Rochester Nursing Home Annexe

Performance Report

Pascoe Street   
ROCHESTER VIC 3561  
Phone number: 03 5484 4451

**Commission ID:** 3405

**Provider name:** Rochester & Elmore District Health Service

**Site Audit date:** 26 July 2022 to 29 July 2022

**Date of Performance Report:** 26 September 2022

# Performance report prepared by

S Byers, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | 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) | Non-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) | Compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 9 September 2022 and 16 September 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Overall, consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers and representatives spoke positively about how their culture, diversity and individuality is valued, and how staff show them respect.
* Consumers and representatives felt consumers are supported in making choices about their care and services and exercise independence, and said they receive information to support daily choices.
* All consumers said they are supported in choices involving risk and supported to live the best life they can.

Staff spoke of consumers in a way which respected their dignity, culture and diversity and demonstrated knowledge of what is important to consumers in their care and service delivery, personal relationships and significant life history. Staff described how they protect consumer information and privacy. Consumer information was observed to be stored securely.

Care planning documentation provided information about the supports required for consumers to maintain their chosen relationships and choices they wish to engage in, and details of their past significant life experience, cultural beliefs and practices, and important people. Some deficits in risk assessment documentation were identified and addressed by management at the time of site audit.

The Assessment Team observed staff respecting consumers privacy and dignity while attending to care.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

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

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

### Requirement 1(3)(d) Compliant

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

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

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

# STANDARD 2 NON-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

Some consumers and representatives did not consider that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives were satisfied staff identify and manage risks to consumer care. They said staff knew what is important to them in their care including at the end of life.
* Some feedback from consumers and representatives included they are not always informed about the outcomes of assessments and care planning, could not recall care consultation or are unsure what is contained in their care plans.

The service did not demonstrate assessment and care planning is based on ongoing partnership with consumers and their chosen representatives. While communication of changes and incidents occur, consumer and representatives did not describe ongoing partnership in assessment and care planning. The outcomes of assessment and care planning was found to not be effectively communicated to the consumer, and a care and services plan is not readily available.

Risks to consumers’ condition are appropriately identified and managed through the use of validated assessment tools. Staff were able to describe how they approach assessment and care planning.

The service effectively involves other care and service providers in the care of consumers. The effectiveness of care and services are regularly reviewed and in response to changes in the consumer’s circumstances and incidents.

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

## Assessment of Standard 2 Requirements

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

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

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

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

### Requirement 2(3)(c) 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.*

While the Assessment Team found while the service involves other organisations and providers of care such as allied health, medical officers and specialists, the service did not demonstrate assessment and care planning is based on ongoing partnership with the consumer and others they wish to involve in their care. For example, their representative. Consumers and representatives said they are informed of changes to the consumer’s condition and incidents such as falls but do not recall regular consultation in assessment and care planning.

Staff said they consult with consumers and representatives during assessment. The Assessment Team found care documentation demonstrated evidence of assessment and care planning but did not document consultation with the consumer or representative or it indicated plans to contact the representative after the assessment had been completed.

The approved provider does not agree with all of the Assessment Team findings. The approved provider submitted a response that included clarifying information and supporting documentation.

In their response the approved provider states regular discussions about assessment and care planning occur but they are not always formal care consultations, an informal approach is taken and documentation does not always reflect this approach.

The approved provider submitted progress notes of named consumers in the site audit report. While the progress notes demonstrate communication with representatives regarding changes to assessment and care planning, or in response to complaints raised by the representative, and some record occasions of consultations, the approved provider did not submit evidence of follow up or implementation, or how these communications inform assessment and care plans. I have considered the approved provider’s evidence and I am not satisfied it demonstrates ongoing partnership with the consumer or the people they chose to be involved in their care.

Actions taken since the site audit include review of the ‘resident of the day’ assessment policy and supporting written resources, consultation with consumers and representatives to determine their satisfaction in assessment and care planning, communications to staff and at ‘resident meetings’, schedule of audits to review care documentation and implementation of new processes.

I have reviewed all of the information provided. While I am satisfied the service involves other providers of care and services in consumer care, I am not satisfied assessment and care planning is based on ongoing partnership with the consumer and their representatives. I acknowledge that informal communications may occur however, in my view, this does not demonstrate ongoing partnership and I am persuaded by the negative feedback from consumers and representatives. Therefore, I find this requirement Non-compliant.

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

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

The Assessment Team found consumers and representatives had not been offered a copy of their care plan, did not know a care plan existed, or had seen the care plan but not understood it. The Assessment Team identified care planning documentation on the electronic system contained relevant and comprehensive information and to be in an easy to understand format. Clinical staff said they are able to access the care plan but they do not offer a copy to consumers or representatives.

The Assessment Team presented evidence in the site audit report that an individual consumer’s skin assessment did not lead to a skin care plan. The approved provider submitted evidence that demonstrated information from skin care assessments are contained in personal hygiene care plans.

The approved provider does not agree with the Assessment Team’s findings in relation to named consumers in the site audit report and provided clarifying information and supporting documentation including care documentation and progress notes. In their response the approved provider stated that communication about care occurs regularly and less formally and it is not necessarily recognised as care planning. The documentation submitted by the approved provider demonstrated some occasions of communication of outcomes of assessment and care planning. While I am satisfied the documentation demonstrates occasions of communication of assessment and care planning outcomes, I am not satisfied the communication is effective or that the care and services plan is readily available to the consumer.

I have also considered representative feedback from under Requirements 2(3)(c), 2(3)(d) and Standard 3 that demonstrates outcomes of assessment were not effectively communicated. In response to this feedback the approved provider submitted evidence of communication occurring however it was after the implementation of assessment recommendations and in response to a complaint being raised by the representative.

Action taken since the site audit include, plans to consult with representatives and provide a written care plan, review of relevant policies and procedures to improve consultation and communication of assessment and care planning outcomes. The approved provider plans to reiterate consumers’ right to discuss their individual preferences.

I am persuaded by consumer and representative feedback regarding their dissatisfaction with the communication of the outcomes of assessment and care planning and that some consumers and representatives were not aware of, or did not understand the care plan. I am satisfied the approved provider is Non-compliant with this requirement.

### Requirement 2(3)(e) Compliant

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

The Assessment Team found care and services are regularly reviewed, however did not always identify when strategies are ineffective or consumers’ needs change, or following an incident. The Assessment Team’s evidence included two consumers where deficits were identified in care documentation relating to the review of the consumers care. Representatives were dissatisfied with the level of communication from the service regarding changes and allied health recommendations. I have considered this feedback under Requirement 2(3)(d).

The approved provider does not agree with all of the Assessment Team findings. The approved provider submitted information and evidence that demonstrated regular reviews and the review of care in response to changes. The approved provider presented information which demonstrated recommendations from reviews are implemented in a reasonable timeframe. In their response, the approved provider acknowledged deficits in documentation related to informing the consumer and their representative.

I have reviewed all of the information provided and have come to a different view. While I acknowledge deficits in documentation identified by the Assessment Team, on balance, I am satisfied the response from the approved provider addresses the concerns raised in the site audit report. Therefore, I find this Requirement is Complaint

# 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

Not all consumers and representatives considered that they receive personal care and clinical care that is safe and right for them. For example:

* Representatives were dissatisfied with the management of consumers pain and wounds.
* Consumers and representatives were satisfied with the services outbreak management.

The service did not demonstrate the management of each consumer’s pain, wound or restrictive practices was best practice, tailored to their needs or optimised their health and well-being.

The service did not demonstrate it effectively manages the high impact or high prevalence risks associated with wound management, weight loss, or restrictive practices.

The service did not demonstrate that consumers conditions and needs are consistently documented to support effective communication within the organisation and other providers of care. While the service demonstrated input by multidisciplinary teams and appropriate referrals are made, it did not demonstrate referrals are timely.

The service did not demonstrate wound deterioration was recognised and responded to in a timely manner.

Palliative care is provided in accordance with consumer and representative wishes and advanced care directives reflect end of life wishes.

While the Assessment Team observed some instances of poor staff practice in relation to infection control and deficits in outbreak management documentation, the service demonstrated it minimises risks of infection related risks. Staff demonstrated understanding of the processes in place to ensure the appropriate use of antibiotics.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found the service did not demonstrate that each consumer receives personal and clinical care that is effective, safe and optimises their health and well-being. The Assessment Team identified deficits in care across multiple clinical areas including restrictive practices, wound and pain management.

The Assessment Teams evidence included:

* Significant deficits and inconsistencies in consumer care documentation relating to wounds, restrictive practices and pain management that impacted safe delivery of care and services. For example, three out of four reviewed behaviour support plans did not include a specific diagnosis or the psychotropic medication prescribed and administered to the consumer.
* Staff did not demonstrate understanding of restrictive practices, wound and pain management.
* Informed consent and review of psychotropic medications were not always obtained or completed.
* Negative feedback from representatives relating to wound and pain management.

The Assessment Team reviewed the file of a consumer with a chronic wound and experiencing pain. While documentation demonstrated ongoing review and recommendations by a wound specialist, documentation did not evidence the recommendations were consistently followed by staff. File review demonstrated inconsistent wound management and monitoring and the wound continued to deteriorate. The consumer also experienced an infection. Pain management directives to be followed when dressing the wound were not consistently applied. Staff were not able to explain the deficits in wound and pain management and documentation. Some staff mentioned the recommended pain relief to be administered each time the dressing was changed was at times not available, others said they assumed the pain relief had been administered prior to dressing the wound. The representative expressed concern about the management of the consumer’s wound and pain providing an example where pain relief was not available and staff continued to complete the dressing the wound without it.

The Assessment Team reviewed another consumer who experienced pain. Documentation did not reflect consistent pain assessment, management and use of non-pharmacological strategies prior to administration of pain relief. The consumer advised the Assessment Team they were in pain and the Assessment Team observed the consumer to be visibly uncomfortable during the site audit.

The Assessment Team reviewed two consumers with challenging behaviours prescribed psychotropic medication. The Assessment Team found review of the medication by a medical practitioner was inconsistent. The administration of psychotropic medication as a form of chemical restraint was not considered for both consumers. Informed consent and risk assessments were not in place. One representative was not aware the consumer was prescribed medication to manage challenging behaviours. One consumer was observed to be drowsy during the site audit.

Management were unable to provide the number of consumers subject to chemical and mechanical restraint. The Assessment Team observed equipment in place that could be considered mechanical restraint including bed poles, and hi-lo beds. The Assessment Team also identified the psychotropic register was inaccurate and not updated. I have also considered this under Standard 8 Requirement 8(3)(e) in relation to clinical governance

The approved provider does not agree with all of the Assessment Team findings. The approved provider submitted the use of different preparations in wound management resulted in inconsistencies in documentation. The approved provider submitted a response that included clarifying information and documentation including progress notes, care plans, consultations with external specialists, pathology reports and risk assessments. Actions taken since the site audit include:

* pain and wound regime has been reviewed and updated for the consumer with the chronic wound with further support by external specialists and continued consultation with family
* behaviour support plan assessments are scheduled to be updated, informed consent obtained and restrictive practice authorisations completed for consumers subject to restrictive practices
* audit of consumers subject to restrictive practices to be completed
* expert educator scheduled to deliver restrictive practices training
* streamlining of documentation to be completed.

I have reviewed all of the information provided. While I note the complex care for some of the consumers and that documentation submitted by the approved provider addresses some of the issues in the site audit report, I have placed weight on consumer and representative feedback, Assessment Team observations and deficits in staff practice that demonstrated that each consumer does not get care that is best practice, tailored to their needs or optimises their well-being. Further I note that documentation submitted by the approved provider included negative feedback from representative and staff relating to the management of a consumer’s pain, supporting the Assessment Teams findings. I am satisfied the approved provider is Non-compliant with this Requirement.

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

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

The Assessment Team found the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Teams evidence included wound management and weight loss.

The Assessment Team reviewed the file of a consumer with a chronic wound. Significant deficits were identified in the consumers wound documentation including dressing regime and wound specialist recommendations. While wound documentation reflected strategies from an Occupational Therapist to manage the wound, the Assessment Team observed these strategies were not followed by staff in practice. For example, the consumer was to be regularly repositioned and the Assessment Team observed the consumer to be sitting in the same position for prolonged periods throughout the site audit. The representative expressed concern about the management of the consumers wound noting they had also observed the consumer was not being repositioned accordingly.

The Assessment Team reviewed the files of two consumers at high risk of malnutrition who experienced weight loss. Referrals to medical officer or dietitian for further recommendations or assessment were not evident. One representative was not aware of the consumers recent weight loss. Documentation confirmed weight loss had not been discussed with the representative during resident of the day consultations. Staff were not aware of any consumers who had experienced weight loss.

When considering the services management of high impact or high prevalent risks associated with the care of each consumer, I have also considered the deficits identified by the Assessment Team in Requirement 3(3)(a) regarding identification and management of restrictive practices and pain. I am not satisfied the service has demonstrated effective recognition and management of restrictive practices and pain to ensure the risk of harm to the consumer and others is minimised.

The approved provider does not agree with all of the Assessment Team findings. The approved provider submitted a response that included clarifying information and documentation including progress notes, wound consultations, Occupational Therapist consultations, weight monitoring notes, Wound Care Flow Chart and Weight Loss Flow Chart. Actions taken since the site audit include:

* development of a wound care flow chart and a Weight loss flow chart to guide staff practice
* wound consultant to deliver education to staff
* recruitment of a role to monitor and oversee training and support.
* referrals to dietician completed
* weight charts reviewed to confirm appropriate referrals where necessary.

I have considered the information provided by the Assessment Team and the approved provider’s response. While I acknowledge the actions taken by the service since the audit, these actions have not been fully implemented and evaluated. I have placed weight on representative feedback and Assessment Team observations. I am not satisfied the approved provider demonstrated that risks in relation to restrictive practices, wound management and weight loss have been managed effectively. I am satisfied the approved provider is Non-compliant with this Requirement.

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The Assessment Team found consumer care documentation does not always reflect the identification of, and timely response to, changes in health status. For example, the Assessment Team identified the service did not identify and respond promptly to a change in physical function relating to the deterioration of a wound.

The Assessment Team’s evidence included several identified delays in the management of the wound. Wound care documentation including photography and measurements were not commenced for up to 35 days after the wound was initially recognised. While staff recognised the wound to be deteriorating approximately one month after the wound was identified, referrals to the medical officer and wound specialist were not completed until one to two months after the deterioration was recognised. Documentation reflected ongoing deterioration including the consumer experiencing an infection. Staff said a lack of awareness of how to upload photos to the services electronic care system resulted in delayed recognition of deterioration. The representative was dissatisfied with how the deterioration was communicated.

The approved provider does not agree with all of the Assessment Team findings. The approved provider submitted a response that included clarifying information and documentation including progress notes, wound consultation and external specialist consultations. While the evidence provided demonstrated that reviews and consultations occurred, I consider the evidence supports the Assessment Team’s findings of delay in recognising and escalating referrals in a timely manner. The approved provider submitted the consumer’s infection was not related to the deterioration of the wound and provided pathology reports as supporting documentation.

I have reviewed all of the information provided. Based on the evidence available I consider the service did not demonstrate it effectively recognises and responds to the deterioration or change in a consumer’s health capacity or condition in a timely manner. I am satisfied the approved provider is Non-compliant with his requirement.

### 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.*

While the Assessment Team found the service has processes to document and communicate information about consumers condition, needs and preferences, file review demonstrated significant deficits across care planning documentation. For example, documentation was not accurate, current or consistent. Staff were not aware of changes in consumers conditions or needs, specifically in relation to infection and weight loss. Management advised they were taking action to ensure care plans reflect consumers current needs.

The approved provider does not agree with all of the Assessment Team findings. The approved provider submitted a response that included clarifying information and documentation including progress notes and care documentation. While I acknowledge the approved providers response demonstrated some consumer information is captured in other documents including progress notes and handovers, I am not satisfied that accurate or current consumer information is consistently documented or communicated.

For a consumer where weight loss was not communicated to staff and the representative as part of the resident of the day process the approved provider has updated care documentation, held a family consultation, and referred the consumer to a dietician. Additional actions taken since the site audit include review of care assessments and care plans.

I have also considered the deficits in documentation identified in Requirements 3(3)(a), 3(3)(b) and 3(3)(d) where changes in consumers condition and needs were not consistently documented with accurate or current information to guide staff in the delivery of safe and effective care and services.

I have reviewed all of the information provided. While I acknowledge the actions taken by the service since the audit, these actions have not been fully implemented and evaluated. I place weight on the deficits in documentation and staff feedback. I am not satisfied the approved provider has demonstrated that consumer information is communicated effectively within the organisation and with others where responsibility for care is shared. On balance, I find the approved provider is Non-compliant with this Requirement.

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

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

The Assessment Team’s evidence included examples of consumers who have not been referred in a timely manner, to other providers of care and services, specifically relating to wound management, weight loss and challenging behaviours. Mixed feedback was received from consumers and representatives. While documentation reflected input from other organisations and providers of care, it did not demonstrate timely referrals for all consumers.

The approved provider does not agree with all of the Assessment Team findings. The approved provider submitted a response that clarifies timelines in relation to consumer referrals and delayed action and supporting documentation including progress notes and care documentation. While I note the approved providers response demonstrated referral to and input by a multidisciplinary team, I am not satisfied the referrals were timely.

Actions taken since the audit include referrals completed and recommendations implemented into the consumer’s care, care documentation updated, care consultations and development of written resources to guide requests for referrals relating to weight loss.

I have reviewed all of the information provided. I have considered and place weight on the Assessment Team’s evidence and the wording of this requirement, specifically “Timely and appropriate referrals…” While the referrals may be considered appropriate, I am not satisfied they were timely. It is on this basis that I find the approved provider Non-compliant with this Requirement.

### 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 found the service did not demonstrate effective infection control measures were in place to prevent and control infection related risks. The Assessment Team observed some instances of poor infection minimisation practices during the site audit and deficits in the outbreak management plan.

Consumer’s and representatives provided positive feedback in relation to the service’s management of outbreaks. Staff demonstrated understanding of infection control practices and how they minimise the use of antibiotics.

The approved provider does not agree with all of the Assessment Team findings. The approved provider submitted that as the service was not operating under outbreak conditions that some of the Assessment Teams observations were not relevant. The approved provider submitted a response that included clarifying information and documentation. The services Outbreak Management Plan was updated at the time of the site audit.

Actions taken since the site audit included staff education and refresher training completed in relation to personal protective equipment and hand hygiene.

I have reviewed all of the information provided. While I am mindful of the Assessment Teams observations relating to poor staff practice, I consider the approved provider addressed most of the issues in the site audit report in its response. I am satisfied, on balance, the approved provider has demonstrated compliance with this requirement.

# 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

Some consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers and representatives confirmed the service supports consumers to maintain relationships and connections with family and friends.
* Consumers were satisfied with the food offered by the service and with the choice and variety of meals offered

The service did not demonstrate effective delivery of services and supports to engage consumers to participate in activities of interest, and activities were not always aligned with individual consumers’ needs. Deficits were identified in lifestyle care documentation that was conflicting or did not reflect consumers current needs or preferences.

Staff demonstrated they know consumers well, describing ways they provide care in supporting consumer independence, quality of life and overall well-being. Staff provided examples of consumers specific dietary needs and preferences. Staff explained how consumers are involved in the development of the menu and provide feedback on the quality of the food provided. Staff have access to a suitable and well-maintained equipment when needed.

While deficits were identified in consumer documents, on balance the service demonstrated there is adequate information to support effective and safe sharing of the consumer’s care and timely and appropriate referrals are actioned where required. Consumer planning documents contained specific dietary needs and preferences.

The service utilised a range of equipment and resources in supporting consumers for daily living. Equipment provided is safe, suitable, and well maintained.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

The Assessment Team found consumers were not provided services and supports for daily living to assist them to do things of interest. The Assessment Team’s evidence included:

* Mixed feedback was received in relation to the services and supports provided by the service. Most consumers were dissatisfied with the activities provided by the service. Some representatives commented that their consumers sleep a lot and do not participate in activities.
* Care documentation was not personalised and did not reflect consumers current needs, preferences or interests. Care plans for consumers with cognitive impairment did not include strategies to guide staff in ensuring the consumer is supported and assisted to participate in activities of interest.
* Only one lifestyle staff member, a trainee, was available during the site audit to provide activities across the collocated services. Other lifestyle staff were on leave.
* The Assessment Team identified documentation deficits relating to consumer supports of daily living needs and preferences under Requirements 4(3)(a) and 4(3)(b), I have also considered those deficits under this requirement. Under requirement 4(3)(a) the Assessment Team provided information relating to their observations of several consumers sleeping for long periods of time during the site audit in their bedrooms or communal areas. I have also considered that information under this requirement.

The approved provider did not dispute the Assessment Team’s findings under this requirement. The approved provider submitted that it is aware improvements are needed in relation to this requirement and that COVID-19 has significantly impacted the lifestyle and activities program. Actions taken since the site audit include:

* review of the activities program including consultation with consumer and representatives
* review of consumer’s preferences to ensure they are current
* re-engagement of volunteers who support the service and employment of additional lifestyle staff
* staff to identify in record in handover documentation consumers who are sleeping throughout the day, to assess and review for other clinical issues that may impact capacity to engage in activities.

I have reviewed all of the information provided. While I acknowledge the actions taken by the service since the audit, these actions have not been fully implemented and evaluated. I am satisfied the approved provider is Non-compliant with this Requirement.

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

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

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

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

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

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

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

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

# STANDARD 5 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

Overall consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers considered the environment to be welcoming to them, their friends and family. Consumers and representatives were satisfied with the cleanliness of the service.

The service environment was observed as welcoming and offers a range of communal spaces that optimise consumer engagement and interaction. Navigational aids are in place to assist consumers with finding their room and other amenities.

Staff demonstrated an understanding of maintenance request processes and procedures.

Maintenance documentation demonstrated regular maintenance is completed in a timely manner

The service environment was observed to be clean and well maintained. Consumers and representatives were observed accessing courtyards and gardens at various times during the site audit.

While the Assessment Team identified some deficits with equipment, management and the approved provider addressed the concerns and demonstrated furniture, fittings and equipment are safe and well maintained.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

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

*The service environment:*

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

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

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

The Assessment Team found the service did not demonstrate smoking areas were safe, and equipment is kept safe, clean and well-maintained for consumers. The site audit report included evidence of observations made by the Assessment Team throughout the site audit including lack of fire blanket near a consumer’s smoking area, some equipment had not been maintained and dusty and dirty mobility aids located in outdoor communal areas.

I acknowledge that management acted at the time of the site audit to remove equipment, disused mobility aids and organised for remaining equipment to be cleaned.

The approved provider submitted a response that included clarifying information to the site audit report including confirmation of the actions taken at the time of the site audit. Since the site audit a fire blanket has been placed in the consumer’s smoking area. The approved provider confirmed the smoking area is within the line of sight of staff and with regular checks conducted by maintenance staff.

While I acknowledge the Assessment Team observations, on balance I am satisfied the actions taken by management during the site audit and the response from the approved provider addresses the concerns raised in the site audit report. Therefore, I find this Requirement is Complaint.

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Overall consumers and representatives considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is mostly taken. For example:

* Consumers and representatives said they understand how to make complaints and feel comfortable raising issues directly with the service.
* Consumers and representatives confirmed they are aware of internal and external complaints mechanisms.

Staff demonstrated understanding of the services complaint handling processes and described how they support consumers and representatives to give feedback. Staff described how they would access advocacy and language services if necessary. Staff demonstrated understanding of open disclosure principles.

Management provided examples of how consumer feedback has been used to improve quality of care and services. For example, consumer feedback resulted in improved menus and dining experience for consumers. Management explained the plan for continuous improvement is reviewed monthly and reported to the Board.

While the Assessment Team observed some deficits in complaints documentation, overall, it demonstrated appropriate action is taken by the service.

Feedback boxes, advocacy and external complaints information was observed on display within the service.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 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

Most consumers considered that they get quality care and services when they need them and from people who are mostly capable and caring.

The service did not demonstrate staff are trained, equipped and supported to deliver outcomes under the Quality Standards, particularly in relation to wound management, restrictive practices

Staff confirmed shift vacancies are always filled. Staff confirmed performance appraisals are conducted.

Management explained the difficulties COVID-19 has presented the in the rural community and described the strategies in place to ease workforce pressures including recruiting a new care co-ordinator and refining the services backfill system. Management demonstrated how staff performance is assessed, monitored and reviewed.

Roster documentation demonstrated all shifts are filled, including unplanned leave. Documentation demonstrated staff have qualifications relevant to the role and their competency is monitored.

The service demonstrated it has an orientation program that includes several buddy shifts. This aligned with information provided by staff.

The service demonstrated a system for annual and as required staff appraisal and performance management processes supported by policies and procedures.

Staff were observed interacting with consumers in a kind, caring and respectful manner.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

The Assessment Team found the service did not demonstrate the workforce is trained, equipped and supported to deliver outcomes under the Standards.

The Assessment Team’s evidence included negative feedback from consumer and representatives relating to staff knowledge of wound management. Training documentation demonstrated low staff completion rates in antimicrobial stewardship, reporting abuse and serious incidents and pressure injury and wound management training. Staff did not demonstrate understanding of restrictive practices. Training documentation relating to restrictive practices was not available.

The Assessment Team identified deficits in the delivery of safe and effective clinical care across Standard 3 particularly in relation to wound management, pain management and restrictive practices.

Management explained the service has engaged a third party education provider to deliver clinical education and training and is actively recruiting a role to monitor training and provide support to staff.

The approved provider did not dispute the Assessment Team’s findings under this requirement. The approved provider submitted that it is aware improvements are needed in relation to this requirement and explained staff training has been impacted by COVID-19, staff turnover and the increase in new staff requiring training. The approved provider confirmed the actions taken by Management during the site audit and the following actions since the site audit:

* wound consultant to deliver staff training
* external educator scheduled to deliver restrictive practices training.

I have reviewed all of the available information. I acknowledge the actions taken by the approved provider, however these are not fully implemented and evaluated. I am not satisfied the approved provider has demonstrated the workforce is appropriately trained, equipped and supported to deliver the outcomes required by the Quality Standards. I therefore find this Requirement Non-compliant.

### 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

Most consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers and representatives described how they are involved in the development, delivery and evaluation of care and services. For example, representatives are engaged in committees.

Management described how the Board drives improvements and engages with consumers and representatives through a fortnightly newsletter. The Board promotes a culture of safe, inclusive and quality care and services through the establishment of a clinical and corporate committees.

While the organisation demonstrated effective governance systems in relation to, continuous improvement, financial and workforce governance, some deficits were identified in information systems and regulatory compliance governance systems.

The organisation did not demonstrate effective risk management systems and practices are in place to manage high impact or high prevalence risks or to support consumers to live the best life they can.

While the organisation provided a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policy, the service did not demonstrate an understanding of, and consequently an application, of all aspects of restrictive practices.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

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

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) 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.*

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

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

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

The Assessment Team found this requirement not met and presented evidence related to deficits identified in standards 3 in relation to management of consumer risk and clinical care. The Assessment Team also presented evidence relating to deficits identified Standard 4 Requirement 4(3)(c) relating to lack of meaningful interactions and activities to support consumers to live the best life they can. For example, non-ambulant consumers sleeping for long periods. While staff demonstrated understanding of SIRS, documentation review identified deficits and inconsistencies in recording and reporting incidents. Management acknowledged there were deficits in systems and policies. I have considered this information and the approved providers response to the related requirements in making my decision.

The approved provider does not agree with the Assessment Team findings. The approved provider submitted a response that provided clarifying information in relation to some of the Assessment Teams findings, however, did not address all deficits identified. The approved provider submitted that the deficits identified in reportable incidents predates the use of the services SIRS decision support tool which is now utilised to assist in the assessment and determination of SIRS priority ratings.

Based on all the available evidence, I am not satisfied the organisation has effective risk management systems and practices in place to manage high impact or high prevalence risks or support consumers to live the best life they can. Therefore, I find this Requirement is Non-compliant.

### 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.*

While the Organisation demonstrated a clinical governance framework is in place, it did not demonstrate effective clinical governance in relation to minimising restraint.

The Assessment Team presented evidence related to deficits identified in Standard 3 relating to restrictive practices, in particular inconsistencies in informed consent, risk assessment, medical review and staff understanding and recognition of restraint. While the Assessment Team identified consumers subject to mechanical restraint, the service did not demonstrate mechanical restraint had been consistently recognised and risk assessments and consent were in place. I have considered this information when making my decision.

The Assessment Team identified deficits with the services psychotropic register. The service’s psychotropic register was not reflective of all consumers subject to chemical restraint at the service and did not include the prescribed diagnoses in relation to the use of psychotropic medication.

The approved provider does not agree with the Assessment Team findings. The approved provider submitted a response that provided clarifying information and supporting documentation. While I am satisfied the approved provider addressed the Assessment Team’s findings in relation to open disclosure and antimicrobial stewardship, I am not satisfied the approved provider demonstrated restrictive practices, in particularly chemical restraint is used as a last resort. The information in Standard 3 supports my view the service did not demonstrate chemical restraint is used as a last resort, restrictive practices were effectively documented including evidence of appropriate authorisations and consent or that the safety and well-being of consumers is monitored and reviewed. Staff did not demonstrate understanding of restrictive practices and the Assessment Team observed consumers subject to chemical restraint to be sedated, asleep or drowsy.

Based on the available evidence, I am not satisfied the organisation has systems and processes in place to effectively manage and minimise the use of restrictive practices. Therefore, I find this Requirement is Non-compliant.

# 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.

* Implement processes to ensure regular consultation in assessment and planning.
* Ensure planned care that is tailored to each consumer’s needs is consistently delivered and best practice clinical principles applied for all consumers, specifically the management of restrictive practices, pain and wounds.
* Ensure effective identification and management of high impact and high prevalence risks associated with restrictive practices, pain, wounds and weight loss.
* Implement processes to ensure when deterioration is recognised that medical reviews are completed within a timely manner in response to the deterioration. Ensure staff have the skills and knowledge to recognise and respond to deterioration in a timely manner.
* Establish monitoring processes to ensure deficits in documentation are identified and addressed to ensure all information remains current, accurate and able to be effectively communicated within the organisation.
* Implement processes to ensure that referrals are timely, particularly in relation to wounds, weight loss and challenging behaviours.
* Ensure all consumers get safe and effective services and supports for daily living and the services lifestyle program is developed to meet all consumers needs and preferences.
* Implement processes to ensure staff are trained, equipped and supported to deliver the outcomes required by the Quality Standards. Ensure all staff complete mandatory training modules
* Ensure risk management systems are implemented in practice to manage high impact and high prevalence risks associated with the care of consumers, specifically restrictive practices, pain, wounds and weight loss.
* Ensure staff have the knowledge and skills to support processes in incident reporting and risk management.
* Ensure staff have the knowledge and skills to apply the organisation’s clinical governance framework particularly in relation to restrictive practices, psychotropic medication and chemical restraint.