Star of the Sea Home for the Aged

Performance Report

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**Commission ID:** 6968

**Provider name:** The Catholic Diocese of Port Pirie Inc

**Site Audit date:** 28 June 2022 to 1 July 2022

**Date of Performance Report:** 31 August 2022

# Performance report prepared by

Alla Kasyan, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | 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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-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) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | 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) | 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 27 July 2022.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team recommended Requirement (3)(d) in this Standard as not met. The Assessment Team found the service was unable to demonstrate each consumer is supported to take risks to enable them to live the best life they can. I have provided reasons for my finding in the specific Requirement below.

In relation to Requirements (3)(a), (3)(b), (3)(c), (3)(e) and (3)(f) in this Standard, the Assessment Team found overall, sampled consumers consider 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. Specific comments and feedback from consumers include:

* Consumers said staff were kind, caring, respectful and understood them and their needs.
* Consumers confirmed staff value their culture and values and enable them to feel valued and safe.
* Consumers said the service supports their varied spiritual backgrounds through the provision of specific and non-denominational church services.
* Consumers said staff welcomed their visitors and supported them to keep in touch with family when they couldn’t visit. They also said they receive information in a variety of ways, including through consumer meetings, newsletters, menus, lifestyle calendars and directly from staff and management.
* Consumers stated they were satisfied staff ensure their privacy is respected and were satisfied their personal information is kept confidential.

Staff interviewed were familiar with the likes, background and history of consumers and knew what they liked, such as how they liked their room cleaned and what they like to reminisce about. Staff were able to demonstrate they are familiar with consumers’ backgrounds, cultures, and how their individual preferences influence the lifestyle activity calendar. Management described how a culture of care framework is used to guide staff in the provision of culturally safe care and services.

Staff described occasions and events where culturally appropriate foods are prepared for the consumers and special meals are served for consumers with a taste for ethnic food. Staff advised consumers assist with preparing foods form different cultures.

Care planning documentation reflected sampled consumers’ decisions and choices about their care such as preferred activities or religious services to be invited to and specific cultural needs. Care planning documents reflected the diversity of consumers, their background work history, family history, culture, interests, likes, dislikes and preferences.

The Assessment Team observed various information available throughout the service to help and inform consumers in making decisions about their care. They also observed staff acting in a respectful manner in relation to consumers’ privacy.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Star of the Sea Home for the Aged, in relation to The Catholic Diocese of Port Pirie Inc, Compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(e) and (3)(f) in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

### Requirement 1(3)(d) Non-compliant

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

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

* One consumer was not supported by the service to take risks in relation to eating the foods they wished to. The consumer had a condition affecting swallowing and was placed on a special diet to manage the risk of choking.
* Nine consumers had retractable screens installed over doorways to stop consumers who wander from entering other consumers’ rooms.

The Approved Provider submitted a response to the Assessment Team’s report and provided evidence of review and assessments for the consumer who expressed their wish to undertake an activity involving risk. The provider submitted an action plan including ongoing education for staff in relation to the relevant policies and procedure on dignity of risk.

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

While the service has undertaken appropriate actions to address the deficiencies identified in the assessment and plans of one consumer identified as expressing a wish to undertake an activity involving risk, at the time of the site audit, the consumer was not supported to take the risk to have better quality of life.

I consider installation of retractable screens over 9 consumers’ doorways was not a risk-taking activity the consumers wished to take to have better quality of life. The main purpose of the screens was to restrict a consumer with wandering behaviours access to other consumers’ rooms which could have potential unanticipated effect on the rights of those consumers due to its restricting nature. Therefore, I considered this evidence in Standard 8 Requirement (3)(e) in relation to the provider’s obligations to minimise restraint.

I have also considered evidence presented in the Assessment Team’s report which shows consumers are generally supported to take risks to live the best life they can. However, this Requirement is about ensuring each consumer is provided adequate supports to undertake activities with element of risk and the service did not demonstrate this.

For the reasons detailed above, I find Star of the Sea Home for the Aged, in relation to The Catholic Diocese of Port Pirie Inc, to be Non-compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

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

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

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

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

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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

The Assessment Team recommended Requirement (3)(e) in this Standard as not met. The Assessment Team found the service was unable to demonstrate care and services are reviewed for effectiveness when circumstances change. Based on the Assessment Team’s report and the Approved Provider’s response, I find the service to be Non-compliant with Requirement (3)(e) in this Standard. I have provided reasons for my finding in the specific Requirement below.

The Assessment Team recommended Requirement (3)(a), (3)(b), (3)(c) and (3)(d) in this Standard as met. However, based on information and evidence presented in the Assessment Team’s report in this Standard, and the response from the Approved Provider, I have come to a different view from the Assessment Team in relation to Requirement (3)(a) in this Standard. I have provided reasons for my finding in the specific Requirement below.

In relation to Requirements (3)(b), (3)(c) and (3)(d) in this Standard, the Assessment Team found overall, sampled consumers consider they feel like partners in the ongoing assessment and planning of their care and services. Specific comments and feedback from consumers include:

* Consumers and representatives confirmed the service has discussed their care plan with them and they are informed of changes.
* Consumers and representatives interviewed said they were satisfied with the level of communication by the staff in relation to the outcomes of assessment and planning. Consumers confirmed they have been involved in discussions with clinical staff and their representative on multiple occasions and felt they have been consulted and included in all aspects of their care planning.

Consumer files reviewed confirmed assessments and planning identifies and addresses the consumer’s current needs, goals and preferences completed in consultation with the consumer and/or representative on entry and when changes occur. Care documentation included a palliative care assessment and identified consumer’s end of life preferences in line with their advanced care directives. Assessments and care plans show input from other allied health professionals and external specialists to ensure all aspects of consumer’s care needs are documented.

Staff were able to describe the assessment process and how this influences the provision of care, and consumers and representatives confirmed they are informed and involved in the assessment and planning process.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Star of the Sea Home for the Aged, in relation to The Catholic Diocese of Port Pirie Inc, Compliant with Requirements (3)(b), (3)(c) and (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

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

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

The Assessment Team recommended the service met this Requirement. However, based on the evidence in Standard 1 Requirement (3)(d), Standard 5 Requirement (3)(b) and Standard 8 Requirement (3)(e), I find this Requirement Non-compliant. The Assessment Team provided the following information and evidence relevant to my finding for this Requirement:

* Assessment of environmental restrictive practices had not been undertaken for 9 consumers following a change of environment when retractable screen doors were installed over the consumers’ doorways.
* Assessment of risks regarding one consumer’s wishes to undertake an activity to have better quality of life was not undertaken and, as result, the consumer was not supported to take risks to have better quality of life.

The Approved Provider’s response did not directly respond to this Requirement, however, did provide evidence acknowledging the deficits in assessment and planning as identified by the Assessment Team. The response included an action plan, detailing improvements to address the deficits, including review and reassessment of all consumers identified in the report and ongoing training for staff in relation to assessment.

In coming to my finding, I have considered the service had undertaken appropriate actions to address the deficits in the assessments and care plans of consumers identified by the Assessment Team. However, at the time of the site audit the service did not have effective processes to ensure each consumer had appropriate assessments completed to inform and develop the strategies in each consumer’s care plan. Assessment of environmental restrictive practices were not undertaken following a change of environment. The service’s monitoring processes were not effective at identifying the deficits in the assessment and planning of consumers care as identified in the Assessment Team’s report.

For the reasons detailed above, I find Star of the Sea Home for the Aged, in relation to The Catholic Diocese of Port Pirie Inc, to be Non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

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

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

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

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

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

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

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

The Assessment Team found the service was unable to demonstrate care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The Assessment Team provided the following information and evidence relevant to my finding:

* One consumer’s care and services plan was not reviewed following a sudden change in their health condition impacting their capacity to make their own decisions.
* The second consumer has had a deterioration of their health impacting their mobility. However, the consumer’s care plan was not updated to reflect new strategies used by the service to assist the consumer with their changed mobility needs.

The Approved Provider submitted a response to the Assessment Team’s report and provided the following information and evidence relevant to my finding:

* Both consumers’ care plans have had a full care evaluation and have been updated to reflect current consumers’ care needs.
* Both families have had case conferences to discuss change in both cognitive status and physical abilities and current level of risk and mitigation strategies.

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

The Approved Provider has committed to addressing the deficits identified including ensuring consumers are appropriately reviewed and care plans and assessments reviewed for effectiveness following changes in consumers’ needs. However, at the time of the Site Audit the service did not ensure each consumer’s care plan was reviewed for effectiveness when circumstances change. New assessments and reviews and updates of strategies in relation to capacity to make decisions and assistance with transfers were not completed when consumers showed signs of deterioration or change.

For the reasons detailed above, I find Star of the Sea Home for the Aged, in relation to The Catholic Diocese of Port Pirie Inc, to be Non-compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

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

The Assessment Team have recommended Requirement (3)(b) in this Standard as not met. The Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of one consumer specifically in relation to management of risks of falls and changed behaviours impacting the consumer’s well-being. The Approved Provider submitted a response to the Assessment Team’s report.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service to be Non-compliant with Requirement (3)(b) in this Standard. I have provided reasons for my decision in the specific Requirement below.

In relation to Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in this Standard, the Assessment Team found overall, consumers consider they receive personal care and clinical care that is safe and right for them. Specific examples provided by consumers included:

* Consumers and representatives said they are satisfied consumers are receiving the care they need that is right for them. This included management of wounds and pain.
* Consumers and representatives advised they are confident staff providing care and services would identify changes to consumers’ health and well-being and will refer them to other allied professions when necessary.

Staff provided examples of how they provide care and ensure services are delivered in a safe and effective manner by referring to a consumer’s care plan and policies and procedures. Documentation including progress notes, referrals and medication charts demonstrates the service has robust system in place to ensure consumer’s end of life needs and preferences are met.

Clinical staff were able to describe the process they follow when a consumer is transferred to hospital or returned or when their condition deteriorates and who would be involved in their care. Documentation shows information is communicated effectively within the service and with others where responsibility is shared, and referrals are completed to internal and external allied health professionals and specialists in a timely manner. Clinical staff were able to provide examples of when a consumer deteriorated and how the service identified the deterioration and responded to the deterioration.

The service has implemented changes to their infection control strategies to include a COVID-19 infection management plan. Staff reported they have a clear understanding of infection control and antimicrobial stewardship principles and are working with medical officers to promote appropriate antibiotic prescribing and use of antibiotics.

Based on the Assessment Team’s report, Star of the Sea Home for the Aged, in relation to The Catholic Diocese of Port Pirie Inc, to be Compliant with Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

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

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

The Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of one consumer specifically in relation to management of risks of falls and behaviours of impacting the consumer’s health and well-being.

The Assessment Team provided the following information and evidence relevant to my finding:

* One consumer’s falls preventative strategies were not consistently implemented resulting in ongoing falls and impact (physical injuries). Documentation showed staff did not manage the consumer’s risks of intracranial bleeding associated with being on anticoagulant therapy. Staff did not attend neurological observations in line with the service’s policies and procedures to effectively manage risks associated with actual or potential head injury. The consumers’ changed behaviours were not managed effectively resulting in the consumer’s ongoing distress.

The Approved Provider’s submitted a response in relation to this requirement and provided evidence acknowledging the deficits in the management of risks of falls and behaviours. The Approved Provider has commenced an action plan to address the deficits identified by the Assessment Team and have provided further information in relation to the consumer. This information and improvement actions include, but are not limited to:

* Care plan and evaluation has been reviewed in relation to the consumer’s sampled in the Assessment Teams report changed behaviours.
* The service met with the consumer’s family to discuss strategies to manage falls and changed behaviours.
* All clinical staff will be required to complete the training on post fall management, behaviour management and documentation.

I acknowledge the Approved Provider’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, at the time of the Site Audit, the service did not demonstrate they effectively managed each consumer’s high impact or high prevalence risk associated with their care, specifically in relation to one consumer’s falls and changed behaviours. The service’s monitoring systems including incident review, clinical oversight and monitoring of staff practice failed to identify the deficits as identified in the Assessment Team’s report resulting in ongoing impacts to the health, safety and well-being of the consumer.

For the reasons detailed above, I find Star of the Sea Home for the Aged, in relation to The Catholic Diocese of Port Pirie Inc, to be Non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

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

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

### Requirement 3(3)(d) 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.*

### Requirement 3(3)(e) 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.*

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team recommended Requirement (3)(c) in this Standard as not met. The Assessment Team found the service was unable to demonstrate each consumer is supported do the things of interest to them.

Based on the Assessment Team’s report and the Approved Provider’s response, I have come to a different view from the Assessment Team and have found Requirement (3)(c) in this Standard to be Compliant. I have provided reasons for my findings in the specific Requirement below.

In relation to Requirements (3)(a), (3)(b), (3)(d), (3)(e), (3)(f) and (3)(g) in this Standard, the Assessment Team found overall, sampled consumers consider 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. Specific comments and feedback from consumers include:

* Consumers and representatives confirmed staff support them to do the things that are socially, spiritually, and emotionally important to them.
* Consumers described how they can leave the service to go for walks, leave to spend time with families and friends and go out to the community for shopping and coffee.
* Consumers said they enjoy all the meals and they can have more if they feel like it.
* Consumers and representatives were satisfied with the laundry process at the service.

Documentation showed the service’s assessment process identifies consumers’ needs, goals and preferences, and this information is used to optimise their health and well-being, including referrals to community organisations.

Staff demonstrated their understanding of consumers’ needs, preferences, life experiences and interests. Documentation and interviews with lifestyle staff demonstrated an activity schedule is reviewed regularly, includes activities of interest to consumers and reflects consumers’ diversity, needs and preferences.

Catering and care staff described how they ensure meals are varied and of suitable quality and quantity for consumers. Kitchen staff described how they actively seek feedback on the consumer meal service by attending the dining rooms to discuss the food choices. Documentation showed the menu is rotated on an 8-week cycle and consists of a summer and winter menu. The Assessment Team observed the kitchen to be clean, tidy and staff were observed applying food safety processes when delivering meal service.

The Assessment Team observed equipment used by lifestyle staff to be clean and well maintained and staff confirmed they have access to equipment to support consumers’ needs.

Based on the Assessment Team’s report, I find Star of the Sea Home for the Aged, in relation to The Catholic Diocese of Port Pirie Inc, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

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

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

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

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

### Requirement 4(3)(c) 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, whilst the service demonstrated services and supports for daily living assist each consumer to participate in their community within and outside the organisation’s service environment and have social and personal relationships, two consumers were not supported to do the things of interest to them.

### The Assessment Team provided the following information and evidence relevant to their recommendation:

* One consumer’s activities participation records show there have been no activities provided to the consumer on 9 out of 29 days. The consumer’s representative advised they felt there were not enough staff to assist the consumer.
* The second consumer’s care plan did not list the consumers’ hobbies or activities of interest.
* The third consumer said they find the activities ‘boring’ and of no interest to them. The consumer said they stay in their room and watch television.

The Approved Provider submitted a response to the Assessment Team’s report and provided the following information and evidence relevant to my finding:

* Consumers’ care plans have been reviewed and updated to include more details and make the care plans more personalised.
* The Approved Provider asserts activities are tailored to consumers’ needs and interests, and consumers have direct input in the activities plan. Examples of these activities and community events based on consumers’ interests include:
  + Many consumers have previously been involved in different clubs, organisations and enjoyed attending various events, including supporting various football clubs. Lifestyle staff run an annual football tipping competition, including end of season afternoon teas where prizes are awarded and winners are announced.
  + The foyer is decorated if a South Australian or local team are in the football finals. Lifestyle staff assist consumers to decorate their room or door.
  + Consumers are supported to watch their favourite team if desired. This is driven by consumer interest.
  + Star of the Sea holds monthly consumers’ meeting where there is engagement with consumers around activities or outings and every effort is made to ensure that consumer requests are achieved.
  + Based on the feedback of the first consumer mentioned in the Assessment Team’s report, an outing to the newly opened community hub was organised. However, the consumer was not able to attend due to being unwell and due to not wanting to go when offered the second time.
  + In relation to the second consumer who is diagnosed with advanced dementia, the service sought input from the consumer’s representative and provided activities of interests based on their feedback. These included nature sounds downloaded onto the electronic device and played in the consumer’s room.

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

* In coming to my finding, I have considered that most evidence presented in this Requirement does not indicate three consumers were not supported to do things of interest to them. The Approved Provider asserts the consumers are supported to do the things of interest to them and provided examples of this.
* I also considered evidence in the Assessment Team’s report where observations and interviews with consumers confirmed consumers are supported to maintain social and personal relationships and participate in their community within and outside the organisation’s service environment.
* I have also considered evidence presented in the Assessment Team’s report in this Standard in Requirement 4 (3)(a) where consumers interviewed stated they can choose what activities they wish to participate in and staff respect their wishes if the consumers decline to participate; one-on-one visits are tailored to consumers’ needs and preferences, with lifestyle staff or volunteers visiting consumers and engaging in activities of consumers’ interests such as arts and crafts or walks in the garden; the service’s lifestyle activities schedule is regularly reviewed and revised in line with consumer’s feedback and the Assessment Team observed consumers participated in a range of activities throughout the four-day Site Audit.

For the reasons detailed above, I find Star of the Sea Home for the Aged, in relation to The Catholic Diocese of Port Pirie Inc, to be Compliant with Requirement (3)(c) in Standard 4 Services and supports for daily living.

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

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

### Requirement 4(3)(e) 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 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team recommended Requirement (3)(b) in this Standard as not met. The Assessment Team found the service was unable to demonstrate the service environment was safe and clean, and that it enabled consumers to move freely, both indoors and outdoors.

Based on the Assessment Team’s report and the Approved Provider’s response I find Requirement (3)(b) in this Standard Non-compliant. I have provided reasons for my findings in the respective Requirement below.

In relation to Requirement (3)(a) and (3)(c) in this Standard, the Assessment Team found the service was able to demonstrate the service environment was welcoming, easy to understand and optimised each consumer’s sense of belonging, independence, interaction and function. Overall, sampled consumers considered that they feel safe and comfortable in the organisation’s service environment. Specific examples provided by consumers included:

* One consumer said they feel safe living at the service and they enjoyed sitting in the gardens when the weather is nice.
* One consumer said they enjoyed sitting in their room and they were able to personalise it in a similar fashion to their living room at home.
* Consumers and representatives said consumers’ rooms are cleaned daily, and shared equipment is cleaned after use.

The Assessment Team observed the service environment to be welcoming and home-like. There was adequate lighting, sufficient space to mobilise and pictures, signs and posters were at a comfortable eye level.

Staff said consumers rooms are cleaned daily and the service environment inside was observed by the Assessment Team mostly clean and well-maintained. The Assessment Team observed furniture, fittings, and equipment to be safe, clean, and maintained. Cleaning schedules were in place to ensure furniture and equipment used by consumers is clean and in good condition.

Fire and emergency management procedures and provisions were in place, and staff demonstrated their awareness of the procedures and reported they complete yearly fire and emergency mandatory training.

Based on the Assessment Team’s report and the Approved Provider’s response I find Star of the Sea Home for the Aged, in relation to The Catholic Diocese of Port Pirie Inc, Compliant with Requirements (3)(a) and (3)(c) in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

The Assessment Team found the service was unable to demonstrate the service environment is safe, clean and well maintained and that it enables consumers did to move freely, both indoors and outdoors. The Assessment Team provided the following information and evidence relevant to my finding:

* Ten consumers were not able to freely move out of their wings due to environmental restraint and one consumer due to seclusion (a door stopper mechanism installed on the outside of the consumer’s door). On the last day of the Site Audit, the door stopper was removed.
* All sliding doors’ tracks were observed to be dirty on the inside and outside.
* Chemicals were not stored in a locked cupboard on the cleaner’s trolleys used throughout the service and accessible to consumers.
* Smoking area environment was not assessed in relation to risk of fire and no fire safety equipment was observed in the smoking area or close to the area.

The Approved Provider submitted a response acknowledging the findings of the Assessment Team. The Approved Provider has commenced an action plan to address the deficiencies identified by the Assessment Team. Actions include but are not limited to:

* All consumers have been provided with security codes to enable them to enter and exit the service as they desire.
* Staff have been instructed to keep all doors that are not required to be secured to be opened and to do the evening safety check of the building, ensuring all consumers are inside and safe.
* Cleaning of the window tracks has been added to the maintenance schedules.
* New lockable boxes have been purchased for the cleaning trolleys to secure chemicals.
* Staff have been provided additional training on restrictive practices, elder abuse and behaviour management.

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

I acknowledge the Approved Provider’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, at the time of the Site Audit, I find the service did not demonstrate the service environment was safe, clean and consumers were able to move freely outdoors and indoors.

For the reasons detailed above, I find Star of the Sea Home for the Aged, in relation to The Catholic Diocese of Port Pirie Inc, to be Non-compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team recommended Requirement (3)(c) in this Standard as not met. The Assessment Team found the service was unable to demonstrate appropriate action is taken in response to all complaints and an open disclosure process is used when things go wrong.

Based on the Assessment Team’s report and the Approved Provider’s response, I have come to a different view from the Assessment Team and have found Requirement (3)(c) in this Standard to be Compliant. I have provided reasons for my findings in the specific Requirement below.

In relation to Requirements (3)(a), (3)(b) and (3)(d) in this Standard, the Assessment Team found overall, sampled consumers consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Specific comments and feedback from consumers include:

* Consumers stated they feel comfortable talking to management or staff about any issues they may have.
* Consumers said they are happy to talk to staff if they have any issues and it always gets rectified.
* Consumers said they attend resident meetings and found it beneficial.

The service has a complaints management policy available to all staff detailing the complaints handling process and provides information regarding the steps involved for staff when dealing with complaints.

Information about providing feedback, both internally and externally, is provided to consumers in the resident handbook, as well as posters and pamphlets located throughout the facility. The organisation has written materials about how to make complaints, including details for advocates and language services, and these are made available throughout the facility, including in languages other than English.

Management provided examples of how feedback and complaints are reviewed and used to improve the quality of care and services. Management described the main areas where complaints had been made and how continuous improvement processes were used to rectify the issues.

The Assessment Team identified the complaints register was not up to date at the time of the site audit which have been rectified by the end of the visit.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Star of the Sea Home for the Aged, in relation to The Catholic Diocese of Port Pirie Inc, to be Compliant with Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The Assessment Team found the service was not able to demonstrate appropriate action is taken in response to all complaints and an open disclosure process is used when things go wrong. The Assessment Team provided the following information and evidence relevant to their recommendation of not met:

* One consumer replied “never” in response to a survey’s question “do you like the food here?”. In response to the feedback, the service met with the consumer, listened to their concerns and referred the consumer to a speech pathologist because the nature of the complaint was related to the texture of the food. The speech pathologist upgraded the consumer’s diet as per the consumer’s wishes. However, during the site audit the consumer reported they still did not like their food.
* The service’s feedback log was not up-to-date and did not record actions taken in response to the complaints.
* Management said these complaints have been followed up, however, are not reflected on the complaints log as the person undertaking the quality role is new and has not had time to update the log.
* The service was unable to demonstrate they have an effective open disclosure process because there was no documented evidence of this in the complaints register.

The Approved Provider submitted a response to the Assessment Team’s report and provided the following information and evidence relevant to my finding:

* Complaints register has been updated with actions to all complaints recorded appropriately.
* A new process is planned to be implemented where relevant information from Resident meeting minutes is transferred to the register on a monthly basis.
* Feedback and complaints training for all staff is set for September 2022.

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

* I acknowledge one consumer expressed they continued to be dissatisfied with texture of their food following the review by the speech pathologist. However, I consider the service followed the complaint management process. The service met with the consumer, listened to their concerns, involved the consumer’s substitute decision-maker and offered a solution the consumer’s substitute decision maker accepted. I consider continued dissatisfaction of the consumer with texture of their food is related to the deficits around application of dignity of risk concept for this consumer associated with Standard 1 Requirements (3)(d) where I have considered this evidence.
* I accept, the complaints register was not up to date at the time of the site audit. However, I have considered information provided by the Approved Provider in their response demonstrating all consumers’ complaints and feedback have been actioned in line with the organisation’s policies and procedures.
* I acknowledge the complaints register did not record an apology was provided to a consumer when things went wrong. However, I consider the service has a policy on open disclosure, and two staff members were able to describe how they practice open disclosure by expressing sorrow, apologising and practice an open and transparent approach following incidents. There is no evidence in front of me that shows consumers reported to the Assessment Team staff do not apologise when something goes wrong. Whilst there was no documented evidence of staff apologising to consumers when incidents happen that harmed or could potentially harm a consumer, it does not mean open disclosure did not occur.
* In coming to my finding, I have also considered information presented in this Standard in other Requirements where consumers reported they are comfortable talking to staff and management about any issues and feel like they are listened to. All but one consumer interviewed by the Assessment Team were satisfied their issues or concerns were appropriately addressed.

For the reasons detailed above, I find Star of the Sea Home for the Aged, in relation to The Catholic Diocese of Port Pirie Inc, to be Compliant with Requirement (3)(c) in Standard 6 Feedback and complaints.

### 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

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

The Assessment Team recommended Requirement (3)(a) and (3)(c) in this Standard as not met. The Assessment Team found the service was unable to demonstrate 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. In addition, the service was unable to demonstrate the workforce is competent and has the knowledge and skills to effectively perform their roles.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Requirement (3)(a) in this Standard Non-compliant. However, I have come to a different view from the Assessment Team and have found Requirement (3)(c) in this Standard to be Compliant. I have provided reasons for my findings in the respective Requirements below.

In relation to all other Requirements in this Standard, most sampled consumers consider they get quality care and services when they need them and from staff who are kind, caring, competent and skilled. Specific feedback from consumers/representatives sampled include:

* Most consumers and representatives confirmed staff are kind, caring and respectful of consumers.
* One consumer reported ‘staff are very caring, look after you pretty well’.
* One consumer reported they prefer a shower every day as this is something they had always done since they worked and lived in on a farm, and this is done in line with their preference.
* Consumers and representatives felt staff are skilled and competent to meet consumers’ care and service needs, including knowing what they are doing.

Staff interviewed indicated they are provided with education, training and support on commencement of employment and on an ongoing basis. Management described the processes they use to monitor staff competency and capability, including monitoring professional registrations, providing orientation and training, and using observations, feedback, audits and incidents. Management indicated the training program is informed by staff performance issues and appraisals, incidents, legislative updates and feedback. Staff confirmed management monitor their performance and management described how staff performance is reviewed during probation and two-yearly thereafter.

The service demonstrated that staff are recruited, trained, equipped and supported to deliver care and services.

Based on the Assessment Team’s report, Star of the Sea Home for the Aged, in relation to The Catholic Diocese of Port Pirie Inc, to be Compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found the service was unable to demonstrate the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* Six consumers and representatives interviewed said there are not always enough staff to provide adequate care and services.
* Representatives advised they were not satisfied the service provides adequate supervision to prevent wandering consumers from entering consumers’ rooms and that is why the screen doors are in place on rooms.
* Six staff interviewed said they do not always have enough time to monitor consumers with challenging behaviours and provide timely assistance to consumers who are high risk of falls.
* The service has not been conducting call bell audits in accordance with the organisation’s process. The Assessment Team viewed call bell data from 17 to 19 June 2022 and noted significantly increased frequency of above 15 minutes call durations which is one of the service’s key performance indicators.
* Call bells response data from 1 April to 30 June 2022 shows an ongoing significant delay of up to 50 minutes with attending to a consumer who is at very high risk of falls and whose call bells should be responded to promptly. The representative of the consumer expressed dissatisfaction with call bells response time resulting in falls and injuries.

The Approved Provider submitted a response to the Assessment Team’s report an provided the following information and evidence relevant to my finding:

* Review of staff rostering has been completed, and an Unplanned Leave Shift Replacement Form was implemented for staff who have been contacted to fill any shifts for staff who take personal leave on short notice.
* Call bell trends will be disseminated to staff monthly via electronic care management system.
* The service has been working with several external providers to attract trainees and support the local workforce to source both work experience and permanent employment.

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

I find the service did not demonstrate 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.

I consider the service has not demonstrated there are sufficient numbers of staff to ensure the delivery and management of safe and quality care and services. I have considered feedback from six consumers and representatives which indicates they are not satisfied with staffing levels and how, due to insufficient staffing numbers, consumers with wandering behaviours lack adequate supervision and engagement in meaningful activities. One consumer’s health and well-being has been impacted by delays with staff response time to their call bells.

For the reasons detailed above, I find Star of the Sea Home for the Aged, in relation to The Catholic Diocese of Port Pirie Inc, to be Non-compliant with Requirement (3)(a) in Standard 7 Human resources.

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

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

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

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

The Assessment Team found the organisation did not adequately demonstrate the workforce is competent and has the knowledge and skills to effectively perform their roles.

The Assessment Team provided the following information and evidence relevant to their recommendation:

* Management did not identify consumers who were subject to environmental restraint and seclusion.
* Consumers who were subject to chemical restraint did not have behaviour support plans and informed consent in their care planning documentation.
* One member of management team was not aware consumers who are subject to chemical restraint required specific behaviour support plan.
* A progress note did not demonstrate chemical restraint was used as a last resort after exhausting all other options.
* Management was unable to demonstrate training and education has been provided in relation to restrictive practices, falls, behaviours management, open disclosure and dignity of risks.
* Management was unable to provide any examples and/or evidence of when open disclosure was utilised.
* Staff said they don’t always have time to complete the online training in their own time at home.

The Approved Provider submitted a response to the Assessment Team’s report and provided the following information and evidence relevant to my finding:

* Additional education is planned to be delivered to key clinical personnel relating to restrictive practices, behaviour support plans and Serious Incident Response Scheme (SIRS) reporting.
* A new training framework has been introduced which provides for additional training and support for staff while onsite. A new training plan for the remainder of 2022 has been created and distributed to staff.
* Review of position descriptions is planned to ensure clear documentation of the individual role and responsibilities.
* A review of policies, procedures and local work instructions was undertaken to ensure staff are provided with clear guidance and direction in relation to compliance.

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

In coming to my finding, I have considered evidence presented in this Requirement and in other Requirements in Standard 7 that shows the following:

* All sampled consumers and consumers’ representatives felt staff were well trained and competent at meeting their needs.
* Staff credentialing is completed during the recruitment stage and monitored.
* The service has an onboarding process in place which includes a site orientation, mandatory training based on job roles and buddy shifts.
* There is a process in place to identify and address staff skill gaps and training needs through a range of mechanisms including staff performance appraisals, incident data, consumer feedback, staff feedback and audits.
* Staff in a variety of roles said they are required to complete mandatory training specific to their role annually, and documentation reviewed confirmed this occur.
* The Assessment Team observed annual clinical staff competencies are completed and maintained in staff personnel files. The Assessment Team viewed onboarding processes for staff and contractors supporting that the service ensures staff are trained, equipped, and supported to undertake their roles.

I consider the Assessment Team’s finding in relation to the service not being able to recognise there were consumers who were subject to environmental restraint and seclusion and deficits in documentation for six consumers who the Assessment Team identified were subject to chemical restraint reflects core deficiency in Standard 8 Requirement (3)(e) specifically in relation to implementation of a clinical governance framework. There is no evidence presented in front of me that shows that because of the deficits in care planning documentation these 6 consumers did not receive the care they needed.

Whilst the Assessment Team found management was unable to demonstrate training and education has been provided to staff in relation to restrictive practices, falls, behaviours management, open disclosure and dignity of risks, I find this is more relevant to Requirement 7(3)(d) where this information was considered.

I accept, one member of management team was not able to provide an example of when open disclosure was utilised. However, I considered management advised the Assessment Team during the site audit there were some deficits in this staff member knowledge who are very new to the role and would be provided with additional training and support to continue in the role.

For the reasons detailed above, I find Star of the Sea Home for the Aged, in relation to The Catholic Diocese of Port Pirie Inc, to be Compliant with Requirement (3)(c) in Standard 7 Human resources.

### Requirement 7(3)(d) Compliant

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

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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

## The Assessment Team have recommended Requirement (3)(e) in this Standard as not met. The Assessment Team found the service was unable to demonstrate effective clinical governance framework is in place in relation to minimising the use of restraint.

## Based on the Assessment Team’s report and the Approved Provider’s response, I find the service to be Non-compliant with Requirement (3)(e) in this Standard. I have provided reasons for my decision in the specific Requirement below.

## In relation to Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in this Standard, the Assessment Team found the organisation demonstrated that they involve consumers in the design, delivery and evaluation of care and services, providing examples of how consumers are involved in the co-design of services and engaged on a day-to-day basis.

## Consumers said the service is well run and they are involved in the evaluation and development of care and services delivered at the service through meetings and case conferences. Consumers provided examples of consultation about meals, lifestyle activities and events held at the service.

The clinical governance framework, communication with consumers flowchart and a customer feedback documentation highlighted the service’s commitment to encouraging consumers and representatives to provide feedback and that staff are to treat any feedback with respect and fairness.

The organisation has a range of reporting mechanisms to ensure the Board is aware of undertakings within the service and is accountable for the delivery of services.

The organisation has a range of policies and procedures to ensure effective governance systems guide staff when providing care and identifying and managing risks. Management described how they manage high impact or high prevalence risks associated with the care of consumers through leadership, governance meetings and a range of staff meetings to ensure effective communication across all levels of the organisation.

The service has incident reporting systems to identify and respond appropriately to risks associated with consumer care and risks associated with elder abuse.

The service has an established and documented clinical governance framework, including policies and other guidance material relating to antimicrobial stewardship, minimising the use of restrictive practices, and use of an open disclosure approach. However, the implementation of new restrictive practice legislation was not effective.

Based on the Assessment Team’s report, Star of the Sea Home for the Aged, in relation to The Catholic Diocese of Port Pirie Inc, to be Compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

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

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

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

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

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

### 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.*

Whilst the Assessment Team found the service had an effective clinical governance framework around antimicrobial stewardship, the service could not demonstrate an effective framework is in place in relation to open disclosure and minimising the use of restraint. The service has policies and procedures in place in relation to restrictive practices, however these have not been effectively implemented to ensure the service is complying with legislative requirements and minimising the use of restraints.

The Assessment Team provided the following information and evidence relevant to my finding:

* The service did not recognise they used restraints within the service including chemical, environmental and seclusion and did not have documented evidence to demonstrate that relevant assessments were completed, informed consent was taken, and best practice strategies are incorporated into consumer behaviour support plan in line with legislative requirements. The Assessment Team provided the following evidence to support their finding:
  + During the entry meeting management advised they do not have any environmental restraints or seclusion.
  + However, it was observed nine consumers had retractable screens over their doors and one consumer was restrained by seclusion.
  + Multiple consumers did not have keypad access to allow free movement inside between the service’s wings and could not leave the service. However, the service did not recognise this as environmental restraint and did not ensure all relevant steps are taken in line with legislative requirements including assessments, informed consent and evidence that this form of restrictive practice was used as a last resort.

The Approved Provider submitted a response to the Assessment Team’s report an provided the following information and evidence relevant to my finding:

* The service obtained consent from a consumer’s representative who was chemically restrained to manage behavioural and psychological symptoms of dementia.
* The service is planning to send a letter to the families to gain their consent for psychotropic medication. Clinical staff will be meeting with the families to explain the reason and side effects of each psychotropic medication prescribed.
* All consumers who are prescribed psychotropic medications are planned to be reviewed and effectiveness of strategies to manage displayed behaviours are planned to be discussed at the Clinical Governance Meeting.
* The service met with all consumers who had retractable screen over their doors and removed the screen for 6 consumers in line with the consumers’ preferences.

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

Whist the service has systems and processes around minimising the use of restrictive practices, these were not successfully implemented at the time of the site audit. I acknowledge, in response to the Assessment Team’s report, the service conducted risk assessments of the retractable screen doors for relevant consumers and removed 6 out of 9 screens. However, at the time of the site audit, while the service had updated their policy and procedures and provided staff with training on restrictive practices, they had not taken appropriate action to review and implement behaviour support plans for consumers where restrictive practices were in place. Staff did not identify the use of restrictive practice for multiple consumers. The service’s clinical governance framework for minimisation of the use of restraint was not effective and did not result in actions in line with legislation.

For the reasons detailed above, I find Star of the Sea Home for the Aged, in relation to The Catholic Diocese of Port Pirie Inc, to be Non-compliant with Requirement (3)(e) in Standard 8 Organisational governance.

# Areas for improvement

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

* In relation to Standard 1 Requirement (3)(d):
  + All consumers wishing to participate in activities where risks are involved have appropriate assessments to identify the risks and strategies documented and implemented to mitigate the risks and support the consumers living the life they choose.
* In relation to Standard 2 Requirement (3)(a) and (3)(e):
  + Assessment and planning process is comprehensive and includes consideration of risks to the consumer’s health and well-being to inform the delivery of safe and effective care.
  + Care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* In relation to Standard 3 Requirement (3)(b):
  + Consumers’ high impact or high prevalence risks are effectively managed, including risks associated with choking/aspiration, responsive behaviours and unwitnessed falls.
* In relation to Standard 5 Requirements (3)(b):
  + The service environment is safe and enables consumers to move freely, both indoors and outdoors.
* In relation to Standard 7 Requirements (3)(a):
  + Staffing levels are sufficient to ensure consumers’ needs and preferences are met.
* In relation to Standard 8 Requirements (3)(e):
  + The service implements restrictive practice frameworks and policies and procedures effectively, including monitoring of staff practice and knowledge in relation to restrictive practice.