Performance

Report

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| Name of service: | Rosewood Care West Perth |
| Service address: | 67 Cleaver Street WEST PERTH WA 6005 |
| Commission ID: | 7264 |
| Approved provider: | Rosewood Care Group (Inc) |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 5 April 2023 |

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 Rosewood Care West Perth (**the service**) has been prepared by K Richards, 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 consumers, representatives, staff, management and others.

The provider did not submit a response to the Assessment Team’s report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | 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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

* **Standard 2 Requirement (3)(e):** The service is to ensure care and services are reviewed following incidents or change in circumstances to ensure strategies are effective or updated to meet the needs, goals and preferences of the consumer.
* **Standard 3 Requirement (3)(a):** The service is to ensure each consumer gets safe and effective care that is best practice, tailored to their needs, and optimises their health and well-being. Where restrictive practice is prescribed, non-pharmacological strategies should be trialled prior to administration of medication, demonstrating restraint is used as a last resort in the least restrictive form possible.
* **Standard 4 Requirement (3)(a):** The service is to ensure consumers receive safe and effective services and supports for daily living. Services and supports should be delivered in line with assessed needs, goals and preferences.
* **Standard 5 Requirement (3)(b):** The service is to ensures consumers can move freely inside and outside the service. Access needs for consumers with physical and/or cognitive impairments should be considered and assessed to ensure they are not restricted access to their personal rooms.

# Standard 1

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

Consumers said staff are respectful, and refer to them by their preferred name. Staff demonstrated understanding of consumer identity and culture, and receive training in cultural awareness, dignity and respect. Policies and procedures are available on treating consumers with dignity and respect, and consumer diversity.

Consumers and representatives said consumers feel safe at the service and their culture is respected. Staff receive training on delivery of culturally safe care and the organisation has a cultural safety policy. The assessment process captures information about consumers’ culture and matters of importance. Cultural events are celebrated, and consumers are linked to cultural activities within the community. Some staff reported conversing in languages other than English where it is preferred by the consumer.

Consumers are supported to make decisions regarding their care and services and were observed spending time with other consumers and visitors. Care files included consumer directives nominating decision makers. Care staff described choices made by consumers on a daily basis, including around hygiene and meals.

The service has a policy and process to support consumers to take risks of choice, and documentation captures risk and potential consequences. Risk assessments were sighted in relation to consumers wanting to take risk.

Consumers said information is available to them to help make choices about personal and clinical care, food options and lifestyle activities. Representatives said they have information on activities emailed every month and know what activities their family member is to attend. Documents show staff have regular communication with consumers and representatives to support social preferences. Minutes from consumer meetings are available for consumers and representatives.

Information on how the service maintains privacy is provided to consumers and representatives on entry. One consumer said staff didn’t always respect their privacy when the ‘do not disturb’ sign is displayed for rest periods, entering the room to perform tasks such as changing the bin or replacing drinks, however, staff described actions undertaken for other consumers demonstrating privacy was maintained. Information about consumers was discussed behind closed doors to maintain confidentiality, and documentation is stored in password protected electronic records. The service has policies on privacy and records, and all staff sign a declaration on privacy requirements on commencement of employment.

Based on the Assessment Team’s report, I find Standard 1 Consumer dignity and choice Compliant.

# Standard 2

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| 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. | 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. | Non-compliant |

Findings

I have assessed this Quality Standard is Non-compliant, as Requirement (3)(e) in this Quality Standard is Non-compliant.

Consumers confirmed they were satisfied their health conditions are managed. Staff could describe assessment processes to identify risks and inform strategies for care. The service has an admission process, with all assessments undertaken by senior clinical staff to capture risks followed by consultation with the consumer and family to discuss mitigation strategies. Sampled care plans identified risks and interventions, however, the Assessment Team’s report included information which identifies some deficiencies in relation to assessment of behaviours, including development of personalised behaviour support plans.

Consumers and representatives said they discuss consumers’ needs, goals and preferences with staff. The application process captures preferences for care, including daily routine, supports and preferences of gender of carer. Consumers are encouraged to undertake advance care planning, and this is discussed on admission, annually or where there is an identified need. Staff said information about advance care planning is accessible in consumer files and always checked prior to commencing interventions or transferring to hospital. Management advised they are currently working with a specialist palliative care organisation to improve the advance care form by including more information.

Consumers and representatives said they are actively involved in the assessment, planning and review process for consumer care. One representative described working in partnership with the service in relation to the consumer’s care. Staff advised consumers are asked on admission if they would like others involved in care planning, and this is documented within the consumer profile. Recommendations from other providers, including Allied health staff, are incorporated to care planning. Care files sampled included summary of family care meetings and changes to care delivery following consultation. Management advised whilst care plans are in place, staff are encouraged to regularly ask consumers for preferences and choices in case there have been changes.

Representatives said staff communicate regularly with them about consumer care and provide a copy of the care plan, although not all representatives were aware they could also request to view the care plan any time. Management said they discuss care plans at staff and consumer meetings, and include information in newsletters to remind consumers they can ask to see their care plan. Staff said they access care plans through the electronic management system, and are notified of changes through messages and handover processes. The Assessment Team observed detailed step by step guide to care and communication was available in one consumer’s room, as part of their strategies to minimise frustration for the consumer, which staff said was usually effective, and helpful for new staff.

The Assessment Team was satisfied the service demonstrated care and services are reviewed regularly for effectiveness, including when incidents arise or circumstances change, as care files were reviewed following incidents, such as falls, and changed needs. However, I have come to a different opinion, as evidence presented within the Assessment Team’s report demonstrates care and services are not being reviewed for effectiveness in relation to chemical restraint, or in response to clinical deterioration. The Assessment Team provided the following information and evidence collected through interviews and documentation, which are relevant to my finding in relation to this Requirement:

* Documentation for three consumers subject to chemical restraint demonstrated non-pharmacological strategies trialled were not effective, however, this did not trigger a review of the strategies captured within the behaviour support plan.
  + For Consumer A, the behaviour support plan was reviewed twice in five months, however, no changes were made despite strategies being documented as ineffective and daily activities recommended by a dementia specialist not being implemented and monitored for effectiveness.
  + A key trigger for changed behaviours for Consumer B was identified by staff and the representative, with all noting the consumer’s behaviour had settled since the trigger was removed. However, the consumer still had some changed behaviours resulting in administration of chemical restraint, with non-pharmacological interventions identified as ineffective. Staff could describe interventions that could be effective, however, these were not included in the behaviour support plan, and the non-pharmacological strategies had not been updated to identify those found to be ineffective.
  + Consumer C had deterioration of health and had not displayed any changed behaviours for over seven months despite being administered regular chemical restraint. The care plan for Consumer C did not capture changes of mobility and impact on identified behaviours, despite being reviewed on three occasions since the last changed behaviour. The representative and staff reported noticing increased drowsiness, however, this had not triggered any review of medication, including psychotropic medications, or care, although staff were aware of changed mobility needs and increased assistance and time to eat meals.
* The Assessment Team’s report details a critical incident for Consumer D, resulting in admission to hospital. The service did not complete a lifestyle assessment prior to the event, despite the consumer entering the service six weeks prior to the incident, and the assessment was incomplete at the time of the Site Audit, over six weeks after the incident. A referral for Consumer D to be reviewed by a clinical psychologist was submitted during the Site Audit. The Assessment Team reported a comprehensive assessment regarding the consumer’s physical and mental health had not been undertaken, resulting in a lack of meaningful supports for emotional or cultural care.

In coming to my finding, I have considered evidence in the Assessment Team’s report which demonstrates the care and service plans are not updated following changes or incidents, and do not provide effective management strategies for staff. While I acknowledge care and services were reviewed regularly and following incidents, the reviews did not consider adopting alternate strategies to effectively manage associated risk and ensure care and service delivery is contemporary to consumers’ needs.

The Quality of Care Principles 2014 details behaviour support plans should be reviewed and revised on a regular basis and as soon as possible after a change in the consumer’s circumstances. Whilst the service has documented a review had been undertaken, the review was not used to evaluate and make changes to strategies described as ineffective. Where incidents or changes have arisen for Consumers C and D, reviews were not demonstrated to have taken place in a timely manner, leading to a lack of effective management strategies for staff.

Based on the Assessment Team’s report, I find Requirement (3)(e) Non-compliant and Requirements (3)(a), (3)(b), (3)(c), and (3)(d) Compliant in Standard 2 Assessment and planning.

# Standard 3

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| 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. | 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

I have assessed this Quality Standard is Non-compliant, as Requirement (3)(a) in this Quality Standard is Non-compliant.

The Assessment Team were not satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer, specifically, the service could not demonstrate use of chemical restraint was used as a last resort or in the least restrictive form possible. However, I find the deficiencies align more with the intent of Requirement (3)(a), as whilst the risks were identified, management strategies were not in line with best practice and had not been tailored to consumer needs. The Assessment Team provided the following information and evidence collected through interviews and documentation, which are relevant to my finding in relation to this Requirement:

Consumer A

* Consumer A was commenced on psychotropic medication as chemical restraint, however, this has subsequently been ceased due to increasing side effects.
* The consumer has ongoing changed behaviours, and strategies recommended following a specialist assessment have not been implemented.
* Behaviour charting showed the consumer has ongoing changed behaviours, although the Assessment Team’s report does not demonstrate the frequency these were experienced prior to cessation of medication. Staff advised the consumer usually responded well to reassurance and redirection, however, this was not supported within behaviour charting which described these strategies as having minimal to no effect.

Consumer B

* Consumer B is prescribed a psychotropic medication used as chemical restraint, however, does not have effective non-pharmacological strategies in place to manage changed behaviours.
* When chemical restraint is administered, it is not at the lowest dose prescribed. The consumer’s care plan does not include any personalised behaviour management strategies, and the non-pharmacological interventions within the behaviour support plan are not identified as ineffective, in line with behaviour charts.
* Staff said Consumer B had changed behaviours triggered by another consumer. The other consumer is no longer at the service, and this has reduced frequency of behaviours. Staff advised when chemical restraint has been used recently, it has been due to agitation causing a risk of absconding, and reassurance had been given prior to administration.

Consumer C

* Consumer C is prescribed several regular psychotropic medications as chemical restraint despite no longer demonstrating changed behaviours.
* Recommendations from a pharmacist to reduce the medication dose in response to the consumer demonstrating fewer changed behaviours had not been acted upon.
* The consumer’s health had deteriorated, they are no longer capable of behaviours documented in the care plan, and behaviour charting shows the consumer has not displayed any changed behaviours for many months, confirmed within staff interviews. Staff report the consumer has been very sleepy, and this has been reported to clinical staff. However, Consumer C remains on regular chemical restraint and the care plan had not been updated.
* The consumer was reported as experiencing increased drowsiness, and the representative was concerned this may be linked to medications. The representative said they had signed a form for the medications but did not know what the medications were.

Despite having obtained recommendations from a behaviour specialist for Consumer A, the service has not implemented the tailored strategies designed to engage the consumer in meaningful activities to reduce or manage changed behaviours. I do not find this demonstrates delivery of best practice and tailored care to optimise Consumer A’s health and well-being.

The *Quality of Care Principles 2014* includes requirements for the use of chemical restraint. These requirements include ensuring restrictive practice is used as a last resort to prevent harm to the consumer or others, or after consideration of the likely impact of use on the consumer, and in the least restrictive form and for the shortest time necessary to prevent harm. Furthermore, to the extent possible, best practice alternative strategies are to be used before applying restrictive practice. I do not consider the evidence for Consumer B demonstrates chemical restraint has been administered as a last resort, or in the least restrictive form as when used, the lowest dose has not been administered. Consumer B’s non-pharmacological interventions for changed behaviours are not tailored to their needs, and staff do not have effective strategies to follow.

I find the evidence for Consumer C does not identify the risks associated with use of chemical restraint or demonstrate minimising its use. Advice from a pharmacist to reduce medications had not been actioned. Staff and the representative reported increased drowsiness, however, this had not triggered a review of medications. The consumer is no longer capable of demonstrating documented behaviours, due to deteriorating health, and documentation and staff interviews confirmed the consumer had not displayed the identified behaviours for many months.

Based on the evidence above I find Requirement (3)(a) Non-compliant.

Evidence provided within the Assessment Team’s report demonstrates the service effectively identified and managed risks that are high impact and/or high prevalence. Consumers said their pain is well managed. Consumers with high risk of falling were identified, with the service implementing specialised programs and training with the Physiotherapist. Consumers of concern are discussed at weekly and monthly meetings to monitor and ensure risk strategies are effective.

Staff stated consumers identified as nearing end-of-life are commenced on a palliative care pathway. Staff said this includes ceasing non-essential medications and focusing on comfort care, including emotional and spiritual support. Staff receive annual training on end-of-life care. Palliative care specialists are involved in assessment, planning and support for consumers identified as receiving palliative care.

The service demonstrated deterioration of health is identified for most consumers, although it was not considered for one consumer prior to a critical incident. The Assessment Team’s report states the service did not recognise and respond to weight loss, however, the report contains contradictory information on this, as responsive actions included food charting, Dietitian review and commencing nutritional supplements. Clinical staff said they use clinical assessments and screening tools to identify change, and escalate any concerns to the Medical officer. Consumer files demonstrated escalation of care takes place when required, including transfer to hospital.

Staff could describe methods of communicating consumer needs and preferences, including reviewing care file documentation, written and verbal handovers, and meetings. Detailed information, including medication charts and hospital transfer forms, are provided for consumers transferred to hospital. Management advised they are implementing new initiatives to enhance communication about consumers, and shifts have been extended to ensure continuity of care during handover periods.

Staff and visitors were observed wearing personal protective equipment to prevent the transmission of COVID-19, and daily screening is undertaken on entry with consumers screened twice a week. Policies and procedures promoted antibiotic prescribing, with pathology collections undertaken to identify sensitivities prior to prescribing antibiotics, and use of non-pharmacological interventions where appropriate. Infections are reviewed and analysed on a monthly basis and reported through multidisciplinary team meeting.

Based on the Assessment Team’s report, I find Requirement (3)(a) Non-compliant and Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) Compliant in Standard 3 Personal care and clinical care.

# Standard 4

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| 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. | Non-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

I have assessed this Quality Standard is Non-compliant, as Requirement (3)(a) in this Quality Standard is Non-compliant.

The Assessment Team found the service is not demonstrating each consumer gets safe and effective lifestyle support that meets their needs, goals and preferences to optimise the health, well-being and quality of life. Consumers with additional sensory needs or cognitive impairment do not have lifestyle supports and activities in line with recommendations or care planning to meet their well-being and quality of life. The Assessment Team provided the following information and evidence collected through interviews and documentation, which are relevant to my finding in relation to this Requirement:

Consumer A

* Consumer A’s care plan includes recommended activities to reduce challenges in behaviour, implement activities of preference, and improve their independence.
* Activity charts demonstrate Consumer A attends activities held in their residential wing, however, they are not in line with documented preferences or recommended supports. There was no evidence of actions to implement recommended activities.
* Consumer A’s representative said staff don’t seem to engage them in activities, but this could be due to the consumer’s confusion.

Consumer D

* Consumer D did not have an assessment to identify preferences or discussion on meaningful supports until three months after entering the service, and this was a month after the consumer experienced a critical incident impacting their health, well-being and quality of life.

Consumer C

* Consumer C was unable to verbalise needs and preferences, with assessment outcome identifying suitability for sensory activities such as music and massage. Activity records included six sensory activities for the month of January 2023, however, two of these activities were assisting the consumer with morning tea.
* The representative for Consumer C said the consumer is no longer able to participate in activities, and just sits in the lounge all day.
* Staff said they understand Consumer C would benefit from small sensory groups, as would other consumers, and staff try to do as many individual therapies as they can.
* The Assessment Team observed the consumer multiple times through the Site Audit, sitting in a lounge area with no observed verbal interactions with staff.

Consumer E

* Activities Consumer E attended were not in line with their preferences identified in assessment and planning, and had not been adapted for their sensory needs. Whilst care planning captured preferred activities, such as church services or coffee groups, the consumer had not been identified as wanting to participate despite the opportunity being available. Consumer E said they did not participate in currently offered activities as the activities didn’t suit them.
* The representative for Consumer E said activities did not meet the consumer’s sensory needs, and the family has been attending to ensure there is sufficient social interaction. The representative said had asked about activities for consumers with sensory needs before the consumer came to the service, however, the service doesn’t appear to have any suitable now.
* Staff advised the consumer doesn’t join in group activities due to their sensory needs and increasing frailty, and one on one time is provided when they have time. Documentation shows one on one time was provided six times in nine weeks.

Lifestyle staff said they are currently undertaking a project which includes identifying consumers with additional needs who would benefit from individual or smaller group sensory program, or having additional programs for consumers who cannot participate in other activities.

Management said they are undertaking improvements in the lifestyle program with the newly appointed lifestyle coordinator and including additional input from occupational therapy.

The provider has not submitted a response to the Assessment Team’s report.

In coming to my decision of non-compliance, I have placed weight on the evidence for Consumer A, Consumer C and Consumer E. I find the evidence for Consumer D relates more to deficiencies in assessment and planning which has been considered in Standard 2.

The evidence before me shows services and supports were not modified to meet the sensory needs of Consumers C and E and support them in doing things of interest to them. Whilst Consumer A had activities recommended by a behaviour specialist as part of a strategy to reduce behaviours, these had not been trialled within non-pharmacological strategies to minimise the use of restrictive practices, with the consumer displaying ongoing changed behaviours requiring use of chemical restraint. This has also been considered within my findings for Standard 3 Requirement (3)(a).

I find the service did not demonstrate it provided services and supports to meet consumer needs, goals and preferences, or improve or optimise the health, well-being and quality of life of each consumer.

Based on the above information, I find Requirement (3)(a) Non-compliant.

The Assessment Team found the service provides supports that promote each consumer’s emotional, spiritual and psychological well-being. Assessments are undertaken to capture spiritual and emotional needs, and screenings for anxiety and depression are undertaken and followed up as required. Staff provided examples of actions taken to provide emotional support. The Assessment Team’s report details a critical incident for Consumer D, and although not identified within evidence for this Requirement, the information provided shows the service did not complete a lifestyle assessment to support associated risks, or provide meaningful supports for emotional or cultural care. Whilst I note a referral was coordinated during the Site Audit, nearly two months after the event, I find the deficiencies stem from a lack of assessment and planning, and have considered this within my findings for Standard 2 Requirement (3)(e).

Consumers gave examples of how they were encouraged to do things of interest. Staff described supports for consumers to participate in activities outside the service. Care documents included consumer interests and guide staff on assistance required to undertake activities of choice.

Information about the consumer’s condition, needs and preferences are captured in care planning. Services and supports are discussed during consultation with representatives.

Most consumers had timely and appropriate referrals to individuals, other organisations or providers of care and services. The Assessment Team’s report included examples of consumers being referred to the local library for large or regular size print books or audiobooks. Dementia specialists had been engaged for consumers with cognitive needs to advise on lifestyle supports.

Most consumers and representatives were satisfied with meals provided. Following complaints about meals, the service has formed a food forum group, and meeting minutes captured feedback indicating improvements. The menu is currently being revised to include meals consumers have said they prefer. The menu demonstrates a variety of meals on offer, and consumers have a choice of options at each meal service.

Staff advised there is sufficient equipment for consumers, including for activities and exercise, and staff could describe processes for cleaning shared and individual equipment. Maintenance is undertaken by the Occupational Therapist or Physiotherapist if required, or requests can be lodged for a maintenance officer to review.

Based on the Assessment Team’s report, I find Requirement (3)(a) Non-compliant and Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) Compliant in Standard 4 Services and supports for daily living.

# Standard 5

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| 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

I have assessed this Quality Standard is Non-compliant, as Requirement (3)(b) in this Quality Standard is Non-compliant.

The service did not demonstrate the service environment enables consumers to move freely, both indoors and outdoors. Consumer rooms require swipe-card access to open doors, and whilst the service holds documentation demonstrating provision of swipe-cards to consumers on entry, many consumers in the memory support unit had misplaced their cards, or did not have cognitive capacity to use them. The Assessment Team’s report describes observations for two consumers locked out of their rooms, without awareness of the location of their own card, or understanding of the process to open the door. The representative for Consumer A said they had chosen a room with a balcony to allow the consumer opportunity to sit outside in the sun, however, the consumer could not independently open the door to access their room or balcony. Another representative said when returning the consumer to the service after a day out, it can be difficult to find staff to open the door and provide access to the consumer’s room.

Management said all consumers are issued with an access control card on admission for room access, but were unaware some consumers in the memory support unit had either lost or misplaced their card. Staff said they were aware some consumers in the memory support unit had either lost or misplaced their door access cards, and when the room door has been closed, staff are required to use a master key to open the door, which is not ideal as it can cause delays contributing to consumer frustration. Care staff said most consumers leave their door open and spend the day in the common activity area, and staff monitor for consumers leaving the area to accompany them and ensure they can access their room, however, sometimes consumers are missed.

The service has a Key Card Consent form, explaining the swipe-card controlled doors are considered environmental restraint, as they restrict free access to all parts of the service and some consumers may not be assessed as eligible for cards but may ask staff to open doors for them. However, the Assessment Team report indicates they were not provided evidence of risk assessments undertaken in relation to consumers restricted access their rooms or the balcony areas when the doors are locked.

The provider has not submitted a response to the Assessment Team’s report.

I have considered whether swipe-card controlled doors are considered environmental restraint. The *Quality of Care Principles 2014* defines environmental restraint as ‘a practice or intervention that restricts, or that involves restricting, a care recipients free access to all parts of the care recipient’s environment (including items and activities) for the primary purpose of influencing the care recipient’s behaviour’. I do not consider a consumer’s private room to be a part of another consumer’s environment, and therefore would not consider efforts to restrict access of consumers with wandering behaviours to meet the definition of environmental restraint. Based on evidence within the Assessment Team’s report I have considered the inability of consumers to enter their own room an unintended consequence of the process, rather than environmental restraint.

However, I do consider the current process has impacted consumers to freely access their rooms, through losing their cards or with changes to cognition impacting recall of the process to access their room. The service has not demonstrated incorporating a functional assessment component as part of the consent process, despite acknowledging some consumers may not be capable of using the cards and will need to ask for staff assistance to unlock the door to their private room.

For these reasons, I find the service environment did not enable consumers to move freely, and the service is Non-compliant with Requirement (3)(b).

Consumers and their representatives said the service is welcoming, clean and well maintained. Consumers said they felt safe, and the service feels like home. Consumer rooms were personalised with artwork, photographs and/or furniture. Communal areas, including the reception area, were well furnished with space for consumers and guests to interact with staff and visitors.

Consumers said equipment was appropriate for their needs, and they felt safe during use. One representative and staff said there was an insufficient number of sit-to-stand lifters available to meet consumer needs, causing delays in provision of care. Management advised they would review needs and obtain additional equipment if confirmed as required. When repairs were required, the service has a process for logging work orders, and timely response.

Based on the Assessment Team’s report, I find Requirement (3)(b) Non-compliant and Requirements (3)(a) and (3)(c) Compliant in Standard 5 Organisation’s service environment.

# Standard 6

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| 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

Consumers and representatives said they were supported to provide feedback or complaints about care and services. Consumers could give examples of where feedback had been given directly to the Facility manager. Staff said they know how to support consumers provide feedback or make a complaint, through provision of training or policies and procedures to provide guidance. Management described opportunities for feedback through consumer meetings, representative meetings and food forums. Meeting minutes showed the service educates and encourages consumers and their representatives on how to provide feedback or make a complaint.

Whilst not all consumers were aware of available services to raise or support complaints, consumers interviewed said they did not need to access them. Staff were aware of external services and processes to contact third parties when requested. Information on advocates and language services was displayed in several languages in the main foyer. Feedback forms included contact information about external providers, including interpreter services and the Commission. The service intends to have external advocate services attend consumer and representative meetings annually to provide information on available supports.

Consumers and representatives said when complaints were raised, they were satisfied with the management process, including use of open disclosure principles. Consumers said complaints were addressed in a timely manner, staff and management apologise when things go wrong, and confirm issues are resolved to consumer satisfaction. The service has an electronic complaints management system, with allocation of responsibilities and timeframes for responding. Documentation showed where complaints are received, the service follows organisational procedures to resolve, and if the consumer is not satisfied with the outcome, the complaint is escalated to be managed at an organisational level.

Consumers said they were satisfied their feedback is used to improve care and services. Management described the process for monitoring and analysing feedback and complaints, and sharing results with staff, consumers and representatives. The data is then used for continuous improvement, demonstrated through the example of the formation of a food forum in response to consumer and representative feedback on food.

Based on the Assessment Team’s report, I find Standard 6 Feedback and complaints Compliant.

# Standard 7

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| 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. | 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

Overall consumers said they were satisfied with the level of staff and felt well cared for. Staff said there were sufficient staff rostered to complete their duties effectively. Documentation showed staffing levels are reviewed and adjusted regularly, and allocations consider the mix of staff required to deliver safe and quality care.

Consumers and representatives said staff and management are caring, respectful and approachable. Interactions with staff and consumers were observed to be kind and considerate. Staff receive training on provision of person centred care including cultural diversity and dignity and respect.

Consumers said they felt confident staff were competent and felt safe during cares. Staff, including agency staff, said they were well supported by management to care for consumers, including during onboarding and development of familiarity with consumers. Management described onboarding processes and monitoring of new staff by senior staff, and monitor trends within incidents and feedback to identify areas for staff training. The service is supported by the organisation’s Human resources team to monitor qualifications, registrations, visa requirements and police clearances where needed.

Staff advised they receive the training and education they need to provide safe and effective care. Management identifies areas for training through monitoring processes including feedback, observations, performance reviews, incidents and audits. Management demonstrated ongoing training was scheduled, and additional training added when the need is identified.

Staff described the performance appraisal process, made up of self-assessment, identification of development goals, and review with senior staff. Management said performance reviews are undertaken annually or where issues are identified, and maintained within personnel records. Management is supported by the organisation’s Human resources team where there is underperformance identified.

Based on the Assessment Team’s report, I find Standard 7 Human resources Compliant.

# Standard 8

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| 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

The Assessment Team’s report provides evidence demonstrating consumers are supported and engaged in the development, delivery and evaluation of care and services. Consumers have input through feedback forums, including food focus groups, surveys and consumer meetings.

The governing body is accountable for the delivery of safe, inclusive, and quality care and services through monitoring clinical data, identifying risks and taking appropriate actions to remedy concerns. Clinical indicators are reviewed at Clinical Governance meetings, with information used for continuous improvement and to identify areas for staff training.

Organisation wide governance systems were effective in managing information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints. Budgets are set and reviewed by a finance team, with management able to submit requests for extraordinary expenditure. The organisation monitors changes to legislation and regulations, updates policies and procedures, and keeps staff informed of changes. Trending within feedback and complaints is reported to the Board, to enable oversight over continuous improvement activities.

The service identifies high impact and high prevalence risks data through clinical assessment and incident reviews. This data is analysed, reviewed by staff, and used to report quality indicators to the executive team and Board. The service supports consumers to live the best life they can, and has policies and processes to guide staff in assessing and supporting consumers wanting to take risks. Incidents are captured on the electronic care management system, and reporting processes support the mandatory reporting through the Serious Incident Response Scheme (SIRS). Staff in various disciplines said they receive training in incident management and SIRS.

The Assessment Team was satisfied the service had an effective clinical governance framework for management of antimicrobial stewardship and use of open disclosure, but not in relation to minimising the use of restraint. The Assessment Team provided the following evidence in relation to this:

* The service could not always demonstrate non-pharmacological interventions were trialled prior to the use of psychotropic medication.
* Sampled behaviour support plans did not always include personalised non-pharmacological strategies, or that they were reviewed as soon as practicable after any changes including SIRS incidents.
* Two representatives said they signed consent for the use of psychotropic medication administration without discussion of the purpose and the side effects, which is not in line with informed consent. However, the Assessment Team’s report did not provide evidence of content of the consent form, or discussion of the process with staff.

I have come to a different finding, as whilst issues raised in Standard 3 Requirement (3)(b) are indicative of deficiencies around the use of chemical restraint, I do not find evidence sufficiently demonstrates the service has an ineffective governance framework. The Assessment Team’s report does not identify how the concerns in the use of restrictive practices link with deficiencies in policies and procedures, monitoring or organisational processes. The service has policies and procedures to guide on clinical care, and monitors use of psychotropic medications through a central register. Antimicrobial stewardship is managed through use of policies and procedures, and monitored through monthly reporting of antibiotic use. The use of open disclosure is guided through policies and procedures and monitored through complaint management processes.

I therefore find the service compliant with Requirement (3)(e). Based on the Assessment Team’s report, I find Standard 8 Organisational governance Compliant.

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