North Eastern Community Nursing Home

Performance Report

580 Lower North East Road   
CAMPBELLTOWN SA 5074  
Phone number: 08 8366 8111

**Commission ID:** 6921

**Provider name:** North Eastern Community Hospital Incorporated

**Site Audit date:** 7 March 2022 to 10 March 2022

**Date of Performance Report:** 17 May 2022

# Performance report prepared by

Michelle Glenn, 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) | Non-compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | 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) | Non-compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | 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 consumers, representatives, staff and others;
* the provider’s response to the Site Audit report received 20 April 2022; and
* the Performance Report dated 27 September 2021 for the Assessment Contact – Site undertaken on 28 July 2021.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team have recommended Requirements (3)(a), (3)(b) and (3)(e) in Standard 1 Consumer dignity and choice not met. The Assessment Team found the service was unable to demonstrate:

* each consumer is treated with dignity and respect;
* care and services are culturally safe; and
* 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.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirements (3)(a), (3)(b) and (3)(e). I have provided reasons for my findings in the specific Requirements below.

In relation Requirements (3)(c), (3)(d) and (3)(f) in this Standard, the Assessment Team found most consumers are supported to exercise choice and independence through making decisions about their own care, who should be involved in their care, and making connections and maintaining relationships with others.

In relation to Requirement (3)(d) in this Standard, the Assessment Team indicated there are processes to support consumers to take risks to enable them to live the best live they can. However, management indicated there were currently no consumers partaking in activities which included an element of risk and were not aware of a system in place to monitor such risk. Management and staff were also unaware of consumers who had kettles and microwaves located in their bedrooms, indicating this equipment was used by consumers’ families. I would encourage the service to review their processes as they relate to Requirement (3)(d) in this Standard to ensure activities which consumers chose to partake which include an element of risk are identified, consultation relating to possible risks is undertaken and mutually agreed management strategies implemented.

Care files sampled included information relating to consumers’ family and consumers sampled felt supported to maintain their independence. Staff described how they regularly engage consumers to enable them to make informed choices about their care and services through informal, everyday conversations.

There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential. Electronic records are password protected and are kept secure. Consumers indicated their privacy is always maintained, especially when their hygiene and personal care needs are being attended.

Based on this evidence, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, to be Compliant with Requirements (3)(c), (3)(d) and (3)(f) in Standard 1 Consumer dignity and choice.

**Assessment of Standard 1 Requirements**

**Requirement 1(3)(a) Non-compliant**

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

The Assessment Team was not satisfied the service demonstrated each consumer is treated with dignity and respect. The Assessment Team provided the following evidence relevant to my finding:

* Two consumers reported staff spoke and acted in a derogatory manner when interacting with them.
* A representative reported staff use the consumer’s bedroom as a continence storage room and staff come in and get continence aids from their room. The representative reported the consumer feels degraded the continence aids are in their room as they are not incontinent and the consumer’s pride and dignity are being affected as a result.
* Six consumers and representatives reported staff are rushing through the delivery of consumers’ care. Feedback included staff not taking time to know consumers’ needs as they don’t have the time; staff appear to be task orientated and rush in and out of consumer rooms without considering additional care needs; staff do not engage with consumers; staff move a consumer’s mobile chair without explaining the procedure, scaring the consumer and causing them to become verbally aggressive towards staff; and some of the activities provided are degrading.
* Comments made by three management and staff during conversations with the Assessment Team did not demonstrate they refer to or treat consumers with dignity and respect.
* Posters and signs to guide staff on care delivery were observed in four consumers’ bedrooms.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and improve staff knowledge, skills and daily care practices.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit the service did not demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

In coming to my finding, I have placed weight on information indicating consumers have not been consistently treated with dignity and respect, specifically during delivery of care and during interactions with staff . I have also considered comments made to the Assessment Team which demonstrated management and staff do not consistently refer to or treat consumers in a kind, dignified and respectful manner

In considering the information in the Assessment Team’s report, I find the service’s monitoring processes have not been effective in identifying the deficiencies identified by the Assessment Team in this Requirement. The service should seek to implement processes to ensure they work with consumers in an inclusive and respectful way and listen to and understand each consumer’s personal experience as it relates to the way care and services are being provided to them.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, Non-compliant with Requirement (3)(a) in Standard 1 Consumer dignity and choice.

**Requirement 1(3)(b) Non-compliant**

*Care and services are culturally safe.*

The Assessment Team was not satisfied the service demonstrated care and services are culturally safe. The Assessment Team provided the following evidence relevant to my finding:

* Eighty-two per cent of consumers are of Italian heritage. With the exception of one sign in the memory support unit, all leaflets, noticeboards, menus and the Resident handbook were in English.
* Lifestyle and social history forms, including information relating to consumers’ cultural needs, are currently being updated. Lifestyle staff indicated that up until now, lifestyle profiles were kept in the lifestyle office and staff do not have access to them.
* Seven consumers and representatives reported staff do not always know consumers’ needs due to communication barriers. Feedback included staff having no idea of a consumer’s culture; consumers being unable to understand what staff say; there are not enough Italian speaking staff; and there are a lot of staff who speak English as a second language, and this is creating communication barriers.
* Three representatives reported the television in the memory support unit is rarely on but when it is, there is never anything available in Italian.
* Staff sampled were unable to identify and respect consumers’ cultural identity. In relation to culture, feedback included “we don’t do much. We have an activities lady who speaks Italian”; “it is difficult for the non-Italian staff to communicate”;   
  “I know what is culturally important to consumers, we just know about them”; the consumer “is a lovely (person) from Italy, and I don’t know anything else”; and “food is important. If we don’t understand their culture, we ask their family.”

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision. A comprehensive action plan has been developed to drive improvements in areas, such as cultural safety for Italian heritage consumers, updating life stories and ensuring access to key lifestyle assessments and care plans by all staff.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not ensure provision of culturally safe care and services.

In coming to my finding, I have considered that the service has not sufficiently recognised or supported the cultural identity of the consumer cohort. While 82% of the consumer cohort is of Italian heritage, each consumer’s expectation of what culturally safe care and services means will differ. As such, I have considered that Lifestyle and social history forms, which include information relating to consumers’ cultural needs, were not accessible to staff to assist in the provision of care and services. As such, I find that the service has not ensured each consumer’s unique cultural identity has been recognised, respected and supported or care and services have been delivered in a culturally safe way.

I have also considered feedback from consumers and representatives indicating staff do not always know consumers’ needs and staff feedback indicating they were unfamiliar with aspect of consumers’ cultural identity and had a limited understanding of what culturally safe care is. I have considered this has not ensured improved outcomes for consumers’ care and services have been achieved.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, Non-compliant with Requirement (3)(b) in Standard 1 Consumer dignity and choice.

**Requirement 1(3)(c) Compliant**

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

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

**Requirement 1(3)(d) Compliant**

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

**Requirement 1(3)(e) Non-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.*

The Assessment Team was not satisfied the service demonstrated 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. The Assessment Team provided the following evidence relevant to my finding:

* All information throughout the service is in English, is not provided in an appropriate format for consumers and does not allow consumers to make informed choices.
* Two consumers reported it is difficult to make their meal choices as the menus are in English. Three consumers said they did not understand the lifestyle calendar as it is not in Italian, and they could not always understand the pictures on the calendar. Two consumers, who attend the residents' meetings, reported they do not understand the information discussed at the meetings or provided in minutes or the newsletter.
  + Resident meeting minutes for September and November 2021 sampled demonstrated both the meeting and the minutes were in English.
* A lifestyle staff member, who speaks Italian, reported they know consumers do not understand the lifestyle calendar, so they tell each consumer what activity is on.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision. A comprehensive action plan has been developed to drive improvements in areas, such as cultural safety for Italian heritage consumers, updating life stories and ensuring access to key lifestyle assessments and care plans by all staff.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not ensure information provided to consumers is communicated in a way that is clear, easy to understand and enables them to exercise choice.

I have considered that the majority of the consumer cohort is of Italian heritage and feedback provided by consumers demonstrates information provided to them is not in a format which they understand. Information provided to and available to consumers, including, meetings and meeting minutes, menus and activity plans is all in English. As such, I find that this has not ensured consumers are supported or enabled to make informed choices or to actively participate in discussions about the care and services they receive.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, Non-compliant with Requirement (3)(e) in Standard 1 Consumer dignity and choice.

**Requirement 1(3)(f) Compliant**

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

# STANDARD 2 NON-COMPLIANT Ongoing 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 all five of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team have recommended Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers not met. The Assessment Team found the service was unable to demonstrate:

* assessment and planning, including consideration of risks to consumers’ clinical needs, informs the delivery of safe and effective care and services;
* care plans consistently identify and address consumers’ current needs, goals and preferences;
* assessment and planning is based on ongoing partnership with the consumer and others the consumer wishes to be involved in the assessment, planning and review of their care and services;
* assessments and planning are effectively communicated to consumers and documented in a care and services plan that is readily available to the consumers; and
* all consumer care plans are consistently reviewed for effectiveness, when circumstances change or when incidents impact on the needs, goals or preference of the consumer.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this evidence, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, to be Non-compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers. I have provided reasons for my findings in the specific Requirements below.

**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 was not satisfied the service demonstrated assessment and planning, including consideration of risks to consumers’ clinical needs, informs the delivery of safe and effective care and services. The Assessment Team provided the following evidence relevant to my finding:

* Two representatives stated they were asked questions about consumers’ needs when they first entered the service, however, have not been contacted in relation to any additional assessments being reviewed. Three representatives stated they were aware family members had assessments and care plans completed, however, are not notified when they are reviewed, or changes are made to the assessments.
* Falls risk assessments had not been completed for five consumers sampled and only two of 70 consumers had a completed mental and emotional health assessment in line with the service’s process. Staff interviewed were unable to demonstrate knowledge of consumers’ emotional health and well-being.
* Lifestyle assessments were all paper based and stored in a locked office and not accessible to staff.
  + A Lifestyle social history form dated August 2019 for one consumer was sparsely filled in and did not identify any religious practice. Staff interviewed were unable to demonstrate knowledge regarding the consumer’s social history or religious beliefs.
* Behaviour care plans for three consumers included management strategies and interventions, however, these were not specific to the individual consumers.
* Pain charting is not completed on a regular basis or evaluated to assess and monitor consumers' pain or captured within pain assessments. Consumer F sustained an unwitnessed fall in February 2022 resulting in a laceration to the head. A pain chart was commenced, however, was only completed on five occasions over a four-day period.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and improve staff knowledge, skills and daily care practices. Furthermore, an additional resource has been engaged to complete overdue assessments and care plans.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service’s assessment and planning processes did not effectively inform the delivery of safe and effective care and services.

In coming to my finding, I have considered the service did not demonstrate that assessment and planning processes are consistently completed to enable risks to consumers’ health and well-being to be identified and appropriate management strategies implemented. Assessments, including in relation to falls risk, had not been completed for consumers, in line with the service’s processes and for one consumer, charting implemented to monitor pain levels following a falls incident had not been consistently completed. Furthermore, behaviour management strategies and interventions for three consumers were noted to be similar in nature. As such, I find this has not ensured care plans are tailored to consumers’ specific needs or informs how, for each consumer, care and services are to be delivered.

I have also considered feedback from representatives indicating they had not been consistently involved in assessment and planning processes. I find this does not enable the service to gain an understanding of how to support each consumer’s health and well-being or ensure delivery of safe and effective care and services.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, Non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

**Requirement 2(3)(b) Non-compliant**

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

The Assessment Team was not satisfied the service demonstrated consumer care plans consistently identify and address consumers’ current needs, goals and preferences. The Assessment Team provided the following evidence relevant to my finding:

* For two consumers, End of life care plans and Palliative care assessments had not been completed, in line with the service’s process. Clinical staff confirmed they do not complete Palliative care assessments in line with the organisation's procedure. Although both consumers had an advance care directive form completed, staff were unable to demonstrate knowledge of the consumers’ needs, goals or preferences through the end-of-life phase, including any spiritual or religious beliefs.
* A medication chart and care plan for one consumer included inconsistencies in the way staff are to administer medications.
* A behaviour care plan for Consumer A included strategies to minimise the consumer’s inappropriate behaviours, including utilising male staff where possible. However, this information was not included in the personal hygiene care plan dated January 2021 and three care staff were unaware of this strategy.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and improve staff knowledge, skills and daily care practices.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, assessment and planning did not identify and address consumers’ current needs, goals and preferences, including in relation to end of life.

I have considered that for two consumers, assessments were not initiated to identify the consumers’ current needs and care plans were not reviewed and/or developed to guide staff in the delivery of the consumers’ care during the end stage of life. This was confirmed by clinical staff who indicated Palliative care assessments are not completed in line with the organisation’s processes. I have also considered staff were unable to describe the consumers’ goals needs or preferences during this phase, including physical, spiritual and emotional needs. In relation to Consumer A, I have considered that while a behaviour care plan included strategies to minimise inappropriate behaviours, this information was not included in the personal hygiene care plan. Care staff, responsible for delivery of care, were unaware of specific management strategies to minimise the impact of the consumer’s behaviour. As such, I find the evidence demonstrates care plans available are not individualised and tailored to guide staff to provide care and services which are in line with each consumer’s needs and preferences.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, Non-compliant with Requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers.

**Requirement 2(3)(c) Non-compliant**

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team was not satisfied the service demonstrated assessment and planning is currently based on ongoing partnership with the consumer and others the consumer wishes to be involved in the assessment, planning and review of their care and services. The Assessment Team provided the following evidence relevant to my finding:

* Four representatives stated when consumers first entered the service, they remember being asked questions in relation to the care and services. However, they indicated they had not been contacted about any reviews to the assessment and stated they had never seen consumers’ care plans. One representative stated they have not been contacted about the care plan for over three years.
* The service’s care planning process is for all consumers and/or representatives to be consulted in relation to review of assessments and care plans, the Assessment Team notes this does not always occur.
* The Welcome pack states consumers, and their representative will be asked to attend a post-admission interview to read and sign the consumer’s care plan which is generally six weeks after entry, however, four consumers and representatives interviewed stated this had not occurred.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and improve staff knowledge, skills and daily care practices.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit assessment and planning processes were not consistently based on ongoing partnership with the consumer and/or representatives.

In coming to my finding, I have placed weight on feedback from consumers and representatives indicating they have not been consistently involved in assessment and planning of consumers’ care and services, including following entry and ongoing or in relation to care plan review processes. As such, I find this has not ensured consumers are supported and encouraged to make decisions about the care and services they are receiving and the way they are delivered.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, Non-compliant with Requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers.

**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 was not satisfied the service demonstrated assessments and planning are effectively communicated to consumers and documented in a care and services plan that is readily available to consumers. The Assessment Team provided the following evidence relevant to my finding:

* Representatives and consumers stated they are not informed when assessments are undertaken, of the outcomes of assessments and have not seen copies of consumers’ care plans. One representative said they used to sight and sign a care plan six-monthly; however, this no longer occurs.
* Clinical staff were not aware of the use of interpreters to assist in communicating assessments and planning to consumers who English is their second language.
* Care staff stated they are not informed when assessments and care plans are updated and were unable to demonstrate an understanding of information that is captured in consumers’ care plans.
* Management stated a memoranda folder was placed in the nursing station to inform staff of changes to consumers’ assessment and planning, however, clinical and care staff were not aware of the folder or its purpose.
* An Action plan, completed by an independent Nurse Advisor, identified care plans are not signed by the families and staff have not been contacting families regarding changes to consumers’ care, treatment or incidents and the outcomes of reassessment.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and improve staff knowledge, skills and daily care practices.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, outcomes of assessments and planning were not effectively communicated to the consumer and documented in a care plan that was readily available to the consumer.

In coming to my finding, I have considered feedback provided by representatives and consumers indicating the outcomes of assessment and planning had not been effectively communicated to them and they not had not sighted care plans. Additionally, feedback provided by clinical staff indicates they were not aware of the use of interpreters to assist in communicating outcomes of assessment and planning to consumers, noting the majority of the consumer cohort are Italian. As such, I find this does not demonstrate consumers and/or representatives have been involved in discussions relating to consumers’ care or has it enabled them to have an understanding and ownership of the care plan.

I have also considered feedback from clinical and care staff indicating that while they have access to care plans, they are not informed of updates to assessments and care plans and were unaware of processes implemented to inform them of changes to consumers’ assessment and planning. As such, I find this has not ensured staff are consistently providing safe and effective care and services to consumers, in line with their assessed needs.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, 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 was not satisfied the service demonstrated all consumer care plans are consistently reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preference of the consumer. The Assessment Team provided the following evidence relevant to my finding:

* Four care plans sampled had not been reviewed six-monthly in line with the service’s policy. Care plans had last been reviewed between February and July 2021.
* Progress notes for 2021 care plan reviews were undertaken by an Enrolled nurse and indicated the care plan review was commenced, however, progress note entries did not include any outcomes of the review or if the review had been completed.
* Falls risk assessment tools had not been completed following falls incidents and falls for four consumers had not been reviewed in a timely manner. Reviews following falls were noted to have occurred between 10 and 18 days post the incidents.
* Three of four care files viewed demonstrated reviews are not consistently occurring following behaviour incidents. Behaviour assessments, interventions and strategies had not reviewed after a behaviour incident had occurred.
* Lifestyle and social history forms for six consumers had not been updated since 2019.
* Management confirmed they were aware of the care plan reviews being behind and representatives have not been consulted in the past, however, have an external person assisting with the assessment and care plan reviews and will be consulting families and consumers during this process.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and improve staff knowledge, skills and daily care practices. Furthermore, an additional resource has been engaged to complete overdue assessments and care plans.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not ensure care and services were regularly reviewed for effectiveness or in response to incident or changes in consumers’ care and service needs.

In coming to my finding, I have considered that care plans have not been regularly reviewed in line with the service’s process, with reviews for four care files sampled last occurring up to 12 months ago. Additionally, Lifestyle and social history forms for six consumers had not been updated since 2019. I have also considered that assessments and reviews have either not occurred or occurred in a timely manner following incidents, including behaviour and falls incidents. Incidents sampled for four consumers indicated reviews had occurred between 10 and 18 days post falls incidents. As such, I find that this has not ensured care plans are up-to-date and care and services are being delivered in line with consumers’ current needs and preferences or that risks to consumers’ are minimised.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, Non-compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 NON-COMPLIANT Personal 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 have recommended Requirements (3)(a), (3)(b), (3)(d), (3)(e) and (3)(g) in Standard 3 not met. The Assessment Team found the service was unable to demonstrate:

* each consumer gets safe and effective personal and/or clinical care that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to administration of time sensitive medications and management of wounds, restraint, weight loss and pain;
* high impact or high prevalence risks associated with each consumer are reviewed or monitored, specifically in relation to behaviour management, including reporting of sexual and/or physical incidents;
* that staff are able to assess, monitor and review consumers, identify deterioration or changes to consumers’ physical function and respond in an effective and timely manner;
* information about consumers’ condition, needs and preference is documented and communicated within the organisation, and with others where responsibility for care is shared; and
* how consumers’ infections are monitored are reviewed.

Requirement (3)(b) was found Non-compliant following an Assessment Contact undertaken on 28 July 2021 where it was found the service was unable to demonstrate high impact or high prevalence risks associated with the care of each consumer were not effectively managed. Specifically, the service did not appropriately respond to or manage risks associated with behaviours, wounds, falls and medication.

The service had implemented a range of corrective actions and improvements in response to the non-compliance, however, following a change in management, some of the corrective actions implemented have been ceased as management and senior clinical staff were not aware of the previous non-compliance. The Assessment Team notes behaviour management was not identified as a concern on a recently developed Action plan.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirements (3)(a), (3)(b), (3)(d) and (3)(e) and Compliant with Requirement (3)(g). I have provided reasons for my findings in the specific Requirements below.

In relation to Requirements (3)(c) and (3)(f) in this Standard, care files sampled did not include consumers’ goals, needs and preferences relating to end of life. However, end of life documentation sampled demonstrated staff actively monitor consumers’ comfort during this phase of life. Staff sampled described changes in care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised. Clinical staff described how they assess and monitor changes in consumers’ condition, address changes to consumers’ physical needs, and manage physical symptoms, such as pain. Referrals, including to Medical officers are initiated where further guidance and support is required. Representatives stated consumers’ advance care directives were discussed with them on entry.

All six care files sampled demonstrated consumers had recently been reviewed by Medical officers and Allied Health specialists and consumers confirmed they have access to Medical officers and Allied Health specialists if and when they need them. Clinical staff described how referrals are initiated and how changes to consumers’ care and service needs in response to referrals are communicated.

Based on the evidence documented above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, Compliant with Requirements (3)(c), (3)(f) and (3)(g) in Standard 3 Personal care 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 was not satisfied the service demonstrated each consumer gets safe and effective personal and/or clinical care that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to administration of time sensitive medications and management of wounds, restraint, weight loss and pain. The Assessment Team provided the following evidence relevant to my finding:

* The service was unable to demonstrate an understanding of the new restrictive practices or that restraint authorisation is in line with legislative requirements. While a list of consumers subject to restrictive practices was provided, the list had not been updated to reflect the new restrictive practise legislation or the number of consumers subject to restraint and did not accurately identify consumers subject to restrictive practices.
* Representatives stated they have to remind staff when time sensitive medications are due, and they have sought external services to assist in administration of the Parkinson’s medications.
  + An electronic medication chart for Consumer B does not include times the medication is to be administered, instead, includes a window of time.
  + Medication care plans for Consumers B and C do not include time sensitive medications for Parkinson's.
* Consumer D was commenced on weekly weighs in February 2022   
  due to a 4.6 kilogram weight loss, however, weights had not been documented in the two weeks following commencement. Additionally, malnutrition risk assessments have not been completed.
  + A restrictive practice authorisation has not been completed for Consumer D in relation to use of a restrictive device. Use of this device was not noted on the Sleep assessment dated November 2021 or Mobility, transfers and dexterity care plan dated March 2022.
  + Wound management is not occurring in line with wound treatment plans. Daily checks and wound treatments every three days have not been undertaken for Consumer D’s stage 2 pressure injury, in line with the Wound treatment plan. Wound treatment records indicate the wound was not being attended to for up to six days.
* Consumer F sustained an unwitnessed fall in February 2022 resulting in a laceration to the head. A pain chart was commenced, however, charting was only completed on five occasions over a four-day period.
* Consumer E stated they are always in pain. However, pain charting has not been undertaken to review the consumer’s pain management since 9 October 2021. This chart had only been completed on seven occasions.
  + A chronic pain assessment and care plan was last completed in January 2022; however, no pain monitoring was undertaken prior to completion of the care plan.
* Clinical staff were unable to describe how often consumers’ pain is to be monitored when they are on pain charting or what interventions are used to assist Consumers F and E’s pain management.
* Care staff could not describe non-pharmacological interventions they would try prior to informing the clinical staff of consumers’ pain.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and improve staff knowledge, skills and daily care practices. Additionally, a review is underway in relation to key areas, including weight loss, falls, wounds and restrictive practices.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service had not ensured each consumer was provided safe and effective personal and/or clinical care that was best practice, tailored to their needs and optimised their health and well-being, specifically in relation to management of time sensitive medications, weight, restraint, wounds and pain for Consumers B, C, D and E.

In relation to Consumers B and C, I have considered representative feedback indicating time sensitive medications have not been consistently administered on time which has the potential to impact consumers’ health and well-being. For Consumer B, the medication chart did not include set administration times for time sensitive medications and instead directed staff to administer medications at, for example, breakfast, lunch and bed. Additionally, Medication care plans did not include any information relating to the importance of administration of time sensitive medications. As such, I find the information available does not provide sufficient guidance to staff in relation to administration of time sensitive medications.

I find the service has not ensured Consumer D’s health and well-being was optimised or that use of a restrictive device was in line with best practice care. In coming to my finding, I have considered that while weekly weighs were initiated in response to a recorded weight loss, screening tools had not been completed to identify the consumer’s risk of malnutrition to guide development of further management strategies, and records demonstrated weighs had not occurred in line with the directives implemented. I note staff feedback indicating the weighs were not attended as the consumer was hospitalised during this period. However, the consumer returned to the service five days prior to the scheduled weigh. I have also considered that use of a device had not been identified as a restrictive practice. As such, appropriate consultation and authorisation relating to use and identification of related risks had not been undertaken and the consumer’s care plan, used by staff to guide delivery of care, did not reference the use of the device. In relation to wound management, I acknowledge that the consumer’s wound has remained stable. However, I find the wound was not managed in line with directives as outlined in the Wound treatment plan. I find such practices do not allow wound progression to be effectively monitored, wound deterioration to be promptly identified and appropriate actions to be implemented.

In relation to Consumer E, I have considered that the service has not ensured the consumer’s care was tailored to their needs and optimised their health and well-being. I have considered feedback from Consumer E indicating they are always in pain. While an assessment and associated care plan were completed in January 2022, formal monitoring of the consumer’s pain levels have not occurred since October 2021. As such, I find that this has not ensured pain management strategies are current and are effective in ensuring the consumer’s comfort levels are maintained.

In relation to the service’s understanding of the new restrictive practices legislative requirements, I have considered that the evidence presented in this Requirement does not relate to delivery of care. Rather, the evidence presented specifically relates to regulatory compliance and clinical governance. As such, I find the evidence provided aligns with Standard 8 Organisational governance Requirements (3)(c) and (3)(e) and have considered the information with my findings for those Requirements.

In relation to pain assessment for Consumer F, I have considered that the evidence presented in this Requirement does not relate to delivery of care. Rather, the evidence presented specifically relates to assessment and planning. As such, I find the evidence provided aligns with Standard 2 Ongoing assessment and planning with consumers Requirement (3)(a) and have considered the information with my finding for that Requirement.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, 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 was not satisfied the service demonstrated high impact or high prevalence risks associated with each consumer are reviewed or monitored, specifically in relation to behaviour management, including reporting of sexual and/or physical incidents, post falls management and diabetes. The Assessment Team provided the following evidence relevant to my finding:

Consumer G

* Between August 2021 and March 2022, six incidents were noted, including four relating to inappropriate sexual verbal and/or physical behaviours directed at female consumers and staff. Documentation sampled did not evidence review of behaviour management strategies and interventions in response to the incidents with the most recent behaviour assessment completed in January 2021 and behaviour care plan in August 2021.
* Not all staff sampled were aware of Consumer G’s behaviours or able to describe interventions or strategies to assist in behaviour management. Two care staff reported they inform clinical staff of inappropriate behaviours and separate the consumers, however, did not describe any other strategies to prevent this behaviour from reoccurring.
  + All five clinical staff interviewed were unaware of any sexualised behaviours occurring in the memory support unit and said this had not been handed over or communicated to them.
* Overall, 12 behaviour incidents were identified through documentation, including behaviour care plan, progress notes and sighting charts. Triggers for the behaviours or a description of interventions used to manage the behaviours had not been documented for 10 of the 12 incidents. On the days the incidents occurred, regular hourly sighting was not undertaken in line with the consumer’s care plan.
* At the Assessment Contact undertaken in July 2021, the service was found to not have appropriate interventions in place to manage Consumer G’s challenging behaviours and not all staff were aware of Consumer G’s ongoing behaviours.

Consumer A

* Between October 2021 and February 2022, seven behavioural episodes were identified, five of which involved inappropriate behaviour towards female consumers. The most recent behaviour assessment was completed in January 2021 and behaviour care plan in December 2021.
* Four care staff were unaware of the consumer’s inappropriate behaviours or able to describe interventions or strategies to assist in behaviour management.
* A progress note dated December 2019 confirms Consumer A was reviewed by external behaviour specialists who recommended that the consumer be supervised at all times. However, monitoring charts for a 65 day period between January and March 2022 demonstrate regular hourly monitoring was not consistently undertaken.
* Following an Assessment Contact undertaken in July 2021, the service was found to not have appropriate interventions in place to manage Consumer A’s challenging behaviours.

Consumer F

* The consumer had an unwitnessed fall in February 2022 resulting in a head strike. Extended care paramedics attended the service and to the wound. Progress notes show the ambulance service informed staff that for consumers with a head strike on anticoagulant medication, Medical officer or hospital review generally occur.
  + The representative requested the consumer be reviewed at the service and not at the hospital. While staff contacted the Medical officer, a review was not undertaken until two days after the fall.
* While neurological observations had been undertaken, staff were not knowledgeable of when the observations are to be completed and a procedure to assist and guide staff in reviewing and monitoring consumers post falls with head injury sustained is not available.

Consumer H

* A monitoring chart for a 37 day period between February and March 2022 show blood glucose levels were out of range on 27 occasions. Of the 17 blood glucose levels documented between 12mmol/L to 16mmol/L, as required insulin was only administered on nine occasions.
* The Diabetic assessment states as required insulin is only required when the blood glucose level is 16mmol/L. The Assessment Team noted the medication chart for sliding scale insulin is unclear and confusing.

Consumer I

* Consumer I’s assessment states the blood glucose level reportable range is outside 4mmol/L to 20mmol/L. A monitoring chart for a five day period in January 2022 indicates readings were below 4mmol/L on four occasions. Documentation viewed did not demonstrate staff had contacted the Medical officer in response to the low readings.

This Requirement was found Non-compliant following an Assessment Contact on   
28 July 2021, where it was found the service was unable to demonstrate high impact or high prevalence risks associated with the care of each consumer were not effectively managed. Specifically, the service did not appropriately respond to or manage risks associated with behaviours, wounds, falls and medication.

The service had implemented a range of corrective actions and improvements in response to the non-compliance. However, management confirmed the corrective action plan is not being implemented due to not being aware of the previous non-compliance and an Action plan, undertaken by an independent Nurse advisor, had been completed. Behaviour management was not identified as a concern on the Action plan.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and improve staff knowledge, skills and daily care practices. Furthermore, an experienced dementia specialist Clinical nurse has commenced in the memory support unit and additional supervision, Medical officer reviews, referrals to behaviour specialist and rigorous monitoring of incident escalations has been implemented for Consumers A and G.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service had not ensured each consumer was provided safe and effective personal and/or clinical care that was best practice, tailored to their needs and optimised their health and well-being, specifically in relation to management of behaviours, falls and diabetes.

In relation to Consumers G and A, I have considered that the consumers’ behaviours were known, with both consumers identified as not having appropriate strategies in place to manage behaviours at an Assessment Contact undertaken in July 2021. However, evidence presented at the Site Audit demonstrates behaviours for these two consumers are still not being effectively managed and incidents, including inappropriate sexual behaviours, have occurred potentially placing other consumers at risk. Despite occurrence of challenging behaviours and/or incidents, behaviour assessments and care plans for both consumers had not been updated since 2021 indicating management strategies had not been reviewed or new management strategies implemented to minimise risk to other consumers. I have also considered feedback from staff, including five clinical staff, indicating not all were not aware of challenging behaviours displayed by Consumers G and A.

In relation to Consumer F’s fall, I acknowledge Extended care paramedics attended, the Medical officer was contacted and neurological observations were commenced. However, the Medical officer did not review the consumer until two days post the fall. Considering the consumer was prescribed an anticoagulant, I find effective processes were not initiated to monitor the consumer post fall.

In relation to Consumers H and I, I have considered appropriate actions were not taken in response to blood glucose levels outside of reportable range, potentially placing the consumers at risk. This included administration of as required insulin and notification to the Medical officer, in line with directives.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, 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 was not satisfied the service demonstrated that staff are able to assess, monitor and review consumers, identify deterioration or changes to consumers’ physical function and respond in an effective and timely manner. The Assessment Team provided the following evidence relevant to my finding:

* Three representatives stated they find it hard to get a Medical officer in to review consumers and feel staff do not push to get a Medical officer in to review.
* Consumer F was not reviewed by a Medical officer until 48 hours post a fall which resulted in a head laceration.
* Consumer J’s representative raised concerns in February 2022 in relation to an incident, indicating nursing staff had not provided the required care to the consumer and waited 16 to18 hours to contact an ambulance to transfer them to hospital.
* A representative indicated equipment at the service is very old and the pulse oximeter was unable to read Consumer D’s oxygen saturations. A pulse oximeter was brought in from the hospital which indicated low saturations.
  + Progress notes state the representative informed staff at 6:30pm that the consumer was shaking and feverish. Vital observations were taken and oxygen administered. Documentation states the consumer’s condition remained the same 30 minutes later. The consumer was transferred to hospital and diagnosed with aspiration pneumonia.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and improve staff knowledge, skills and daily care practices.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, changes or deterioration in condition were not effectively recognised or responded to in a timely manner, specifically in relation to Consumer J.

In relation to Consumer J, I find that staff did not respond to a change in the consumer’s condition in a timely manner. The consumer was noted to complain of pain on the day prior to being transferred to hospital, with staff querying if it could be related to an indwelling catheter. A bladder scan was undertaken at this time and action taken in response to the results. However, despite the representative notifying staff the following morning that the consumer was again experiencing pain, further actions were not undertaken until later that afternoon. Hospital staff indicated the consumer’s indwelling catheter had been incorrectly inserted.

In relation to Consumer D, I have considered that following notification by the consumer’s representative, appropriate actions were initiated by staff. This included monitoring the consumer’s vital signs, administering oxygen in response to low oxygen saturation levels and contacting the Medical officer.

In relation to Consumer F, I acknowledge timely review by a Medical officer did not occur following a fall where the consumer sustained a head injury. However, I consider the evidence does not indicate the consumer’s condition changed or deteriorated as a result. I find the evidence relates to management of high impact or high prevalence risks, specifically post falls management. As such, I have considered that in my finding for Requirement (3)(b) in this Standard.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, 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 was not satisfied the service demonstrated information about the consumer’s condition, needs and preference is documented and communicated within the organisation, and with others where responsibility for care is shared. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives stated there has been a large turnover of staff and a lack of staff to provide adequate care consistently to consumers. Representatives stated language barriers are a real concern as staff often have English as a second language and do not know Italian, therefore, cannot communicate with a lot of the consumers.
  + One representative was concerned information is not handed over from one shift to another and two representatives indicated staff had stated they did not understand notes placed in consumers’ rooms to ensure staff were aware of their needs.
* Care and clinical staff interviewed were unaware of behaviours, including sexual behaviours, two consumers display despite behaviours being documented in care plans.
* One clinical staff member stated, ‘if you have time off you are not informed about changes to consumers that have occurred, and you need to find time to review all the progress notes to identify what has occurred with the consumers while you have been away’.
* A memoranda folder, located in the nurses station, has been implemented to communicate changes to consumers’ health, care needs and other important information about consumers. However, care and clinical staff were either not aware of the folder or its purpose.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and improve staff knowledge, skills and daily care practices.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, information about consumers’ condition was not effectively documented and communicated.

I have considered feedback from consumers, representatives and staff indicating communication systems are not effective to ensure the workforce has access to information to guide delivery of care and services. Staff were unaware of challenging behaviours displayed by two consumers in the memory support unit which placed other consumers are risk. Additionally, staff were unaware of a new communication process implemented to communicate changes to consumers’ care and service needs. As such, I have considered that these practices do not ensure the workforce has sufficient information to enable delivery of safe and effective clinical care or an understanding of consumers’ condition to provide and coordinate care.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, 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.*

The Assessment Team was not satisfied the service demonstrated how consumers’ infections are monitored are reviewed. The Assessment Team provided the following evidence relevant to my finding:

* Representatives stated consumers have ongoing urinary tract infections and require urinalysis a lot of time. However, this was not evident through documentation, including progress notes, medical reviews or medication charting.
* Consumers commenced on antibiotics for infections are not captured on the infection register. Management stated all infections are logged onto the electronic system to monitor infections and antibiotic use. However, the February 2022 report provided by the pharmacy did not match information in the electronic system.
* Antimicrobial stewardship was discussed at a meeting forum in September 2021 where staff were reminded to document pathogens in the electronic infection log and to update the log on completion of antibiotic treatment.
* The service demonstrated effective management of a recent COVID-19 outbreak, including implementing actions to minimise spread of infection.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and improve staff knowledge, skills and daily care practices.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. In coming to my finding, I have considered that most of the evidence presented does not indicate systemic issues with the service’s infection control practices or practices to promote appropriate antibiotic prescribing and use. I have considered the evidence in other Requirements which reflect the core deficiency associated with the evidence.

I have considered that the evidence provided relates to an effective clinical governance framework. As such, I find this information more aligned with Standard 8 Organisational governance Requirement (3)(e) and have considered this information in my finding for that Standard and Requirement.

In coming to my finding for this Requirement, I have considered information in the Assessment Team’s report demonstrating effective standard and transmission based precautions to prevent and control infection. Effective management of a recent COVID-19 outbreak was demonstrated, including implementation of actions to minimise spread of infection. Consumers and representatives were supported during this time, including by the Aged Rights Advocacy Service who attended a meeting to discuss visitation processes.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, Compliant with Requirement (3)(g) in Standard 3 Personal care and clinical care.

# STANDARD 4 NON-COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team have recommended Requirements (3)(b), (3)(c) and (3)(e) in Standard 4 Services and supports for daily living not met. The Assessment Team found the service was unable to demonstrate:

* services and supports for daily living promote each consumer's emotional, spiritual, and psychological well-being;
* how consumers are supported to participate in the community, have personal and social relationships and do things that are of interest to them; and
* appropriate referrals to individual, other organisations and providers of other care and services.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirements (3)(b), (3)(c) and (3)(e). I have provided reasons for my findings in the specific Requirements below.

In relation to Requirements (3)(a), (3)(d), (3)(f) and (3)(g), consumers and representatives provided the following feedback during interviews with the Assessment Team:

* despite a significant change in the consumer’s abilities, the lifestyle team consistently encourage and try to involve the consumer in enjoyable and interesting activities;
* they are kept informed of what care and services are required for consumers, if incidents occur, or if they are being referred to a specialist;
* consumers are satisfied with the quality and quantity of meals provided and stated they can access snacks between meals; and
* equipment used is safe, suitable, clean and well maintained.

Lifestyle, nursing and Allied health assessments assist the service to identify the services and supports each consumer needs for daily living. Information gathered through the assessment process is used to develop individualised care plans, and is used by staff to guide care and service provision to consumers. For consumers sampled, care plans included information about what is important to them, as well as how their goals and preferences are considered to optimise independence, health, well-being and quality of life.

The service has processes to ensure information about consumers’ condition, needs and preferences is documented and communicated within the service and with others where responsibility is shared. Information relating to consumers’ condition, needs and preferences is documented electronically and is accessible to the workforce to enable provision and coordination of care and services that respects consumers’ health needs, preferences and choices.

The service has processes to identify each consumer’s nutrition and hydration needs and preferences and communicate these to staff, including catering staff. Catering staff demonstrated awareness of consumers’ individual dietary needs and preferences and described how these are accommodated, such as by ordering in specific ingredients and preparing meals accordingly.

Equipment used to provide and/or support lifestyle services was observed to be suitable, clean and well maintained. Cleaning and scheduled and reactive maintenance processes are in place and ensure equipment remains clean, well-maintained and fit for purpose.

Based on the evidence documented above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, 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 was not satisfied the service demonstrated services and supports for daily living promote each consumer's emotional, spiritual, and psychological well-being. The Assessment Team provided the following evidence relevant to my finding:

* Three consumers and one representative indicated consumers were missing Catholic church services. The service was unable to inform the Assessment Team when churches service stopped, however, an email thread dated from January 2022 was provided discussing when church services would resume. Lifestyle staff reported Zoom rosary sessions have been undertaken since COVID-19 and acknowledged these were not the same as church service.
* All three care staff interviewed were unable provide any information about the spiritual needs of the three consumers sampled. Lifestyle assessments are paper-based and stored in the locked office so staff do not have access to consumers’ lifestyle history.
* Emotional support was not provided to a consumer following an incident with another consumer in February 2022. Following the first incident in 2021, the consumer was isolated from other consumers as a way of protecting them.
  + The incident report included interventions, such as reassurance, supervision and to monitor the consumer for distress. However, there was no evidence of this in the progress notes.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and immediate improvements are being made in areas, such as updated life stories, formal evaluation of lifestyle activities and access to key lifestyle assessments and care plans by all staff.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service had not ensured each consumer was provided services and supports for daily living to promote emotional, spiritual and/or psychological well-being.

I acknowledge as a result of COVID-19, there have been barriers to providing onsite spiritual and/or religious services and online rosary sessions had been implemented. However, I have considered that this has not provided connection and meaning to consumers as feedback from three consumers indicated current supports were not meeting their spiritual needs. Additionally, staff sampled were unfamiliar with sampled consumers’ spiritual needs and preferences. I have also considered for one consumer, while interventions, including reassurance, were noted on an incident report, provision of emotional support was not evidenced in progress notes. I find the evidence presented does not demonstrate staff understand, value and support consumers’ emotional and spiritual well-being.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, 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 was not satisfied the service demonstrated how consumers are supported to participate in the community, have personal and social relationships and do things that are of interest to them. The Assessment Team provided the following evidence relevant to my finding:

* Nineteen of 20 consumers and representatives reported the lifestyle programme was not of interest to consumers. Five representatives reported they do not believe activities are carried out in line with the lifestyle calendar:
  + A Lifestyle assistant indicated they do not always stick to the activities schedule as it as it is hard. They reported the lifestyle calendar in the memory support unit does not happen as it is too difficult with the consumers.
* The Lifestyle coordinator reported they have completed a lifestyle activities Action plan, dated February 2022, which indicated that now COVID-19 restrictions are lifting, the activities team are very keen to introduce a much more robust activities programme.
* Lifestyle and Social history forms for all six consumer files sampled had not been updated since 2019 and may not be contemporary and in line with their current interests. All social history forms did not include adequate information to ensure staff know what is important to consumers, for example, the current hobbies section for two consumers was blank.
  + Lifestyle staff are in the process of updating all life stories and addressing gaps. Five care and clinical staff sampled were unaware of consumers’ interests.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and immediate improvements are being made in areas, such as updating life stories, formal evaluation of lifestyle activities and access to key lifestyle assessments and care plans by all staff.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, services and supports for daily living did not assist each consumer to participate in activities of interest to them.

In coming to my finding, I have placed weight on feedback provided by 19 of 20 consumers and representatives indicating the lifestyle programme was not of interest to consumers. I have also considered that Lifestyle and Social history documentation for all six consumer files sampled had not been updated in over two years and clinical and care staff did not demonstrate an understanding of consumers’ interests. As such, I find that the service has not ensured services and supports, specifically the lifestyle program, has been tailored to meet the unique needs of the consumers’ or provide them with a with a sense of purpose and identity.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, 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 was not satisfied the service demonstrated appropriate referrals to individual, other organisations and providers of other care and services. The Assessment Team provided the following evidence relevant to my finding:

* Management and lifestyle staff were able to provide examples of referrals initiated for clinical matters. However, management and lifestyle staff were unable to provide any examples of referrals or consideration of referrals to individuals, other organisations and providers of other care and services within the last 12 months in line with the intent of Standard 4.
* The Lifestyle coordinator reported they had a number of volunteers, a hairdresser and an exercise lady who regularly visit the service.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and immediate improvements are being made in areas, such as updating life stories, formal evaluation of lifestyle activities and access to key lifestyle assessments and care plans by all staff.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service could not demonstrate referrals are initiated to individuals, other organisations and providers of other care and services in line with the intent of Requirement (3)(e) in Standard 4. I have placed weight on information in the Assessment Team’s report indicating management and lifestyle staff were unable to provide examples of referrals, other than referrals initiated for clinical matters, which had occurred within the last 12 months in response to consumers’ changing service and support needs.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, 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-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team have recommended Requirement (3)(a) in Standard 5 Organisation’s service environment not met. The Assessment Team found the service was unable to demonstrate the service environment is easy to understand and optimises each consumer’s sense of belonging, independence and function.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(a). I have provided reasons for my findings in the specific Requirement below.

In relation to Requirements (3)(b) and (3)(c), some consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers and representatives provided the following feedback during interviews with the Assessment Team:

* they were satisfied with the cleanliness of consumers’ rooms and bathrooms and confirmed these are cleaned daily by staff.
* consumers are supported by staff to go outdoors and can access outdoor areas without assistance.

The service environment was observed to be safe, clean, well maintained and comfortable and enabled consumers free access indoors and outdoors. Outdoor courtyards, garden areas and pathways were maintained and free of hazards.

Most furniture, fittings and equipment was observed to be safe, clean, well maintained and suitable for consumer use and consumers confirmed furniture, fittings and equipment are maintained and suitable to their needs. Staff described processes to ensure the environment is maintained and how maintenance tasks are identified, reported and actioned. There are cleaning and preventative and reactive maintenance processes in place and contracted services are utilised to maintain aspects of the service environment and equipment.

Based on the evidence documented above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, Compliant with Requirements (3)(b) and (3)(c) in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Non-compliant

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

The Assessment Team was not satisfied the service demonstrated the service environment is easy to understand and optimises each consumer’s sense of belonging, independence and function. The Assessment Team provided the following evidence relevant to my finding:

* Signage, including navigational aids, displayed within the service was only available in English, did not promote consumer independence or sense of belonging and was not easy for all consumers, the majority of whom are Italian, to understand.
* Whilst consumer rooms were decorated to reflect their sense of identity, communal spaces did not reflect a culturally diverse environment.
* Two consumers said they were allowed to bring in their own furniture to decorate their rooms but have not had input in decorating the communal spaces. When asked if they liked the service environment, one consumer said, ‘it is tidy’.
* Management said they have identified the service environment could be improved to optimise consumers’ sense of belonging and have tasked the new Liaison officer, who speaks Italian, to discuss service environment improvements with consumers.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and strengthen quality systems.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service could not demonstrate an environment that was welcoming and easy to understand and optimised each consumer’s sense of belonging, independence and interaction.

I have considered that for the consumer cohort, the service environment does not encourage a sense of belonging or encourage consumers to be themselves. The environment, including communal spaces, was not reflective of consumers’ cultural identity and navigational aids were noted to be all in English. As such, I find this does not enable the majority of the consumer cohort to easily understand the environment or promote their independence.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, Non-compliant with Requirement (3)(a) in Standard 5 Organisation’s service environment.

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

*The service environment:*

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

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

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

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team have recommended Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 6 Feedback and complaints not met. The Assessment Team found the service was unable to demonstrate:

* consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints;
* consumers are made aware of and have access to advocates, language services and other methods for raising complaints;
* appropriate action is taken in response to complaints; and
* how they effectively monitor, analyse and use feedback and complaints data to improve the quality of care and services.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this evidence, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, to be Non-compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 6 Feedback and complaints. I have provided reasons for my findings in the specific Requirements below.

**Assessment of Standard 6 Requirements**

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

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

The Assessment Team was not satisfied the service demonstrated consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. The Assessment Team provided the following evidence relevant to my finding:

* Five of eight consumers and representatives indicated they were concerned that providing honest feedback would create retribution for consumers. Five representatives reported management do not have an open-door policy.
* Four clinical and care staff said providing feedback relating to complaints is pointless as nothing gets done or ever changes.
* Two care staff reported they will try and help consumers to make complaints, however, this can be difficult due to language barriers.
* Management reported they will give families opportunity to respond and provide feedback at care plan reviews, however, the Assessment Team notes care plan reviews have not consistently taken place since 2020.
* Documentation relating to a survey from hospitality undertaken in February 2022 demonstrated only four surveys were completed and the survey was in English.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and strengthening quality systems.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not effectively demonstrate consumers, representatives and others are encouraged and supported to provide feedback and make complaints.

In coming to my finding, I have placed weight on feedback provided by consumers and representatives which indicated a lack of trust and confidence in the service’s feedback and complaints processes. Five consumers and representatives expressed a reluctance to provide honest feedback for fear of retribution towards consumers. I have also considered feedback provided by clinical and care staff who indicated a reluctance to provide feedback relating to complaints as nothing gets done or changes.

I have also considered that while there are avenues which encourage and support consumers and representatives to provide feedback and complaints, these have not been effectively implemented. Care plan review processes have not been consistently undertaken since 2020 and a hospitality survey conducted in February 2022 was not provided in a language the majority of the consumer cohort understood.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, Non-compliant with Requirement (3)(a) in Standard 6 Feedback and complaints.

**Requirement 6(3)(b) Non-compliant**

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

The Assessment Team was not satisfied the service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising complaints. The Assessment Team provided the following evidence relevant to my finding:

* Three of four consumers were unable to describe how to access advocates and translator services and reported it is difficult for them to raise complaints verbally as staff do not always understand them.
  + One consumer said it would be difficult to complete the feedback from as it is not in Italian and a representative reported they were unaware of the Commission and its functions and had not seen information regarding the Commission at the service.
* All five clinical and care staff interviewed had not used translator/interpreter services and were unaware how they would access them if needed.
* All information to facilitate the complaints process throughout the service is in English.
* All information provided to consumers regarding use of advocacy services and complaints processes is in English. Management provided the Assessment Team with leaflets in Italian, however, none of these were on display for consumers and representatives.
* The Resident handbook includes a copy of the Charter for Aged Care Rights, the service’s internal complaints process, however, the handbook is English. The handbook does not provide any details of advocacy support networks to support consumers to resolve concerns.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and strengthening quality systems.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not effectively demonstrate consumers are made aware of and have access to advocates and other methods for raising and resolving complaints.

In coming to my finding, I have considered that all information available to consumers relating to complaints processes and advocacy services is in English. I find that this has not ensured all consumers are made aware of and supported to access avenues to raise complaints. This was evidenced through feedback from consumers and representatives who indicated they were unaware of how to access advocates and translator services and expressed difficulty in raising complaints, including through completion of feedback forms or verbally as staff do not always understand them. As such, I have considered that this has not ensured each consumer is provided equal access to provide feedback or make a complaint.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, Non-compliant with Requirement (3)(b) in Standard 6 Feedback and complaints.

**Requirement 6(3)(c) Non-compliant**

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

The Assessment Team was not satisfied the service demonstrated appropriate action is taken in response to complaints. The Assessment Team provided the following evidence relevant to my finding:

* Seventy-four complaints received from December 2021 to date have not been added to the electronic system. Management reported the complaints have been actioned, however, were unable to demonstrate how the complaints and feedback are monitored, reported and used to improve the service’s performance against this Requirement.
* Three representatives said the service are slow to respond to complaints and respond in a generic way. Documentation relating to one complaint indicated the service did not respond in a timely manner and for another, the response did not address the concerns raised.
* Management reported they were unable to follow up all complaints regarding clinical and personal care individually as they had received a high amount during the COVID-19 period, so some families received generic responses to their concerns.
* Management reported they are new to the service and have not had a chance to look at the complaints process currently in operation. Management also indicated consumers do not currently take part in the review of feedback and complaints and find solutions and outcomes from complaints..
* One clinical staff member reported they often resolve complaints that are received verbally. However, these complaints had not been recorded in the online system or actioned in line with the service’s policies and procedures. Management were unaware that all staff are not recording feedback and complaints as per policies and procedures.

I have also considered evidence documented in Requirement (3)(d) of this Standard indicating the Assessment Team were provided with approximately 80 pages of complaints for the last six months. Some of the complaints had been actioned, others had been closed without any action and some had not been reviewed.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and strengthening quality systems.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not demonstrate a best practice system for managing and responding to complaints.

In coming to my finding, I have considered that appropriate follow up and action of complaints is not consistently undertaken. Feedback provided from three representatives indicated they were not confident the service acted appropriately and promptly when responding to feedback and complaints. This was confirmed by management who indicated they have not been able to respond to all complaints individually and generic responses to complaints had been provided. Additionally, I have considered that complaints documentation provided to the Assessment Team demonstrated complaints had not been managed or actioned appropriately.

I have also considered that verbal complaints are not consistently captured. One clinical staff member indicated verbal complaints are actioned, however, are not recorded in line with the service’s processes. I find that this practice does not enable trends and improvements to care and service delivery to be identified.

In relation to complaints not being entered into the electronic system, I find this information more aligned with Requirement (3)(d) in this Standard. As such, I have considered this evidence in my finding for that Requirement.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, Non-compliant with Requirement (3)(c) in Standard 6 Feedback and complaints.

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

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

The Assessment Team was not satisfied the service demonstrated how they effectively monitor, analyse and use feedback and complaints data to improve the quality of care and services. The Assessment Team provided the following evidence relevant to my finding:

* Management was unable to provide a complaints feedback log or register or any analysis of monitoring of feedback and complaints data for the past six months.
* When asked how complaints and feedback are currently trended, management stated the “system is in my head at this point in time”.
* For two feedback forms sampled, management indicated feedback has not been tracked and no one has been carrying out any trending and it “hasn’t been happening”.
* Meeting minutes dated February 2022 indicated 34 complaints had been made during January 2022. The following meeting minutes for March 2022 showed duplicated information that had not been updated to include complaint data from February 2022.

I have also considered evidence documented in Requirement (3)(c) of this Standard indicating 74 complaints received from December 2021 to date have not been added to the electronic system. While management reported the complaints had been actioned, they were unable to demonstrate how the complaints and feedback are monitored, reported and used to improve the service’s performance.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and strengthening quality systems.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, feedback and complaints were not reviewed and used to improve the quality of care and services.

In coming to my finding, I have considered that a consolidated feedback log or register has not been maintained for the last six months and 74 complaints going back to December 2021 had not been entered into the electronic system. Additionally, management indicated trending of complaints data had not been undertaken with the system currently being ‘in their head’. As such, I find that the service’s current processes have not ensured that all feedback is captured and documented or analysed and trended to enable improvements to the quality of care and services to be identified and implemented.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, Non-compliant with Requirement (3)(d) in Standard 6 Feedback and complaints.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team recommended Requirements (3)(a), (3)(c) and (3)(d) in Standard 7 Human resources not met. The Assessment Team found the organisation was unable to demonstrate:

* how they plan the workforce to enable safe and quality care to consumers;
* members of the workforce are competent and have the knowledge to effectively perform their roles; and
* that all staff have been trained and supported to deliver the outcomes as required by these Standards.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirements (3)(a), (3)(c) and (3)(d). I have provided reasons for my findings in the specific Requirements below.

In relation to Requirements (3)(b) and (3)(e) in this Standard, most consumers and representatives sampled were complimentary of staff and confirmed staff are kind, caring and respectful of each consumer’s identity, culture and diversity. However, two consumers and/or representatives described actions of some staff which did not reflect respectful or kind behaviours. Staff were observed interacting with consumers in a calm and caring manner, however, limited verbal interaction between staff and consumers was observed during mealtime activities.

The organisation has a staff performance framework. Performance appraisals are completed with staff following a six month probation period and annually thereafter. In addition to formal assessment of staff performance, staff practice is monitored through feedback received from consumers, representatives and staff. Management described, and documentation sampled demonstrated, in response to feedback, staff performance management processes are implemented where poor performance is identified.

Based on the evidence documented above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, Compliant with Requirements (3)(b) and (3)(e) 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 was not satisfied the service demonstrated how they plan the workforce to enable safe and quality care to consumers. The Assessment Team provided the following evidence relevant to my finding:

* Seventeen of 22 consumers and representatives said there are not always enough staff to provide the care and services consumers need. Feedback included not enough staff to manage consumer behaviours and provide adequate supervision; staff are busy and don’t have enough time to support consumers to finish their meals; staff being task orientated and not considering additional consumer care needs; and consumers waiting a long time for staff assistance impacting continence needs.
* Twelve of 13 care and clinical staff stated there is not enough staff to attend to consumers' needs in a timely manner. Impacts to continence care, consumers not retiring for the night until late, management of behaviours, delays in hygiene care and provision of emotional care needs were described.
* The Assessment Team observed and viewed the following:
  + Two representatives providing assistance to a carer for a consumer having difficulty mobilising.
  + Staff taking five minutes to answer a call bell and to accompany a consumer out of another consumer’s bedroom.
  + A consumer calling out for staff. The consumer indicated they had been waiting for staff for a long time and no one had come. The call bell was noted to not be working.
  + A progress note in December 2021 indicating a consumer’s continence care was unable to be attended in line with their routine due to staff not arriving for their shift and there being no female staff available to assist. The progress note indicated the consumer would be attended to following agency staff commencing half an hour later.
* Management advised individual call bells reports are unable to be run. Call bell audits are completed for calls over 10 minutes, however, findings are not documented.
* Roster and allocation sheets for a 15 day period in February 2022 demonstrated multiple shifts had been filled each day where short notice and planned leave had occurred. However, there were an additional 19 shifts that were unable to be filled at short notice.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and additional staff are being recruited to address shift vacancies.

I acknowledge the provider’s response. However, I find at the time of the Site Audit, the service did not effectively demonstrate there were adequate numbers and mix of staff to deliver safe and quality care and services.

In coming to my finding, I have placed weight on feedback provided by the majority of consumers and representatives indicating insufficient staffing numbers to provide quality care and services which has resulted in impacts for consumers. Additionally, I have also considered feedback provided by almost all clinical and care staff sampled indicating staffing levels are not sufficient to support the effective delivery of care and services to consumers and the resulting impacts to consumers described by staff. Staff feedback was further supported through roster documentation indicating 19 shifts were not filled in an approximate two week period.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, 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 was not satisfied the service demonstrated members of the workforce are competent and have the knowledge to effectively perform their roles. The Assessment Team provided the following evidence relevant to my finding:

* Four representatives said they don’t believe staff manage consumers’ hydration needs. Two representatives said staff do not administer time sensitive medication to consumers within required timeframes.
* Staff had not consistently administered sliding scale insulin for two consumers and did not demonstrate an understanding of pain management processes and interventions to manage pain. Training in relation to diabetes was not noted in mandatory training modules.
  + Care staff stated they would inform the Registered nurse where a consumer was noted to be in pain, however, did not demonstrate an understanding of non-pharmacological interventions they would try prior to informing the Registered nurse.
* Staff had not consistently assessed the level of harm or potential level of harm for consumers following incidents and had not applied consideration of the incident for mandatory reporting purposes. The Assessment Team identified 12 incidents that had either not been recorded through an incident report or were recorded, however, not reported in line with legislative requirements.
* The service has identified that duty statements need to be updated to reflect current expectations of staff duties and responsibilities and this scope of work is currently being actioned.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and strengthening quality systems.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the workforce was not sufficiently competent or had the qualifications and knowledge to effectively perform their roles.

In coming to my finding, I have considered outcomes for consumers highlighted 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 personal and clinical care. Evidence presented in Standard 3 Requirements which have been found Non-compliant demonstrate staff have not provided care in accordance with best practice processes, recognised and responded appropriately to changes in consumers’ condition or demonstrated appropriate management of time sensitive medications, weight, restraint, wounds, pain, behaviours, falls and diabetes.

The outcomes highlighted in Standard 2 Ongoing assessment and planning with consumers indicate staff skills and knowledge are not adequate to ensure consumers’ goals, needs and preferences for personal, clinical and lifestyle aspects of care are effectively identified through assessment or planned and reviewed for effectiveness.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, 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 was not satisfied the service demonstrated that all staff have been trained and supported to deliver the outcomes as required by these Standards. The Assessment Team provided the following evidence relevant to my finding:

* Management and all seven care and clinical staff interviewed were not able to describe restrictive practice definitions or when a Behaviour support plan should be implemented. Two clinical and one care staff did not recognise devices being used by consumers, identified as a high falls risk, as a restrictive practice.
* Senior clinical staff and management were unable to generate reports and clinical data through the electronic system to effectively trend, monitor and manage consumer care needs. They stated they are new to their positions, do not know how to use the electronic system and have not been formally trained in use of the system.
* The Assessment Team was provided with approximately 150 pages of mandatory training records to demonstrate staff are provided with training opportunities and have completed mandatory training modules. Restrictive practices was not listed as a training module and additional training has not been provided to staff in relation to elder abuse and their reporting obligations.
  + While management and Human resources stated all staff are up-to-date with mandatory training modules as they ensure all training is completed prior to the end of the year, this was unable to be confirmed by the Assessment Team.
  + A Traffic light report provided to the Board in December 2021 indicates a 78% compliance rate for mandatory training. Data for January 2022 was not provided.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and strengthening quality systems.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not adequately demonstrate processes to ensure the workforce is trained, equipped and supported to deliver the outcomes required by these Standards.

I have considered that the service has not ensured the workforce is supported to undertake training, learning and development opportunities to meet the requirements of their role. Management and staff did not demonstrate an understanding of new restrictive practice legalisation and application of changes was not noted through care files sampled. Senior clinical staff were unfamiliar with the electronic care system used to trend, monitor and manage consumer care needs which has impacted collection and analysis of data related to incidents, restrictive practices and infections. I have also considered while management indicated there are processes to monitor staff completion of mandatory training components, these processes were not demonstrated to be effective. Reporting as at December 2021 indicated 78% of staff had completed mandatory training requirements, records for January 2022 were not provided to the Assessment Team.

In coming to my finding, I have also relied upon evidence and outcomes in Standard 2 Ongoing assessment and planning with consumers indicating deficits relating to assessment, planning and review processes and Standard 3 Personal care and clinical care relating to management and monitoring of consumers’ personal and/or clinical care needs.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, Non-compliant with Requirement (3)(d) in Standard 7 Human resources.

**Requirement 7(3)(e) Compliant**

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

# STANDARD 8 NON-COMPLIANT Organisational 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 four of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team have recommended Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in Standard 8 Organisational governance not met. The Assessment Team found the organisation was unable to demonstrate:

* consumers are engaged and supported in development, delivery and evaluation of care and services;
* there are organisation wide governance systems and processes in place relating to information management, regulatory compliance, continuous improvement, feedback and complaints and workforce;
* effective risk management systems and practices are in place for the management of high impact or high prevalence risks and recording and reporting incidents; and
* policies and procedures and training available to support staff in understanding and minimising the use of restraint and reporting systems are effective in monitoring consumer infections.

Requirement (3)(d) was found Non-compliant following an Assessment Contact undertaken on 28 July 2021 where it was found risk management systems and practices were not effective in the management of high impact or high prevalence risks associated with the care of each consumer, specifically risks associated with behaviours and wounds. The service had implemented a range of corrective actions and improvements in response to the non-compliance, however, following a change in management, some of the corrective actions implemented have been ceased as management and senior clinical staff were not aware of the previous non-compliance.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirements (3)(a), (3)(c), (3)(d) and (3)(e). I have provided reasons for my findings in the specific Requirements below.

In relation to Requirement (3)(b) in this Standard, the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The governing body comprises of a Board which is supported by sub committees, a Chief executive officer and leadership team. Monthly reports are provided to the Board and include various governance and clinical information, including quality indicators and trends, mandatory reporting/Serious Incident Response Scheme, critical incidents and consumer feedback and complaints. However, the Assessment Team noted information contained within the report was not consistently accurate. This has been considered in my finding for Requirement (3)(c) in this Standard.

Based on the evidence documented above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, Compliant with Requirement (3)(b) in Standard 8 Organisational governance.

**Assessment of Standard 8 Requirements**

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

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

The Assessment Team was not satisfied the service demonstrated consumers are engaged and supported in development, delivery and evaluation of care and services. The Assessment Team provided the following evidence relevant to my finding:

* Management described how consumers are involved in improving care and services, primarily through meeting forums and surveys. Two consumers, who attend resident meetings, reported as they are Italian, they are unable to understand the information discussed as the meetings are held in English.
  + Complaint and feedback forms from 22 September 2021 included feedback from both consumers stating they had difficulty understanding what was discussed at the meeting as it was held in English. The feedback forms were not actioned or reviewed.
* Representatives said consumers and representatives are not consulted and involved in the review of care and services delivered through the care planning review process.
* A consumer survey, dated February 2022, had only been completed by four consumers. The survey was only available in English. Feedback forms available throughout the service were also only available in English.
* A Consumer experience survey, dated March 2021 to February 2022 states 32 consumers were interviewed in relation to care and services provided. Evidence to demonstrate how the service gathered this information was not provided.
* An Action plan, adopted by the service as the Plan for continuous improvement did not include any planned improvements identified as a result of consumer engagement. Additionally, the Lifestyle action plan completed in February 2022 for the lifestyle activities program did not include any feedback or engagement from consumers.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and to strengthen the organisation’s quality management systems. An Italian speaking Resident liaison officer has also been recruited to engage consumers and seek their feedback on the care and services provided

I acknowledge the provider’s response. However, I find at the time of the Site Audit, the organisation’s processes did not ensure consumers are engaged in development, delivery and evaluation of care and services and are supported in that engagement.

I have considered that while there are avenues for consumers to engage in development, delivery and evaluation of the care and services, the organisation has not tailored these avenues to the consumer cohort. Meetings, surveys and feedback forms are all in English which the majority of the consumers do not understand. I have also considered that while action plans have been developed and improvement areas identified, including to the lifestyle program, neither of the plans demonstrated consumer input had been sought in development of the plans or identification of areas for improvement. As such, I find this has not ensured a consumer-centred approach to the organisation’s governance process is applied or consumers’ experience and quality of care and services has been considered.

**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 was not satisfied the service demonstrated there are organisation wide governance systems and processes in place relating to information management, regulatory compliance, continuous improvement, feedback and complaints and workforce. The Assessment Team provided the following evidence relevant to my finding:

**Information management**

* The electronic care system for assessment, care planning, incident reporting and complaint management was not consistently updated with accurate or current information. Management was unable to demonstrate reporting functionality and monitoring tools are available to identify and analyse trends, minimise risks, identify completion of staff training requirements and respond to complaints. Reports sent to the leadership team and Board did not reflect accurate information as the information is derived from the ECS.
* Staff meetings have not been held since December 2021 due to COVID-19 restrictions and a recent outbreak.
* High impact or high prevalence risks are managed through the use of a ‘memo’ book where updates to consumer care needs are recorded for staff awareness. All clinical and care staff interviewed were either not aware of a memo book or aware of its purpose. Staff stated consumer risks and clinical care needs are not documented in the memo book and they rely on this information being communicated to them through handover.
* Not all policies have been reviewed in line with their due date, with some policies and procedures not being reviewed following changes to the Aged Care Standards on 1 July 2019 and restrictive practice legislation on 1 July 2021.

**Regulatory compliance**

* The service was unable to demonstrate governance systems are effective in ensuring the incident management system is working and the service is complying with regulatory reporting obligations under the Serious Incident Response Scheme (SIRS), including identifying and reporting all incidents as required. In addition, the service was unable to demonstrate governance-wide systems are in place to support and guide staff in understanding legislative requirements associated with changes to restrictive practice legislation.
* The organisation does not have updated policy and procedural guidance outlining changes to restrictive practice legislation that took effect 1 July 2021.
* Staff have not been provided education regarding restrictive practice definitions and behavioural support plan requirements with staff and management interviews confirming a lack of understanding for current legislative requirements.

**Continuous improvement**

* Management was asked to provide a copy of the Continuous improvement plan as well as evidence of actions taken to address the non-compliance identified at an Assessment Contact undertaken on 27 July 2021. Management stated they were unaware of previous non-compliance, having only commenced in their roles within the last few months.
* A copy of an Action plan, completed by an independent Nurse Advisor, was provided with management stating this plan would be used as their Continuous improvement plan. The plan lists areas that have been identified by the Nurse Advisor for improvement. Management confirmed the service does not have a separate Continuous improvement plan.

**Workforce governance**

* Staff were not always provided training or guidance to equip them with the knowledge needed to perform within their roles and the workforce was not planned to enable an adequate number of staff to provide safe and quality services.

**Feedback and complaints**

* The organisation was not able to demonstrate feedback and complaint systems and processes are actively reviewed to improve care and services for consumers as evidenced under Standard 6.
* Complaint data is monitored and reviewed at an organisational level and reported to the Board. However, information reported to the Board is not always accurate due to complaint data not being recorded within the electronic system.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and to strengthen the organisation’s quality management systems. Additionally, a new Shift report incidents template has been implemented to promptly identify and respond the Serious Incident Response Scheme.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, while the organisation demonstrated effective organisation wide governance systems relating to financial governance, other governance systems were not effective to ensure accountability and action at all levels of the organisation. Several key governance systems were ineffective impacting on outcomes for consumers.

In relation to information management, I have considered that while there are information management systems in place, information relating to how consumers wish care and services to be delivered, including assessment and care planning is not consistently completed, updated or effectively communicated to staff to guide and assist with delivery of care. Additionally, I have considered that consumers have not been supported to make decisions about the care and services they are provided and how they are delivered as information provided to them, including through meeting forums, meeting minutes, the Resident handbook and feedback and complaints is not provided in a language they understand.

In relation to continuous improvement, I acknowledge areas for improvement, including some deficits identified by the Assessment Team, have been identified by an independent Nurse advisor and a related Action plan developed. However, I have considered that a Continuous improvement plan, which includes improvements identified by the organisation and the service’s own monitoring processes, including clinical incident data, feedback and complaints and audit process was not demonstrated. Additionally, I consider the findings of non-compliance in relation to 27 Requirements across eight Standards indicates deficiencies with the governance processes associated with continuous improvement.

In relation to workforce governance, I have considered that evidence provided by the Assessment Team in relation to Standard 7 Human resources Requirements (3)(a), (3)(c) and (3)(d) demonstrate the organisation’s workforce governance systems are not effective. I find the organisation’s processes have not ensured the workforce is planned or has been sufficiently supported to deliver safe and quality care and services to consumers.

In relation to regulatory compliance, I consider that the service has not met its reporting obligations in relation five incidents. I have also considered that changes to legislation relating to restrictive practices, which came into effect on 1 July 2021, have not been effectively implemented. Policy and procedure documents do not reflect the changes and training in relation to restrictive practices and related legislative requirements has not been provided to staff.

In relation to feedback and complaints, I have considered that the organisation did not demonstrate a best practice system for managing and responding to feedback and complaints. I find consumers and representatives have not been sufficiently encouraged and supported to provide feedback and make complaints. I have also considered feedback and complaints have not been consistently recorded and or appropriate, individualised actions taken in response to complaints. Furthermore, I consider the finding of non-compliance in relation to all four Requirements in Standard 6 Feedback and complaints indicates deficiencies with the governance processes associated with feedback and complaints.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, 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 was not satisfied the service demonstrated effective risk management systems and practices are in place for the management of high impact or high prevalence risks or recording and reporting incidents. The Assessment Team provided the following evidence relevant to my finding:

* High impact or high prevalence risk is identified through assessments and managed through meeting forums. Meeting minutes from February and March 2022 showed only the total number of incidents were recorded, there were no consumer names listed and no prevention strategies recorded. Management said individual consumer risks and strategies for prevention are discussed during this meeting, however, the information is not formally documented within the meeting minutes and any changes to care are completed by clinical management within consumer care plans and assessments.
* A high risk register was being used to record and manage individual consumer risk, however, this was ceased in December 2021 and a ‘memo’ book was introduced to communicate individual consumers risks to staff.
  + Four clinical and care staff interviewed were either not aware of a memo book or were not aware of its purpose; stated consumer risks and clinical care needs are not documented in the memo book; and were not always aware of consumer risks or strategies implemented to mitigate risks.
* The Assessment Team found there were five incidents of physical aggression and/or inappropriate sexual contact recorded between January and March 2022 that had not been reported in line with legislative requirements.
  + Management stated they were not aware of the reportable incidents as staff had not reported the incidents to them and had incorrectly categorized the incidents as ‘low’ risk which does not warrant investigation.
* An additional seven incidents were identified for two consumers which had not been recorded as an incident by staff within the electronic care system.

This Requirement was found Non-compliant following an Assessment Contact on 28 July 2021, where it was found the service was unable to demonstrate effective systems and practices were in place for the management of high impact or high prevalence risks, specifically in relation to management of behaviours, wounds, falls and medications. The service implemented a range of corrective actions and improvements in response to the non-compliance, however, following a change in management, some of the corrective actions implemented have been ceased as management and senior clinical staff were not aware of the previous non-compliance.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and to strengthen the organisation’s quality management systems.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the organisation did not demonstrate effective risk management systems and practices, specifically in relation to managing high impact or high prevalence risks associated with the care of consumers or managing and preventing incidents.

In coming to my finding, I have considered the service has not demonstrated effective risk management systems and practices to support management of consumers’ high impact or high prevalence risks as highlighted in Standard 3 Personal care and clinical care Requirement (3)(b). I have also considered that the organisation’s own monitoring processes do not effectively identify trends relating to individual consumers or consider effectiveness of current management strategies. Additionally, the organisation’s monitoring processes as they relate to this Requirement have not identified deficits identified by the Assessment Team relating to management of high impact or high prevalence risks to consumers’ care, specifically in relation to behaviour management and related incidents.

I have also considered staff have not demonstrated an understanding and application of incident reporting and escalation processes. Not all consumer incidents are being documented, escalated or reported. I find this has not ensured that all incidents are identified or analysed to assist to identify trends and opportunities for improvement or risks to consumers’ health and well-being are being minimised and/or eliminated.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, 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 organisation demonstrated aspects of a clinical governance framework relating to antimicrobial stewardship and open disclosure. However, the Assessment Team was not satisfied the service demonstrated policies and procedures and training to support staff in understanding and minimising the use of restraint and reporting systems are that are effective in monitoring consumer infections. The Assessment Team provided the following evidence relevant to my finding:

* The restrictive practice policy has not been updated since September 2019 and does not include information regarding behavioural support plans or changes to restrictive practice definitions.
* The service has not provided training to staff on restrictive practices or the changes to legislation, effective from 1 July 2021. Staff did not have an accurate understanding of what constitutes restrictive practice or the knowledge to identify staff practices that could be defined as a restrictive practice.
* Inaccuracies were noted within reporting data due to staff incorrectly defining restrictive practices, as well as inaccuracies in the overall number of consumers defined as being subject to restraint within reporting data.
* Management said restrictive practices are monitored through reporting data and observations, however, acknowledged inaccuracies in reporting data.
* Antibiotic and chemical restraint usage is monitored, trended and analysed through reports generated and reviewed by the organisation's pharmacy committee with recommendations for changes and reduction of medications provided to Medical officers and the clinical governance committee for further review. However, whilst the pharmacy committee monitors medication prescription usage, infections were not being accurately recorded in the infection register by the service and data inaccuracies were noted between both reports.

The provider’s response indicates they accept the Assessment Team’s recommendation and are fully committed to promptly addressing the risks to consumer safety, health and well-being. The organisation have engaged external aged care specialists to drive immediate improvements in consumers’ care and service provision and to strengthen the organisation’s quality management systems.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the organisation did not demonstrate a clinical governance system that was effective, specifically in ensuring staff practice and knowledge aligned with legislative requirements relating to minimisation of restrictive practice and antimicrobial stewardship.

In coming to my finding, I have considered that the organisation’s systems to manage how restraints are used are not effective. The organisation’s restrictive practice policy had not been updated to align with changes to legislation which came into effect on 1 July 2021, and staff have not received training or education in relation to the changes. Additionally, processes to monitor restrictive practices, such as observation, were noted to not be effective with devices implemented by representatives being removed by management without consultation and alternative options not being explored. As such, management and staff did not demonstrate an understanding of what constitutes restrictive practice nor did they have the knowledge to identify practices that could be defined as restrictive practice. I find that this has not ensured opportunities to minimise use of restrictive practices are identified.

I have also considered that while antibiotic and chemical restraint usage is monitored, trended and analysed to identify changes and possible reduction of medication, infections are not accurately recorded by the service and inaccuracies in the overall number of consumers defined as being subject to restraint were noted within reporting data. As such, I find this has not enabled the organisation to identify improvements to clinical systems and practices and, in turn, outcomes for consumers.

For the reasons detailed above, I find North Eastern Community Hospital Incorporated, in relation to North Eastern Community Nursing Home, 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 Requirements (3)(a), (3)(b) and (3)(e)**

* Ensure consumers are:
  + provided care and services in a way which ensures they are treated with dignity and respect, with their dignity, culture and diversity valued;
  + provided care in a culturally safe manner; and
  + provided information in a format which is easy to understand and enables them to exercise choice.
* Ensure staff have the skills and knowledge to provide care and services to consumers in a way which ensures they are treated with dignity and respect and values their culture and diversity.
* Ensure staff interactions with consumers are monitored to ensure kind, caring and respectful interactions are maintained at all times.

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

* Ensure staff have the skills and knowledge to initiate assessments, develop and/or update care plans, and regularly review consumers’ care and service needs.
* Ensure consumers current needs, goals and preferences, specifically in relation to advance care planning and end of life planning, are identified and reflected in care plans.
* Ensure assessment and planning processes are based on ongoing partnership with the consumer and others the consumer wishes involved and care plans are discussed with and made available to consumers.
* Ensure consumer care plans are updated in response to consumers’ changing condition and clinical incidents.
* Ensure consumer care plans are reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
* 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 medications, weight management, restrictive practices, wounds and pain;
  + recognise changes to consumers’ health and well-being, including clinical deterioration, behaviours and incidents and implement appropriate monitoring and management strategies;
  + develop and/or implement appropriate behaviour management strategies and monitor effectiveness of strategies to ensure impact of behaviours on other consumers’ safety is minimised; and
  + ensure information relating to consumers’ personal and clinical care needs is documented and effectively communicated to others.
* Ensure policies, procedures and guidelines in relation to best practice care, management of high impact or high prevalence clinical risks, restrictive practices and specialised nursing care are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to best practice care, management of high impact or high prevalence clinical risks, restrictive practices and specialised nursing care.

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

* Ensure staff have the skills and knowledge to:
  + identify, assess, review and monitor each consumer’s emotional and psychological care needs and preferences;
  + identify things of interest to each consumer, implement activity programs in line with consumers’ preferences and engage them in activities of interest; and
  + identify referral opportunities for consumers to individuals, other organisations and providers of other care in relation to services and supports for daily living.
* Ensure policies, procedures and guidelines in relation to supporting consumers’ emotional and psychological well-being, leisure and lifestyle and referrals are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to supporting consumers’ emotional and psychological well-being, leisure and lifestyle and referrals.

**Standard 5 Requirement (3)(a)**

* Review the service environment to ensure it is welcoming, reflective of consumers’ cultural identity and easy for the consumer cohort to understand.

**Standard 6 Requirements (3)(a), (3)(b), (3)(c) and 3(d)**

* Ensure consumers and others are encouraged and supported to provide feedback and make complaints and complaints and feedback information and avenues are available in a format which is understood by consumers.
* Ensure feedback and complaints, including those received verbally are reflected on the feedback register and appropriately actioned.
* Ensure feedback and complaints data is regularly reviewed to identify trends and improvement opportunities to the quality of care and services.
* Ensure feedback is provided to consumers, representatives and others in relation to receipt of complaints and actions taken in response.

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

* 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 to address the deficiencies identified in all eight of the Quality Standards.

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

* Review processes relating to consumer engagement in development, delivery and evaluation of care and services.
* Review the organisation’s governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.
* Review the organisation’s risk management processes in relation to managing high impact or high prevalence risks associated with the care of consumers and managing and preventing incidents.
* Review the organisation’s clinical governance framework in relation to Non-compliance identified in in Standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal care and clinical care.