Naracoorte Health Service

Performance Report

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**Commission ID:** 6926

**Provider name:** Limestone Coast Local Health Network Incorporated

**Site Audit date:** 17 May 2022 to 19 May 2022

**Date of Performance Report:** 04 August 2022

# Performance report prepared by

Rebecca Beaman, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

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

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team recommended Requirements (3)(d) and (3)(f) in this Standard as Not Met. The Assessment Team found the service was unable to demonstrate it supports consumers to take risks to live the best life they or that each consumer’s privacy was respected, and their personal information kept confidential. Based on the Assessment Team’s report and the Approved Provider’s response, I have found Requirements (3)(d) and (3)(f) Non-compliant. I have provided reasons for my findings in the respective Requirements below.

In relation to all other Requirements in this Standard, sampled consumers confirmed they are treated with dignity and respect, can maintain their own identify and make informed choices about their care and services. Consumer’s confirmed care is delivered in a culturally safe manner and information is provided to them that is accurate in a timely manner and communicated in a way they are able to understand and access.

Observations showed staff interacting with consumers with dignity and in a respectful manner. Staff confirmed they have access to policies and procedures to guide their practice.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, Compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in Standard 1 Consumer dignity and choice.

## 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) Non-compliant

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

The Assessment Team found the service was unable to demonstrate that each consumer is supported to take risks to enable them to live the best life they can. The Assessment Team provided the following information and evidence relevant to my finding:

* Two consumers (Consumers A and B) were not supported to take risks in relation to the consumption of food and drinks that was different to what they have been assessed as requiring.
* Consumer A and B have been assessed by a Speech Pathologist and recommended specific textured diets and are only able to consume the foods they wished to if a family member brings those in and is present to supervise the consumption.
* Dignity of risk forms completed for both consumers confirm risks associated with their activity and that the service will only provide food and fluids as recommended by the Speech Pathologist.
* Staff confirmed Consumer B is not allowed to consume the foods they like due to the type of diet they are on.
* Management confirmed for both Consumers A and B, staff will only provide food recommended by the Speech Pathologist and they are able to consume the foods they wished to if they are brought in by their family and they are present to supervise during consumption of those food and drinks.
* For Consumer C, the service did not have in place strategies to enable them to safely partake their activities of risk which placed them at risk of harm.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I have found the service was unable to demonstrate that it supports consumers to take risks to enable them to live the best life they can.

In relation to Consumers A and B, the Approved Provider does not support them to take a risk and consume foods they want to have as they have been assessed as requiring different textured foods. The service has mitigated these risks by putting in place a strategy that Consumers A and B can only be provided the foods they like by their family and consume them when a family member is present. The service does not support Consumers A or B to partake in their activity of choice when they choose to do so.

In relation to Consumer C, the Approved Provider enables them to participate in an activity which includes an element of risk, however, they are not supported to do this in a safe manner. There are no mitigation strategies available to support Consumer C or staff to undertake the activity in a safe manner to limit the potential of any harm.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(d) in Standard 1 Consumer Dignity and choice.

### 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) Non-compliant

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

The Assessment Team found the service was unable to demonstrate each consumer’s privacy is respected and their personal information is kept confidential. The Assessment Team provided the following information and evidence relevant to their finding:

* One consumer was observed with two signs on their bedroom door displaying their fluid restriction and dietary information.
* The Assessment Team observed confidential information, including one consumer’s pain chart, another consumer’s assessments, the personal hygiene and motility outcomes for one consumer and for two other consumers, their sleep charts, left in open communal spaces readily available for consumers, staff and visitors to access.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. While the service corrected the deficits identified by the Assessment Team during the Site Audit, if the feedback had not been provided these deficiencies may not have been identified by the service’s own monitoring processes.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(f) in Standard 1 Consumer Dignity and choice.

# 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 three of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(a), (3)(d) and (3)(e) in this Standard as Not Met. The Assessment Team found the service was not able to demonstrate it considers risks to consumers’ health and well-being through assessment and planning and they do not effectively communicate the outcomes of assessment and planning. The service did not demonstrate they review care and services regularly for effectiveness when incidents or a change in consumer condition occurs. Based on the Assessment Team’s report and the Approved Provider’s response, I have found Requirements (3)(a), (3)(d) and (3)(e) Non-compliant. I have provided reasons for my findings in the respective Requirements below.

In relation to all other Requirements in this Standard, most consumers sampled indicated they had been involved in the assessment and planning of their care and services , including advance care planning.

Care planning documents sampled confirmed consumers are assessed in partnership with staff, representatives, consumers and others on entry, at regular reviews and when changes occur. Progress notes demonstrate a range of discussions with various staff, consumers and representatives

Staff were able to describe how they involve consumers/representatives in assessment and care planning.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, Compliant with Requirements (3)(b) and (3)(c) in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found the service did not demonstrate assessment and planning is undertaken with the consideration of risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services. The Assessment Team provided the following information and evidence to support my finding:

* Two consumers’ (Consumers B and C) behaviour support plans did not include strategies to manage aggressive behaviours or recommendations made by other specialists included or trialled.
* Consumer B was assessed as a high falls risk in January 2022 and prescribed and commenced on a regular antipsychotic medication in March 2022 that has side effects, including dizziness. Clinical staff did not consider the risks associated with the administration of medication on Consumer B’s mobility and impact, including falls. Consumer B has had 10 falls since the medication was administered.
* Consumer C is prescribed and administered a psychotropic medication for behaviour management, however, there is no information documented to guide staff around the use of the medication, including associated risks.
* In relation to Consumer D, the service has not considered the risks to their health and well-being associated with the use of physical restraint to undertake services, such as personal care.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I have found the service was unable to demonstrate that assessment and planning consider risks to consumers’ health and well-being to inform safe and effective care and services.

In relation to Consumers B, C and D, the service has not considered the risks associated with the use of chemical or physical restraint on their health and well-being, and their assessment and planning does not include strategies to guide staff to deliver safe and effective care and services.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

### 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) Non-compliant

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

The Assessment Team found the service was unable to demonstrate 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. The Assessment Team provided the following information and evidence that is relevant to my finding:

* Care planning documentation did not reflect Consumer B was on a scheduled toileting program to assist continence management during times when they were sleeping to minimise potential harm of Consumer B taking themselves to the bathroom and falling due to their high falls risks and diagnosed mobility impairment condition.
* Staff confirmed they were not aware of Consumer B’s scheduled toileting regime and care was not delivered in a way that included this. They advised Consumer B refuses to go to the bathroom when staff ask and prefers to go themselves and does not use their walker as recommended. Staff confirmed they sometimes find Consumer B on the floor of their bathroom
* Recommendations and outcomes of assessments completed by the Physiotherapist, including scheduled toileting, were not communicated by the service or staff to Consumer B, their representative or the Medical Officer.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I have found the service was unable to demonstrate that it effectively communicates outcomes of assessment and planning to consumers or they are documented in a care and services plan that is readily available to the consumer, or where care and services are provided. In relation to Consumer B, the service did not effectively communicate the outcomes of continence management and physiotherapy assessments which has contributed to Consumer B’s falls.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

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

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team found the service was unable to demonstrate that care and services are regularly reviewed for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. The Assessment Team provided the following information and evidence to support my finding:

* Two consumers (Consumers B and C), who have a mobility impairment and high falls risk, experienced falls, however, did not have their pain reviewed post fall when showing signs of pain or expressing to staff they had pain.
* Consumer B is recorded as experiencing 25 behavioural incidents between March 2022 and May 2022, however, staff did not review their behaviour care plan or management strategies for effectiveness, and strategies recommended by external services were not included to guide staff.
* Consumer C expressed suicidal ideation during May 2022, but the service did not review or update their behaviour support plan following the incident to provide strategies to manage or identify triggers to assist Consumer C appropriately.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. In relation to Consumer B and C’s pain management, I have found the service did not review their pain effectively when they were identified as experiencing pain post incidents of falls and both consumers had known issues with pain and expressed pain to staff. I have also found staff did not review Consumer B and C’s care and services in relation to behaviour management after incidents to ensure they were effective.

In coming to my finding, I have considered the outcomes in Standard 3 Personal care and clinical care in relation to the deficits identified in the management of Consumer B and C’s behaviours, including physical and verbal aggression and expression of suicidal ideation.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# 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 four of the seven specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(a), (3)(b), (3)(d), and (3)(e) as Not Met. The Assessment Team found the service was unable to demonstrate it delivers safe and effective personal and clinical care that is in line with best practice or optimises the health and well-being of consumers. The service did not demonstrate it effectively manages high impact or high prevalence risks, recognise or respond to deterioration of a consumer’s mental health, cognitive or physical function, or that information about the consumer’s condition, needs and preferences are documented or communicated within the organisation or when incidents occur that impact those preferences. Based on the Assessment Team’s report and the Approved Provider’s response, I have found Requirements (3)(a), (3)(b), (3)(d), and (3)(e) Non-compliant. I have provided reasons for my findings in the relevant Requirements below.

In relation to all other Requirements, overall, consumers were satisfied the service managed infection related risks well and when required, they were referred appropriately to other providers of care and services in a timely manner.

Staff interviewed were able to describe the care delivery changes for consumers nearing end of life and practical ways consumers’ comfort is maximised at this stage. Staff were aware of referral processes and demonstrated an understanding of practices to minimise transmission of infection.

Care documentation references discussion with consumers and representatives about consumers’ end of life wishes, including personalised treatment and the people they wish to have involved.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Compliant with Requirement (3)(c), (3)(f) and (3)(g) in Standard 3 Personal and clinical care.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found the service was unable to demonstrate each consumer gets safe and effective personal and clinical care. The Assessment Team provided the following information and evidence relevant to my finding:

* Wound care was not consistently delivered in line with the wound care management plan for Consumer D. Wound care was incorrectly delivered by care staff operating outside of their scope of practice.
* Clinical staff initiated and administered a psychotropic medication for Consumer B without having the order checked by another registered staff member.
* Staff did not consistently undertake neurological observations post fall for Consumer B, in line with the service’s post fall policies and procedures.
* In relation to Consumer D, staff witnessed an incident where staff used physical force to apply restraint to Consumer D to undertake continence care but did not report the incident. Staff and management confirmed they do not trial alternative strategies prior to using physical force and restraint to undertake various aspects of care for Consumer D.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. In relation to Consumer B, the Approved Provider did not deliver safe and effective clinical care in relation to the safe administration of medication or post fall management. In relation to Consumer D, the Approved Provider did not deliver safe and effective personal or clinical care in relation to wound care management and they do not trial alternative strategies prior to applying restrictive practices to assist in the delivery of personal care.

In coming to my decision, I have considered the evidence in Standard 8 Organisational governance in regard to Consumer D and the use of force by staff to deliver personal care.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

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

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

The Assessment Team found the service was unable to demonstrate that it effectively manages high impact or high prevalence risks associated with the care of each consumer in relation to the management of two consumers’ adverse behaviours. The Assessment Team provided the following evidence and information relevant to my finding:

In relation to Consumer B:

* Four consumers interviewed reported fearing Consumer B due to their behaviour and reported incidents of physical and verbal aggression towards them. Two of four consumers confirmed other consumers are scared of Consumer D’s behaviour.
* Ten care and clinical staff interviewed reported not being able to effectively manage Consumer B’s behaviour when they were being physically and verbally aggressive and were fearful of them.
* The behaviour support plan in place for Consumer D does not include specific strategies to assist staff manage their physical and verbally aggressive behaviour.
* Progress notes from the period 5 March 2022 to 18 May 2022 (10 weeks) confirms Consumer D had 25 incidents of adverse behaviours towards other consumers and staff.
* Staff do not consistently complete incident forms to provide triggers or evaluate the effectiveness of strategies used to manage Consumer D’s behaviours. Staff are not following the service’s policies and procedures for responsive behaviours and do not always document when an incident has occurred, what the triggers were and if the strategies used were effective and, as such, those incidents are not evaluated to provide alternative strategies.

In relation to Consumer C:

* On 10 May 2022, two incidents occurred involving Consumer C, including one where they expressed suicidal ideation to staff which was witnessed by another consumer. Staff did not report either of the incidents via the service’s incident management system and did not monitor Consumer C following the expression or provide additional support to them.
* Staff did not record the behaviour incidents on behaviour charting or explore any potential triggers for the behaviour and did not escalate the behaviours to management.
* Consumer C’s behaviour support plan does not include information to guide staff in managing their behaviours and no information in relation to known intrusive and aggressive behaviours or expression of suicidal thoughts.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. In relation to Consumers B and C, the Approved Provider did not demonstrate they effectively manage their physical and verbally aggressive behaviours, provide strategies to guide staff on managing known behaviours or escalate or evaluate when behaviour incidents occur which impacts other consumers negatively, in line with their policies and procedures.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

### 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) Non-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.*

The Assessment Team found the service was unable to demonstrate for two consumers, it recognises or responds to deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition in a timely manner. The Assessment Team provided the following information and evidence relevant to my finding:

* For one consumer (Consumer A), observed incidents of crying and depressed mood were not escalated for review to the medical officer nor a referral made to external specialist organisations as per the service’s policies and procedures.

In relation to Consumer E:

* Progress notes confirmed two incidents of change in condition on two days in April 2022. For example:
	+ When observed drowsy and ‘barely rousable’ staff did not escalate Consumer E’s change in condition to the medical officer, did not monitor Consumer E and no information on Consumer E’s condition was recorded for three days.
	+ Consumer E was documented by staff through progress notes to have an unresponsive episode, with low blood pressure reading, and ‘intermittent convulsive movements’.
	+ Staff confirmed there was no observation chart commenced when the change in condition was first identified.
	+ Management confirmed there was no escalation in line with the service’s policies and procedures of the change in Consumer E’s condition.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. In relation to Consumer A, the Approved Provider did not recognise or respond to changes in emotional and psychological condition in a timely manner.

In coming to my finding, I have also relied on the outcomes in Standard 4 Services and supports for daily living in relation to the deficits in provision of emotional and psychological support for Consumer A.

In relation to Consumer E, the Approved Provider did not recognise and respond in a timely manner to changes in condition when Consumer E was observed and recorded as being ‘drowsy, barely rousable and unresponsive’ over a three day period during April 2022. Staff did not follow policies and procedures and report the incidents via the incident management system, escalate to the medical officer for review or monitor Consumer E post incident for further signs of deterioration.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(d) in Standard 3 Personal care and clinical care.

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

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

The Assessment Team found the service was unable to demonstrate information about the consumer’s condition, needs and preferences is documented and communicated effectively within the service and with others where responsibility is shared in relation to three consumers. The Assessment Team provided the following information and evidence relevant to my finding:

In relation to Consumer B:

* The care plan did not contain information that had been recommended by an external service to assist with managing known adverse behaviours.
* Consumer B’s behaviour support plan includes they do not like to be told what to do by female staff. The service did not explore or provide strategies to ensure male staff are available to assist when Consumer B’s behaviours escalated.
* Strategies recommended by an eternal service post behaviour assessment review were not documented in the care plan to guide staff to effectively manage Consumer B’s behaviours.

In relation to Consumer C:

* Clinical staff did not document or communicate strategies to manage Consumer C’s emotional needs following visits by their representative, which was a known trigger for behaviours ,to guide care staff delivering care and services.

In relation to Consumer D:

* Consumer D requested bilateral bedrails to be applied when they were in bed and progress notes confirmed half hourly checks were to occur when these were in place.
* Consumer D’s care plan does not include directives to guide staff to perform half hourly checks or how to monitor the use of bilateral bed rails.
* Two care staff confirmed they did not perform monitoring checks of Consumer D when bilateral bedrails are applied as they were not aware they were required to do so.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. In relation to Consumers B, C and D, the Approved Provider did not demonstrate information was documented in each consumer’s care plan to guide staff on delivering care and services effective in relation to behaviour management for Consumer B, emotional support for Consumer C and monitoring of restrictive practices for Consumer D. I have also considered for Consumers C and D, information was not effectively communicated to staff delivering care to those consumers.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(e) in Standard 3 Personal care and clinical care.

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team recommended Requirements (3)(b), (3)(c) and (3)(e) in this Standard as Not Met. The Assessment Team found the service was unable to demonstrate its supports for daily living promoted the emotional, spiritual and psychological well-being for each consumer, that each consumer is supported to do the things that interested them, or that timely and appropriate referrals to individuals or other professionals where care is shared are actioned. Based on the Assessment Team’s report and the Approved Provider’s response, I have found Requirements (3)(b), (3)(c) and (3)(e) Non-compliant. I have provided reasons for my findings in the respective Requirements below.

In relation to all other Requirements in this Standard, sampled consumers confirmed staff and other providers of care know their needs, goals and preferences and deliver care in a way that meets those. Consumers confirmed they felt safe using equipment that supported their lifestyle preferences.

Consumers confirmed they are provided quality meals which are suitable to their preferences and needs and are offered alternatives and are supported to provide feedback about meals. The service has records of consumers’ dietary needs and preferences accessible to staff preparing and delivering meals and drinks.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, Compliant with Requirements (3)(a), (3)(d), (3)(f) and (3)(g) in Standard 4 Services and supports for daily living.

## 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) Non-compliant

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

The Assessment Team found the service was unable to demonstrate its services and supports for daily living promotes each consumer’s emotional, spiritual and psychological well-being. The Assessment Team provided the following information and evidence to support their findings:

In relation to Consumer A:

* Clinical documents reviewed confirmed Consumer A was known by staff to experience grief at losing independence, be observed crying and refusing medication and to be sad and teary on one occasion.
* Consumer A’s assessments confirmed they indicated they experienced severe depression.
* Consumer A did not have any assessments completed to enable strategies to be developed to guide staff to monitor or manage their emotional or psychological well-being.
* Following an incident where staff observed Consumer A crying, there was no additional emotional support provided or evidence referrals to assess their emotional and psychological were actioned.

In relation to Consumer C:

* Documentation reviewed showed there was no additional emotion support provided when Consumer C was looking for an object that could cause harm and made expressions of possible self-harm. Staff interviewed confirmed they were unaware of Consumer C’s statements.
* An incident report was not completed as per the service’s policies and procedures and a referral to a medical officer not actioned.
* Staff did not take any action to monitor or support Consumer C’s well-being or mental state post incidents.
* Two care staff confirmed they did not have clear instructions on Consumer C’s care plan to guide them on what to do if they require additional emotional support.
* Consumer C’s behaviour support plan was created in May 2022 and does not include information around their emotional and psychological triggers, behaviours and supports required to guide staff, including strategies on what to do when they express suicidal ideation.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I have found the service was unable to demonstrate that its services and supports for daily living promotes each consumer’s emotional, spiritual and psychological well-being.

In relation to Consumer A, the Approved Provider did not provide additional emotional support when an incident occurred where they were found crying and teary. The Approved Provider did not put in place strategies to manage known behaviours of sadness and crying to guide staff to provide emotional support for Consumer A.

In relation to Consumer C, the Approved Provider did not recognise or respond appropriately to Consumer C’s expression suicidal ideation. The Approved Provider did not respond appropriately to two incidents occurred where Consumer C expressed they wished to be put on the suicide list and requested a dangerous object that may have caused harm prior to expressing those thoughts. Consumer C’s behaviour support plan, created after the incident ,did not include any potential triggers for behaviours or strategies to guide staff or that suicidal ideation was a potential behaviour for Consumer C.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(b) in Standard 4 Services and supports for daily living.

### Requirement 4(3)(c) Non-compliant

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

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

The Assessment Team found the service was unable to demonstrate that its services and supports for daily living support each consumer to do the things of interest to them. The Assessment Team provided the following information and evidence to support my findings:

* Ten consumers and representatives provided feedback that indicated they were dissatisfied with the lifestyle supports provided and consumers were unable to do things of interest to them. This included:
	+ Five consumers and two representatives confirmed there is little to do in the way of activities and they are bored.
	+ Two representatives confirmed consumers are not engaged in the lifestyle program and staff do not know consumers and how to engage them in things that interest them.
* Care and clinical staff interviewed did not have knowledge of consumers’ interests, including activities documented to manage consumers with physical behaviours.
* Documentation confirmed over a period of 7 months from June 2021 and February 2022, consumers had raised at each ‘resident’ meeting their wish for a knitting group to be added to the lifestyle program which had not been actioned at the time of the Site Audit.
* Observations made showed consumers were sitting in a communal area with no engagement or participation in activities.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I have found the service was unable to demonstrate that its services and supports for daily living supports each consumer to do the things of interest to them.

In coming to my finding, I have considered the feedback provided by consumers and representatives around not having things of interest to do and not being engaged or participating in the lifestyle program. I have also considered that while consumers provided the service feedback about activities they wished to be added that interested them for a period of almost 12 months, at the time of the Site Audit these had not been included.

I have considered information in Standard 7Human resources Requirement (3)(a) which indicates there are not enough staff to deliver the lifestyle program, including activities of interest to consumers.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(c) in Standard 4 Services and supports for daily living.

### 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) Non-compliant

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

The Assessment Team found the service was unable to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services is effective. The Assessment Team provided the following information and evidence to support my findings:

* Management and lifestyle staff were not able to provide evidence consumers, identified as requiring additional emotional support ,had been referred in a timely manner to services to provide that care.
* Staff were unable to demonstrate the services accessible to consumers to support their emotional, spiritual and psychological well-being were used when required.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I have found the service was unable to demonstrate that referrals to individuals, organisations and other providers of care are actioned in a timely or appropriate manner.

In coming to my finding, I have considered that the Approved Provider has not demonstrated timely and appropriate referrals were completed for consumers who required additional emotion and psychological supports and services after incidents.

I have considered information in Requirement (3)(b) of this Standard which indicated for Consumers A and C, the service did not action any referrals to other individuals or providers to deliver additional support for their emotional and psychological well-being after incidents occurred. For Consumer C, I have considered the service did not refer them to additional psychological services after they had expressed suicidal ideation.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(e) in Standard 4 Services and supports for daily living.

### 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 Assessment Team recommended Requirement (3)(b) in this Standard as Not Met. The Assessment Team found the service was unable to demonstrate its service environment was safe, clean and well-maintained. Based on the Assessment Team’s report and the Approved Provider’s response, I have found Requirement (3)(b) Non-compliant. I have provided reasons for my findings in the respective Requirement below.

In relation to all other Requirements in this Standard, overall, consumers confirmed the service environment is welcoming, they are able to navigate throughout the service and it optimises their independence. Consumers interviewed confirmed they are able to personalise their own spaces with their belongings and they can move freely within the indoor and outdoor areas.

Consumers interviewed confirmed they felt safe using the equipment and it was clean and well maintained. Consumers confirmed if they identify any issues, they are rectified promptly by staff.

The Assessment Team observed the service environment to be welcoming and easy to navigate for consumers, they were using communal areas to watch television, engage with other consumers or receiving visitors.

Staff interviewed described how they support consumers to personalise their rooms and encourage them to bring in items which are important to them. Staff described how they would report a maintenance issue or hazard and cleaning staff described how they ensure equipment and furniture is kept safe and clean.

Documentation supported that maintenance requests are promptly actioned, and an external service provider ensures compliance with fire safety equipment.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, Compliant with Requirements (3)(a), and (3)(c) in Standard 5 Organisation’s service environment.

## 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) Non-compliant

*The service environment:*

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

The Assessment Team found that while the service environment enables to consumers to move freely, both indoors and outdoors, the service was unable to demonstrate its service environment was safe, clean and well maintained. The Assessment Team provided the following information and evidence in relation to my finding;

* The Assessment Team made several observations throughout the Site Audit where the service environment was either unsafe, not maintained or not clean, including;
	+ Rooms containing contaminated material or chemicals to be unlocked or easily accessible for consumers.
	+ Cleaning trolleys observed with chemicals on them left unattended in communal areas.
	+ Kitchen and serveries to be accessible and cupboards containing large and sharp objects unlocked.
	+ Unclean fixtures observed in several locations, including bathrooms, nurses stations and communal areas.
	+ Parts of the flooring and skirting boards not properly affixed and held together unsafely.
* Documentation confirmed an environmental audit was completed in April 2022, a safety inspection in August 2020 and items identified as requiring to be addressed were outstanding at the time of the Site Audit.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. While the service corrected some of the deficits identified by the Assessment Team during the Site Audit, a number of deficits, including unsafe flooring and mould build up in some bathrooms remained. Further to this, the service had a number of items and non-compliances as a result of three separate inspection and audit processes undertaken between August 2020 and April 2022 by both internal and external providers that remained outstanding or not rectified at the time of the Site Audit.

In coming to my finding I have considered evidence which highlighted in Standard 3 Personal care and clinical care Requirement (3)(b) around two incidents, one where a consumer was able to obtain a dangerous object within the service and used it to hit the front door and another incident where a consumer expressed suicidal ideation requesting a dangerous object from staff. Evidence within this Requirement shows the service did not have in place strategies to ensure the service environment was safe and did not ensure access to items that can cause harm was prevented.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

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

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

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team recommended Requirement (3)(d) in this Standard as met. However, based on information and evidence presented in Requirement (3)(c) in this Standard, Standard 7 Human resources Requirement (3)(a) and Standard 8 Organisational governance Requirement (3)(c) and the response from the Approved Provider, I have come to a different view from the Assessment Team in relation to Requirement (3)(d) and find this Requirement Non-compliant. I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, consumers and representatives interviewed felt comfortable providing feedback, including raising complaints and were able to access various ways to do so, including verbally, in writing or through an advocacy service. Most consumers felt action was taken in response to their feedback.

The Assessment Team observed information about feedback processes and feedback boxes. The ‘consumer welcome pack’ also contained information relating to feedback and complaints processes.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, Compliant with Requirements (3)(a), (3)(b) and (3)(c) in Standard 6 Feedback and complaints.

## 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) Non-compliant

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

The Assessment Team were satisfied the service reviewed and used feedback and complaints to improve the quality of care and services and recommended Requirement (3)(d) Met. However, I have considered the following evidence, included in the Assessment Team’s report, in coming to my finding for this Requirement:

* Documentation from consumer meetings showed on multiple occasions between June 2021 and February 2022, consumers raised feedback with management indicating the types of activities they wish to have included in the lifestyle program. None of the activities raised have been included.
* Consumer and representative feedback provided through the duration of the Site Audit confirmed they are not satisfied with the lifestyle program and do not have things of interest to do.
* Consumers made complaints about staffing levels, call bell response times, and staff not being respectful when delivering care and services via consumer meetings in May 2021, August 2021, September 2021 and October 2021 to the service. Management are aware the complaints and in relation to call bell response times, advised they are unable to monitor staff response times.
* The service’s quality improvement log dated 18 May 2022, day two of the Site Audit visit, includes an improvement to call bell response times of provision of weekly audits and reports to be displayed in staff offices, however, this was not observed to occur during the visit.
* A food satisfaction survey completed between August and October 2021 showed only 44% of consumers enjoyed their meals and 73% of consumers felt meat was tough and dry. However, there were no improvements to address the complaints.
* A resident and representative audit conducted between August 2021 and October 2021 showed consumers provided feedback indicating they were not satisfied with the lifestyle program and were bored and had nothing to do.

Based on the Assessment Team’s report and the Approved Provider’s response, I have come to a different view to that of the Assessment Team’s recommendation of Met and find the service Non-compliant with Requirement (3)(d). I find at the time of the Site Audit, the service did not demonstrate that it reviews and uses feedback and complaints to improve the quality of care and services.

In coming to my finding, I have considered that while management indicated they were aware of the feedback and complaints raised by consumers and representatives in relation to the lifestyle program, staffing levels, call bell response times and food quality through various mediums, including consumer meetings, satisfaction surveys and audits, this information has not been used to improve the delivery of those care and services.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(d) in Standard 6 Feedback and complaints.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team recommended Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in this Standard Not Met. The Assessment Team found the service was unable to demonstrate the workforce is planned with the right number and mix of members to deliver safe and quality care and services; the workforce was competent, with the knowledge and skills to effectively perform their roles; the workforce was adequately trained or their performance reviewed or monitored. Based on the Assessment Team’s report and the Approved Provider’s response, I have found these Requirements to be Non-compliant. I have provided reasons for my finding in the specific Requirements below.

In relation to Requirement (3)(b), consumers sampled confirmed they are treated with respect and staff deliver care and services in a kind and caring manner.

Staff were observed interacting with consumers in a kind and caring manner with personal care being delivered behind closed doors and knocking on consumer doors prior to entry.

Based on the Assessment Team’s report and the Approved Provider’s response I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, Compliant with Requirement (3)(b) in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found the service was unable to demonstrate the workforce is planned to enable the delivery and management of safe and quality care and services. The system to manage staff vacancies is ineffective and the number of care staff is not sufficient to meet the needs of the consumers effectively. The Assessment Team provided the following information and evidence relevant to my finding:

* Six of 10 consumers and representatives indicated there are not enough staff to provide care and services, including;
	+ Three consumers and Two representatives indicated there are not enough staff, with two consumers citing call bells are not answered in a timely manner and they have extended wait times for staff assistance, including when they need assistance to go to the bathroom.
	+ One consumer indicated they felt rushed by staff when they are being assisted with their personal hygiene.
	+ Two representatives provided observations they made of staff ‘rushing in and out of consumers’ rooms’.
* Three of four care and clinical staff interviewed indicated there are not enough staff to meet the needs of consumers, including feeling they rush consumers through activities of daily living to be able to get those completed. One clinical staff stated working short staff.
* The service does not have a lifestyle co-ordinator currently and two of three lifestyle staff are on extended leave with one lifestyle staff member working only part time hours. Staff confirmed they are not able to deliver the lifestyle program in a way that meets the needs, goals and preferences of consumers and they do not have time to complete most activities on the program. The Assessment Team found twice weekly lifestyle staff are allocated physiotherapy massages to undertake.
* Call bell records reviewed between 30 April 2022 and 6 May 2022 showed the average wait time was in excess of 39 minutes duration, with ensuite call bells recorded as being in excess of 208 minutes.
* Meeting minutes confirmed consumers have raised concerns around staffing levels and extended call bell wait times on seven occasions during meetings held between May 2021 and May 2022.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. While the service’s quality improvement plan activity log included an action to improve call bell response times the service could not demonstrate it had enough staff, particularly lifestyle staff, to deliver quality care and services in line with consumers’ needs, goals and preferences.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(a) in Standard 7 Human resources.

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

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

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

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

The Assessment Team found the service was unable to demonstrate their workforce is competent or have the qualifications and knowledge to effectively preform their roles. The Assessment Team provided the following information and evidence to support their findings;

* Significant deficits in staff practice in relation to clinical care, including falls, medication, behaviour and pain management, also use of restraint and the recognition and response to clinical deterioration.
	+ Clinical staff working outside their scope of practice, initiating and administering a medication without confirming the order or having another registered staff checking the order.

In relation to Consumer B

* Staff did not effectively manage Consumer B’s falls and did not perform post fall neurological observations as required.
* Staff did not effectively manage, monitor or evaluate Consumer B’s behaviours and did not implement recommended strategies to manage those behaviours resulting in multiple behaviour incidents occurring.

In relation to Consumer C

* Staff did not recognise or respond to Consumer C’s suicidal ideation. Consumer C was not monitored or provided additional emotional or psychological support.

In relation to Consumer E

* Clinical staff failed to respond appropriately or when Consumer E displayed signs of clinical deterioration or escalate as required.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I have considered the service was unable to demonstrate that members of the workforce are competent and knowledgeable, specifically clinical staff, to ensure they effectively perform their roles. In coming to my finding, I have considered the outcomes of consumers’ clinical care in Standard 3 Personal care and clinical care which indicate staff skills and knowledge are not adequate to support the delivery of safe and effective care. I have considered staff have not provided care in accordance with specialist recommendations, have not identified or responded to significant changes in health and condition or not responded to clinical incidents appropriately. I have considered the negative outcomes for Consumers B, C and E have been significant due to the lack of clinical monitoring and response to their changing condition.

Furthermore, I have considered the service has not monitored the workforce to ensure the workforce has the skills and knowledge they need for their roles to provide safe and effective care and services, resulting in training not always being delivered or tailored to the skills and knowledge deficits of staff.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(c) in Standard 7 Human resources.

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

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

The Assessment Team found the service was unable to demonstrate the workforce is trained, equipped and supported to deliver the outcomes required by these Standards. The Assessment Team provided the following information and evidence to support their findings:

* All staff had not undertaken mandatory training in line with the service’s policy and procedures, including for behaviour management and restrictive practices.
* Staff did not have an understanding of restrictive practices in accordance with the required legislation or had been provided training around this resulting in some consumers being subject to mechanical restraints without consent, authorisation or monitoring.
* Two care staff confirmed they had not received adequate training to be able to effectively manage the aggressive behaviours of some consumers.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I consider the service has not demonstrated processes to ensure the workforce is trained, equipped and supported to deliver the outcomes required by these Standards. In coming to my finding, I have relied upon evidence and outcomes in Standard 3 Personal care and clinical care which indicates that while some training has been provided, this has not resulted in staff providing appropriate or adequate care in relation to behavioural management, restrictive practices or clinical deterioration.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(d) in Standard 7 Human resources.

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

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

The Assessment Team found the service was unable to demonstrate it undertakes regular assessment, monitoring and review of the performance of each member of the workforce. The Assessment Team provided the following information and evidence relevant to my finding:

* Registered staff did not provide care and services in line with best practice and while they had knowledge a care staff was delivering wound care out of the scope of their practice, this was practice was not address or escalated.
* The service’s monitoring systems did not identify registered staff were not delivering care and services in line with best practice in relation to post falls, pain and behaviour management and use of restrictive practices or identifying and responding to deterioration of consumer health and change in condition.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I consider the service has not demonstrated processes to ensure the workforces’ performance is regularly assessed, monitored and reviewed resulting in deficits in the delivery of safe and effective care to consumers. In coming to my finding, I have relied upon the deficits identified in the outcomes of Standard 3 Personal care and clinical care in relation to the management of falls, pain, behaviours and restrictive practices and registered staff not identifying or responding to the deterioration of consumers in a timely manner.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(e) in Standard 7 Human resources.

# 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 three of the five specific requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(c), (3)(d) and (3)(e) in this Standard as Not Met. The Assessment Team found the service did not demonstrate they have effective organisational wide governance systems in relation to information management, continuous improvement, workforce governance and regulatory compliance. The service did not demonstrate it has an effective risk management in relation to managing high impact or high prevalence risks to consumer care, recognising and responding to abuse and neglect, incident management or supporting consumers to take risks. The service was unable to demonstrate its clinical governance framework was effective in minimising the use of restraint. Based on the Assessment Team’s report and the Approved Provider’s response, I have found Requirements (3)(c), (3)(d) and (3)(e) to be Non-compliant. I have provided reasons for my findings in the respective Requirements below.

In relation to Requirements (3)(a) and (3)(b), consumers sampled confirmed they are engaged in the development, delivery and review of their own care and services. Staff were able to provide examples of how consumers are involved in the development and delivery of their care and services and engaged in the evaluation of that.

Management confirmed the Board is supported by a range of different committees including a governance and clinical governance committee. Information is provided on a regular basis to the Board including incidents reported.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, Compliant with Requirements (3)(a) and (3)(b) in Standard 8 Organisational governance.

## 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 Assessment Team found the service did not demonstrate it had effective organisation wide governance in relation to information management, continuous improvement, workforce governance and regulatory compliance. The Assessment Team provided the following information and evidence relevant to my finding:

In relation to information management:

* The electronic care system for care planning documentation, assessments, incident reporting and complaints management was not consistently updated by staff.
* Consumer care plans and assessments did not accurately reflect consumer care needs, goals and preferences to guide staff to deliver care in line with those.
* Incident reports are not consistently completed where a behaviour incident of physical or verbal aggression occurs.

In relation to continuous improvement:

* The service completed moving on audits to collect consumer feedback and monitor staff practice but was unable to demonstrate this was used to drive their continuous improvement.
* The service captured feedback and complaints about call bell response times, lack of lifestyle engagement and activities, and meals via consumer and representative meetings and satisfaction surveys but did not use this information to improve those areas of care and services.

In relation to workforce governance:

* The service’s systems did not effectively monitor or record staff training, and staff had not completed several mandatory training requirements, including areas where staff were not competent, including behaviour management, falls management and restrictive practices.
* The service’s systems for monitoring staff performance were ineffective and did not identify deficiencies in staff practice, including staff working outside their scope of practice.

In relation to regulatory compliance:

* The service has not implemented an effective incident management system, including protocols, processes and procedures that staff are trained to use.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I consider the Approved Provider has not been able to demonstrate that it has an effective organisation wide governance systems relating to information management, continuous improvement, workforce governance and regulatory compliance. In coming to my finding, I have relied on evidence and outcomes in Standard 4 Services and supports for daily living and Standard 6 Feedback and complaints in relation to continuous improvement, including consumer and representative feedback around lack of lifestyle engagement and quality of meal service. I have also relied upon evidence in Standard 7 Human resources in relation to workforce governance, including inadequate number and mix of staff, deficiency in staff competency and training, and staff performance not being effectively monitored or deficits in practice addressed.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(c) in Standard 8 Organisational governance.

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

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

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

The Assessment Team found the service was unable to demonstrate it has an effective risk management framework in relation to managing high impact or high prevalence risks associated with consumers’ care, recognising and responding to abuse and neglect of consumers, supporting consumer to live their best life or an incident management system. The Assessment Team provided the following information and evidence relevant to my finding:

In relation to the management of high impact or high prevalence risks:

* The service did not effectively monitor, manage or prevent aggressive behaviours of two consumers (Consumers A and B). Four consumers and one staff indicated they were in fear of Consumer A’s behaviours.

In relation to identify and responding to abuse and neglect of consumers:

* Staff and management confirmed they use physical force to assist Consumer D with their personal care needs.
* One staff member confirmed they witnessed an incident where two staff members used physical force to complete personal hygiene for Consumer D and Consumer D was screaming and crying whilst they applied force. The staff member confirmed they reported to the registered nurse. The incident was not recorded or reported and management confirmed they had not been informed of the incident.
* Staff confirmed they do not trial other strategies to deliver personal care to Consumer D prior to using physical force.

In relation to managing and preventing incidents, including use of an incident management system:

* Incidents are not consistently recorded through the electronic care system or reported when required, including incidents of adverse behaviours or use of physical force by staff towards a consumer.
* The service’s incident management system consists of staff documenting incidents when they occur through progress notes, but there is no consistent review of progress notes to identify when incidents occur and require reporting or escalation for review.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I consider the Approved Provider has not been able to demonstrate that it has an effective risk management framework in relation to the management of high impact or high prevalence risks, recognising and responding to abuse and neglect of consumers and incident management. In coming to my finding, I have relied upon evidence in Standard 3 Personal care and clinical care in relation to deficits in the management of consumers’ physical, verbal and sexually inappropriate behaviours and deficiencies in the incident management system. I have based my reasoning on the information and evidence provided in the Assessment Team’s report and Approved Provider’s response that shows a failure of to identify and respond to risks to consumers in a timely and appropriate manner, including not escalating clinical incidents in a timely manner or reporting incidents as required.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(d) in Standard 8 Organisational governance.

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

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

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

The Assessment Team found the service did not demonstrate it has an effective clinical governance framework in relation to minimising the use of restraint. The Assessment Team provided the following information and evidence to support my findings:

* The service’s restraint report identified consumers with chemical and physical restraints in place but did not consider mechanical and environmental restraints. Documentation confirmed the majority of consumers have one or more restraints in place.
* The Approved Provider’s restrictive practices policy dated February 2022 does not identify limiting a person’s movement is a restraint and only cites altering a consumer’s behaviour as a form of restraint. As a result, environmental and mechanical restraints are in place and not recognised or treated as a restraint.
* All consumers have an environmental restraint in place without required documentation or monitoring of restraint.
* The service could not show restraints, including environmental and mechanical were used as last resort and where chemical restraint was administered the service could not demonstrate non-pharmacological strategies were trialled prior to administration.
* There was no evidence the risks associated with the use of restraint, including chemical and mechanical, had been undertaken with consumers and, where appropriate, their representatives prior to the restraint being applied or administered.
* Staff have not received training in relation to the changes in restrictive practices legislation and could not confirm an accurate understanding of their role and responsibility with this.

The Approved Provider submitted a response acknowledging the deficits identified in the Assessment Team’s report and did not provide any additional information.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement.

I consider the Approved Provider has not been able to demonstrate that it has an effective clinical governance framework in relation to minimising the use of restraint. In coming to my decision, I have considered evidence in Standard 3 Personal care and clinical care in relation to the administration of chemical restraint and application of other forms of restraint, including mechanical, without informed consent or the administration of restraint being last resort. I have also considered evidence in Standard 7 Human resources in relation to the deficiencies in staff training and knowledge gaps around the changes in restrictive practice legislation.

For the reasons detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Naracoorte Health Service, to be Non-Compliant with Requirement (3)(e) in Standard 8 Organisational governance.

# Areas for improvement

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

**Standard 1 Requirement (3)(d) and (3)(f)**

* Ensure consumers are supported to take risks and the consequences of these risks are discussed and agreed management strategies implemented in consultation with consumers and/or representatives.
* Ensure the privacy and confidentiality of consumers is respected and their personal information kept confidential.

**Standard 2 Requirements (3)(a), (3(d) and (3)(e)**

* Ensure staff have the skills and knowledge to initiate assessments and develop and/or update care plans, including in relation to lifestyle aspects of care and in response to changes in consumers’ health and well-being.
* Ensure assessments are initiated and care plans are reviewed and updated in response to consumers’ changing condition and clinical incidents and recommendations from external health services are incorporated into care plans.
* Ensure consumers, representatives and staff have access to care plan documents.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

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

* Ensure staff have the skills and knowledge to:
* provide appropriate care relating to restrictive practices, medication and behaviour management; and
* recognise and respond appropriately and in a timely manner to the change in consumer’s condition, cognitive or physical function.
* Review information exchange processes, including handovers, to ensure sufficient, relevant and up-to-date information is provided to staff to enable appropriate delivery of care and services to consumers.
* Ensure policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks, personal care, restrictive practices, medication management, are effectively communicated and understood by staff.

**Standard 4 Requirements (3)(b), (3)(c), and (3)(e)**

* Ensure consumers are provided services and supports to promote their emotional, spiritual and psychological well-being.
* Ensure consumers are supported to participate in their community within and outside the organisation and are able to do things of interest to them.
* Ensure referrals to individuals, other organisations and providers of care and services are timely and appropriate.

**Standard 5 Requirement (3)(b)**

* Ensure the service environment is safe, clean and well-maintained.

**Standard 6 Requirement (3)(d)**

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

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

* Ensure appropriate and adequate staffing levels and skill mix are maintained to deliver care and services in line with consumers’ needs and preferences.
* Ensure staff skills and knowledge are monitored and tested to ensure staff are competent to undertake their roles.
* Ensure staff are provided appropriate training, including training to address the deficiencies identified in five of the eight Quality Standards.
* Ensure regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

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

* Review the organisation’s governance systems in relation to information management, workforce governance and regulatory compliance.
* Review the organisation’s risk management processes in relation to managing high impact or high prevalence risks associated with the care of consumers, recognising and responding to abuse and neglect, and supporting consumers to live the best life they can.
* Review the organisation’s clinical governance framework in relation to Non-compliance identified in Standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal care and clinical care.