Millhaven Lodge

Performance Report

54-64 Princes Hwy
PAKENHAM VIC 3810
Phone number: 03 5943 3000

**Commission ID:** 4275

**Provider name:** Pakenham & District Hospital Inc

**Site Audit date:** 30 March 2022 to 1 April 2022

**Date of Performance Report:** 20 May 2022

# Performance report prepared by

Kathryn Spurrell, 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) | 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** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** |  **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) |  Non-compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) |  Non-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 dated 29 April 2022.
* other relevant information held by the Commission including internal referrals received.

# 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

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

Consumers and representatives said they were treated in a respectful and dignified manner and considered that staff valued them as individuals. Consumers confirmed that staff delivered care that was culturally, socially, and emotionally safe and said they were supported by the service to exercise choice and independence and to maintain relationships of importance to them. Consumers and representatives confirmed that consumers were supported to take risks and to live the life they choose.

Consumers and representatives advised they were provided with enough information to assist with decision making in relation to their care and services, which included meal and activity selection. They said staff respected their personal privacy and discussed information regarding their care in a confidential manner.

Care planning documentation reflected the diversity of consumers and included information regarding what and who were important to them, their life journey, cultural background, spiritual preferences, family relationships and their individual personal preferences. Regular communication with consumers and representatives involved in their care occurred through informal discussions, case conferences, electronic mail correspondence and telephone calls which was evidenced in consumers’ care information. Care documents evidenced discussions had occurred with staff and consumers to support consumers who expressed a desire to take risks.

Staff had a shared understanding of how consumers’ culture and background influenced the delivery of their care and services. Staff were aware of people most important to consumers and supported consumers to maintain these relationships. Staff could identify individual risks for consumers and the strategies used to effectively support them including, but not limited to, smoking and medication administration. The Assessment Team observed information updates were provided to consumers and representatives through electronic mail correspondence, newsletters and case conferences.

The service had policies and procedures regarding consumer choice and decision making, cultural and spiritual support, independence and confidentiality and privacy information. Noticeboards displayed in communal areas of the service included information regarding activities, menus, complaints and feedback mechanisms and other relevant information and events.

## 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

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

Consumers confirmed they were involved in the initial assessment of their care needs and preferences and expressed to the Assessment Team that they felt like a partner in the planning and review of their care and services. The Assessment Team reviewed care plans that covered initial assessments and included pain assessment, medication reviews, and falls assessments.

Care and service plans were individualised and included identified risks to each consumer’s health and well-being and demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals, and preferences of consumers.

Consumers were satisfied that assessment and planning, including advance care planning and end of life planning, addressed their needs, goals and preferences. Staff demonstrated a shared understanding of the service’s process for referrals to allied health professionals and communication planning processes and described to the Assessment Team how outcomes were effectively communicated to consumers and representatives.

However, the Assessment Team found that the service could not effectively demonstrate how care and services were monitored, reviewed and/or updated as circumstances change. I have considered this further under the specific requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) 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 demonstrate that care and services were reviewed or monitored for effectiveness when changes occur, or when incidents impacted the needs of the consumers. Specifically, falls assessments were not updated after consumers had a fall, pain was not adequately assessed for consumers who were experiencing pain or had a history pain, and skin and wound assessments did not show that wounds were monitored effectively following significant incidents or changes. The Assessment Team brought forward the following (summarised) evidence:

* One named consumer who had ongoing skin conditions, requiring pain medication but who had not had any pain charting undertaken since January 2022 and wound and care plan last updated in August of 2021.
* A consumer with a history of falls and a known high risk of falls, but who’s care plan was not revised after the most recent fall in March 2022.

Staff were aware of incident reporting and care planning processes and how incidents may trigger a reassessment. Management advised that assessments were updated on an ‘as needs’ basis and while the Assessment Team observed a policy that care plans would be updated every two months, there was no guidance on how frequently individual assessments that form part of the care plan should be reviewed.

In its written response, dated 29 April 2022, the Approved Provider response identified:

* All care plans will be reviewed in consultation with consumers and/or representatives and a three-monthly review process will be reimplemented.
* All consumers will have a pain assessment and plan completed, and for the consumer named in the Assessment Team’s report, a behaviour care plan and a specialist review completed.

While I acknowledge the Approved Provider has commenced actions to ensure care and services are reviewed for effectiveness, it could not demonstrate this was occurring at the time of the Site Audit. Therefore, I find this requirement Non-compliant.

# 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

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

Consumers considered that they received personal care and clinical care that was safe and right for them. Consumers and representatives reported that consumers were receiving the personal and clinical care they need and that their needs and preferences were effectively communicated between staff.

Consumers advised the Assessment Team they have access to other providers of care and services when they need it. Care plans reflected input from health professionals and other providers of care including dieticians, medical officers, and physiotherapists.

Staff demonstrated a shared understanding of the individual needs, preferences, and risks of consumers and how to effectively manage and monitor them. Staff described how they care for those who needed end of life care and were aware of how to access information regarding a consumer’s end of life preferences.

However, through care file reviews and feedback from staff and consumers, the Assessment Team identified care and services surrounding the management of pain, skin integrity and restrictive practices that do not evidence best practice. Further, the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

While staff could demonstrate processes the service used to minimise infection related risks, clinical staff could not demonstrate how they minimise the need for and/or use of antibiotics and ensure they are used appropriately. I have explored these issues further under the specific Requirements below.

### 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 brought forward evidence that consumers did not always receive safe and effective personal and clinical care that is best practice, tailored to meet the individual consumer’s needs and optimised their health and well-being.

The Site Audit report found the serice could not demsontrate effective understanding and application of restraint management and identified issues in relation to the management of pain. Relevant summarised evidence included:

* One consumer in receipt of a psychotropic medication without a formal diagnosis, with no behaviour support plan or consent authorisation in place.
* A further consumer in receipt of a psychotropic medication to manage behaviours without a diagnosis or documented strategies being used prior to its use.
* Consumers who were housed behind coded doors, without access to the codes and unable to move freely.
* Three consumers, with a history of pain, for who pain charts had not been completed in accordance with the services’ policy.

In its written response of 29 April 2022, the Approved Provider provided some further context to the evidence brought forward by the Assessment Team and provided the following summarised evidence:

* In relation to the consumer without a formal diagnosis or consent, the Approved Provider advised that a medical review was undertaken, and psychotropic medication ceased.
* For the additional consumer in receipt of psychotropic medication without a diagnosis or documented strategies, the Approved Provider advised that a formal diagnosis and behaviour support plan are now in place.
* In relation to the consumers without access to door codes or the ability to move freely around the service, the Approved Provider advised that an assessment of all consumers had been undertaken and the code provided to consumers for whom it was identified safe to do so.
* Care plans and reviews were undertaken for those consumers the Assessment Team could not find recent pain charting for.
* Additional training that has been provided to staff in relation to restrictive practices.
* A review of the service’s policies in relation to chemical restraint and restrictive practices.

While I acknowledge the actions undertaken and planned by the Approved Provider, I remain of the view that at the time of the Site Audit the service did not demonstrate that each consumer was receiving safe and effective personal care and/or clinical care, I therefore find the service Non-compliant with this Requirement.

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

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

The Assessment Team found that the service did not demonstrate effective processes to manage the high impact and high prevalence of risk associated with the care of the consumers. Relevant summarised evidence included:

* Clinical data that showed the service has a high number of falls within the service, above industry standard.
* One named consumer who was an escalating high falls risk, for who the Assessment Team found was last assessed for falls risk in September 2020.
* One named consumer with a suprapubic catheter in place that should be changed every six weeks for who the Assessment Team found was three weeks behind schedule.
* The medication incidents log that showed ineffective management of medication incidents.

In its written response dated 29 April 2022, the Approved Provider provided the following additional context and response to the Assessment Team’s findings:

* In relation to data showing the service has a high number of falls; the Approved Provider advised that the service has only recently implemented a new benchmarking measurement tool to better capture this data. The service has a process to review each fall at a management level to discuss alternate interventions and reduce occurrences.
* In relation to the named consumer who was a high risk of falls, the Approved Provider advised that it has revised its policy and all assessments will now be undertaken annually or as required.
* In relation to the named consumer with a suprapubic catheter that the Assessment Team identified had not been changed as often as needed, the Approved Provider brought forward evidence to disprove the Assessment Team’s findings and that demonstrated the service had changed the catheter in line with directives.
* In relation to the medication incidents issues raised by the Assessment Team, the Approved Provider acknowledged the deficiencies in this area. The Approved Provider advised that after exploring various strategies an electronic medication chart has now been implemented.

I acknowledge the additional evidence provided by the Approved Provider and the actions undertaken to address the deficiencies identified by the Assessment Team. However, at the time of the Site Audit the service did not consistently demonstrate that high impact or high prevalence risks were managed effectively. I find this Requirement non-compliant.

### 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 that staff could not demonstrate how they minimise the need for and/or use of antibiotics and ensure they are used appropriately. The Assessment Team brought forward the following evidence:

* clinical staff were unable to articulate antimicrobial stewardship processes employed by the service to prevent infection.
* data that demonstrated the service’s rate of multi-resistant organism infections was higher than industry average.
* an agency staff member who was brought into facility and wing without having undertaken a rapid antigen test at the front desk.

In its written response of 29 April 2022, the Approved Provided advised that the staff member identified by the Assessment Team had followed correct procedure as staff are tested in their allocated wings prior to coming into contact with consumers.

The Approved Provider did however acknowledge the deficiencies in staff knowledge in relation to antimicrobial stewardship and provided evidence of additional education and training to all staff in March and April of 2022.

While I acknowledge the steps taken by the Approved Provider in response to the Assessment team’s findings, I remain of the view that at the time of the Site Audit the service did not demonstrate it appropriately minimised risk of infections. I find the service Non-compliant with this Requirement.

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers and their representatives said staff encouraged consumers to participate in activities that are of interest to them and provided options for consumers to optimise their independence and well-being. Care planning documentation reviewed by the Assessment Team recorded consumers’ preferences and staff described how they tailored activities to cater to consumers’ individual interests. Consumers were observed participating in individual and group activities.

Staff described how they promoted consumer’s spiritual and psychological well-being. This included: talking and interacting with consumers, referring consumers to external health and lifestyle services, and arranging for consumers to attend religious services. Consumers and their representatives’ said consumers were encouraged to maintain relationships of importance to them and participate in the community. Staff said they regularly organised for consumers to receive visitors and keep in contact with family and friends.

Care planning documents evidence the involvement of external providers of care in the provision of lifestyle supports for consumers and included information on individual preferences.

Consumers were satisfied with the quantity, quality and variety of meals available. Care plans reflected consumers’ dietary needs and preferences. When a consumer's dietary needs changed, clinical staff updated their care plans and took the updated information to the kitchen.

The kitchen was observed to be clean and well-maintained, and staff followed food safety protocols. Kitchen staff demonstrated a shared understanding of consumer’s dietary requirements and meal preferences.

The Assessment Team observed that where equipment is provided, it was safe, suitable, clean and well maintained. Consumers indicated they had access to equipment such as mobility aids and manual handling equipment, and felt the equipment was safe and well maintained. Staff expressed they have access to the required equipment and that equipment issues are resolved in a timely manner by maintenance staff.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-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

The Quality Standard is assessed as non-compliant as one of the three specific requirements have been assessed as non-compliant. The non-compliance is in relation to Requirement (3)(c). I have provided detailed reasons for my finding in the respective Requirement below.

Consumers said they felt at home within the service and felt a sense of belonging in their surroundings. They reported feeling safe and comfortable in their rooms and the service facility. Consumers said the service environment was welcoming to visitors and had the relevant range of mobility aids that helped consumers move around independently. Overall, the service’s furniture and fittings were observed to be clean, and most equipment was well-maintained. Consumers were observed moving freely indoors and outdoors.

Consumers rooms were observed to be decorated with their individual tastes and provided them with enough space to store their personal belongings. Rooms were generally observed to be clear of obstacles with ample space for consumers, representatives, and staff to walk through the building and outdoor areas efficiently and safely.

The service had effective processes in place to ensure preventative and reactive maintenance was conducted regularly. A review of the maintenance requests logbook showed that maintenance issues reported by staff and consumers are resolved in a timely manner.

However, management, staff and consumers acknowledged that persistent issues with the call bell system within the service was an ongoing maintenance problem. I have discussed this further in the relevant requirement below.

## 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) Non-compliant

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

The Assessment Team brought forward evidence that while furniture, fittings and equipment were observed to be clean, not all service equipment was well-maintained or in full effective and efficient working order. Specifically, ongoing organisation wide problems with the call bell system were observed. Management and staff acknowledged the ongoing maintenance issue regarding the call bell system in the service. Evidence brought forward by the Assessment Team included:

* Several consumers who reported waiting longer than expected for a response to their call bell requests, thereby causing them discomfort in their daily life.
* One consumer who reported they sometimes had to ‘yell out’ from their room to request assistance, which made them feel they were disturbing other consumers.
* The Assessment Team observed a call bell ringing that was immediately attended to by staff. However, the call bell rang for a further ten minutes because it was unable to be turned off.
* Maintenance logs that showed ongoing use of external contractors to fix issues identified with the call bell system.
* During the Site Audit, management advised the Assessment Team that it was aware of the call bell issue and were in the process of replacing the system.

In its response dated 29 April 2022, the Approved Provider acknowledged that the nurse call system had been an ongoing issue in the service and a technician had been called on several times to fix mechanical errors, it further advised that the service had received approval to replace the system, which would commence in May of 2022.

While I acknowledge the Approved Provider’s response, I remain of the view that at the time of the Site Audit the service did not demonstrate that equipment was well maintained and suitable for the consumer. Therefore, I find the service Non-compliant with this Requirement.

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers and their representatives said they were encouraged and supported to make complaints and felt safe and comfortable raising problems and concerns to staff. Staff described how they escalated complaints when raised and updated the service’s complaints and compliments register.

The service had various mechanisms available for consumers to provide feedback or complaints. These included: discussions at meetings, completion of surveys and verbal discussions with staff. The minutes of meetings showed the suggestions and complaints of consumers. Staff described how they escalated complaints when raised and updated the service’s complaints and compliments register.

Consumers had access to advocacy services, language services and other methods for raising complaints. Staff described how they helped consumers to use interpreters and connect with representatives. Pamphlets for advocacy services were available in multiple languages throughout the service building. Feedback forms were observed to be available throughout the service, and a labelled letter box for the forms was available at administration.

Consumers and their representatives said the service acted appropriately in response to complaints. One consumer described to the Assessment Team a recent complaint they had raised with management in relation to the privacy and security of their rooms because of a wandering consumer. This consumer further expressed satisfaction with management’s response to their issue and confidence in the way it was handled.

Staff members described to the Assessment Team how they addressed and responded to complaints, which aligned with the practical application of the service’s open disclosure policy.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

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

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers were satisfied that the service’s workforce had the competency to deliver safe and quality care and services. Consumers reported they received quality care and services when they need them from staff who are knowledgeable, capable and considerate. Consumers reported that staff respected their identity and understood their individual needs.

Some consumers reported that they felt the service was ‘short staffed’ as they sometimes had to wait for ten minutes or longer for someone to respond to their call bell requests, this is explored further in Requirement 5(3)(c). Feedback from staff about the workforce numbers was mixed. One worker said there is not enough staff, but it does not impact on the quality of care being delivered. Other staff members - including clinical staff - said there are ‘plenty’ of staff in the service. In response to this, management advised the Assessment Team that the service had recently hired more staff in response to the feedback from consumers.

The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner. Staff were observed treating consumers with dignity and respect and greeting and interacting with them in a familiar and friendly manner. The service conducted regular workforce skills assessments and reviews through staff performance appraisals and regularly held team meetings to identify and action any necessary staff performance improvements.

The service had demonstrated processes in place to monitor staff competency, including annual performance appraisals, and assessment of competencies required to do a good job. The service’s records showed that staff performance appraisals and training were up-to-date and aligned to what is needed to do their job and that staff undertake mandatory role-specific training.

Staff said they received the mandatory training required about the Serious Incident Reporting Scheme; incident management; manual handling; and infection control and the Assessment Team inspected records that supported this.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 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

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

Consumers and representatives considered the service well managed and described examples of how they were involved in the development, delivery and evaluation of care and services. Management described the involvement of the governing body in the promotion of a culture of safe, inclusive, and quality care and provide examples of how this applied within the service.

Staff described a variety of risk management processes and procedures that were used by different staff at all levels within the service. Clinical staff explained the process of how to report a serious incident. Consumer risk assessments were undertaken at regular timeframes that managed risk and allowed consumers to live the best life they can.

Overall, the service’s governance systems were suitable, though some deficits in the deployment of the systems were identified by the Assessment Team. The service had appropriate systems for recording risk, though in practice the service had not demonstrated effective management of risk on some occasions, particularly in relation to documentation and incident reporting. The service did not show evidence of effective governance systems in place regarding information management and regulatory compliance.

While the service did have policies in place regarding:

* antimicrobial stewardship,
* minimising the use of restraint; and
* open disclosure.

Staff and management interviewed demonstrated a lack of knowledge about how to apply these policies in their day-to-day tasks in a way that upheld the delivery of safe and quality care to consumers.

The Assessment Team recommended Requirements (3)(c) and (3)(e) were not met. I have considered the Assessment Team’s findings; the evidence documented in the site audit report and the Approved Provider’s response of 29 April 2022 and agree with the Assessment Team’s recommendation, I have detailed the reasons for my findings in the relevant Requirements below.

## 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) 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 demonstrated that it had effective financial governance, workforce governance, continuous improvement and feedback and complaints mechanisms in place.

However, the Assessment Team identified that the information management and regulatory compliance systems in place were not effective in upholding the delivery of safe and quality care and services to all consumers.

The Assessment Team identified issues in the information management systems across the service. Two clinical and one care staff interviewed demonstrated lack of understanding about restrictive practices. Some staff had not been educated about the restrictive policy and were unable to provide examples relevant to their work.

Management was not able to demonstrate how antimicrobial stewardship and restrictive practices were effectively managed and governed within the service. Management did not demonstrate a clear shared understanding of restrictive practices policy and how to apply it to providing service wide governance.

The discussions with management identified some consumers at the service are subject to chemical and environmental restraint without the required documentation or assessments. Consumer care planning documents reviewed showed some consumers were subject to restraint without a Behaviour Support Plan in place or representative consent.

In its written response of 29 April 2022, the Approved Provider provided evidence of the actions taken to remedy the deficiencies. This included:

* updates to all policies.
* an internal memorandum to staff communicating the expectation for them to all attend training about antimicrobial stewardship and restrictive practices; and
* evidence that 65.49 per cent of staff have completed the antimicrobial stewardship training.

While I acknowledge the actions taken by the Approved Provider, I remain of the view that at the time of the Site Audit, the Approved Provider did not demonstrate it had effective organisation wide governance systems relating to information management and regulatory compliance. Therefore, I find this requirement is Non-compliant.

### 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.*

The organisation had some frameworks in place in relation to antimicrobial stewardship; a policy relating to minimising the use of restrictive practices; and an open disclosure policy with some staff able to describe practical ways these policies impact their roles. However, overall staff demonstrated a lack of knowledge about antimicrobial stewardship and restrictive practices. Management also could not provide examples of how antimicrobial stewardship and restrictive practice were effectively managed within the service.

Staff did not consistently demonstrate a shared understanding of antimicrobial stewardship and how they minimised the need for and/or use of antibiotics. The service did not consistently demonstrate that appropriate consent and authorisations are in place for all restrictive practices, nor that restrictive practices were regularly reviewed, monitored, and used as a last resort intervention, this has been explored further under Requirement 3(3)(a).

At the time of the Site Audit, management advised that all policies in the service were in the process of being updated, including the clinical risk management policy that entailed a clinical governance framework.

In coming to my decision of compliance in this Requirement, I have considered the information included in the Site Audit report, the undertakings provided at the time of the Site Audit to address the deficiencies and general information provided in the Approved Providers written response of 29 April 2022.

I acknowledge that the service has implemented actions to address the deficiencies identified, however, at the time of the Site Audit, the service did not demonstrate effective frameworks in relation to anti-microbial stewardship and the use of restrictive practices. Therefore, I find the service Non-compliant in this requirement.

# Areas for improvement

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

* Requirement 2(3) e - The service ensures it provides care and services that are reviewed regularly for effectiveness, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* Requirement 3(3) a - The service ensures each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, tailored to consumers’ needs; and optimises consumers’ health and well-being.
* Requirement 3(3) b - The service ensures it provides effective management of high-impact or high-prevalence risks associated with the care of each consumer.
* Requirement 3(3) g - The service ensures it minimises infection-related risks

through implementing: standard and transmission-based precautions to prevent and control infection; and uses practices that promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

* Requirement 5(3) c – The service provides furniture, fittings and equipment that are safe, clean, well maintained and suitable for the consumer.
* Requirement 8(3) c – The service ensures it has effective, organisation wide governance systems relating to the following: information management, and; regulatory compliance.
* Requirement 8(3) e - The service ensures that an effective clinical governance framework is in place.