Mercy Place - Albury

Performance Report

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ALBURY NSW 2640
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**Commission ID:** 2667

**Provider name:** Mercy Aged and Community Care Ltd

**Site Audit date:** 5 July 2022 to 8 July 2022

**Date of Performance Report:** 31 August 2022

# Performance report prepared by

L Glass, 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** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Non-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) | Non-compliant |
| Requirement 2(3)(d) | Non-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) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-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 10 August 2022
* the service was issued Notice of Requirement to Agree to Certain Matters and consideration of Sanctions and on 13 July 2022.

# STANDARD 1 NON-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

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.

Most consumers sampled did not consider they are supported to make informed choices about their care and services and live the life they choose. For example:

Consumers and representatives describe how informed choices and preferences for care and services are not consistently supported by staff, with consumers not being supported to live the best life they can.

Overall sampled consumers considered that they are treated with dignity and respect and can maintain their identity. For example:

Consumers reported that they are mostly treated with respect and dignity and that their individuality is valued.

Consumers described how staff respect their privacy. Staff were observed knocking on consumers’ doors prior to entering consumers’ rooms.

Information in consumers’ care planning documents is mostly consistent with information obtained from consumers and their representatives inclusive of consumer preferences and identification of the people who are important to them.

Staff can describe areas in which consumers want to take risks and how the consumer is best supported to understand the risk.

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

The Assessment Team found consumers and representatives did not feel supported to exercise informed choice around making and communicating decisions about their care and service delivery, particularly in relation to preferences about the timing of personal care and meals preferred outside routine times.

However, consumers are supported to make connections and maintain relationships. Staff were able to provide examples of how consumers are supported to maintain relationships but were unable to describe current supports for consumer decision making.

In response to the Assessment Team report the Approved Provider supplied clarifying information and evidence including information about the impact of staffing shortages on the delivery of care and services. It also outlined the actions taken to cover all shifts and to support residents, while acknowledging this was not always possible. The response included further information about named consumers and the approach the service has taken in trying to support the consumers to exercise choice and independence to make decisions about their own care and the way the care and services are delivered.

While I acknowledge the challenges associated with filling rosters when there are sector wide staff shortages and the current difficulty in recruiting staff locally, I accept the Assessment Team’s findings that staffing shortages are impacting support for consumers to make decisions about their own care and the way care and services are delivered. I find the service Non-complaint with requirement 1(3)(c)

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Overall sampled consumers and representatives did not consider that they feel like partners in the ongoing assessment and planning of their care and services. The service did not demonstrate assessment and care planning inform the delivery of safe and effective care and services. For example:

The service did not adequately demonstrate a consistent approach to assessment and planning is undertaken including consideration of risk such as wounds/pressure injuries and medication management.

Not all consumer care files show risks are identified on entry including respite consumers. Where risk(s) to a consumer’s health and well-being are identified prior to entry, appropriate assessments and care plans were not developed to manage and/or minimise these risks.

Advanced care planning and care documentation identify and address consumers’ goals and preferences at the end of life, however, assessment and care planning documents do not always identify and address the consumers’ current needs, goals and preferences.

Consumers and representatives said they are not informed about the outcomes of assessments and planning and are unsure what is contained in their care plans.

While the service has systems and processes to review consumer care and services when changes occur, reviews in relation to effectiveness of care to consumers changing needs were not always demonstrated.

Care plans are not consistently updated following incidents or when the consumer’s clinical condition and their needs change.

The Quality Standard is assessed as Non-compliant as five 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 service did not demonstrate a consistent approach to assessment and planning including consideration of risks when consumers enter the service and upon return from hospital. The assessment and care planning documents reviewed did not consistently identify and consider risks and inform safe and effective delivery of care resulting in adverse outcomes for consumers. Consumers and representatives said they are not confident consumers’ risks are identified and considered

The Approved Provider’s response acknowledged some deficits in assessment and planning for the two named consumers. One consumer’s assessment and planning had identified gaps in capturing skin integrity, wound management and pressure injury care resulting in significant failures in care and deterioration of wounds. For another consumer the Approved Provider acknowledged a skin care assessment and plan did not identify the consumer’s use of an anticoagulant and the risk of bruising and bleeding.

The Approved Provider refuted the findings and provided convincing evidence about the same consumer in regard to self-administering medication and demonstrated a self-medication risk assessment was in place and the consumer did not require staff supervision to self-medicate.

In making my decision I have considered the Assessment Team report and the response from the Approved Provider outlined above. I am persuaded that there were significant gaps identified in the assessment and planning for consumers negatively impacting consideration of risks to their health and well-being and informing safe and effective care. I find requirement 2(3)a Non-Compliant.

### 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 the service generally demonstrated advance care planning and end of life planning are in line with the consumers’ needs and preferences. However, assessment and planning does not consistently identify and address all consumers’ current needs, goals and preferences.

The Assessment Team noted several discussions and advanced care directive documents for consumers sampled that are reflected on the consumers’ end of life care plan.

However, not all consumer details for other areas of clinical and personal care were identified in consumer care plans. Inconsistencies in documenting information was also identified. For example, a consumer’s catheterisation management, was not consistently recorded and there were gaps in management of the consumer’s needs. A consumer with very high risk of bruising and bleeding due to medication they take did not have the information recorded in their skin integrity care plan. In the care plan viewed by the Assessment Team evidence reflecting the application of compression garments to manage a consumer’s vascular insufficiency had no entries on multiple days. Personal care preferences for another consumer were not addressed as per their wishes.

The Approved Provider’s response provided further information and evidence about the consumers identified in the site audit report. The information contained further evidence about the examples of assessment and planning identifying and addressing consumer’s current needs, goals and preferences in the site audit report. The response acknowledged the gaps in some of the assessment and planning identifying consumer’s current goals and needs. The response also provided evidence to confirm that the Assessment Team did not sight some of the relevant and accurate information that is utilised in care for consumers such as updated information about personal care. While evidence of information about a pressure garment use for a consumer indicates the time of application is documented the evidence of implementation was not provided.

While I acknowledge the response from the Approved Provider, I have also considered the Assessment Team report. Based on the information available I find the service is Non-Compliant with requirement 2(3)b.

### Requirement 2(3)(c) Non-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.*

The service did not demonstrate assessment and care planning is based on ongoing partnership with the consumers and others they wish to involve. The service did not consistently demonstrate assessment, planning and review is undertaken with the consumers and representatives. Assessment and care planning documents, including care consultation records, generally do not reflect consultation with the consumer or their representative and do not always reflect input from other organisations. Most consumers and/or representatives expressed dissatisfaction in their lack of involvement and input in to care and actions taken by the service are not always discussed for input into the planning documents prior to completion.

The Approved Provider’s response to the Assessment Team report acknowledges the improvement needed by the service and have initiated improvements since the site audit. The improvements include consultation with the consumer or their representative when undertaking assessments and education on recording the assessment electronically. The service is also implementing a schedule for ‘Resident of the Day’ review encompassing all consumers and offering a copy of the documented consultation to the reviewed consumer or their representative and assessing consumer and representative satisfaction with the process. The service has also determined improvements are required to ensure recommendations from external providers are correctly reflected in care planning documents and staff reminded to do so.

As outlined above I acknowledge the actions taken and planned by the Approved Provider and sine the site audit. However, as they are yet to be fully implemented and evaluated for effectiveness I find at the time of the site audit the service did not demonstrate compliance with the requirement. I therefore find requirement 2(3)(c) Non-compliant.

### Requirement 2(3)(d) Non-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.*

Consumer representatives expressed overall dissatisfaction in the availability and accessibility of care plans for their loved ones. The service does not generally communicate outcomes of assessment and planning to the consumer and/or their representative. The Assessment Team noted that consumer care plans contained personalised strategies and relevant information relating to next of kin contact details with alternative contacts where appropriate family conferences were occurring for some consumers but not all consumers. Overall consumers and representatives interviewed said they were aware they had a care plan; however, some have not been offered a copy, nor have had the opportunity to discuss the care plan for a very long time.

Clinical staff said they were aware the consumers and representatives may have a copy of the care plan. However, they said they had not offered or provided a copy of the care plan to any consumers or to representatives and had not advised them of its availability. Management described how care plan reviews are completed by clinical staff and that family consultation is a part of that process.

The response from the Approved Provider clarified that improvement in communication is required.

Based on the information available in the Assessment Team’s report and the response from the Approved Provider, I find the service was not compliant with the requirement at the time of the site audit. I therefore find requirement 2(3)(d) Non-Compliant.

### 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 did not always demonstrate that care and services were reviewed for effectiveness when circumstances changed or when incidents impact on the needs or goals of consumers. Care plans were not always effectively reviewed when consumers’ needs changed, or an incident occurred.

One consumer’s assessment and care plans were not reviewed following changes to her skin integrity and increased pain after identification of pressure injuries.

A second consumer’s assessment and care plans were found to be incomplete and were not reviewed after changes to medication management and skin integrity.

The Assessment Team found two other sampled consumer’s assessment and care planning document review was not completed and updated after they had each undergone a significant clinical procedure. This resulted in serious impacts on the consumer’s health outcomes including in relation to pain and wound management.

The Approved Provider’s response acknowledged that many care plans were not always effectively reviewed when a consumer’s needs changed or after an incident. A daily review has been put in place with extra scrutiny from clinical staff to identify any gaps in the process of consumer review. This is to ensure staff identify change and incidents and any necessary follow up for example charting or reporting is undertaken.

In making my decision I have considered the Assessment Team report and the response from the Approved Provider. The improvements identified by the Approved Provider to rectify the deficits found have yet to be fully implemented, reviewed and evaluated I consider that the service is Non-compliant with requirement 2(3)e.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

## To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – 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 did not consider that they feel like partners in the ongoing assessment and planning of their care and services. The service did not demonstrate assessment and care planning inform the delivery of safe and effective care and services. For example:

The service did not adequately demonstrate a consistent approach to assessment and planning is undertaken including consideration of risk such as wounds/pressure injuries and medication management.

Not all consumer care files show risks are identified on entry including respite consumers. Where risk(s) to a consumer’s health and well-being are identified prior to entry, appropriate assessments and care plans were not developed to manage and/or minimise these risks.

Advanced care planning and end of life wishes identify and address consumers’ goals and preferences, however, other assessment and care planning documents do not always identify and address the consumers’ current needs, goals and preferences.

Consumers and representatives said they are not informed about the outcomes of assessments and planning and are unsure what is contained in their care plans.

While the service has systems and processes to review consumer care and services when changes occur, reviews in relation to effectiveness of care to consumers changing needs were not always demonstrated.

Care plans are not consistently updated following incidents or when the consumer’s clinical condition and their needs change.

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

Overall, consumers and their representatives are not satisfied the consumers receive safe and effective personal and clinical care. The service was not able to demonstrate that each consumer’s pain management, skin integrity and wound management were best practice, tailored to the consumer’s needs or optimised their health and well-being. Adverse outcomes were identified for several consumers due to deficits in care delivery such as delayed wound care and not identifying pressure injuries together with a lack of appropriate clinical assessment, poor communication within the service about consumer’s clinical care and examples of necessary equipment to support care being turned off or out of battery. Whilst the service was able to demonstrate it recognised use of chemical restraints, documentation related to restrictive practices was not always up to date and it was not always evident that the form of restrictive practice was implemented after the trial and failure of other strategies and as a last resort treatment.

The response from the Approved Provider acknowledged the deficits identified by the Assessment Team. The response outlined actions taken at the service since the site audit to review all consumers’ skin integrity and wounds and to document assessment and treatment plans. A wound consultant has been engaged to assist in reviews and to provide education about wound management to staff. Mandatory education is also being provided on line and face to face to staff for wound management, pain management and restrictive practice.

Based on the information available I find the service is Non-compliant 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 service was unable to demonstrate effective management of high impact or high prevalence risks such as skin integrity review, assessment, monitoring and management, catheter management and falls prevention and management. Care files demonstrated signs of clinical change and risks to consumers’ condition are not always recognised by staff and appropriate risk management strategies or interventions are not delivered. Consumers were identified with adverse outcomes as a result of the ineffective risk management including unidentified deterioration in pressure injuries and wounds ineffective response to consumer pain.

The Assessment Team observed care which was not in line with consumer’s documented risk prevention strategies. Staff were able to describe significant clinical risks for the consumers sampled and diabetes management was found to be appropriate however staff did not provide comment on the assessment and charting deficits in other areas of care.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team in the effective management of high impact or high prevalence risks associated with the care of consumers. The response outlines remedial action undertaken including mandatory training for catheter management and a process for falls analysis and management including a requirement to fully document, audit and analyse consumers post falls.

Based on the information available I find the service is Non-compliant 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) Non-compliant

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

The service was not able to effectively evidence that information regarding consumers is effectively communicated throughout the service. The Assessment Team found that care planning documentation lacked details about clinical directives and management of complex clinical needs such as urinary catheter management, and wound management. The Assessment Team noted there were inconsistencies within documentation for some consumers. Some consumers and representatives were dissatisfied with the lack of communication within the organisation and to them about the consumer’s condition, needs and preferences.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team and referred to remedial action being undertaken to address the identified deficits including staff education.

Based on the information available I find the service is Non-compliant with requirement 3(3)(e).

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

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

Mixed feedback was received from consumers and consumer representatives interviewed. Whist some are satisfied that access and referral to their general practitioner, allied health professionals and other external specialist services are available when required, others are unsure about the referrals that have been made. Whilst the service refers to other health care specialists as needed in consultation with consumers and/or their representatives, there was no evidence of timely referrals to wound care specialists and the dietitian in some instances. Care planning documents do not always reflect timely and appropriate referrals to individuals, other organisations and providers of other care and services. Management, staff and allied health practitioners were able to describe the service’s referral processes.

The response from the Approved Provider highlighted the mixed feedback and pointed out the satisfaction expressed by some consumers and representatives with the referral process and its timing. The response also acknowledged the lack of explanation available about why one consumer was not referred to a dietician after significant weight loss in a short period of time.

Based on the information available I find the service is Non-compliant with requirement 3(3)(f).

### Requirement 3(3)(g) Non-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.*

Overall, consumers and representatives confirmed they observe staff undertaking hand hygiene and wearing personal protective equipment. However, the Assessment Team identified the service did not demonstrate effective strategies are in place to minimise infection related risks. Deficits were identified in screening visitors to the service, staff use of personal protective equipment and hand hygiene. There was uncertainty about when the service’s COVID 19 Outbreak Management Plan (the plan) was last reviewed. The Assessment Team identified deficits and gaps in the plan. The team also identified poor infection control practices and management of catheterisation of a consumer resulting in adverse outcomes for the consumer.

All staff interviewed were able to explain infection prevention and control measures, but some staff were not aware of antimicrobial stewardship principles.

The response from the Approved Provider referred to education being provided to staff about catheterisation of consumers as outlined in the response to other requirements. The Approved Provider also explained the centralised response approach to outbreaks such as COVID -19 and the availability of access to electronic information by all authorised personnel. The response said resident information is readily available refuting the findings of the Assessment Team that the plan does not include information on how to access resident information.

Based on the information available in the Assessment Team’s report and the response from the Approved Provider, I find the service was not compliant with the requirement at the time of the site audit. I therefore find requirement 3(3)(g) Non-Compliant.

# STANDARD 4 NON-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

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.

Most sampled consumers did not consider 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:

Most consumers and representatives said they felt uninformed about the service operation and unable to provide feedback and input into service provision due to the lack of an appropriate forum.

Consumers and representatives interviewed said some consumers are supported in daily living by participating in activities of interest to them.

Consumers are supported by staff to maintain relationships and connections with those who are important to them. Lifestyle and other staff know the consumers.

While care plans mostly indicate consumers’ preferences, cultural needs and activities of interest, these are not always reflective of the consumer experience.

Consumers gave mixed feedback about the variety, quantity and quality of the meals.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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.*

The Assessment Team found the service did not demonstrate each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences to optimises their independence, health, well-being and quality of life. While for the consumers sampled, assessments and care plans mostly included individual goals and the level and type of support consumers require to maintain their independence, health, well-being and quality of life, consumer preferences to support engagement and independence are not always facilitated. Consumers and consumer representatives and staff cited understaffing as a primary reason for the lack of facilitation and inability to meet individual’s needs,

The Assessment Team reviewed the current consumer activity schedule and noted its presence in consumer rooms and posted prominently around the service and observed a range of activities being provided while on site.

Consumers and their representatives also felt the consumer was not supported in optimising quality of life as they were not listened to. They could not identify an appropriate forum where they could provide input into service delivery and obtain current information.

The response acknowledged the impact of staffing shortages resulting in consumers not being provided with their preferred activities. The Approved Provider stated in the response to the Assessment Team’s report that plans were in place for new personnel at the service to meet with consumers and to conduct regular Resident and Relative meetings.

Based on the information available in the Assessment Team’s report and the response from the Approved Provider, I find the service was not compliant with the requirement at the time of the site audit. I therefore find requirement 4(3)(a) Non-Compliant.

### 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) Non-compliant

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

The Assessment Team found most consumers feel systems and processes in place for communicating information about consumers’ conditions, needs and preferences within the organisation and with others where responsibility for care is shared are not effective. Care documents reviewed by the Assessment Team, including progress notes, handover documents and care plans, provided adequate information to guide staff in supporting effective and safe sharing of the consumer's care. This was not always consistent with consumer and consumer representative feedback about a lack of shared information.

One consumer was not sure why a palliative care service is no longer involved in their care and that it had been very helpful in providing pain relief. The same consumer feels their preferred time for a shower has not been actioned.

A representative expressed the perception of a lack of oversight of care staff by registered nursing staff and problems with communication in the service. One consumer considered communication was not always effective while two others choose to make their own appointments rather than communicate needs within the service.

Staff described a range of processes to communicate consumer information including handover, progress notes, messaging through electronic information systems and a message board.

The Approved Provider’s response to the Assessment Team’s report indicates that it considers while staffing shortages have sometimes impacted on the service’s ability to effectively communicate within the organisation at other times it has communicated effectively. The response lays out some inconsistencies in the consumer’s and representative’s accounts of communication deficits and refers to responses for other requirements as evidence refuting the Assessment Team’s findings.

I have considered the information and evidence available in the Assessment Team’s report and the response from the Approved Provider. The consumers and representatives sampled are dissatisfied with how the communication about their needs and goals is shared. I find on balance the service is Non-Compliant with requirement 4(3)d.

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

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

The service has 2 levels, both providing a layout combined of 7 small household houses for 8 consumers each and 2 traditional accommodation wings with ensuite rooms for 30 consumers each.

Consumers said they feel welcome and comfortable at the service and were observed using communal areas such as the activities area and numerous lounge rooms.

Consumers said they feel safe at the service and expressed satisfaction with its cleanliness and the general environment. Systems of preventative and reactive maintenance are effective in ensuring the service’s equipment, furnishings and other services are well maintained.

The Assessment Team found the service environment to be comfortable clean and well maintained.

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

## Assessment of Standard 5 Requirements*.*

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall, the sampled consumers did not consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

Consumers and their representatives expressed dissatisfaction with the complaints and feedback process. Some consumers gave examples of submitting feedback and not receiving a response or resolution.

Some consumers were not aware of the formal feedback process and described using informal processes to voice their concerns.

Overall consumers were not aware of advocacy services or external complaints organisations they could access to raise and resolve complaints. The majority of consumers said their representatives would advocate on their behalf.

Consumers stated their feedback is not actioned nor taken seriously when they have raised concerns about their own care or other co-consumers care.

Consumers could not recall being consulted on the actions to resolve their concerns or to receive an apology when things go wrong.

Consumers and representatives feedback indicated they were not confident their complaints and feedback were used to improve care and services due to their recent negative experience with lodging complaints.

Overall, the service did not demonstrate a robust process to manage and resolve consumer feedback and complaints. Documents reviewed did not demonstrate complaints being acknowledged, investigated and resolved. No documentation was available to demonstrate where appropriate, communication with the complainant, and where an apology or explanation was provided.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Non-compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

The Assessment Team found consumers and their representatives were dissatisfied with the complaints and feedback process at the service. Some consumers gave examples of submitting feedback and not receiving a response or resolution. Some consumers were not aware of the formal feedback process and described using informal processes to voice their concerns. Overall, the sampled consumers did not consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. While 4 feedback lodgement boxes were found to be located in various area of the service at 2 of the locations no feedback forms were available and at all 4 locations no poster displayed to advise of the feedback and complaints process and this was remedied during the site audit. Staff said they were aware of feedback forms and would assist consumers if requested to do so.

The Assessment Team reviewed the 2022 complaints register. The majority of feedback received had not been investigated, actioned or resolved. Out of 17 complaints lodged and recorded on the service’s complaints register for 2022, none had been resolved and closed at the time of the site audit.

The Approved Provider acknowledged the findings in the Assessment Team’s report and the lack of response and/or investigation of feedback submitted and the lack of an appropriate response. The Approved Provider advised that all consumers receive a Resident’s Handbook on entry to the service containing information about how to provide feedback. Consumers and primary contacts also received a letter when the Complaints inbox was set up however no date was provided to indicate when the Complaints inbox was set up or the letter was sent out.

As a result of the site audit findings the service put in place remedial actions including contacting all consumer’s who had submitted a feedback form to ensure the matters were resolved and wrote to all consumers and representatives acknowledging that feedback may not have been addressed, apologising and inviting resubmission to ensure all feedback is captured and responded to. The service said it is considering ways to minimise the risk in future of feedback not being recorded, reported and addressed.

Based on the information available in the Assessment Team’s report and the response from the Approved Provider, I find the service was not compliant with the requirement at the time of the site audit. I therefore find requirement 6(3)(a) Non-Compliant.

### 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) Non-compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team found this requirement consumers were concerned about no response from the service to acknowledge and resolve their complaints. Consumers stated their feedback is not actioned nor taken seriously when they have raised concerns about their or other co-consumer's care. Consumers could not recall being part of a discussion on the actions to resolve their concerns or an apology when things go wrong. Review of the complaints register, and feedback forms did not demonstrate a robust process to resolve complaints. The service did not demonstrate understanding and application of open disclosure during the investigation and resolution of complaints.

The Approved Provider acknowledged the findings in the Assessment Team’s report and lack of response and/or investigation of feedback submitted and the lack of an appropriate response. The response refers to remedial actions under requirement 6(3) a.

Based on the information available in the Assessment Team’s report and the response from the Approved Provider, I find the service was not compliant with the requirement at the time of the site audit. I therefore find requirement 6(3)(c) Non-Compliant.

### Requirement 6(3)(d) Non-compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

Consumers and representatives feedback indicated they were not confident their complaints and feedback were used to improve care and services due to their recent negative experience with lodging complaints. The service’s continuous improvement log reflected one entry identified for improvement from consumer feedback or complaints.

The Assessment Team reviewed a variety of documents related to this requirement. It found that overall, the service did not demonstrate a robust process to manage consumer feedback and complaints. Documents reviewed did not demonstrate complaints being acknowledged, investigated and resolved. No documentation was available to demonstrate where appropriate, communication with the complainant, and where an apology or explanation was provided. The Assessment Team noted a thorough review of the service’s complaints and feedback folders began during the site audit.

The response from the Approved Provider acknowledged the deficits identified by the Assessment Team. The Approved Provider considers there is a robust process to manage consumer feedback and complaints in place however it acknowledges the service was not following it.

Based on the information available in the Assessment Team’s report and the response from the Approved Provider, I find the service was not compliant with the requirement at the time of the site audit. I therefore find requirement 6(3)(d) Non-Compliant.

# 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

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

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

Majority of consumers described there are not enough staff at the service, and some described waiting long periods waiting for staff to respond to their call bell.

Consumers described the permanent staff as knowing what they are doing in relation to their preferred care needs. However, consumers living in the small households stated staff need more training in meal preparation as quality of meals provided vary depending on the staff experience.

Most consumers described staff as kind, caring and respectful, however, some consumer feedback described staff as not showing respect to individuals, both other consumers and other staff members.

The majority of staff described the actual staffing level is usually less than the planned roster. Unplanned leave is the main cause of staffing insufficiency and unfilled shifts.

The Assessment Team identified deficits in clinical care provision for consumers requiring wound management, which had placed the consumer’s health and wellbeing at risk. The service provided documents that reflected staff required training in a number of clinical areas identified through internal audits, however, staff shortages and unplanned leave, changes in key personnel and a number of infectious outbreaks have delayed the required training.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

Consumers and their representatives expressed dissatisfaction in the sufficiency of staff at the service. The majority of consumers described having to wait long periods of time for staff to respond to call bells. Staff said they have to work short with ongoing staff shortage related to vacant shifts and unplanned leave. Review of the master roster demonstrated ongoing vacant care staff shifts, with unplanned leave adding additional unfilled shifts to overall shortfalls. Management described the active recruitment and onboarding of a number of staff and ongoing review of the roster to ensure delivery of a satisfactory level of care and services to the consumers.

The Approved Provider ‘s response acknowledges the staffing shortages are impacting on the delivery of consumer care and services. They are considering ways to support staff, especially new and inexperienced staff. They acknowledge the challenges for staff to know about and provide care and services based on consumer preferences and needs and consider this ability has diluted as staff do not have time to do their job and mentor new staff.

Based on the information available I find the service is Non-compliant with requirement 7(3)(a).

### 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) Non-compliant

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

The Assessment Team identified deficits in clinical care provision for consumers requiring wound management, which had placed the consumer’s health and wellbeing at risk. While an internal audit had identified wound management was not meeting best practice actions deferred from 2021 included a comprehensive wound training program for all clinical staff and for a wound specialist nurse to attend the service to conduct assessments of all current wounds and provide initial training sessions.

Other clinical areas identified as needing training included all care staff needing to complete the organisation–based medication training. A 2022 training report provided to the Assessment Team showed 81.8% of care staff have achieved competency in an online medication management module. For the clinical staff practical medication module 54.5% of nurses have achieved competency. Deficits were also identified following completed audits of pain management and restrictive practices: Both areas require actions to ensure comprehensive assessment, evaluation and appropriate documentation. The Handwashing theory module reflects 55.2% of staff have achieved competency. The practical hand hygiene competency documents reflect 40 out of 149 staff have been assessed as competent in 2022. I acknowledge that the competency target is for 2022 and there are still 4 months to reach the targets.

The response from the Approved Provider refers to the planned staff education in assessing skin integrity and identification and management of wounds as well as for catheterisation. A plan was provided as evidence of mandatory competencies for care staff in medication and for all staff in hand washing and manual handling. Evidence of training in food safety was also supplied.

While I acknowledge the training undertaken by staff and plans in place for further education, I consider the deficits in staff competency, in particular lack of competency in wound care and catheterisation, to adversely impact consumer care and other deficits in training to be a risk for consumers and limit staff from effectively performing their roles.

Based on the information available I find the service is Non-compliant with requirement 7(3)(c).

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

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

Consumers generally expressed satisfaction with staff being trained and supported to provide their care. Some consumers and most representatives feedback expressed concern about the care some of the consumers were receiving including staff needing more food service training.

Staff said the majority of the training provided is via an online system, with monthly training modules to be completed. The majority of staff stated face to face training has not been an option for them due to COVID outbreaks and the precautions to maintain safe distancing. The Assessment Team noted outcomes of the service’s completed internal audits of staff competency identified multiple areas for improvement.

The Approved Provider’s response to the Assessment Team’s findings was limited and refers to previous requirements in the response. It reiterates that training of care staff in food safety had been undertaken providing a refence to a Checklist Guide to Safe Food Handling on a Learning Ladder of role related mandatory competencies.

Based on the information available I find the service is Non-compliant with requirement 7(3)(d).

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards). Some of the sampled consumers did not consider that the organisation is well run and they do not partner in improving the delivery of care and services. Some consumers and representatives were satisfied the organisation is well run and will improve with new management and sufficient staff. For example:

Consumers feedback included dissatisfaction they had not been supported to voice their feedback, or had no opportunity to participate in the development, delivery and evaluation of care and services.

The service did not demonstrate accountability to ensure consumers were safe and received quality care in the service where external providers are providing care to consumers.

The service did not demonstrate the risk management system is used effectively to record risks and all incidents appropriately. Staff did not demonstrate effective clinical management of consumers at high risk for pressure injuries, falls and in need of complex clinical care.

The Assessment Team identified incidents that had not been appropriately investigated where allegations of consumer neglect were raised by staff members. Consumer feedback indicated they were not supported to live the best life they can, with concerns raised they were not able to make choices or being treated with respect.

The service did not demonstrate an understanding and application of open disclosure where clinical care is not delivered as expected or incidents occur; the service did not demonstrate consistent practice in establishing the minimisation of restrictive practice, particularly chemical restraint.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team found consumers feedback identified they were dissatisfied and felt they had not been supported to voice their feedback or been given an opportunity to participate in the development, delivery and evaluation of care and services. The service has not held any ‘Resident and Relative’ meetings during 2022.

Communication was identified as an issue by the Assessment Team through the review of consumer care files. The majority of care files did not demonstrate consumers were partners in their care and services planning. The response from the Approved Provider did not directly respond to the Assessment Team’s finding considering this requirement had addressed the concerns in other areas of its response.

In making my decision I have considered that the Approved Provider has acknowledged the ‘Resident and Relative’ meetings have not been held and the complaints and feedback process had not been operational at the service. Consumers and representatives expressed dissatisfaction with a lack of opportunities for engagement in the development, delivery and evaluation of care and services. I therefore find the service Non-compliant with requirement 8(3) a.

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

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

The service is part of an organisation that has an established mission, code of conduct and a comprehensive suite of policies and procedures to ensure safe, inclusive and quality care and services. However, the service did not demonstrate accountability to ensure consumers were safe and received quality care in the service where external health providers were involved in the care of the consumers. demonstrating a lack of accountability for identification and response to consumer’s changing condition. Deficits in care were not recognised or responded to at an organisational level. The examples of deficits in consumer care demonstrate failure of systems at multiple points of the consumer’s care pathway.

The Approved Provider’s response explained that some consumers have private arrangements/ seek care privately with external providers of care. The response did not provide further information about an episode where an external provider’s lack of communication resulted in a lack of wound management adversely impacting the consumer’s health and well-being

While I acknowledge that consumer’s may choose external health providers for care and services, the governing body is responsible for a culture of safe, inclusive and quality care and services and is accountable for their delivery. This includes where care is a shared responsibility with other organisations and individuals to ensure clinical quality and safety. I find that the service is Non-compliant with requirement 8(3)b

### 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 service is supported by an organisation that has a robust governance system in place however, the Assessment Team identified the service has not provided consumers with an effective complaints and feedback process, workforce governance is compromised due to staffing insufficiency, and engagement with completing mandatory and identified training has impacted on the care and services delivered. The service’s continuous improvement register does not reflect opportunities to improve gained from consumer suggestions, complaints and feedback.

The Approved Provider did not supply a response to this requirement referring to its response in other requirements.

Based on the Assessment Team’s report for this requirement and the information in the same report about deficits in information management, continuous improvements not being actively fostered, associated with the feedback and complaints process not being available or responded to in 2022, I find requirement 8(3)c Non-compliant.

### 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 service did not demonstrate the risk management system and practices are used effectively to record risks and all incidents appropriately. As a result, the service did not demonstrate the data collated through the risk management system is accurate when reported to the executive and the Board and it is used to manage, reduce and prevent incidents. The service is supported by a range of policies and procedures, however staff were not able to demonstrate understanding about the requirements for reporting incidents, such as pressure injuries or wounds.

Staff did not demonstrate effective clinical management of or prevention and reduction in risk for consumers at high risk of pressure injuries, falls and complex clinical care. The Assessment Team identified incidents that had not been appropriately investigated where allegations of consumer neglect were raised by staff members. Consumer feedback indicated the consumers were not always supported to live the best life they can, with concerns raised they were not able to make choices and their feedback not being used to contribute to the improvement of care and services.

The organisation provided a documented risk management framework, including policies describing how, high impact or high prevalence risks associated with the care of consumers is managed, the abuse and neglect of consumers is identified and responded to; consumers are supported to live the best life they can, and incidents are managed and prevented.

Management described the process for managing high impact and high prevalence risk associated with the care of consumers. However, the Assessment Team identified the clinical staff are not completing risk assessments for all consumers, particularly the consumers on respite.

The response from the Approved Provider provided information clarifying an incident that was found to be reported inaccurately due to a staff member providing misinformation. The response also refutes the findings in the Assessment Team’s report that consumer’s raised concerns that they were not able to make choices. The response states consumers can make choices and do so however due to the current staff shortages the choices may not always be able to be actioned.

While I acknowledge the service has a risk-based systems including policies and procedures the practices were found to be ineffective in managing high impact or high prevalence risks associated with the care of consumers and as acknowledged throughout the Approved Provider’s response the shortage of staff is impacting consumer’s ability to live the best life they can.

Based on the information outlined above I find the service is 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 Assessment Team found service is part of an organisation that provides a robust clinical governance framework to ensure clinical care is provided within the organisation’s policies and procedures and best practice guidelines. The organisation provided: a documented clinical governance framework; a policy relating to antimicrobial stewardship; a policy relating to minimising the use of restraint and an open disclosure policy.

However, the service did not demonstrate an understanding and application of open disclosure where clinical care is not delivered as expected or incidents occur; the service did not demonstrate consistent practice in establishing the minimisation of restrictive practice, particularly chemical restraint and not all staff understood antimicrobial stewardship principles.

Staff demonstrated lack of understanding in regard to the restrictive practice’s framework. Management explained they are in the progress of reviewing all consumers on psychotropic medication and identifying where consumers are subject to chemical restraint.

In relation to open disclosure, management said the complaints and feedback policies and procedures have clear guidelines to provide an apology or explanation of when things go wrong, however, this had not been evident in the complaints and feedback reviewed. The management team had commenced an in-depth review of all complaints logged in the service’s complaints system.

The response from the Approved Provider provided further information clarifying the provision of education and training about restrictive practices which is ongoing. Targeted meetings to review understanding of restrictive practices and requirements for consent and documentation and record keeping are planned.

In its response the Approved Provider stated its understanding of the expectations for clinical governance that the organisation is expected to assess, monitor and drive improvement in the quality and safety of care and services. It stated failure of the service to implement the clinical governance framework was not a failure of organisational clinical governance.

I acknowledge the Approved Provider has a clinical governance framework in place. As the accountability for implementation of systems and process, including the clinical governance framework, and the monitoring and evaluation of these systems is the responsibility of the governing body I find the evidence does demonstrate that there has been a failure in governance. In particular, effective monitoring and response to deficits in clinical care and ensuring effective, timely, safe and quality care is always delivered to consumers. The service failed to provide quality care and services within the organisation’s policies and procedures and best practice guidelines

For the reasons outlined above I find the service is 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.

**Standard 1 Requirements 1(3)(c)**

* Ensure all consumers are supported to live the best life they can and their choices are communicated and actioned.
* **Standard 2 Requirements 2(3)(a) - 2(3)(e)**
* Implement processes to ensure that risks related to consumers subject to restrictive practices are identified, assessed, planned and appropriately documented as required.
* Implement processes to ensure assessment and care planning reflects the current needs, goals and preferences of consumers.
* Implement processes to ensure advance care planning and end of life planning for consumers is current and complete and end of life wishes are documented for all consumers on a palliative pathway.
* Implement processes to ensure ongoing partnership and consistent and regular communication and consultation with consumers, representatives and others they wish to involve in assessment, planning and review of care and services.
* Implement effective processes to ensure care planning documents are reviewed when circumstances change or when incidents occur, particularly regarding pain, fluid restrictions, weight loss, medication and behaviour management.
* Establish and implement monitoring processes to ensure deficits in documentation are identified and addressed to ensure all information remains current and relevant and the requirements of Standard 2 are complied with on an ongoing basis.

**Standard 3 Requirements 3(3)(a), 3(3)(b) 3(3)(e) 3(3)(f) and 3(3)(g)**

* Ensure planned care that is tailored to each consumer’s needs is consistently delivered and best practice clinical principles applied for all consumers, specifically the management of restrictive practices, pain, skin integrity including pressure injuries and wounds.
* Ensure effective identification and management of high impact and high prevalence risks in particular associated with falls, catheterisation and communication of critical information about consumer care and staff have the skills and knowledge to manage high impact and high prevalent risks relevant to consumers living at the service.
* Implement processes to ensure effective and consistent communication and consultation with consumers and their representatives and with all those with whom the responsibility of care is shared including ensuring timely referrals are made.
* Ensure all staff are aware of and implement anti-microbial stewardship and implement infection control, prevention and minimisation strategies including in relation to COVID-19 and adhere to best practice guidelines in use of personal protective equipment use and hand hygiene.

**Standard 4 Requirements 4(3)(a) and 4(3)(d)**

* Ensure all consumers get safe and effective services and supports for daily living aligned with their needs, goals and preferences.
* Ensure information about consumers’ needs and preferences are communicated with all stakeholders who need or wish to be involved in the consumer’s care.

**Standard 6 Requirements 6(3)(a) 6(3)(c) 6(3)(d)**

* Implement effective strategies and opportunities for consumers and representatives to provide feedback and make complaints.
* Ensure all complaints are actioned appropriately.
* Ensure feedback and complaints data is collected and analysed from all relevant sources and the feedback is utilised to inform improvements.

**Standard 7 Requirements 7(3)(a), 7(3)(c), 7(3)(d)**

* Ensure 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.
* Ensure sufficient staff are recruited, trained, equipped and supported to deliver safe and quality outcomes under the Quality Standards.
* Ensure all staff complete mandatory training modules.
* Ensure the comprehensive training program developed to address the identified non-compliance is implemented and embedded to build staff capability, competence and practice.

**Standard 8 Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e).**

* Implement processes to ensure consumers are engaged in the development, delivery and evaluation of their care and services.
* Ensure that the governing body promotes and is accountable for a culture of safe, inclusive and quality care.
* Ensure effective workforce, feedback and complaints governance systems are in place at the service and that staff have the understanding and capability to apply the systems in practice.
* Implement an effective continuous improvement system to ensure deficits in consumers’ care and services are identified, managed and monitored in a timely manner.
* Ensure risk management systems are implemented in practice to manage high impact and high prevalence risks associated with the care of consumers, specifically falls, pressure injury and restrictive practices.
* Ensure staff have the knowledge and skills to support processes in incident reporting and risk management.
* Ensure staff have the knowledge and skills to apply the organisation’s clinical governance framework particularly in relation to restrictive practices, wound falls and pain management and chemical restraint.