Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Regis Como |
| Service address: | 36 Talbot Avenue COMO WA 6152 |
| Commission ID: | 7869 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 6 September 2022 to 8 September 2022 |
| Performance report date: | 31 October 2022 |

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

**This performance report**

This performance report for Regis Como (**the service**) has been prepared by A Kasyan, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the provider’s response to the assessment team’s report received on 10 October 2022.

# Assessment summary

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

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

# Areas for improvement

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

Requirement 1(3)(a) – each consumer is treated with dignity and respect on all occasions including providing timely and person-centred assistance with the care aspects that are important components of dignified care.

Requirement 2(3)(a) – initial and ongoing skin and wound assessment is accurate to guide decision-making in the development and ongoing evaluation of an individualised plan to prevent wound development and to promote healing of existing wounds.

Requirement 3(3)(a) – each consumer gets safe and effective personal care and clinical care that is best practice and in line with the consumer’s assessed needs including in the areas of skin, wounds management, pressure area care and oral care.

Requirement 3(3)(b) – consumers’ high impact or high prevalence risks including risks associated with changed behaviours are effectively managed and best practice recommendations from specialist service providers are trialled and evaluated.

Requirement 7(3)(c) – staff competency, skills and knowledge are monitored and tested to ensure staff are competent to undertake their roles.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Non-compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is Non-compliant as one of the six Requirements in this Quality Standard has been assessed as Non-compliant.

The assessment team recommended Requirement 1(3)(a) as Not Met.

The assessment team received mixed feedback from consumers and representatives regarding this Requirement. While several consumers felt they were treated with respect, others provided feedback about experiences which are not respectful or dignified, including the following examples:

One consumer advised they often have to wait extended times for assistance with continence needs and with personal hygiene, which makes them feel embarrassed and upset. The consumer’s preferences in relation to frequency of showers are not supported.

The second consumer advised they have poor strength in their fingers and often are unable to use their call bell which caused delays in getting assistance with continence needs and personal hygiene. The consumer advised they often have to yell to get staff attention and are not assisted with showers as often as they wished.

For both consumers, documentation confirmed they did not receive assistance with showering in line with their assessed needs.

* One consumer’s representative advised the consumer does not receive adequate assistance with maintaining oral care and this has led to deterioration of the consumer’s oral and dental health.

The provider did not agree with the assessment team’s recommendations and included commentary to refute assertions made by the assessment team, as well as supporting documentation. The provider’s response included, but was not limited to:

All staff respect and maintain consumers’ dignity.

In relation to the first consumer, the provider asserts assistance was provided in a timely manner. Call bell data shows above 90% of the calls were answered within 5 minutes. Furthermore, the consumer was specifically placed in a room close to the main care station to enable the consumer to both attract and receive attention from staff in a timely manner. Lastly, the consumer has not provided feedback about not having showers as often as they would love to.

In relation to the second consumer, issues with not frequent showers have not been known to the service because the consumer had not provided this feedback before. The provider is committed to undertake care planning consultation with the consumer to ensure their personal preferences are captured appropriately in the consumer’s care file. The consumer is able to use their call bell, as evidenced by call bell data, with 94% of the call bells being responded to within 5 minutes.

A call bell that is easy to press by simply tapping it was provided to the consumer on the last day of the Site Audit following comprehensive assessment of the consumer’s functional ability to use the call bell. There is no record of the consumer seeking staff assistance by yelling, no reports of noise concern from staff, consumers or representatives. This demonstrates there was no delay in care provided to the consumer, despite inability to use call bell.

In relation to the third consumer, staff attempt to provide assistance with oral care. However, the consumer intermittently declines. The consumer’s dental conditions of deterioration are impacted by a smoking history and is a most important cause of the consumer’s poor gums and teeth condition.

I acknowledge the provider’s response and associated documentation provided. However, based on evidence in the assessment team’s report and the provider’s response, I find at the time of the Site Audit, the service did not ensure each consumer was treated with dignity and respect.

I have considered that overall consumers felt they were treated with dignity and respect and staff valued their unique culture, identity and diversity. However, in this Requirement it is expected that each consumer is treated in this way.

I have considered, the three consumers mentioned in the assessment team’s report had complex health care needs and were vulnerable, due to their almost full dependence on staff with mobility, personal hygiene, continence care and oral care. I have considered two consumers and one consumer’s representative indicated direct care such as personal hygiene, continence and oral care were important components of dignified care and this was not provided in line with the consumers’ expectations, beliefs and preferences. Whilst the provider asserts there is no evidence the abovementioned consumers experienced any delays with getting assistance, I am not convinced call bell response data is a reliable source of information to support this claim. In coming to my finding, I have placed weight on consumers’ and consumer representative’s feedback, and other evidence including the consumers’ health outcomes.

I have considered evidence in the assessment team’s report under Requirement 3(3)(a) in relation to the second consumer’s statement that they have ongoing pain from sacral wounds.

I have also considered evidence in the provider’s response under Requirement 2(3)(e) in relation to the second consumer which is relevant to my finding in this Requirement and demonstrates the following:

The second consumer developed stage 2 skin injury from incontinence associated dermatitis identified on 7 August 2022. The wound was stable until 5 September 2022 when it started to deteriorate. The wound healed on 27 September 2022 (18 days post the Site Audit).

I have considered the second consumer who was not able to use their call bell, developed incontinence associated dermatitis, which the provider states fully resolved approximately two and a half weeks after the Site Audit. I acknowledge actions taken following the Site Audit that have led to the resolution of the consumer’s sacral wound. However, I am not convinced the consumer was receiving timely assistance with continence care and personal hygiene during the 4 weeks prior to the Site Audit. Since the consumer had a special device in place to drain urine, the only source of incontinence associated dermatitis was faeces. At the time of the Site Audit, the consumer’s wound showed signs of deterioration with a new skin breakdown indicating the consumer was not getting adequate supports to ensure skin is cleaned in a timely manner after episodes of faecal incontinence.

Accordingly, I find the provider is Non-Compliant with Requirement 1(3)(a).

I’m satisfied Requirements 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f) are Compliant.

Consumers reported their care was delivered in a way that was respectful and safe to them culturally. Most consumers stated they were satisfied they were supported to make decisions about their care and maintain their connections. Consumers and their representatives confirmed they are supported to do the things they wish to do even where risk is involved, the risk is discussed, and they feel staff manage those risks with them, so they can do the things they want. Consumers’ feedback confirmed they have accurate information and are able to make choices about their care and services.

Staff described ways in which they deliver care that is culturally safe. Staff also described how they support consumers to maintain connections and personal relationships, including supporting consumers to sit with their friends at mealtimes and during activities, and how they provide information to consumers in a timely manner.

Documentation confirmed consumers were able to exercise choice and decision making in relation to their care, and the service supports consumers to make their own choices in relation to care and services. Documentation showed consumers are supported to take risks and where they choose to, risk assessments are undertaken, including discussions with consumers and their families about mitigating the risks to ensure their safety.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is Non-compliant as one of the five Requirements in this Quality Standard has been assessed as Non-compliant.

**Requirement 2(3)(a)**

The assessment team recommended Requirement 2(3)(a)as Met because they found consumer admission process guides clinical staff in the assessment of consumers, including when new to the service or admitted for respite, and the service uses validated risk assessment tools to identify key risks, including for falls, malnutrition and skin integrity.

However, based on the assessment team’s report and the provider’s response I found Requirement 2(3)(a) Non-Compliant because wound assessment is not effective nor accurate and does not inform the delivery of safe and effective care and services. Three consumers did not have accurate wound assessment to enable effective decision-making in the development and ongoing evaluation of an individualised plan to prevent wound development and to promote healing of existing wounds. One of the three sampled consumers developed a significant wound which was only found when it was unstageable.

The assessment team provided the following information and evidence presented in Requirements 2(3)(e) and 3(3)(a) relevant to my finding for this Requirement:

* A review of a deceased consumer’s file showed inaccurate skin assessment to guide both prevention and management of wounds. The consumer developed pressure injuries to both heels which were classified as stage 2 on their initial assessment on 9 July 2022. However, photographs of the skin injuries to the consumer’s heels showed intact, darkened and discoloured skin that was consistent with description of suspected deep tissue pressure injuries.
* The second consumer’s pressure injuries were not identified until the skin had broken down.
* The third consumer’s sacral pressure injury was not accurately assessed. Whilst the pressure injury was classified as stage 2, photograph on the wound taken at the time of assessment showed darkening and discoloration of the skin which is indicative of suspected deep tissue pressure injury. In addition, ongoing assessment of the wound during dressing change did not include the wound’s measurement.

The provider’s response included further information and evidence in relation to the initial and ongoing skin and wound assessments of the three consumers highlighted in the assessment team’s report. The provider’s response included, but was not limited to:

* In relation to the first consumer, an unstageable sacral pressure injury was identified on 23 June 2022. Following the identification of the wound, a range of pressure relieving interventions were put in place, including an alternating air mattress and pressure relieving cushion and the consumer was referred to the wound specialist. The provider acknowledges assessment of the consumer’s skin injury to their heels was not accurate. The provider acknowledges staff wrongly classified pressure injuries as stage 2 and their response states following further clinical review, the injuries were assessed as suspected deep tissue pressure injuries.
* In relation to the second consumer, the response states the consumer did not have sacral pressure injury and the wound was a stage 2 skin injury from incontinence associated dermatitis.
* In relation to the third consumer, the provider asserts information about the appearance and staging of the consumer’s sacral wound in the assessment team’s report was incorrect. The consumer’s wound was a skin tear not a pressure injury which was identified on 25 August 2022 and there was no evidence of suspected deep tissue pressure injury on a photograph taken on 26 August 2022. The response states, six days later, a suspected deep tissue pressure injury was found on the consumer’s sacrum.

Based on evidence in the assessment team’s report and the provider’s response, I find the service to be Non-compliant with Requirement 2(3)(a).

The evidence shows systemic issues around initial and ongoing skin and wound assessment to guide decision-making in the development and ongoing evaluation of an individualised plan to prevent wound development and to promote healing of existing wounds.

The service did not implement robust improvements in relation to ineffective skin and wound assessment processes following the serious incident where an unstageable pressure injury was identified for the first consumer. Whilst the provider acknowledges staff incorrectly assessed the consumer’s skin injury to their heels that was identified within 3 weeks after the identification of the first wound, there have been further incidents of inaccurate wound assessment for two other consumers sampled by the assessment team.

In relation to the second consumer, I have considered staff did not correctly classify skin injury to inform the delivery of safe care because, whilst the provider asserts the consumer had incontinence associated dermatitis, information included in the provider’s response (wound care plan) does not support the provider’s claim. The wound care plan states the consumer was assessed as having stage 2 pressure injury. Incontinence associated dermatitis and pressure injury are two different diagnoses, and correct diagnosis is important in order to determine the best treatment strategy.

Furthermore, whilst the provider asserts, in relation to the third consumer, there was no evidence of suspected deep tissue pressure injury on a photograph taken on 26 August 2022, the information and supporting documentation attached to the response does not support the provider’s claim. The photograph in the wound assessment and management plan dated 26 August 2022 showed darkening and discoloration of the skin, consistent with the description of the wound provided in the assessment team’s report. In addition, in its response to information in Requirement 3(3)(a) about incorrect staging of the consumer’s sacral wound, further information was provided where the provider states that following further clinical review the consumer’s wound identified as a suspected deep tissue pressure injury was a stage 4 pressure injury.

Accordingly, I find the provider is Non-Compliant with Requirement 2(3)(a).

Requirement 2(3)(b)

The assessment team recommended Requirement 2(3)(b) as Not Met because assessment and planning did not identify personalised consumer goals. The assessment team provided the following information and evidence relevant to their recommendation:

Whilst consumer advance care and end of life planning was captured in sampled care plans in alignment with consumer wishes, and most consumer preferences in care plans was reflective of feedback provided, consumer goals in care planning were generic and based upon clinical assessment rather than capturing personal insights.

Care preferences for one consumer included a preference for female carers, however, the consumer reported they preferred male carers.

The provider did not agree with the assessment team’s recommendations and included commentary to refute assertions made by the assessment team, as well as supporting documentation. The provider’s response included, but was not limited to:

The organisation’s process for ascertaining an individual's goals is generated from the consumer’s assessed needs. Standard goals are an effective and established practice across aged care as a baseline for individuals who have no further or specific personal preferences. If there were any specific goals related to consumer care, it would be added to the care plan. Additionally, other opportunities to identify individuals' goals and altering of goals is undertaken from the Care Plan consultation process and the Clinical Care Review process undertaken 3 monthly. Where new goals are identified through these processes, it is updated in the relevant plan of care. This is a consultative process, where interventions and strategies are modified as required, with the consumer and their representative.

In relation to the consumer’s preferences for male care staff, the care plan includes information about the consumer’s long-standing history of inappropriate verbal suggestive behaviours towards male staff when attending to the consumer’s personal care. This resulted in implementation of a strategy where a female staff member is to accompany a male staff member in the provision of care for this consumer.

Based on evidence in 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 also considered information in the assessment team’s report across Standards 2, 3 and 4.

Whilst I acknowledge, consumer care plans contained generic goals based upon clinical assessment, it is unreasonable to suggest, based on this information alone, that the service does not ask consumers or substitute decision-makers about any goals the consumer wants to achieve. In addition, it is unclear whether during the Site Audit the consumers’ and/or representatives’ feedback have been sought in relation to the service’s process in ascertaining consumer goals.

Whilst noting the assessment team’s findings, I find the provider’s response to be more compelling.

Their response showed the service has established processes in place to identify consumer goals by regularly asking them what is important to them in relation to their care.

I have considered the service integrated identification of goals of care into existing processes such as admission and assessment processes, care planning and documentation processes. Whilst I accept, the assessment team did not see in sampled consumer files any documented examples of specific goals the consumer wanted to achieve, this might indicate these consumers did not have any specific goals they wanted to accomplish.

In coming to my finding, I have also considered information in the assessment team’s report under Standard 4 where the assessment team found consumers are encouraged to be independent and their goals and preferences for that are respected and supported. One consumer wanted to maintain their connections with the community, and the service put things in place to enable this consumer to achieve this goal important for their overall well-being. Another consumer’s goal was to be able to leave the service and go to the beach. In order to enable the consumer to achieve this goal, the service applied for, and has been successful in, securing funding to purchase a specialised electric wheelchair.

This evidence supports the provider’s assertions that there are established processes in place to identify consumer goals.

Based on this evidence, I am satisfied the assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

**Requirement 2(3)(e)**

The assessment team recommended Requirement 2(3)(e) as Not Met. The assessment team provided the following information and evidence relevant to their recommendation:

Care plan assessments and strategies were not reviewed following deterioration of wounds for three consumers, and pain monitoring was not considered, despite development of wounds or identified dental deterioration.

Two incident reports were not completed for two consumers who developed new pressure injuries.

Wound stages had not been correctly identified for pressure injuries on wound charts for two consumers.

Documentation did not demonstrate frequency of verbal behaviours (resistance to hygiene, including showers and oral care), and was not reviewed when behaviour management strategies were not successful.

Pain charting was not routinely commenced for two consumers with clinical changes.

The provider did not agree with the assessment team’s recommendations and included commentary to refute assertions made by the assessment team, as well as supporting documentation. The provider’s response included, but was not limited to:

All three consumers identified in the assessment team’s report had their pain assessment initiated following a change in consumers’ health and condition, specifically when two consumers developed new pressure injuries and one consumer was found to have three root stumps/teeth deeply decayed. The evidence provided by the provider included pain charting for three consumers and abstracts of progress notes in relation to the medical officer’s review of one consumer’s medications to treat pain.

Three consumers mentioned in the assessment team’s report have undergone review of the effectiveness of their wound management plans. The provider acknowledges a 2-day delay in commencement of formal pain charting for one consumer. However, asserts pain was already being monitored via the consumer’s wound management plan which showed the consumer did not have any pain.

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.

I have considered that the service does review care and services for effectiveness at the scheduled intervals, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

I have considered evidence in the assessment team’s report under this Requirement and Requirement 2(3)(c) where clinical care discussions, held every 3 months, demonstrated involvement of consumers and most representatives in a review of care and services, and pain charting had been commenced for consumers following incidents such as falls, wound changes, and for those entering end of life care. I have also considered information and evidence provided by the provider demonstrating frequent review of consumer care plan at scheduled intervals and more frequently, if required, including following external specialist reviews of consumer changed behaviours and post incidents.

In coming to my finding, I have considered that most evidence presented in Requirement 2(3)(e) does not indicate systemic issues associated with review of care and services rather it reflects core deficiencies around comprehensive initial and ongoing assessment of the individual’s wound. Therefore, I considered this information in Requirement 2(3)(a) which I found Non-Compliant.

I am satisfied the remaining two requirements 2(3)(c) and 2(3)(d) are Compliant.

Overall, sampled consumers expressed satisfaction living at the service and considered partners in the ongoing assessment and planning of their care and services. Consumers and representatives confirmed they were informed of outcomes of assessment and planning. Areas covered during clinical care reviews include consultation with the consumer and/or representative, assessment of environment and belongings, as well as examination and evaluation. Assessment and planning documents for the sampled consumers showed the consumer and others such as public guardians, family members and those a consumer wishes to be involved in planning of the consumer’s care are involved in assessment and planning on admission and on an ongoing basis.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is Non-compliant as two of the seven Requirements in this Quality Standard have been assessed as Non-compliant.

**Requirement 3(3)(a)**

The assessment team found clinical and/or personal care delivered to three consumers in relation to hygiene, skin integrity, wound care and pain assessment was not best practice and tailored to their needs to optimise health and well-being.

Two consumers said they are not showered as often as they wanted. Documentation confirmed the consumers do not receive personal care in line with their assessed needs.

One consumer’s representative expressed dissatisfaction with inadequate assistance provided to the consumer to maintain hygiene and oral health. The representative lodged a complaint in relation to poor oral care provided to the consumer.

Three consumers’ wounds were not accurately assessed, measured and photographed.

One consumer advised they are not repositioned frequently enough to relieve pressure in their sacral area where the consumer has a wound, and this results in discomfort and pain. Staff advised whilst they were aware of the consumer’s assessed needs in particular about repositioning requirements, they could not always undertake repositioning in line with the care plan.

Wound care for one consumer was not delivered in line with the wound management plan, and at the time of the Site Audit the wound showed signs of deterioration (new skin breakdown) since it was first identified approximately a month ago.

The provider did not agree with the assessment team’s recommendations and included commentary to refute assertions made by the Assessment Team, as well as supporting documentation. The provider’s response included, but was not limited to:

In relation to the first consumer who did not receive showers in line with their assessed needs, the consumer often declines to participate in the showering process.

In relation to the second consumer, the response states the consumer has been identified as having recall deficits. Even though documentation does not show the consumer was showered four times a week as per their assessed needs, this does not prove the care was not provided because staff document by exception, only when care was not provided. However, acknowledges staff did not document refusals.

In relation to the consumer whose representative complained of extremely poor condition of oral and dental care, the provider was aware of the representative’s concerns and has formally responded to them. The provider put an action plan in place to address the representative’s concerns, with some actions already having been completed prior to the Site Audit. Furthermore, whilst the provider acknowledges the consumer’s condition of teeth and gums are poor and requires dental treatment, the consumer had the same issues on initial admission assessment. Lastly, the consumer has complex health history and is resistive to care including assistance with oral hygiene.

The provider’s response in relation to deficiencies in wound assessment for three consumers is provided in this report in Standard 2 Requirement 2(3)(a) where it was considered.

I acknowledge the provider’s response. However, based on the evidence in the assessment team’s report and the provider’s response, I find at the time of the Site Audit, each consumer was not provided safe and effective personal and/or clinical care which was best practice, tailored to their needs and which optimised their health and well-being, specifically in relation to provision of personal care, dental care, skin and wound management.

In relation to the consumers who did not receive assistance with showers in line with their assessed needs, I have placed weight on statements from consumers saying they are not assisted with showering as often as they wanted to, and documentation confirmed personal hygiene was not delivered in line with the consumer’s assessed needs.

I have considered one consumer was in pain due to not being repositioned often enough to alleviate pain and pressure in the sacral area and the consumer’s wound care was not delivered in line with the wound management plan. Whilst the provider asserts the consumer’s pain was appropriately monitored via the wound management chart, the evidence shows the consumer’s pain was not managed effectively to optimise the consumer’s well-being. I have considered the consumer’s statement about having pain in the sacral area, information about deterioration of the existing sacral wound, staff reports of not repositioning the consumer in line with their assessed needs and the fact the consumer had not had an air mattress for a week for managing high risk of pressure injuries.

In relation to the consumer with poor dental condition, whilst I accept the consumer was known to refuse care, there was no evidence demonstrating range of best practice strategies have been trialled or implemented to support the consumer with complex health history to maintain adequate oral hygiene particularly in light of poor oral history and risks associated with deteriorating dental health.

Accordingly, I find Requirement 3(3)(a) is Non-compliant.

**Requirement 3(3)(b)**

The assessment team found high impact risks associated with one consumer’s behaviours of concern were not managed effectively impacting multiple consumers’ emotional well-being causing them fear.

Six consumers and consumer representatives advised they are afraid of the consumer due to the consumer’s changed behaviours, with one consumer describing needing to lock their room door at night to feel safe.

When chemical restraint was used on an as required basis for the consumer, non-pharmacological strategies were not captured on most occasions, and on the one documented occasion, showed consideration only of offering chocolate and coffee, despite other options documented in the care plan.

The representative for the consumer advised they were aware other consumers and staff were scared of the consumer who does tend to form fists and wanders into other consumers’ rooms. The representative did not feel the person-centred strategies based on the consumer’s likes and preferences were implemented and they felt obliged to spend a lot of time at the service to ensure everyone is safe.

Whilst the consumer was reviewed by the external service provider who suggested strategies, including providing opportunities for the consumer to engage in meaningful activities, these activities have not been trialled and evaluated.

The provider did not agree with the assessment team’s recommendations and included commentary to refute assertions made by the assessment team, as well as supporting documentation. The provider’s response included, but was not limited to:

Acknowledges there is limited documentation of the non-pharmacological interventions being trialled prior to administration of chemical restraint. However, this does not mean that it did not occur.

The consumer has verbal, physical and wandering care plans in place which are regularly reviewed.

The consumer’s care plan was updated with strategies from the external service provider.

The response included Care Plan Consultation with Resident/Representative records where the consumer’s behaviours and personal hygiene needs were discussed and actions in response to the behaviours of concerns were recorded.

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, one consumer’s risks associated with their behaviours were not managed effectively potentially impacting the consumer and impacting other consumers who expressed feelings of fear.

I have considered, whilst the service sought input from an external service provider who offered person-centred strategies, including providing opportunities for the consumer to engage in meaningful activities, these have not been trialled and evaluated. Furthermore, the Care Plan Consultation with Resident/Representative records state the consumer has intrusive behaviours, wanders into other rooms and will not leave when asked to with some consumers stating they do not feel safe. The service’s actions did not record any proposed interventions to be trialled apart from providing education to staff for redirection techniques.

I’m not satisfied evidence and information summarised above shows the service effectively manages risks associated with one consumer’s behaviours impacting other consumers. Accordingly, I find Requirement 3(3)(b) Non-compliant.

**Requirement (3)(e)**

The assessment team recommended Requirement 3(3)(e) as Not Met and provided following evidence and information relevant to their finding:

Progress notes did not always capture when care was provided or refused.

Sampled charting for the three consumers with known pressure injuries did not demonstrate consumers were being repositioned as frequently as required in their care plans.

Wound care documentation did not demonstrate dressings were changed in alignment with the wound care plan, measurements were not completed accurately, photographs did not always include tape measures.

Where chemical restraint was used to manage agitation of one consumer, there was no description of non-pharmacological strategies implemented by staff prior to the use of the chemical restraint.

The provider generally did not agree with the assessment team’s recommendations and included commentary to refute assertions made by the assessment team, as well as supporting documentation. The provider’s response included, but was not limited to:

The organisation’s documentation processes support by exception reporting and this has been consistently applied.

Progress notes are not required to capture when care is provided or refused if the care plans record these as known occurrences.

Accepts there have been some improvements identified in documentation for pressure area care charting however, this do not demonstrate a lack of pressure area care being provided to consumers.

Based on the assessment team’s report and the provider’s response I find the Service is Compliant with the Requirement 3(3)(e).

I find there are processes in place to ensure 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.

In coming to my finding, I have considered information and evidence presented in the assessment team’s report across multiple Quality Standards. I have considered consumer care needs are described in detail in consumer care plan with a summarised version provided on a single page. Individual care plans are available for each area of care provided, including specialised needs such as diabetes, oxygen management and indwelling catheter care. Staff interviewed during the Site Audit were aware of the consumers’ needs and preferences including around clinical and non-clinical supports. Consumers and their representatives confirmed they don’t have to repeat information or their preferences for care and services when referred to others. Documentation confirmed information about care and services is appropriately shared.

Information about staff not always documenting in progress notes when care was provided or refused does not indicate information about consumer care needs are not communicated to staff.

I consider deficiencies in completion of repositioning charts does not indicate staff were not aware how frequently to reposition consumers. Staff interviewed during the Site Audit showed their knowledge of consumer repositioning requirements which means information about consumer needs were effectively communicated to staff.

I consider information about consumer needs in relation to wound care was documented in consumer wound care plans. I have considered information about deficiencies in wound care assessment and charting documentation in Requirements 2(3)(a) and 3(3)(a) which I found Non-compliant.

Based on the evidence summarised above, I find the service is Compliant with the Requirement 3(3)(e).

I am satisfied the remaining Requirements in this Standard, 3(3)(c), 3(3)(d), 3(f) and 3(g), are Compliant.

Consumers and their representatives confirmed medical officers and other health specialists are available and involved in managing consumers’ clinical needs or following an incident or change. Consumers are referred to specialists when ongoing incidents or deterioration occurs. Consumers’ files viewed showed consumers at end of life have appropriate personal and clinical care implemented to support consumer dignity and comfort. Staff demonstrated and confirmed infection control practices in line with current infection control guidelines.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers confirmed they are encouraged to be independent and their needs, goals and preferences for that are respected and supported. Staff provided examples of how they support consumers to remain independent and optimise their quality of life and documentation confirmed ways the service is supporting consumers to do this.

Consumers talked of ways they are supported emotionally when they are low or feel like they need extra support. Documentation recorded consumer needs, goals and preferences for emotional, spiritual and psychological supports. The service has a counselling service ‘esprit café’ that attends regularly for any consumer who expresses an interest to talk to the counsellor or where staff identify a consumer may need extra support to talk in a confidential manner.

Consumers provided feedback that showed their satisfaction and engagement with the lifestyle program and confirmed they were able to do the things they like to do. Observations showed consumers engaged and participated in various activities throughout the visit, and documentation reflected consumer choice around likes and preferences in line with the lifestyle program. Consumers were observed engaged with other consumers in the service’s café, dining and lounge areas, and staff described ways in which they support consumers to do what they like and spend time with whom they choose to.

The assessment team observed various group activities occurring throughout the visit including mobility and cognitive type groups.

Consumers and their representatives confirmed they don’t have to repeat information or their preferences for care and services when referred to others. Documentation confirmed where appropriate information about care and services is shared and referrals are done appropriately and are timely.

The service engages with consumers to better understand their dining experience and where there is negative feedback, they seek to address this through improvements and further discussion. Whilst some consumers provided examples of when they were not fully satisfied with the food, most consumers confirmed the food was of suitable quality and quantity. Documentation confirmed the service has various methods to capture feedback about meals and the ways in which they are seeking to improve those where required.

Consumers confirmed they felt safe using equipment provided and observations showed equipment appeared clean and well maintained. Staff described how they escalate issues identified with maintenance of equipment to be resolved in a timely manner.

# Standard 5

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

Findings

This Quality Standard is Compliant as three of the three Requirements have been assessed as Compliant.

Overall consumers advised they felt at home living at the service and it was important to them to add ‘personal touches’ to their bedrooms. Consumers confirmed they are safe living at the service, and said they were satisfied with cleaning and maintenance and the equipment they use is right for them and well maintained.

Observations showed the service environment was calm, and consumers were visiting each other in various communal areas, the café, and seated in the foyer on lounges reading books. Observations showed consumers’ rooms were decorated with personal items, including photographs, paintings, and furniture they brought from their homes.

Consumers were observed to be able to go outdoors within the service environment as they wish, and the environment was clean and well maintained. Consumers were observed using the designated smoking areas and were able to access those areas without assistance. Safety equipment was observed to be in place and maintained in the smoking area.

Furniture and fittings were observed to be clean and equipment appeared safe and well maintained. Staff confirmed, and documentation showed maintenance is regularly attended to when reported and staff, consumers and visitors are able to report any items that require fixing.

# Standard 6

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

Findings

This Quality Standard is Compliant as four of the four Requirements have been assessed as Compliant.

Consumers confirmed they were aware of how to make a complaint, give feedback and suggestions and felt supported by management when they provided feedback. Consumers confirmed appropriate action is taken in response to complaints. The service has policies and procedures in place to guide staff practices and staff described how they encourage and support consumers to provide feedback and make complaints.

Feedback boxes were observed throughout the service environment, and information on how to make a complaint was readily available. There is a process in place for ensuring complaints, compliments are collected in a timely manner. Registers are maintained, actioned at relevant forums and corrective actions recorded on the register.

Translation services are also available to help consumers give feedback and make complaints.

Information is provided to consumers on advocacy services and on external complaints mechanisms when a consumer first enters the service. Consumers confirmed they have access to information and pamphlets were observed at the front entrance of the service from the Aged Care Quality and Safety Commission.

The service is supported by policies and procedures which guide and support the use of advocates, complaints resolution and accessing appropriate language or cultural supports where required to ensure consumers can raise and resolve complaints.

Staff and management demonstrated their knowledge of the open disclosure concept and provided examples of when it was used in practice. Documentation showed appropriate action is taken in response to complaints/feedback and an open disclosure process is used when things go wrong. A continuous improvement update is included in the Resident’s Newsletter which highlights the amount of feedback, concerns, suggestions and compliments received and also encourages and explains how consumers and relatives can provide feedback.

# Standard 7

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

Findings

This Quality Standard is Non-compliant as one of the five Requirements has been assessed as Non-compliant.

The assessment team recommended Requirement 7(3)(c) as Not Met because the service was unable to demonstrate the workforce is competent and has the skills and knowledge to effectively perform their roles, specifically in relation to pain, wound, skin integrity, pressure injury and behaviour management. Whilst there are policies and procedures available to guide staff in practice, and organisational systems to monitor staff competency, they were found to be ineffective. The assessment team provided following information relevant to my finding:

Wound assessments for three consumers were incorrectly assessed or staged.

Sampled pressure injuries were not identified by staff in early stages, identified only once the skin had broken.

Documents viewed showed pain assessments were not reviewed and pain charting not commenced.

Appropriate strategies had not been put in place to manage one consumer's behaviours. Their representative interviewed felt staff would benefit from additional training in dementia and management of changed behaviours.

The provider did not agree with the assessment team’s recommendations and included commentary to refute assertions made by the assessment team, as well as supporting documentation. The provider’s response included, but was not limited to:

There is no systemic failure in staff skills or competency and training.

In relation to wound assessments, multiple comorbidities and end of life can affect the time it takes for pressure injuries to appear and at what stage they are recognised. Consumer refusal of care, alongside respecting consumer’s wishes, can also reflect upon the skin integrity maintenance. All elements of skin integrity management and recommendations suitable to the individuals were in place.

Whilst the staging of one consumer’s wound initially required further guidance this did not have impact on treatment or progress. This is not suggestive of a failure in staff competency.

I acknowledge the provider’s response. However, based on evidence in 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 to effectively perform their roles.

In coming to my finding, I have considered evidence of ongoing deficiencies in staff competencies specifically in relation to initial and ongoing wound assessment highlighted in Standard 2 Requirement 2(3)(a) which I found Non-compliant. I have considered for three consumers initial and/or ongoing wound assessment critical to promotion of wound healing, was not accurate.

I have also 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 3(3)(a) and 3(3)(b), which have been found Non-compliant, demonstrate consumers have not been provided care that is best practice, tailored to their needs or optimised their health and well-being or that high impact or high prevalence risks have been effectively managed. Deficits have been identified in provision of personal care and management of skin integrity, wounds and behaviours of concern in consumer living with dementia.

Accordingly, I find the service is Non-compliant with the Requirement 7(3)(c).

I am satisfied the remaining Requirements in this Standard, 7(3)(a), 7(3)(b), 7(3)(d) and 7(3)(e) are Compliant.

All consumers and representatives interviewed expressed satisfaction with staffing levels and confirmed the service provided quality care and services to meet consumers’ needs. The service has a system to calculate and ensure staff assess, plan and coordinate care and services. Feedback from staff, consumers and representatives indicated overall there are sufficient staff numbers to tend to consumer care needs, however at times there can be some delays in responding to call bells.

Consumers and representatives confirmed staff are kind and considerate with some stating ‘they treat us like family’. Staff training, and onboarding processes provide person-centred requirements such as treating everyone with respect and dignity. The staffing roster supports the consumer’s gender, diversity and preference needs. Staff confirmed they receive mandatory and awareness training on consumers culture and diversity.

Staff confirmed that the service has mechanisms in place for them to provide feedback about their training and support needs via feedback forms and via the performance appraisals process. Staff have access to education through regular training sessions offered via online training modules, toolbox training, and staff are aware they can request further training if required. The service has policies and procedures to guide staff in recruitment and onboarding. Position descriptions for all staff are in place and outlined the roles, responsibilities, and accountabilities.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Most consumers interviewed confirmed they felt the service is well run and they were actively involved in the development and delivery of their care via care plan reviews. Consumers said they can suggest improvements about their care and services via surveys, feedback forms or by attending Residents’ and Relative or Food Forum meetings.

The organisational corporate governance framework governs all aspects of the service’s clinical and care practices including high level decision making and the implementation and compliance of all activities. The service promotes inclusion and inclusive practices through its clinical governance framework and systems. The Clinical Governance Framework describes how the Board of Directors make the care of each consumer experience a strategic and business priority.

Information management systems and processes are in place to ensure staff and management have ready access to relevant and up-to-date information to perform their role. Consumers and representatives confirmed they are encouraged to participate in continuous improvement initiatives through feedback, surveys and meetings.

Management described how they are required to demonstrate financial accountability and external financial auditing is completed as required. Processes are in place to support the service to ensure staff are selected, trained and supported to meet the organisation’s values and job specifications of each role. The organisation subscribes to and participates actively with industry and peak professional bodies. Feedback mechanisms are in place for staff, consumers, representatives and visitors.

An overarching Clinical and Governance Organisational Policy and Risk Management Framework is in place. Risk management is embedded as an integral part of governance and operations to ensure that appropriate strategies, plans and systems are in place to identify and manage risk. The Board is responsible for overseeing management and ensuring risk management and accountability arrangements are in place throughout the organisation. Incidents of abuse and neglect are managed and documented through the service’s incident management system. The organisation has antimicrobial stewardship, minimising the use of restraint, and open disclosure policies and procedures in place to guide staff practice.

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