that neurological observations were conducted at the time of the fall and post-fall. Information on actions taken since the site audit was provided by the Approved Provider. This includes, for example, reviewing and updating the service’s falls management policy to include timeframes and staff education on the correct requirements for post-falls procedures and assessments.

In relation to the named consumer with stage 2 pressure injury, the Approved Provider advised wound consultation occurred regularly with a general practitioner. Information on actions taken since the site audit was submitted by the Approved Provider. This includes reviewing and updating the consumer’s wound assessment and updating the service’s wound care management policy and procedure.

In relation to the named consumer with swallowing difficulties, the Approved Provider advised the consumer and representative’s wishes were respected in regard to clinical care. Multiple doctor consults have occurred since the consumer was deemed palliative with regular review and monitoring.

In making my decision I have considered the Assessment Team’s report and the response from the provider. I acknowledge the actions taken by the Approved Provider during and since the site audit. I also have considered the actions taken such as updates to the service’s diabetes, wound and falls management policies and educating staff on the importance of recording all blood glucose levels. However, as these actions may not yet be fully implemented and evaluated, I have found at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 3(3)(b).

### 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) Non-compliant

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

The Assessment Team found the service did not initiate timely and appropriate referrals to allied health professionals.

For one named consumer with a tear in their lower leg, referrals to a wound specialist did not occur in a timely fashion. The consumer’s leg wound deteriorated, became infected and subsequently required antibiotics to treat the deterioration of the wound.

For another consumer with weight loss and an episode of choking, the consumer’s nutrition and hydration care plan, reflects the consumer is at risk of further weight loss and their weight is unstable. The Assessment Team found that there is no evidence of discussion or referral to a dietitian or a speech pathologist from the nursing staff or the medical officer.

In relation to the named consumer with a tear in their lower leg, the Approved Provider advised the consumer’s initial wound was resolved, however, a second wound was incorrectly added to the original wound chart. The Approved Provider in its response provided evidence and information on actions taken since the site audit. This includes, for example, initiating a new wound chart for the consumer, staff education undertaken to ensure more vigilance around completing wound documentation and timely follow-ups.

In relation to the named consumer with weight loss and an episode of choking, the Approved Provider advised the choking incident was isolated and the weight loss was attributed to a reduction in water loss, oedema. The Approved Provider in its response provided evidence and information on actions taken during and since the site audit. This includes, for example, the consumer is on a modified diet including high calorie and supplements and will be supervised during mealtimes.

In making my decision I have considered the Assessment Team’s report and the response from the provider. I acknowledge the actions taken by the Approved Provider during and since the site audit. I also have considered the actions taken such as supervising consumers during mealtimes. However, these actions may not yet be fully embedded and evaluated. Therefore, I find at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 3(3)(f).

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

*Minimisation of infection related risks through implementing:*

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

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers and representatives described how consumers are supported to achieve their individual goals and how consumers’ needs and preferences are met. This includes, for example, gardening activities and religious services.

Consumers and representatives advised the various ways consumers are able to participate within and outside their community. Consumers described the support the service provides to them to maintain social and personal relationships, which include social outings with the consumer’s family and friends.

Consumers described how they have access to other organisations and services to meet their needs. The service engages the support of individuals, other organisations, and providers of other care and services as appropriate, such as mental health services.

Overall, consumers provided positive feedback regarding meals and that they are of suitable variety, quality and quantity. Consumers described the service’s monthly cultural meals cooked by the chef on site.

Lifestyle staff and clinical staff described how they access mental health specialists, in response to staff observations, or at the request of the consumer and their representative.

The Assessment Team found care documents included progress notes, handover documents, referral processes, and communication diaries. This includes, for example, consumers’ emotional, spiritual, personal and clinical care preferences.

The Assessment Team observed dining areas, community rooms such as the café and quiet areas to be clean and tidy.

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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall, sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Sampled consumers commented positively on the cleanliness of the service.

Consumers described furniture, fittings and equipment at the service as clean and well maintained. Consumers described a variety of equipment available that is suitable for individual consumer needs. This includes, for example, a variety of four-wheel walkers, wheelchairs and comfort chairs.

The Assessment Team found the service to be welcoming and offers a range of communal spaces.

The Assessment Team observed consumers moving freely inside and outside the service, with consumers’ rooms decorated with personalised items and furniture and blankets.

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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives described the various ways staff and management encourage and support them to provide feedback. This includes, for example, consumers and representatives attending ‘resident’ meetings, and staff providing consumers with avenues for feedback or making complaints.

The service has an open disclosure policy relating to the complaints process and guides management staff on the expected process to follow which includes acknowledging the incident to the consumer, or representative before a full investigation is initiated.

Clinical staff were aware of the term ‘open disclosure’ and the importance of transparency and taking effective action following an incident.

The Assessment Team observed posters displayed throughout the service on external advocacy and language services. This includes, for example, ‘resident’ handbook, language translation application on an electronic device and posters on external advocacy and language services.

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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall sampled consumers considered that they get quality care and services when they need them and from staff who are knowledgeable, capable and caring.

Staff confirmed they are involved in annual performance appraisals and provided examples of how the service supports and encourages staff to pursue training opportunities and educational needs.

Management explained the position descriptions, responsibilities and necessary qualifications and skills set out for each role. The recruitment process selects staff who have the qualifications and knowledge to perform their roles.

The Assessment Team reviewed the service’s rosters and found no unfilled shifts, with planned and unplanned leave shifts being filled by casual staff or permanent part-time staff.

A review of training records indicated the service monitors staff attendance and completion of monthly scheduled online modules through an electronic learning platform. Other sessions held at the service are recorded in the service’s electronic management system.

The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner.

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.*

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. The organisation actively promotes cultural awareness and each month celebrates different cultures.

Consumers described having opportunities to provide feedback through the resident meetings and the surveys they receive. This includes, for example, representatives invited to participate in care consultations.

While the organisation has policies that provide a framework for clinical governance and risk management, the organisation did not demonstrate that policies provide strong processes to minimise the use of restraint in-line with best practice. The organisation did not demonstrate effective systems are in place to monitor high impact or high prevalence risks to consumers.

The organisation has effective governance systems in relation to information systems, continuous improvement, financial and regulatory compliance. The Assessment Team found the service’s continuous improvement actions are developed from a number of sources including consumer feedback, survey results, review of incidents and meeting minutes. This includes, for example, the introduction of staggered meal delivery to ensure food is delivered in a timely manner.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

### Requirement 8(3)(d) Non-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 found the service did not have effective risk management framework systems to provide clinical oversight of high impact or high prevalence risks associated with consumer care.

The service did not demonstrate effective risk management systems and practices were in place to identify, review and manage clinical risks such as skin integrity, wound management, falls, choking episodes and unplanned weight loss.

I have reviewed the Assessment Team’s report and information supplied in the Approved Provider’s response. This includes, for example, amendments to the nutrition and hydration policy and staff education on timely referrals to wound specialists. However, at the time of the site audit, the Approved Provider did not demonstrate systems and processes are in place to assist with identifying and assessing risks to the health and safety of consumers. I therefore, find the Approved Provider Non-Compliant with Requirement 8(3)(d).

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

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

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

The organisation has a clinical governance framework and policies that include antimicrobial stewardship, open disclosure and minimising the use of restraint.

While the organisation has policies that provide a framework for clinical governance, the organisation did not demonstrate that policies resulted in effective processes and work practice to minimise the use of restraints, including identifying risks associated with chemical restraints.

The Approved Provider in their response provided evidence of updated policies and tools such as an updated restrictive practice policy and a self-assessment tool.

I have reviewed the Assessment Team’s report and information supplied in the Approved Provider’s response. I consider at the time of the site audit the Approved Provider did not demonstrate an effective framework was utilised to deliver safe, quality clinical care in relation to the use of restrictive practice. I therefore, find the Approved Provider Non-Compliant with Requirement 8(3)(e).

# 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.

**Requirement 2(3)(a)**

* Implement effective processes to ensure assessment and care planning, including consideration for risk, informs the delivery of safe and effective care, particularly with diabetes and skin integrity.
* Introduce internal processes to monitor the effectiveness of assessment and care planning, particularly with diabetes and skin integrity.

**Requirement 2(3)(b)**

* Implement processes to ensure assessment and care planning reflects the current needs, goals and preferences of consumers, particularly with advance care planning and use of psychotropic medication.
* Introduce internal processes to monitor the effectiveness of assessment and care planning, particularly with advance care planning and use of psychotropic medication.

**Requirements 3(3)(a)**

* Ensure care is tailored to each consumer’s needs and is consistently delivered with best practice principles applied, particularly with restrictive practices and skin integrity.

**Requirements 3(3)(b)**

* Ensure effective management of high impact and high prevalence risks associated with diabetes, falls, wounds, weight loss and swallowing difficulties.

**Requirements 3(3)(f)**

* Ensure staff have the knowledge and skills to initiate timely and appropriate referrals to allied health professionals tailored to consumer’s clinical needs.

**Requirements 8(3)(d)**

* Ensure risk management systems are effective to manage high impact and high prevalence risks associated with the care of consumers, particularly for skin integrity, wound management, falls, choking episodes and unplanned weight loss.

**Requirements 8(3)(e)**

* Ensure staff have the skills to apply the organisation’s clinical governance framework, particularly in relation to psychotropic medication and chemical restraint.