Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Moran Roxburgh Park | 23 August 2022 |
| Commission ID: | Activity type: |
| 3935 | Site audit |
| Approved provider: | Activity date: |
| Moran Australia (Residential Aged Care) Pty Limited | 22 June 2022 to 24 June 2022 |

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

**This performance reports**

This performance report for Moran Roxburgh Park (**the service**) has been considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the 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.
* the provider’s response to the assessment team’s report received 25 July 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Non-Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard

# 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 3(3)(a) – the Approved Provider ensures persona and clinical care is best practice, tailored to the needs of consumers and optimises their health and well-being.
* Requirement 3(3)(b) – the Approved Provider ensure high impact high prevalent risks are effectively managed.
* Requirement 3(3)(g) – the Approved Provider ensures standard and transmission-based precautions to prevent and control infection and practices which reduces the risk of increasing antibiotic resistance are implemented.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected, and personal information is kept confidential. | Compliant |

## Findings

Consumers interviewed said they were treated with dignity, respect and their individual culture, identity and beliefs are valued by staff. Staff demonstrated knowledge of individual consumers circumstances, their personal backgrounds and gave examples of culturally safe care including meeting the needs of consumers who had expressed a preference for the gender of staff or how communication methods are adjusted for consumers who speak English as a second language. Care planning documents were personalised and reflected the diversity of consumers with details on their religion/spirituality, life history and important family relationships noted. Strategic documents, policies and procedures promoted consumer rights, inclusivity and guided staff on provision of person centred and culturally safe care. Staff were observed supporting consumers in a dignified and respectful manner.

Consumers and representatives said they are supported to exercise choice and independence when making and communicating decisions about the care they receive including who is and who they did not wish to be involved in their care. Consumers confirmed staff assist them to understand what care and services are available and to maintain contact with those important to them including through overseas telephone calls. Consumer files contained information on nominated representatives, primary contacts, choice of medical officer and preferences for care delivery.

Consumers said they are supported to take risks including leaving the service independently, using an electric scooter and drinking alcohol enabling enable them to live the best life they can. Staff provided examples of how consumers are supported to understand the benefits and possible harm should they choose to engage in an activity where an element of risk exists. Care planning documentation included evidence of risk assessment, consumer consultation and risk minimisation strategies.

Consumers advised information provided through handbooks, meetings, menus and programs was timely, accurate, clear, easy to understand and enabled them to choose their meals, what activities they wished to attend. Staff described how information is communicated and adapted for consumers who have different sensory, cognitive or language needs including non-verbal cues, communication cards or interpreters. Documentation evidenced consumers are provided with information through various means including meetings, visual displays and staff engagement.

Consumers and representatives confirmed their personal care is undertaken in ways which affords the consumer privacy, staff knock on their doors prior to entering and consent is sought prior to disclosure of confidential information. Staff described how consumer doors are closed, privacy curtains are used when delivering care and consumer information is stored electronically with access restricted to staff authorisation levels. Policies and procedures provided guidance on maintaining the privacy of consumers and the protection of personal information with staff required to sign a privacy declaration on commencement.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identify and addresses the consumer’s current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

## Findings

The Assessment Team recommended 4 of these requirements were not met, however, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant with these requirements:

* 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.
* Assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences, including for advance care and end of life planning if the consumer wishes.
* 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.
* 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 Site Audit Report identified the service had a comprehensive assessment and planning system in place including policies and procedures with validated assessment and planning tools embedded within the electronic care management system, to identify risks and inform safe and effective delivery of care. However, deficits were brought forward relating to assessment of risks associated with the use of lap belts, pressure injuries and urinary tract infections.

The Site Audit Report also identified deficits in care planning not accurately reflecting consumer needs in relation to management of pressure injuries and behaviour support planning. I have considered these concerns under Requirement 2(3)(b) where it is more relevant.

Additional deficits in relation to consumer involvement in care consultations, delivery of pain management, access to medical officers and inconsistent information on consumer needs, has also been considered under other requirements.

The Approved Provider responded on 25 July 2022 and provided additional information and documentation for consideration against the findings of the Site Audit Report.

For the 2 consumers identified as using lap belts while in their wheelchairs, I note both consumers are supported through external disability supports and the use of the lap belts had been previously assessed by allied health professionals. Documentation supported the lap belts are required to minimise falls risk and for postural correction rather than to manage behaviours and is therefore not considered as a restrictive practice. I also note the use of the lap belts are at the choice of both consumers and both remove the lap belt independently. However, the risks regarding the safety of the consumer in using the lap belt should be considered and I note while these assessments were not in place at the time of the Site Audit, these assessments are now in place.

In relation a named consumer, who had multiple pressure injuries, I acknowledge a pressure area risk assessment had been conducted and as the consumer had also been identified as refusing or resistive to repositioning, a dignity of risk assessment had been completed. I consider these examples supports compliance with this Requirement.

For the deficit, concerning recurrent urinary tract infections not being identified on a consumer’s profile, I accept the Approved Provider’s explanation of consumer profiles only containing those medical conditions formally diagnosed by a medical officer and this consumer had neither a formal diagnosis or recurrent episodes of urinary tract infections. I also note the consumer’s catheter and continence care plans, had identified the risk of urinary tract infections and contained interventions to minimise the risk and consider this demonstrates compliance with this Requirement.

I also accept other examples of the assessment of risks to consumers health and well-being were included in the Approved Provider’s response including assessments for the use of chemical restraint and malnourishment. This is further evidence which supports compliance with this Requirement.

Overall, I am satisfied assessment and planning includes the consideration of risks to the consumer and informs safe and effective care and service delivery.

Therefore, I find Requirement 2(3)(a) is compliant.

The Site Audit report brought forward positive feedback from most consumers and representatives confirming advance care and end of life planning had been discussed with them and the consumer’s current needs, goals and preferences were included in the consumer’s care plan, however, deficits in care planning not accurately reflecting consumer needs in relation to palliative care, behaviour support planning, management of pain and pressure injuries were identified.

I have considered the management of weight loss under Requirement 3(3)(b) where it is more relevant.

For a consumer who was receiving palliative care, omissions in noting of any spiritual, pastoral or emotional needs as well are eye, oral and respiratory care was identified. I acknowledge the consumer commenced on a palliative care pathway, the day prior to the Site Audit and the components of the palliative care plan were still being formulated in consideration of current needs of the consumer. I note the consumer did not require oral, eye or respiratory care at the time the palliative care plan was reviewed during the Site Audit and other documentation contained their emotional needs. I consider this supports the current needs of consumers, including at end of life, were identified and addressed in care planning processes.

For the consumer, who did not have a behaviour support plan, I accept they recently entered the service and were accessing respite care. I note the interim care plan includes guidance to staff on interventions to use should the consumer become agitated and additional strategies were documented within the restrictive practice authorisation and consent form for the use of the chemical restraint. I consider this supports the current needs of consumers were identified through assessment and care planning.

In relation to the pain management plan for a consumer, not being published, I acknowledge the Approved Provider had self-identified this risk prior to the Site Audit, had been liaising with the software developer to upgrade the system to mitigate the risk and provided education to staff on care planning processes. I note the consumer identified could verbalise when they were experiencing pain and confirmed they had no current pain. I do not consider this example as supporting non-compliance with this Requirement.

For a named consumer, whose care plan was not up to date with interventions to manage an unstageable pressure injury, pain and to include a dietary supplement. I note the Approved Provider submitted evidence which confirmed care planning had been updated. While, it has been acknowledged care planning deficits existed and the care plan was not accurate, staff interviewed demonstrated knowledge of, and documentation confirmed, the consumer’s current needs and care was being delivered in accordance with the allied health professional’s recommendations. I note the Approved Provider has outlined corrective actions including providing additional training to staff and embedding a revised care planning handbook.

Overall, I am persuaded by the positive feedback received by consumers, staff demonstrating knowledge of consumers current needs and the submission of additional documentation by the Approved Provider which supports consumers advance care, end of life wishes, needs, goals and preferences were identified and addressed through assessment and planning processes.

Therefore, I find Requirement 2(3)(b) is compliant.

The Site Audit report evidenced the outcomes of assessments were reflected in care plans, care plans were readily available within the electronic care management system with copies able to be printed, however, copies of care plans had not been offered to consumers or representatives and occasionally the outcomes of assessment were not effectively communicated due to language barriers, was identified as a deficit.

For a consumer who identified staff do not explain things and they have not received a copy of their care plan, care planning documentation evidences, both themselves and their representative have been included in ongoing care consultations and the representatives has been offered, but refused a copy, of the consumer’s care plan.

For 3 named representatives, who expressed they had never received a copy of the consumer’s care plan. The Approved Provider’s response contained documented evidence of care consultation records signed by the representatives supporting they had received copies of care planning documentation over extended periods of time or confirmation a copy of the care plan had been provided to the consumer themselves.

For a named representative, who advised language barriers, resulted in the outcomes of assessment not being effectively communicated, I note the Approved Provider confirms staff employed are from various cultural backgrounds and nominated staff are able to communicate with this representative, however care consultations were evidenced to occur with both the consumer and members of their family.

I also note the Approved Provider has recently reminded consumers and their representatives of their ability to access a copy of the consumer’s care plan at any time.

Overall, I have placed weight on the signed care consultation records submitted by the Approved Provider as evidence which supports care plans are readily available and provided during care consultations to consumers or their representatives in response to their confirmation they would like a copy.

Therefore, I find Requirement 2(3)(d) is compliant.

The Site Audit Report identified the service had a comprehensive assessment and planning system in place including policies and procedures guiding staff to review care and services at regular intervals or as required to determine if care and services are effective. However, deficits were brought forward relating to behaviour support planning, omission of anticoagulant monitoring strategies, medical officers or specialists delayed in reviewing or not reviewing consumers, care plans not being updated following allied health professional reviews and a significant number of consumer care evaluations or case conferences were overdue.

I note the Approved Provider has confirmed, at the time of the Site Audit, the care assessment and planning guidance was under review in response to legislative changes for behaviour support planning. A copy of the endorsed draft was included in their response and I note it had been released to staff to further trial and evaluate the outlined timeframes for care planning review. In support of compliance, staff demonstrated consistent knowledge of the timeframes for care plan reviews, the escalation processes to follow should a change in consumers condition be identified and confirmed this may trigger a reassessment.

I have already considered the evidence in relation to behaviour support planning under Requirement 2(3)(b) and note the Approved Provider has prioritised behavioural support assessments for new consumers as part of the revision of the care planning guidance.

For a named consumer, who was identified to be administered anticoagulant medication, documentation evidenced appropriate strategies were in place to minimise the risk and guide staff on their need to monitor the consumers skin. I consider this information supports compliance with this Requirement.

In consideration of delays in consumers being reviewed by specialists or medical officers not reviewing consumers, I also note the explanation provided by the Approved Provider for a delay in a wound specialist review was due to COVID outbreaks at the service and within the staff of the wound clinic. I note clinical care records demonstrated this review occurred as soon as practicable. For the consumer, who was unable to recall being reviewed by a medical officer, I note consultation records confirm the consumers has been reviewed on 10 occasions since March 2022 and I consider this supports care and services are reviewed when circumstances of consumers change.

In relation to a named consumer who was experiencing ongoing weight loss, evidence documented supports at the time it was identified, the consumer was reviewed by both a speech pathologist and dietician. I consider this supports compliance with this Requirement and have considered the omission of a dietary supplement on their care plan under Requirement 2(3)(b).

In relation to overdue care evaluations and case conferences, the Approved Provider identified a documentation error had occurred in the report reviewed during the Site Audit and submitted a previous report which confirmed all evaluations and case conferences had been completed. I consider this evidence which supports care and services are reviewed regularly.

Therefore, I find Requirement 2(3)(e) is compliant.

In relation to the remaining requirement, consumers and their representatives provided positive feedback into their ongoing involvement with assessment and care planning processes and confirmed their medical officer, allied health professionals and specialists have input into their care needs. Staff described assessment and care planning processes, how and when consumers and others are involved. Care documentation evidences consumer and others involvement in care consultations and case conferences.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Non-compliant |
| Requirement 3(3)(a) | 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. | Non-Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non- Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Non-compliant |

## Findings

The Assessment Team recommended 5 of these requirements 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 and find the service non-compliant with 3 of these requirements:

* 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

* Effective management of high impact or high prevalence risks associated with the care of each consumer
* 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
* Timely and appropriate referrals to individuals, other organisations and providers of other care and services.
* 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 Site Audit Report evidenced policies and procedures were available to guide staff in the delivery of safe and effective care, staff demonstrated knowledge of monitoring and escalation processes and mixed feedback was provided by consumers and representatives regarding consumers receiving the care they need, while most confirmed care is provided, at times they had to wait for repositioning assistance or raised queries in relation to whether oral care, nutrition and hydration assistance had been provided. Additionally, deficits were brought forward in the delivery of personal and clinical care including the use of restrictive practices, monitoring of psychotropic medications, management of weight loss, pain and wounds.

In relation to the concerns raised by consumers and representatives, I am satisfied assistance and care provision has been substantiated, as additional evidence contained in the Site Audit Report and documentation submitted, supported oral care had been provided and consumers had gained weight.

For deficits in relation to the use of lap belts, I have considered this under Requirement 2(3)(a) and as the lap belts are independently operated by both consumers and are not used for the management of a behaviour, they are not considered as a restrictive practice. In relation to chemical restraint, I note consumer representatives confirm this has been discussed with them by the medical officer, consent has been provided and documentation submitted in response confirmed, these were reviewed regularly.

In consideration of the evidence presented in relation to the monitoring of psychotropic medications, I note each of these consumers had a corresponding diagnosis for the use of the medication. For the 4 named consumers, whose medication reviews exceeded 3 months, I acknowledge, the explanation of the Approved Provider confirming psychotropic medications are reviewed annually when they are prescribed for the management of a condition and a reviewed 3 monthly when used as a chemical restraint. I note each of these consumers had a corresponding diagnosis for the use of the medication and therefore, the medication review was not due.

For the named consumers, whose experienced delays in referrals to wound consultants or subsequent referral to a dietician following weightloss, I have considered this information under Requirement 3(3)(f) in relation to the appropriateness and timeliness of referrals. For the named consumer, whose pressure injury was not identified by staff, I have considered this under Requirement 3(3)(d).

For consumers, who were identified as experiencing pain and did not have pain monitoring commenced, all sites of pain identified on care plans and pain interventions evaluated. I note documented evidence was submitted which supports pain care plans were updated prior to the Site Audit and accurately reflected all sites of pain. Additionally, documentation submitted evidenced escalating concerns to medical officers for review with medication being adjusted. While, there is evidence some consumers pain levels and pain interventions were being evaluated, this was not consistently undertaken for all consumers when they were experiencing new pain or when interventions were ineffective to ensure risks to consumers were effectively managed and the Approved Provider acknowledged this departure from expected care practices.

In response to the wound monitoring deficits brought forward, in relation to 3 named consumers who had advanced pressure injuries, the response from the Approved Provider confirmed at times there were departures from documented procedures regarding the photographing of wounds on identification as the pressure injuries were acquired during a hospital admission. The Approved Provider confirmed wound monitoring records were commenced when the consumer returned to the service and as a dressing was intact, staff reviewed, photographed and documented the condition of the wound at the first dressing change. However, I also note on multiple other occasions, elements of wound monitoring procedures were not followed, including photographs being uploaded to the wound monitoring records when taken and wound measurements were being transcribed to the wound monitoring record, I acknowledge the information was available to staff through viewing of the photo.

While I am satisfied, the majority of consumers were receiving care which was safe and effective, I consider the omission of wound monitoring over an extended period of time, had an adverse impact on one consumer as the wound was not reviewed and had further deteriorated, had increased in size, was causing pain and therefore care did not optimise the consumers health and wellbeing. While, I note the consumer was on a palliative trajectory, I consider this supports non-compliance with this Requirement.

I acknowledge the corrective actions included in the Approved Providers response including scheduling additional education to nursing staff on adherence to wound and pain management procedures, however I consider these actions will take time to implement and demonstrate their effectiveness.

Therefore, I find this Requirement is non-compliant.

The Site Audit Report identified deficiencies in relation to post fall management, provision of pressure area care and use of psychotropic medication is not being monitored.

Additionally, representative feedback included concerns regarding the service not using a massage mat and medical grade sheepskin, supplied by the representative, and a consumer being drowsy during the day. I note the consumer had other pressure relieving devices in situ and had advised the massage mat caused additional pain. I also note the consumer who was drowsy was reviewed by the medical officer, medication to promote sleep was ceased and the consumer was commenced on sleep charting. I am satisfied this demonstrates these risks associated with the care of these consumers were being effectively managed.

I have considered evidence in relation to pain monitoring under Requirement 3(3)(a) and behaviour support planning under Requirement 2(3)(b) where they are more relevant.

For the named consumer, who was identified as having several falls since May 2022, falls risk assessment had not been reviewed and incident reports did not evidence the consumer had been referred to a physiotherapist for post fall review. The Approved Provider submitted documentation which supported falls risk assessment had been completed on 14 June 2022, progress notes and incident reports support the consumer was reviewed by the physiotherapist would advised current falls prevention strategies were effective. This evidences compliance with this Requirement and Requirement 2(3)(e).

While, documentation to monitor the usage of psychotropic medication, was identified as not being commenced for 2 consumers, I accept the Approved Provider’s response of these monitoring documentation was commenced when a consumer began being administered a new psychotropic medication and as both consumers were on an existing medication regime, the need to monitor was not needed. I also note evidence contained in the Site Audit Report supports the medication has not been required since entry to the service for one of these consumers, therefore the form would be blank.

Both the Site Audit Report and Approved Provider response identifies high impact and high prevalence risks are reported, monitored, tracked and trended. While I note, in March 2022 there was an increase in falls, urinary tract infections and weightloss, I also note this timeframe corresponds to a COVID outbreak at the service. I note in response to an identified weightloss trend for consumers who have contracted positive for COVD, the service had consumers reviewed by a dietician and had implemented strategies such as fortified meals, dietary supplements and additional snacks provided to promote weight gain with documentation confirming small amount of weight had been gained.

In relation to named consumers, who had an unstageable pressure injury, I note following review by wound specialists, 2-3 hourly repositioning was recommended, and monitoring records did not demonstrate staff were documenting all changes of position, I acknowledge the Approved Providers response which confirmed the consumer was attended to for continence, personal hygiene and physiotherapy massage, however, these were not documented as position changes or in progress notes. Additionally, progress notes did not evidence the consumers refusal to reposition. For another named consumer, I note a pressure relieving device was also recommended and this was not implemented for a period of 7 days and the consumer experienced increased pain. I consider these examples support non-compliance.

I note the planned corrective actions described by the Approved Provider including education to staff on the need to follow repositioning directives and to improve documentation, however I consider

In reviewing the information available I have found, at the time of the Site Audit, the service was not able to demonstrate pressure injury risks to consumers were being effectively managed in and corrective actions will take time to implement and monitor for effectiveness.

Therefore, I find Requirement 3(3)(b) is non-compliant.

The Site Audit report evidenced staff demonstrated knowledge of how to recognise and respond to changes in consumers condition, any changes identified by care staff are escalated to clinical staff for assessment, monitoring with referral to medical officers or transfer to hospital if required. However, the service did not have policies and procedures to guide staff practice and a pressure injury had not been identified in a timely manner.

The Approved Provider submitted a handbook which evidences clinical decision-making guidance is available to staff and confirmed registered staff participate in competency reviews annually to assess their knowledge of the policies and procedures contained within the guidance.

For a named consumer, documentation evidenced the consumer had been recently discharged from hospital and upon return to the service initially complained of heel pain, prompting review by their medical officer at which they reported their heel pain had resolved. A subsequent complaint of heel pain was made 10 days later, and the consumer was also reviewed by a medical officer who documented a pressure injury. I consider this example supports staff recognised and responded to deterioration in consumers conditions.

Overall, I am satisfied when there is a change to a consumer’s condition, it is recognised by staff and responded to in a timely manner.

Therefore, I find Requirement 3(3)(d) is compliant.

The Site Audit Report brought forward evidence to support the service has policies, procedures and flowcharts to guide staff in referral process and staff demonstrated knowledge of those processes. However, feedback from a representative who expressed concerns over the timeliness of referral processes to wound consultants and documentation did not support appropriate referrals to dieticians had been completed.

The Approved Provider refutes the Site Audit Report’s findings and provided documented evidence supporting referrals to dieticians and wound consultants were actioned as soon as weight loss or wound deterioration was identified.

For a named consumer, who experienced a delay in review by a wound consultant, I have also considered this under Requirement 2(3)(e). While the consumer experienced a delay in review, documentation supports, timely referrals to medical officers or specialists were actioned at the time of consumer request or in line with clinical need, the service regularly followed up with the consultant when the consumer had not been attended in a timely manner and alternate arrangements were actioned to avoid further delay. I consider this supports compliance with this requirement.

For another named consumer, I note the service’s procedures includes consideration of referral to wound consultants if deterioration is noted, and the agree with the Approved Provider as evidence supports the consumer’s medical officer had reviewed the wound and confirmed it was healing. Therefore, I do not consider this supports non-compliance with this requirement.

For the 7 named consumers who were identified as not being referred to dieticians, I note dietician reviews occurred upon return from hospital, when weightloss was identified or was not clinically indicated as the consumer was above the healthy weight range, had been reviewed by their medical officer or parameters for referral had not been met.

I acknowledge the Approved Provider’s commitment to improving its processes with revised guidance to staff on referral processes released prior to the Site Audit and the planned improvement initiatives to further consolidate the services referral processes.

Overall, I am satisfied the evidence submitted in the Approved Providers response supports referrals to other providers of care are timely and appropriate.

Therefore, I find Requirement 3(3)(f) is compliant.

The Site Audit Report brought forward feedback positive feedback from consumers on the service’s cleaning practices and their observations of staff adhering to hand hygiene. Staff demonstrated knowledge of practices to reduce antimicrobial resistance to antibiotics and confirmed they had been provided with infection control training including the use of personal protective equipment and staff. However, deficiencies were observed in the service’s visitor entry screening processes, the availability of personal protective or cleaning supplies and staff adherence to personal protection protocols.

The Approved Provider did not refute the Site Audit Report’s findings and stated they have added the deficits raised in the report to the service’s continuous improvement plan and will provide further training to staff.

I acknowledge the Approved Provider’s commitment to addressing deficiencies in relation to infection control processes. However, I consider the observations made during the Site Audit, is sufficient to support, the service did not consistently implement infection prevention and control practices and processes to minimise infection-related risks to consumer.

Therefore, I find Requirement 3(3)(g) is non-compliant.

For the remaining requirements which I have found compliant, care planning documentation for consumers receiving palliative care showed that end of life and advance care needs had been identified. Interventions such as pressure area care and palliative medications were noted including for massage, music and passive exercise.

Care planning and handover documentation demonstrated staff and other allied health professionals responsible for the consumer’s care were provided adequate information about the consumer’s condition, needs and preferences; staff confirmed they attended shift handover to ensure information regarding consumers was consistently shared and understood.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being, and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean, and well maintained. | Compliant |

## Findings

Consumers said they received services and supports for daily living which promoted their emotional, spiritual, and psychological well-being as they are supported to follow their spiritual beliefs and staff assisted them to engage in meaningful activities. Consumers and representatives sampled said they get the most out of their social life, pursued activities of interest and were engaged with the internal and external community. Consumers confirmed their conditions, needs and preferences were communicated within the organisation in a timely manner. Most consumers gave positive or neutral feedback about the quality, quantity, and variety of meals. Consumers confirmed equipment provided was safe, suitable, clean, and well-maintained.

Staff described how they informed consumers of activities held each day, invited them to activities they might be interested in and supported them to participate as wished. Staff interviewed could explain how they knew when a consumer was feeling low and what they did in these circumstances to support their emotional, spiritual, and psychological well-being. Staff said they assisted consumers to connect with those important to them through visitations or via telephone and video calls. Staff could explain how they received updates on changes to consumers conditions and how this was used to inform the services provided. Staff explained care and clinical staff did observational checks to assess equipment was functional and safe and described the maintenance officer had their own schedule for routine cleaning and maintenance of equipment, to ensure it was safe and suitable for use.

Where changes to consumer nutrition and hydration needs and preferences were identified by care and clinical staff, the electronic clinical documentation system was updated, and food services staff received a notification advising of these changes. Food services and care staff explained they accessed consumers dietary needs and preferences via the electronic clinical documentation system.

The service demonstrated it had policies and processes in place which supported consumers to engage in activities were of interest to them and matched their capabilities. Consumers were observed participating in various activities during the site visit including leaving the service to on social leave to go gold panning.

Care planning documentation included information about the services and supports consumers needed to do the things they want to do and reflected consumer’s dietary, emotional and spiritual needs. Consumer preferences for engagement in service and community activities such as their desire to vote were noted.

The organisation has policies for making referrals to individuals and providers outside the service. Other organisational documentation evidence how the organisation engages with external providers to provide services and support for daily living.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction, and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained, and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings, and equipment are safe, clean, well maintained, and suitable for the consumer. | Compliant |

## Findings

Consumers said they felt the service was welcoming and spoke about visitors being encouraged to spend time with them at the service. Consumers said they could navigate around the service easily including the outdoor courtyard. Consumers advised the service was in good condition with well-maintained equipment and the furniture and fittings were in good order.

Staff described features of the service to support independent mobility of all consumers. Staff used internal electronic systems to raise requests for maintenance and advised consumers could raise matters themselves. Maintenance staff used processes and procedures for ensuring requests were actioned, including scheduled maintenance and repairs and documentation evidenced issues were promptly addressed. Staff confirmed equipment was available, met the needs of consumers and was well maintained and this was supported b

The service was designed to create a welcoming environment for consumers optimised their sense of belonging and which supported their interaction, independence and was easy to navigate. The service had facilities supported consumers to be engaged in various activities including the service’s café and bar, central communal area, lounges within the units, a beauty salon, and outdoor courtyards.

Consumer rooms were observed to be personalised with displays of photographs, decorations, and personal items. The service has clear signage, handrails, and other features to ensure safety and easy navigation.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

The Assessment Team recommended this requirement was not met, however, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant with this requirement:

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

The Site Audit report brought forward deficiencies in the service’s continuous improvement processes as the continuous improvement plan did not include actions in response to consumer feedback or complaints, however continuous improvement actions were included as a result of findings from internal audits, incident reviews, organisational initiatives and external sources.

I note feedback from consumers confirmed they knew how to, were supported to and felt comfortable to provide feedback or make complaints through various means and they advised if issues were raised, these were mostly through discussions with staff and were resolved at the time. Consumers and representatives advised they had no concerns which required escalation and the complaints register included evidence of complaints from 3 consumers or representatives.

I also note management advised frequent and constant communication is maintained with consumers and their representatives which assists to address any concerns and ensures complaints numbers are kept to a minimum.

The Approved Provider’s response included their complaints register and continuous improvement plan which demonstrated consumer and representative feedback is gathered through various means including meetings and items, incorporating their suggestions and requests, were recorded.

Overall, I placed weight on the positive feedback from consumers and the documentation provided by the Approved Provider which evidences consumers and representatives feedback is reviewed and used to inform continuous improvement at the service.

Therefore, I find Requirement 6(3)(d) is compliant.

For the remaining requirements I have found compliant, consumers and representatives advised they were encouraged and supported by staff to provide feedback and lodge complaints with the service and did this through various options such as feedback forms, meetings or verbally; any issues raised were actioned promptly and to their satisfaction. Consumers and representatives confirmed their awareness, and use of, both internal and external complaints mechanisms and the availability of language and advocacy services if they required their support.

Staff demonstrated awareness of their role in the feedback and complaints process including listening and responding appropriately to feedback or complaints raised. Staff had been trained in the complaints process including the principles of open disclosure and used the service’s electronic complaints management system to record feedback. Staff confirmed consumers who needed support to engage with interpreters or advocacy services would be assisted to do so, however, no consumer had required this support.

Documentation including policies, procedures, staff and a consumer handbook promotes the services complaints and feedback procedures including open disclosure.

Brochures and posters on complaints and advocacy services were displayed throughout the service environment. Feedback forms and suggestion boxes were readily available.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | Compliant |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring, and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

The Assessment Team recommended this requirement was not met, however, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant with this requirement:

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.

The Site Audit Report evidenced mixed feedback from consumers and representatives, with most consumers and representatives advising, staff are prompt, consumers are well groomed and they have no concerns in relation to their care, however others said staffing levels were impacting on the care consumers received as their showering preference was not being met, staff weren’t transferring a consumer out of bed, oral care was not being provided and leisure activities were not delivered to consumers.

Staff interviewed advised they were busy but work together as a team to meet consumer needs. Staff confirmed when working in wings recently impacted by COVID it was difficult, however improvements were noted as new staff have commenced working at the service.

Documentation supported management was actively engaged with rostering and strategies implemented to fill vacant shifts included shift extension of hours, management staff with clinical skills assisting on the floor as required and agency were only used as a last resort. While 17 shifts were identified as unfilled in the fortnight prior to the Site Audit, call bell data supported consumers were generally being assisted in under 7 minutes, including on the days were the unfilled shifts were noted.

The Approved Provider’s response included additional documentation and evidenced the showering frequency described as being due to insufficient staff was at the choice of the consumer, the consumer remaining in bed was palliative and passed away in the days following the Site Audit, progress notes documented the provision of oral care and leisure activity attendance sheets confirmed activities were delivered and consumers named were in attendance.

Based on the positive feedback of consumers and the supporting evidence submitted in the providers response I consider this supports the number and mix of workforce planned and deployed enables the delivery of quality and safe care.

Therefore, I find this Requirement 7(3)(a) is compliant.

For the remaining requirements which I consider compliant, feedback from consumers, their representatives and observations made during the Site Audit, confirmed staff interactions with consumers were kind, caring and respectful.

Consumers stated staff know what they are doing and did not raise any concerns with staff competency in the care and services they provided. Management outlined the processes which support recruitment and induction of new staff. Management confirmed position descriptions are used which outline the required qualifications and competencies. References, qualification and credentialing checks are completed, and new staff complete an induction program including assessment of mandatory competencies.

Staff interviewed described mandatory training which included reporting of serious incidents and restrictive practices and confirmed if they required further training, they would approach the appropriate person within the service.

Staff performance is monitored through observation, consumer feedback, through key performance indicators and clinical indicators for registered staff. Staff stated they had recent performance appraisal where they had reviewed and signed their position description as part of the process.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

## Findings

The Assessment Team recommended this requirement was not met, however, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant with this requirement:

* 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 Site Audit report evidenced the service has a clinical governance framework, policies and procedures supporting clinical care practice, monitoring and this is overseen through a service level clinical review committee and an organisational clinical practice group. Most staff confirmed they had been educated about the policies and gave examples of practical application, relevant to their roles. However, deficits were identified relation to assessment, authorisation, review and behaviour support planning where restrictive practice is used. There were no deficits raised in relation to antimicrobial stewardship or open disclosure.

I have considered the evidence included in the Site Audit Report under other Requirements and based on the additional documentation included in the Approved Providers response have found assessments were in place for both consumer recommending the use of the lap belts, the lap belts were used independently by the consumer as a falls prevention strategy, rather than a strategy for the management of a behaviour and both consumers were able to apply or remove the lap belts themselves. Therefore, I do not consider this restrictive practice.

I have also reviewed the evidence in relation to the monitoring and review of psychotropic medications and consider this supports compliance with this requirement, as where review was identified to be over due this related to the use of psychotropic medication prescribed for the treatment of a condition and therefore, did not meet the 3 monthly review parameters described in the policy for chemical restraint.

I also have noted the named consumer, accessing respite, who was prescribed a chemical restraint, had an assessment completed on the day of entry to the service, authorisation and consent were documented and contained triggers and strategies to guide staff in non-pharmacological interventions. I also note the chemical restraint had not been used.

Based on the evidence above, and other evidence contained in the Site Audit report which supported chemical restraint medications for consumers being reduced or ceased. I consider the service has a clinical governance framework, policies and procedures which minimises the use of restrictive practice.

Therefore, I find Requirement 8(3)(e) is compliant.

For the remaining requirements which I consider compliant, consumers and representatives confirmed the service was well run, they were engaged in the design, delivery and evaluation of care or services with their input sought through formal and informal feedback processes.

The organisation’s governing body promotes and is accountable for the delivery of safe, quality care and services. The service’s performance is monitored through comprehensive reporting on internal and external audits, workforce data, clinical indicators, incidents, and consumer and staff feedback. Monthly reports are provided to the board and results are used to initiate improvement and to monitor compliance.

The organisation has effective governance systems to support staff to access information and maintain regulatory compliance. Continuous improvement opportunities are identified through various sources including audits, feedback and analysis of incident data and improvement initiatives are monitored and evaluated. Funding is secured through financial governance processes and staff feel they are supported when requesting funding to support the needs of the service and improve consumer outcomes. The workforce is governed through assignment of responsibilities and accountabilities are in place. Feedback and complaints are suitably addressed and used to improve care.

The service had a documented risk management framework, which included policies for managing high impact and high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can. Staff demonstrated knowledge of incident reporting and management processes. The service trended and monitored clinical incidents through a clinical risk committee.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)