Mercy Place Keon Park

Performance Report

15 Tunaley Parade
RESERVOIR VIC 3073
Phone number: 03 8414 6000

**Commission ID:** 4329

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

**Site Audit date:** 21 March 2022 to 24 March 2022

**Date of Performance Report:** 11 May 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) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) |  Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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) | 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 15 April 2022.

# STANDARD 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.

Overall sampled consumers considered the service values diversity and that consumers are treated with dignity, respect and can maintain their identity and culture. For example:

* Consumers and representatives described how consumers are respected for their preferences, cultural and individual needs.
* Consumers and representatives expressed satisfaction with their involvement in deciding consumers’ care delivery and preferences.
* Sampled consumers stated their privacy is respected and their personal information are kept confidential.

Consumers and their representatives had mixed feedback on the information that is current, accurate, timely, communicated clearly and is easy to understand. For those representatives that expressed dissatisfaction, the representatives could not provide specific examples of when the service was unsuccessful in providing current and accurate information.

Consumers and representatives provided feedback on the support they receive from the service in taking risks to enable them to live the best life that they can.

The Assessment Team observed staff interacting with consumers in a respectful manner throughout the site visit.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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 consider they are partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives stated the service and staff listened to them. Consumers and representatives described how care and services are planned around what is important to them.
* Consumers and their representatives expressed satisfaction with the level of communication from staff regarding the care provided to consumers.
* Care planning documents evidenced input from consumers, representatives and external health providers such as wound consultants, geriatricians, and other external allied health practitioners.
* Consumers and representatives expressed confidence they could access consumers’ care plans when required, however, could not recall being offered a copy of their care plans.
* Staff stated they have access to the consumer’s care plans and that a care plan is readily available to the consumer.

Assessment and planning was not demonstrated consistently, including consideration of risk in line with the service’s assessment and care planning guidance material. Nor were reviews undertaken consistently when incidents occur or when a consumer’s needs change.

Care plans did not consistently guide staff practices to minimise or manage consumers’ individual risks such as responding to challenging behaviours, falls and nutrition.

Care and services did not demonstrate regular reviews to ensure effectiveness or when incidents impact the needs, goals or preferences of the consumer.

The Assessment Team found the service has commenced work to address deficits in the care plan review processes identified in the previous assessment contact. The service is working towards implementing the plan actions against the requirement which was previously found Non-compliant. The Assessment Team found deficits were evident at the time of the audit in the service’s care planning and review process.

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 drew on evidence from three consumers and identified that assessment and care planning documents do not consistently identify and consider risks to consumers’ health and well-being.

* In particular, one consumer who recently entered the service with a history of falls and challenging behaviours, receives psychotropic medications. The consumer’s interim assessment and care plan was not completed to guide staff in the safe delivery of the consumer’s care and services to manage their challenging behaviour, falls and use of psychotropic medications. The consumer’s profile did not contain information about the consumer’s diagnosis, allergies, or risk-related assessments to inform staff of the consumer’s identified risks and strategies to minimise these risks. Staff interviewed were unable to describe a consistent approach to managing the consumer’s responsive behaviour.
* A second consumer lives with dementia. The consumer’s care plan shows the consumer had two falls in late March 2022 and sustained a fracture to their left wrist. The Assessment Team found the consumer’s Falls Risk Assessment Tool (FRAT) carried out in early February 2022 had not been updated to reflect the two most recent falls in March. The same consumer’s weight records show they had progressive unplanned weight loss from November 2021 to March 2022. The consumer’s current Mini Nutritional Assessment (MNA), which was last updated in early February 2022, reports the consumer has experienced no weight loss in the past three months.
* A third consumer entered the service for respite care in mid-August 2021. The service did not demonstrate timely completion of the consumer’s assessments and care plans within the timeframes outlined in the service’s assessment and care plan guideline, to inform staff in the delivery and care of the consumer’s risks.

The response from the Approved Provider notes that the service has a plan in place to address these previously identified gaps by early May 2022.

I have considered all the information provided and I find this requirement is Non-compliant. The Assessment Team found the service has commenced work to address deficits identified in the previous assessment contact. The service is working towards implementing the plan actions against the requirement which was previously found Non-compliant. I acknowledge and have considered in my decision the action taken by the provider following the assessment contact. The deficits were evident at the time of the audit and at the prior assessment. For these reasons, I find the service remains Non-compliant with this requirement.

### Requirement 2(3)(b) Compliant

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

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) 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 Assessment Team found the information contained in consumers’ care files are not consistently reviewed when incidents occur or when consumers require change. The Assessment Team’s evidence drew on three consumers sampled as part of their assessment.

* In particular, one consumer who experienced a fall in late March 2022 prior to the site audit, sustained a left distal forearm fracture that was not reviewed within 24 hours following the fall. The consumer’s Falls Risk Assessment Tool (FRAT) and mobility and transfer care plans were not updated to reflect the consumer falling in March. A physiotherapist reviewed the consumer three days after the fall and recommended fall prevention strategies to minimise the risk of a further fall injury. However, these recommendations were not updated in the consumer’s physiotherapy care plans.
* A second consumer who lives with early stage dementia has a current skincare plan which was last updated in mid-March 2022. The consumer’s skincare plan does not reflect the presence of the consumer’s pressure injuries on their right foot and lower back, which were acquired in January and February 2022. The consumer’s progress notes by the wound consultant in January, February and March 2022 consistently include recommendations for the use of a bed cradle, use of a 'U' shaped cushion to offload the lower back from pressure, and assessment of the consumer for wound-related pain and offer analgesia before wound dressing as required. These recommendations were not reflected in the consumer’s current skin and pain care plans which were last updated in March 2022.
* A third consumer’s current behaviour assessment and care plans, which were last updated in late January 2022, have not been updated to reflect the consumer’s changing behaviours in the past three months. The consumer’s care plan review, evaluation and global summary progress notes, which were last completed in late January 2022, neither illustrate that these behaviours have been included in the consumer’s behaviour assessment and care plan nor discussed with their representative.

Six of six representatives described how the service provides an update when a consumer has a fall. None of the representatives could comment on the consumer’s care plan being reviewed when a change is required in care needs.

The response from the Approved Provider notes that the service has a plan in place to address these previously identified gaps.

I have considered all the information provided and I find this requirement is Non-compliant. The service was unable to demonstrate that incidents are recorded and actioned effectively or care and services are consistently reviewed when incidents occur or when consumers require change. The Assessment Team found the service has commenced work to address deficits identified in the previous assessment contact. The service is working towards implementing the plan actions against the requirement which was previously found Non-compliant. I acknowledge and have considered in my decision the action taken by the provider following the assessment contact. The deficits were evident at the time of the audit and at the prior assessment. For these reasons, I find the service remains Non-compliant with this requirement.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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.

Whilst the service was able to demonstrate some improvements in relation to the previous non-compliance, the Assessment Team found that the service was unable to demonstrate that clinical care delivery is best practice, particularly in the management of pressure injuries, skin integrity, pain and restrictive practices.

The service did not consistently manage risks associated with consumers’ clinical care, particularly for falls, challenging behaviours and weight loss.

The service did not demonstrate the effective implementation of best practice to minimise infection related risks. Strategies were not consistently practiced by staff to prevent and control infection related risks.

The service demonstrated an understanding of the end-of-life care needs and all care planning documents included an advance care directive with information about preferred treatment and end of life wishes.

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 the service was unable to demonstrate consistent identification, assessment, management and evaluation of consumers’ clinical care in relation to the management of skin integrity, wounds, pain and restrictive practices.

* The Assessment Team’s evidence drew on three consumers sampled as part of their assessment. In particular, one consumer with a history of pressure injuries is dependent on staff with all personal and clinical care needs. The consumer developed a pressure injury on their right heel in mid-January 2022, which was initially described by the service as a blister.

In mid-February 2022, an enrolled nurse described the consumer’s right heel injury as infected and malodour coming from the wound. Oral antibiotic treatment was prescribed on the same day. The consumer’s care documentation did not evidence timely reassessments by a registered nurse or that a wound swab was collected. Although the consumer’s wounds were referred to a general practitioner and wound consultant for review, they were carried out when signs of infection and deterioration were identified and did not reflect a best practice approach.

* A second consumer has a heel pressure injury, since 15 August 2021. According to the consumer’s wound charting and progress notes, wound care is scheduled every second day. However, the service did not demonstrate evidence that the wounds were attended to between 18 January to 28 January 2022 and between 28 January to 5 February 2022.

On 5 February 2022, the nurse noted signs of deterioration to the heel pressure injury with blackened underlying tissue. The Assessment Team found the staging of the pressure injury had not changed in the wound chart and there was no relevant entry in the progress notes to alert staff of the deterioration of the wound. Wound charts review by the Assessment Team shows there are no wound photos documented between 5 March and 21 March 2022. The consumer‘s pressure injury risk assessment was updated on 19 March 2022 and included pressure-relieving strategies such as specialised cushions on chairs. The Assessment Team observe during the site audit the consumer’s chair did not have a pressure relieving cushion.

A third consumer with venous ulcers on both lower limbs, requires one staff assistance with transfers and mobility. The consumer’s skincare plan which was last updated in mid-March 2022, contains information about the consumer’s skin condition. The consumer’s skincare strategies include the application of skin moisturiser, ensuring the skin is dry, alternating sites for Blood Glucose Level (BGL) testing and attending to continence care. The consumer’s pressure injury risk assessment and risk level score indicate the consumer is at a very high risk of developing pressure injuries.

The Assessment Team also found no documented interventions to guide staff in managing the consumer’s leg oedema and promoting circulation or venous return. The consumer’s progress notes from a general practitioner described the consumer has oedema on both legs and leaking from fluid retention. Progress notes by a wound consultant state, that the consumer has severe lower limb non-pitting oedema. The consumer’s care planning document does not reflect the presence of leg oedema. There were no documented interventions to guide staff in managing the consumer’s leg oedema and promoting circulation or venous return.

The service’s approach to pain management does not reflect best practice.

* The Assessment Team’s evidence drew on two consumers. In particular, evidence for one consumer, with a history of shoulder and knee pain. The consumer experienced two falls in late March 2022 and subsequently complained of pain in their left wrist.

Pain charting was commenced following the two falls in March 2022, which showed the consumer had mid pain in their wrist, arm and knee following the fall. However, a review of the pain chart suggested pain management interventions were ineffective and follow up actions to manage the pain were not always evident. The consumer’s care documentation did not reflect non-pharmacological interventions to address and provide a holistic approach to the management of the consumer’s pain.

The Assessment Team observed during the first day of the site audit the consumer calling out and requesting pain relief. A review of the consumer’s medication chart showed eighteen ‘as required’ pain medications were administered from late February to late March 2022, with nine of these administered in the last three days post-fall.

* A second consumer’s progress note recommends staff assess the consumer for pain and offer analgesia before conducting wound dressing.

The consumer’s care documentation does not always reflect the consumer was assessed for pain and offered pain relief before staff attended to the consumer’s wound dressing. Interventions to manage the consumer’s pain are not specified to guide staff with pain management related to the consumer’s wounds.

The service’s approach to chemical restraints does not reflect best practice.

* The Assessment Team reviewed care files for one consumer who lives with cognitive impairment. The consumer’s care file does not provide evidence of the clinical indications for the use of the regular and ‘as required’ antipsychotic medications.

There is also no relevant diagnosis recorded or documentation of alternative strategies trialled prior to the administration of the ‘as required’ antipsychotic medication. A chemical restrictive practice assessment has not been completed for the consumer. It is not evident from progress notes if the psychotropic medication prescribed was the least restrictive form and was for the shortest period of time to prevent harm to the consumer.

The response from the Approved Provider notes the service has a plan in place to address these previously identified gaps.

I have considered all the information provided and the service’s updated ‘plan for continuous improvement arising from the contact visit’ related to this requirement. The Assessment Team found the service has commenced work to address deficits identified in the previous assessment contact and are working towards implementing the planned actions against the requirement which was previously found Non-compliant. I acknowledge and have considered in my decision the action taken by the provider following the assessment contact. The deficits were evident at the time of the audit and at the prior assessment.

At the time of the audit, the service was unable to demonstrate the organisation delivers personal and clinical care in line with best practice, particularly as it relates to skin integrity, pain and chemical restrictive practice. For these reasons, I find the service remains Non-compliant with this requirement.

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

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

The Assessment Team found the service did not consistently demonstrate effective planning, management and prevention of high impact or high prevalence risks associated with the care of each consumer.

Consumer’s falls have not been managed effectively.

* In relation to falls management, the Assessment Team found for one consumer individual fall prevention strategies had not been adequately developed or implemented. A recent fall left the consumer with a swollen left wrist. A registered nurse performed a physical assessment and conducted neurological observations and pain charting in line with the service’s falls protocol.

The consumer was reviewed by a locum general practitioner the following day who suggested a follow-up to exclude slow bleeds and fractures to the consumer’s left wrist and the right knee. It is not evident if a follow up had occurred on that day. The consumer’s progress notes reflect the consumer continued reporting pain. The consumer was reviewed by a physiotherapist two days after the initial fall who also recommended further investigation to rule out a fracture. The consumer was transferred to the hospital, received treatment and returned to the service 3 days after the initial fall.

A review of the consumer’s care file post-fall shows care planning documents were not updated to reflect the consumer’s falls risk level or most recent fall. The recommended strategies by a physiotherapist to reduce the risk or prevent falls were not updated in care documentation which included the installation of a floor sensor mat and wearing a hip protector.

The Assessment Team did not observe a floor sensor mat in place. Staff confirmed the consumer does not have a hip protector.

Consumer’s challenging behaviours have not been managed effectively.

* The Assessment Team found that one consumer with challenging behaviour did not have a behaviour assessment and care plan completed to provide interventions and strategies to guide staff with the management of the consumer’s aggressive behaviour that has been occurring since February 2022.

The consumer’s progress notes show staff are to refer to a behaviour support plan from the hospital for behaviour management strategies. In mid-March 2022, the consumer had an altercation with another consumer in the service’s dining room. The consumer’s progress notes show the consumer’s representative was notified, however, there is no evidence of a review referral to a general practitioner. The behaviour support plan from the hospital was not reviewed or evaluated following the Incident. Care documentation does not support ongoing monitoring checks for the consumer to ensure the consumer’s safety and the ongoing safety of other consumers.

Whilst the service’s ‘Management of responsive behaviours procedure’ guides staff to report any verbal aggression or physical aggression as an incident, the consumer documentation does not indicate if this incident was reported in the service’s incident management system.

Consumer’s weight loss has not been managed effectively.

* The Assessment Team noted one consumer with active unstageable pressure injuries had a loss of 12 kg between 1 December 2021 and 10 March 2022. The consumer was reviewed by a dietitian in late January 2022, and high energy high protein (HEHP) milkshakes were recommended and instructions to continue monitoring the consumer’s weight. However, the consumer’s weight was not recorded in January 2022.

The consumer was reviewed again by the dietitian in early February 2022, requesting the service complete up to date weight records to assess weight loss whilst the consumer was unwell. The dietitian provided recommendations on additional nourishing food options. Care documentation did not reflect further actions taken by the service when the consumer declined their meals, such as offering other recommended food options by the dietitian. A follow up review by the dietitian was conducted in late February 2022, as a result of further weight loss of 3 kg in one month. The dietitian recommended weekly weight monitoring for four weeks, however, the weight chart shows only two weights were recorded within the required four-week period.

The consumer was reviewed in early March 2022 by a wound consultant. The wound consultant recorded oral intake fluctuating with a weight loss of 10 kg in the past month, which is indicative of malnutrition and an urgent dietitian review is needed. Care documentation was reviewed fourteen days later, which does not support an urgent dietitian referral had occurred.

The Approved Provider submitted the following information in their response.

* The service acknowledges that care documentation does not reflect relevant procedures that are consistently applied nor reflect tailored interventions, to support the management of challenging behaviours. The response notes the service has been affected by staffing shortages to a greater extent than other services.
* The response notes the Clinical Manager has resigned and a range of acting managers were in place while the search for an appropriate permanent Clinical Manager is underway.
* The response notes a considerable amount of work has already been undertaken including the termination of the Service Manager who did not have the necessary clinical background or skillset. Until such time, an experienced Service Manager from the National Operations Team has been appointed to the home.
* The response notes at an executive level, an internal review of Service Manager selection processes and a proposal for improved formalised mentoring and coaching for Clinical Managers have also commenced.

I have considered all the information provided and whilst acknowledging the actions commenced by the Approved Provider, I find this requirement is Non-compliant. At the time of the audit, the service was unable to demonstrate effective management of high impact risks associated with the care of each consumer, particularly as it related to falls, challenging behaviours and weight loss.

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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

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

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

The Assessment Team found the service did not demonstrate that effective strategies are consistently practiced by staff to prevent and control infection risks. Consumers’ representatives expressed concerns about staff utilising personal protective equipment (PPE) inconsistently and observed breaches in cleaning and disinfection practices. For example:

* Two representatives expressed how they are not confident with the service’s infection control practices. The representatives describe how staff are inconsistent with the personal protective equipment (PPE) and that staff do not clean and disinfect equipment properly. The representatives described on several occasions they have found a consumer’s toilet chair, pressure relieving cushion, bedroom carpet and linen soiled with faecal material.
* Care staff were able to explain the current PPE requirements; however, they were uncertain about the recommendations regarding cleaning and sanitising the nurse’s station high touch points such as keyboards, telephones and portable electronic devices.
* Care staff interviewed were uncertain about how often they are required to perform a COVID-19 rapid antigen test (RAT).

The Assessment Team observed no doffing bin available in the airlock at the entrance of the service. The Assessment Team acknowledges the responsiveness of the service’s management team to address the Assessment Team’s concerns during the visit.

The response notes from the Approved Provider that the service has a plan in place to address these previously identified gaps.

I have considered all the information provided. The Assessment Team found the service has commenced work to address deficits identified in the previous assessment contact and is working towards implementing the plan actions against the requirement which was previously found Non-compliant. I acknowledge and have considered in my decision the action taken by the provider following the assessment contact. The deficits were evident at the time of the audit and at the prior assessment. The Approved Provider was unable to demonstrate minimisation of infection related risk due to inadequate staff infection prevention practices. For these reasons, I find the service remains Non-compliant with this requirement.

# 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.

Consumers and representatives expressed dissatisfaction with the availability of activities of interest to the consumers, both within and outside the organisation.

However, the sampled consumers felt supported by the staff who provide their care and services. For example:

* Consumers stated staff are attentive to their moods and emotional wellbeing.
* Consumers reported that the service enables them to maintain social and personal connections that are important to them. Consumers’ relationships are supported, with individual interests documented, and staff are able to articulate individual consumer preferences.
* Consumers and their representatives expressed satisfaction in the quality, quantity and variety of meals offered at the service.

Lifestyle staff provided examples of the process they undertake if they notice changes in a consumer’s behaviour.

The service manager described the optometrist and mobile dental services available at the service.

The Assessment Team observed a care staff cleaning equipment before and after use such as walking frames and wheelchairs.

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

Consumers expressed dissatisfaction with the current activities on offer at the service, with most consumers reporting a lack of interest in the activities on offer. Representatives reported the lack of meaningful activities for consumers. For example:

* Consumers expressed dissatisfaction with the current activities on offer and most consumers stated they are bored and the activities provided do not interest them.
* The Assessment Team observed no planned activities available for consumers to engage with on the afternoon of day one and during day two of the site audit.
* The Assessment Team observed consumers seated in communal lounge areas with no engaging activities on most days of the visit. The consumers in the memory support unit were observed to have escalating responsive behaviours in the afternoon, with no interaction or engagement with staff in the memory support unit’s communal areas.

Management responded and provided information on plans to reintroduce the Montessori model of care and to recommence regular meetings to provide a forum for consumers and their representatives to offer suggestions for the lifestyle program.

I have considered all the information provided. I find this requirement is Non-compliant as the Approved Provider was unable to demonstrate the service supports consumers to maintain and participate in social activities that provide a sense of purpose and identity.

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’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 they are safe and comfortable in the service. For example:

* Consumers stated that they feel safe and well cared for in the service.
* Consumers expressed satisfaction, in various ways, that furniture, fittings and equipment are safe, clean, are well maintained and suitable for them.
* Consumers and representatives expressed satisfaction that consumers can access indoor and outdoor areas freely and safely.
* A representative stated the service is beautifully clean when they visit.

The Assessment Team observed the service environment to be welcoming with a variety of shared communal areas which have suitable furniture arranged to support socialisation and access for consumers.

Preventative maintenance schedules and other related documentation identified maintenance occurs routinely and faulty equipment is identified and rectified within a timely manner.

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.

The service demonstrated they have a variety of ways to encourage and support stakeholders to provide feedback. This includes verbal feedback, a dedicated email, feedback forms and lodgement boxes.

Overall consumers and their representatives were aware of advocacy services, and how to make a complaint to an external organisation, however, language services were limited to pamphlets in three languages. Staff and management confirmed the service would access interpreter services or language services when required to assist consumers to be involved in the complaints process.

Representatives expressed dissatisfaction with management’s slow response to complaints raised. At times representatives stated they receive no response, to acknowledge concerns raised. Representatives expressed their dissatisfaction with the process to resolve complaints.

The service uses an organisation’s ‘Feedback management’ procedure which details the process for staff to undertake quality improvement initiatives in response to feedback.

Management provided examples of improvements that have been planned from consumer and or representative feedback. The continuous improvement plan reviewed did not reflect any entries generated from consumer feedback in the past 12 months.

The Quality Standard is assessed as Non-compliant as one of the four specific requirements has been assessed as Non-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) Non-compliant

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

Representatives expressed concerns about delays in the management’s response to concerns raised. Representatives were dissatisfied with the service’s process to resolve complaints.

The Assessment Team found the complaints register reflected feedback forms that had not been acknowledged, with no response or resolution information available. For example:

* Fifteen representatives were interviewed, and thirteen representatives provided feedback to the service about staffing shortages. Representatives stated observations in the delay in care provision, particularly continence care, toileting schedules not adhered to, a decline in lifestyle activities and environmental cleanliness issues.
* The majority of the representatives stated they feel the feedback has not been addressed nor a resolution finalised for their complaints. Nine of the interviewed representatives had submitted feedback forms or emails and these were reflected on the complaints register. Two of the representatives described going directly to the manager or the nurse in charge to provide feedback on concerns they had for consumers.
* A representative provided a complaint in January and February 2022, regarding a consumer’s behaviour that impacted another consumer which made them feel unsafe at the service. The representative stated they had not received a response to their complaints. Management stated to the Assessment Team, that at the time of the audit, they will acknowledge and respond to the representative’s concerns.

The Approved Provider submitted the following information in their response.

* An internal service investigation identified the previous Service Manager failed to escalate certain complaints to the Manager or ask for assistance to resolve complaints. The current Acting Service Manager is very skilled in complaints management and is meeting with all concerned parties to ensure that all complaints are understood and documented.
* The service has a robust, well documented feedback system that was not followed by the previous Service Manager; this has been rectified. Mercy Health is also in the process of implementing a new electronic feedback system which will include automated escalation notification when a complaint has not been appropriately actioned within the required time frame, this is expected to be in place within the next eight weeks.
* Mercy Health has very stringent processes regarding the reporting of allegations of staff to resident abuse, including the SIRS component and the internal HR component; neither of which are at the discretion of the Service Manager. An independent thorough investigation was undertaken following the Assessment Team’s report and the service did not identify issues requiring a SIRS report.

I have considered all the information provided. Whilst acknowledging the actions commenced by the Approved Provider, I find this requirement is Non-compliant. The Approved Provider was unable to demonstrate appropriate action is taken in response to complaints.

### Requirement 6(3)(d) Compliant

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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. For example:

* Consumers and representatives expressed satisfaction that staff are kind, caring and gentle when providing care.
* Consumers and representatives expressed dissatisfaction with the sufficiency of staffing levels within the service which is impacting consumer care. Feedback from staff indicated unplanned leave is generally not replaced by permanent, casual or agency staff and they often work short staffed.

On average two to three care staff shifts are left unfilled on a daily basis.

The service demonstrated a system for staff appraisal and performance management processes. Staff described how they have received a performance appraisal each year where they were able to discuss their performance and set goals for the year ahead.

The service has a staff performance framework in place and a human resource department that processes and manages staff performance.

The Quality Standard is assessed as Non-compliant as one 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 representatives expressed dissatisfaction with the sufficiency of staffing levels within the service which is impacting consumer care. Feedback from staff indicated unplanned leave is generally not replaced by permanent, casual or agency staff and they are often working short staffed. For example:

* For one consumer, the representatives are concerned about personal and clinical care affected by staff shortages. The representatives stated they stay with the consumer all day, otherwise, the consumer is not assisted with meals and drinks, as the consumer requires time and encouragement during meals.
* For a second consumer that entered the service for respite care on 10 February 2022 and resides in the memory support unit, the Assessment Team found the implementation of individualised strategies is not always possible due to lack of staffing. A review of the consumer’s care file on 21 March 2022 showed interim assessment and care plan were not completed to guide staff in the safe delivery of the consumer’s care and services. The consumer‘s profile does not contain information about the consumer’s diagnosis, allergies and any risk-related assessments to inform staff of the consumer’s identified risks and strategies to minimise these risks. In mid-March 2022, the consumer had an altercation with another consumer in the service’s dining room and the consumer’s behaviour support plan was not reviewed or evaluated following the Incident.
* Staff emphasised how they often cannot provide meal assistance consistently for a consumer due to a lack of staff and a heavy workload. The consumer’s file reflected a weight loss of 6.8 kilograms in 3 months. The Assessment Team observed the consumer being offered a high protein drink while in their room, however, the consumer did not consume the protein drink. The staff stated the consumer would benefit from some encouragement. Staff reported there are only two staff working in the whole wing and they did not have time to sit with the consumer.
* Two care staff described how consumer care is delayed and shower preferences are not adhered to due to a shortage of staffing. Staff described some consumers are left in bed, and their hygiene assistance is attended to after lunch. Staff shortfalls are affecting staff being able to attend to regular grooming care such as clipping consumers’ fingernails as required or taking the time to assist consumers with their oral care.
* The rostering coordinator stated on average two to three care staff shifts are left unfilled on a daily basis. The majority of staff sampled described how there are not enough staff at the service and unfilled shifts are not always replaced.
* The Assessment Team observed carers rushing to complete personal hygiene tasks in wing 3 on day 4 of the site audit. The Assessment Team observed meal service being delayed and staff were not assisting effectively with the consumers that required meal assistance and encouragement.
* Nursing staff described how physical aggression between consumers could be prevented if there were adequate staffing levels. They described how a house (unit) is often left with no staff when care staff members are attending to the consumers requiring two staff assistants at another house. This aligns with the observation of the Assessment Team on several occasions during the site audit.

The Approved Providers response contained the following information.

* Staff are resigning due to COVID-19, fear of contracting the virus and, exhaustion from managing outbreaks. There is a limited pool of staff available to replace them, some of which is attributable to the international border closures.
* The service is also in a situation where staff are required to self-isolate for a number of days when either diagnosed with COVID-19 or deemed to be a close contact of a COVID-19 positive person.
* The service is working hard to recruit more staff, particularly to the casual bank. Every effort is made to replace staff leave, and on some days, several hours are being spent trying to source replacement staff.

I have considered all the information provided. Whilst acknowledging the actions commenced by the Approved Provider and the impact of COVID-19, I find this requirement is Non-compliant as the Approved Provider was unable to demonstrate consumers are supported and receive quality care and service that align with their personal and clinical needs.

### 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.*

While the Assessment Team found this requirement not met, I have come to a different view.

I find the deficits identified in the Assessment Team’s report relate to the service not having an Infection Prevention and Control (IPC) lead appointed to provide oversight on the day to day staff practice and regular auditing.

The Approved Provider submitted the following information in their response.

* The service had a dedicated, trained IPC lead up until February 2022, when the incumbent resigned.
* Two other registered nurses were identified as potential IPC leads, however, both declined the role.
* A replacement Clinical Care Coordinator has been sourced and is being enrolled in the IPC training course immediately after the Easter break.
* In the interim, the service is supported by the organisation’s overall Infection Prevention and Control Nurse, who is a full-time employee who only focuses on this area.

I have reviewed all of the information provided and on balance I find this requirement Compliant. Whilst it is not unusual for staff to resign, The Approved Provider’s response details actions taken to obtain another IPC lead when the service’s IPC lead resigned. These include interim measures in place to ensure that the service has infection prevention and control support until the new IPC lead is trained.

###  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).

Consumers expressed satisfaction with their involvement in broader service improvement. Management described how consumers are actively engaged in the development, delivery and evaluation of care and services and are supported to do so.

Consumers and representatives described how they are actively involved in consumer and representative meetings.

Management described how the Board was heavily engaged throughout the COVID-19 lockdown period and is continually reviewing data and providing support as required. Management described how consumers and their families were kept informed daily of any updates relating to the lockdown.

The service demonstrated management systems are used effectively to record risks and incidents. The service is supported by a range of policies and procedures, and staff feedback described training in these areas.

The organisation provides a clinical governance framework to support and promote safe, quality care. Staff and management provided examples of open disclosure and understood the principles of antimicrobial stewardship. Clinical staff acknowledged the understanding and application of restrictive practice is still developing.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### 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.*

While the Assessment Team found this requirement not met, I have come to a different view. The Assessment Team presented evidence relating to the deficits identified in Requirement 6(3)(b) with the complaints and feedback process. I have considered this evidence under Standard 6.

The Assessment Team provided evidence related to deficits identified in Requirement 7(3)(d) due to a lack of an appointed IPC lead at the service. I have considered this evidence under Standard 7.

I have reviewed all of the information provided and on balance I find this requirement Compliant. Whilst there have been issues with the complaint process as identified in Standard 6 and the resignation of the incumbent IPC lead, as identified under Standard 7, the Approved Provider has demonstrated organisation wide governance systems which are addressing the deficits.

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

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

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

### Requirement 8(3)(e) 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.*

While the Assessment Team found this requirement met, I have come to a different view. The Assessment Team found that the service did not demonstrate service-wide clinical governance framework. Specific deficits were identified in understanding and in the management of restrictive practice. The Assessment Team found staff demonstrated a lack of understanding of the restrictive practice framework. Management reported at the time of the audit, the service is in the process of reviewing all consumers at the service on psychotropic medication and identifying chemical restraints.

* The service did not demonstrate evidence of behaviour support plans for the consumers on chemical restraint including individualised behaviour management strategies. Management explained they are in the process of developing these plans.
* The service did not demonstrate evidence of restrictive practices authorisation forms completed by the medical practitioner, in partnership with the consumer or representatives.

I find this requirement is Non-compliant as the Approved Provider was unable to demonstrate appropriate management of restrictive practices being identified by the organisation governance processes.

# 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.

* Implement effective processes to ensure assessment and care planning, including consideration for risk, informs the delivery of safe and effective care, particularly with the use of restrictive practice, skin integrity and pressure injuries.
* Ensure all consumers’ care plans are reviewed regularly, for effectiveness, particularly in relation to skin integrity and pressure injuries. Ensure new interventions are recorded and evaluated for effectiveness particularly relating to changes in skin integrity or pressure injuries.
* Ensure consumers’ skin and pressure injuries are managed in accordance with best practice, external wound consultant directives and care planning instructions.
* Ensure risk to the consumers’ health is managed in accordance with care planning instructions.
* Ensure consumers’ personal hygiene including oral care is maintained and reviewed regularly.
* Ensure all consumers who require restrictive practices, including chemical restraint, are assessed, have records of informed consent, are monitored and reviewed regularly.
* Ensure all consumers who require restrictive practices, including chemical restraint, are assessed, have records of informed consent, and are monitored and reviewed as required. Where ‘as required’ chemical restraint is used ensure non-pharmacological interventions have been identified and are trialled and recorded before the use of the chemical restraint.
* Ensure staff have the skills, knowledge and resources to enable the effective management of all pain, skin and pressure assessment and care.
* Ensure all consumers’ clinical risks and in particular risks associated with challenging behaviours, falls and weight loss are managed safely and effectively.
* Implement ongoing monitoring of staff hand hygiene practice, PPE practice and infection prevention precautions to ensure ongoing compliance.
* Ensure consumers are screened for COVID-19 regularly and accurate records are maintained.
* Ensure all consumers’ services and support are effective to assist each consumer to have social and personal relationships and carry out activities of interest to them.
* Ensure appropriate action is taken in response to complaints.
* Introduce internal processes to monitor response to complaints.
* 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.
* Complete the comprehensive review of restrictive practices used at the service and ensure their use meets legislative requirements.