Uniting AgeWell Strath‑Haven

Performance Report

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**Commission ID:** 3085

**Provider name:** Uniting AgeWell Limited

**Site Audit date:** 31 May 2022 to 3 June 2022

**Date of Performance Report:** 30 July 2022

# Performance report prepared by

Vanessa Stephens, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | 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** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | 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) | Non-compliant |
| Requirement 8(3)(e) | 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 on 18 July 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Most sampled consumers considered that they are treated with dignity and respect, however some representatives gave feedback that the care provided did not consistently ensure consumer needs and preferences are met. Consumers said they feel supported to exercise choice and independence and can maintain contact with family and friends. Consumers stated staff understand their cultural needs and adjust care appropriately. Most consumers are satisfied with the information received from the service and that their privacy is respected.

Staff are knowledgeable about consumer backgrounds and provided examples of how they support individual preferences. Staff provided examples where consumers are supported in their choices, and the interventions that are in place where risk is involved.

Assessments documented personalised information about the consumer’s life and preferences. However, this information is not consistently available in the consumer’s care plan. Care plans document persons who consumers have chosen to be involved in decisions about their care.

The Assessment Team observed staff supporting and interacting with consumers respectfully.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Overall, sampled care planning documents provided evidence of assessment and care planning information for consumers. Care planning documents included consumer needs, preferences and goals, including end of life planning. Sample care planning documentation demonstrated that professionals such as dietitians, speech pathologists, geriatricians, medical officers and physiotherapists are involved in the assessment, planning and review of consumer care. The service was able to demonstrate that most care and services are documented within a current care plan, are reviewed regularly for effectiveness, and when circumstances change.

However, the service did not demonstrate that care planning always includes relevant risk identification and assessment.

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

## 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 found that overall care planning documents provided evidence of assessment and care planning information for consumers. However, the service did not identify that one consumer is chemically restrained, handover sheets omitted critical medication information for three consumers, and a risk assessment or speech pathology review was not evident for one consumer with specific dietary needs.

In their detailed and comprehensive response to the Assessment Team’s report, the approved provider submits that a sampled consumer is not subject to chemical restraint as medication is used to treat a diagnosed medical condition and not for the primary purpose of influencing the consumer’s behaviour. However, I note medical advice dated 17 February 2022 submitted by the approved provider which states that due to ongoing agitation and verbal aggression, the consumer was commenced on anti-psychotic medication Risperidone on 24 February 2022. There is no information before me that Risperidone is administered for any purpose other than to influence this consumer’s behaviour. While the service did not identify this consumer is subject to chemical restraint, there is no evidence before me indicating the assessment and planning for this consumer has not considered risks to their health and well-being.

In relation to handover sheets omitting critical medication information for three consumers, I accept the approved provider’s response that the absence of medication information in handover sheets is not evidence that assessment and planning is ineffective as medication information is recorded in the service’s medication management system. I also acknowledge that elsewhere in the Assessment Team report, handover information was characterised as detailed and comprehensive.

In relation to the absence of a risk assessment or speech pathologist’s review for a sampled consumer with specific dietary needs, the approved provider submitted a risk assessment dated 1 June 2022 and a speech pathology review dated 9 June 2022. Information from the Assessment Team report demonstrates the risk assessment was completed after feedback was provided by the Assessment Team.

I have also considered evidence presented in Standard 3 and in addition to the example cited immediately above, I find there were additional gaps in the service identifying and considering risks to consumer:

* Two consumers did not have risk assessments in relation to blood thinning medication.
* There were gaps in recording post-fall neurological observations for two consumers.

Based on the evidence summarised above, I am not satisfied the service complies with this requirement.

### 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.*

The Assessment Team found that while sampled care planning documents included consumer needs, preferences and goals, care planning documents did not include advance care planning for most sampled consumers. Most sampled consumers said staff have not spoken to them about advance care and end of life planning.

In their response to the Assessment Team’s report, the approved provider states that an audit conducted on 21 June 2022 demonstrated that nearly 75 per cent of all consumers have a current advance care plan completed and that those who do not, have expressed a preference not to have an advance care plan, or a plan is currently in progress with their general practitioner. While the dates advance care planning was completed are not supplied, I am unable to fully determine if this planning was in place before the site assessment. However I accept the approved provider’s statement at face value and therefore accept that the majority of consumers had advance care directives in place at the time of the site assessment. Therefore, I am satisfied the service complies with this requirement.

### 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.*

The Assessment Team identified that professionals such as dietitians, speech pathologists, geriatricians, medical officers and physiotherapists are involved in the assessment, planning and review of consumer care. Most sampled consumers stated they are verbally consulted about their care, however consumer representatives said they are only contacted when there is a change in consumer condition and are not consulted on an ongoing basis regarding assessment, planning and review of consumer care and services. Four sampled care plans did not reflect ongoing partnership with consumer representatives in the assessment and planning of care and services.

In their response to the Assessment Team’s report, the approved provider submits evidence of ongoing consultation for each of the four sampled consumers highlighted in the Assessment Team report. Progress notes for one consumer demonstrates their family was contacted on four occasions in the last two months, and another consumer’s family was contacted ten times in the last two months.

Based on all of the evidence before me, I am satisfied the service complies with this requirement.

### 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.*

The Assessment Team found that while the service was able to demonstrate that most care and services are documented within a current care plan, the service was unable to demonstrate that the outcomes of assessment and planning are always communicated to consumers and representatives, with two sampled consumer representatives stating they had never been consulted about care and five consumer representatives stating they have not been offered a copy of a care plan.

In their response to the Assessment Team’s report, the approved provider states that outcomes are usually communicated verbally and that some consumers and representatives may not recognise assessment and planning due to the various tools and processes used. The approved provider also submits that this requirement does not require that care plans be offered to consumers and representatives. I accept the arguments made by the approved provider and I am satisfied the service complies with this requirement.

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

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

# STANDARD 3 NON-COMPLIANTPersonal 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

Sampled consumers stated they are confident that the service identifies and manages change or deterioration in their health. Consumers feel that their needs and preferences are effectively communicated between staff, and they do not have to repeat information.

Sampled care planning documents and progress notes reflect the identification and response to deterioration or changes in consumers health status. File review confirmed referrals to health professionals occur as appropriate, including documenting relevant instructions. The service also demonstrated it meets the needs of palliating consumers. The Assessment Team observed the clinical handover on the second day of the site audit. Handover information reviewed was detailed and comprehensive.

The service demonstrated effective strategies are in place to minimise infection related risks. Staff were able to explain infection prevention and control and antimicrobial stewardship principles.

While the service demonstrated each consumer receives safe and effective clinical care in line with their needs, the service did not demonstrate that high impact risks are effectively managed.

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

### 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.*

The Assessment Team found the service did not demonstrate consumers receive effective personal and clinical care in line with best practice and consumer needs. The service did not demonstrate best practice in relation to restrictive practices, skin integrity, and pain management for a consumer with dementia.

In their detailed and comprehensive response to the Assessment Team’s report, the approved provider submits a number of documents evidencing that consumers sampled by the Assessment Team receive best practice care. The approved provider states that they will consider renaming care planning documents to improve clarity.

I have reviewed documents submitted by the approved provider in relation to chemical restraint and as discussed in Requirement 2(3)(a), based on documentary evidence dated 17 February 2022, I find that a sampled consumer is subject to chemical restraint. This consumer is prescribed a range of medication including other psychotropics. While the service did not identify this consumer is subject to chemical restraint, there is no evidence before me indicating that this has had any negative impact on them. I am also mindful that this consumer’s representative stated that this consumer has complex care needs and that overall, they were satisfied with the care received by the consumer.

I also accept, in relation to a respite consumer with complex care needs including dementia, that the service attempted to obtain medication review from a medical practitioner on multiple occasions without success and faced a number of unique challenges in seeking the necessary support to assist this consumer. The approved provider also acknowledges the effectiveness of pain medication for this consumer was not always documented and have reinforced with staff the importance of recording this information.

In relation to skin integrity, the Assessment Team detailed a consumer with an excoriated groin caused by faecal incontinence. The service was aware this consumer was incontinent of faeces and a progress note suggested continence charting should commence. However, the Assessment Team noted no record of continence monitoring or charting occurred and when the excoriation was detected on 31 May 2022, wound charting was not commenced. The approved provider submitted documents evidencing wound charting commenced on 2 June 2022, with extensive follow up thereafter. I note that this consumer’s excoriation resolved on 16 June 2022.

I am mindful of a number of instances of safe and effective care as detailed in the approved provider’s response. While I note continence and wound charting for one consumer was not best practice, the totality of evidence before me demonstrates that overall consumers receive safe and effective care. Therefore, I find the service is compliant with this requirement.

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

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

The Assessment Team found the service did not demonstrate evidence of consistent and effective management of high impact. Risk mitigation and prevention of possible harm are not consistently considered for high risk medications and post-fall management.

The Assessment Team noted high risk medication, such as blood thinners are not consistently taken into consideration during post fall assessment and monitoring. Falls management strategies are not always individualised to consumer needs. For two consumers there is no demonstrated evidence that blood thinning medication was considered as part of post-fall clinical assessment, nor did the service demonstrate neurological observations were performed in accordance with best practice and the service’s policy.

In their response to the Assessment Team’s report, the approved provider submits a number of documents evidencing the service’s falls management policy, and for the two sampled consumers who experienced a fall, a number of clinical documents relating to post-fall management. The approved provider’s response acknowledges gaps in recording neurological observations and the service has now implemented a paper‑based neurological observation chart to ensure observations are recorded at the correct times. Additional staff training has also been provided. The approved provider also stated blood thinners are mentioned in consumer care plans and that multiple entries of this information is unnecessary, confuses staff and creates unnecessary work. I have considered the approved provider’s response, however there is no evidence before me that the impact of blood thinning medication has been actively considered as part of post-fall review for two consumers.

The Assessment Team also found the service did not demonstrate that high risk medication is consistently identified and that relevant risks are managed effectively. Two consumers do not have risk assessments in relation to blood thinning medication.

In their response to the Assessment Team’s report, the approved provider submitted a number of documents relating to the service’s medication management policies and procedures, however, outside of assessing and managing skin integrity risks, the consumer care documentation submitted by the approved provider does not demonstrate that the service has considered the increased risk for blood thinner‑related bleeding or haemorrhage.

Based, on evidence summarised above, I find that the service has not demonstrated effective management of high impact risks associated with blood thinning medication and post-fall neurological observations. Therefore I find the service is non‑compliant with this requirement.

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

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

The Assessment Team found that while care plans overall reflect the end of life needs and preferences of consumers, the service did not always demonstrate early recognition and act on signs and symptoms when consumers are nearing the end of life. The service did not evidence consideration that one consumer with cognitive impairment may display differentiated signs nearing the end of life, such as pain and discomfort which may be displayed as aggression, agitation and associated delirium. Therefore, the end of life pathway was not actioned promptly with the aim to maximise consumer comfort.

In their response to the Assessment Team’s report, the approved provider reiterates that the service faced a number of unique challenges in seeking the necessary support to assist this consumer. I accept these arguments made by the approved provider. I have also considered the evidence submitted by the approved provider that this consumer was administered pain relief on the day they passed away. I also note other evidence in the Assessment Team’s report which demonstrates comfort was maximised for another palliating consumer. I am satisfied the service has demonstrated it maximises comfort for consumers nearing the end of life. Therefore, I am satisfied the service complies with this requirement.

### 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

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

* Overall, consumers provided positive feedback about being supported to maintain relationships, participate in the community and do things that interest them.
* Consumers said they are satisfied with how staff supported their spiritual and emotional well-being and how they felt comfortable talking to staff.
* Most consumers and their representatives interviewed were satisfied their needs and preferences are effectively communicated between staff and within the service.
* Consumers described how they have access to other organisations and services to meet their needs.
* Most consumers expressed satisfaction with the quality and quantity of meals provided by the service.

Staff provided examples of how they promote the overall well-being of consumers and could also describe consumer relationships and interests, both within and outside the service.

Most care plans and assessments for consumers sampled contained information regarding important relationships, interests and community connections.

The Assessment Team observed consumers with differing care needs in mobility and cognition being supported by staff to participate in activities. The Assessment Team also observed a range of equipment used by clinical, care and lifestyle staff that was clean, suitable and well maintained.

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

## Assessment of Standard 4 Requirements

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

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

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

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

### Requirement 4(3)(c) 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.*

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall, sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Most consumers and representatives said they are happy with the cleanliness of the service environment and that it is well-maintained.

Maintenance staff demonstrated both proactive and reactive maintenance was scheduled, completed and monitored.

The Assessment Team observed consumers and visitors using communal areas. The service was also observed to be clean and uncluttered, enabling the free movement of consumers. The service has numerous internal areas for consumers to socialise and enjoy group and independent activities. The Assessment Team observed equipment was clean and in good working order.

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

## Assessment of Standard 5 Requirements*.*

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

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

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

*The service environment:*

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

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

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

The Assessment Team found the service did not demonstrate how hydronic heaters located in consumer rooms, corridors and common areas are monitored to minimise the risk of burns. There are no protective barriers around any of the hydronic heaters in the service. The Assessment Team observed that many of the hydronic heaters did not have numbers on the setting knob, so it was not possible to determine the heat setting. The Assessment Team observed that four out of five hydronic heaters in one wing were very hot to touch and assessors were unable to place their hands on the hydronic heater for more than a second. The Assessment Team also observed items of furniture and a plastic bin butted up against hydronic heaters in consumer rooms. Additionally, two consumers reported to the Assessment Team that their heaters were too hot.

In their comprehensive response to the Assessment Team’s report, the approved provider disputes that an assessor holding their hand against a hydronic panel and determining that the heater is too hot is sufficient scientific basis for finding non‑compliance. After receiving feedback from assessors, on 30 June 2022, the service conducted an audit of heater temperatures using a specialist temperature probe. The service audit determined that the panels were heated to a maximum temperature of 55 degrees Celsius which was below the 60 degrees Celsius maximum benchmark determined by international standard ASTM C1055 (Standard Guide for Heated System Surface Conditions that Produce Contact Burn Injuries). The approved provider also submitted that there is no record of a consumer ever sustaining a burn from a hydronic heater in the organisation. The approved provider also submitted that except for complaints made to assessors while they were on site, the service has not received complaints about heaters being too hot.

In relation to items of furniture and a plastic bin butted up against hydronic heaters, the provider submitted the panel could not have been operating above 60 degrees Celsius and this is below the flash point temperature of the plastic bin thus posing no risks to consumers, nor an ignition risk.

Elsewhere throughout the service, the Assessment Team observed equipment to be clean and in good working order. Based on these observations and evidence submitted by the approved provider, I am satisfied the service complies with this requirement.

# 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

Most sampled consumers considered that they are encouraged and supported to give feedback and make complaints. Consumers reported feeling comfortable providing feedback and making complaints. However, some representatives did not consider that appropriate action is taken by the service when a complaint is made. One representative reported recurring problems, and subsequent emails to the service were not treated as complaints.

Staff and management described using open disclosure principles in their handling of feedback and complaints. Management provided examples of how it uses feedback and complaints to improve the quality of care and services.

The Assessment Team observed information regarding advocates and other methods for raising a complaint are accessible at the service.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The Assessment Team found that the service did not demonstrate that it consistently identifies complaints and takes appropriate action, describing specific examples where complaints have not been actioned.

In their response to the Assessment Team’s report, the approved provider states there is no evidence consumers were unsatisfied, and that examples discussed in the Assessment Team report relate to complaints made by consumer representatives. In relation to specific examples, the service provides email correspondence to support that appropriate action is taken.

Having reviewed all of the evidence before me, while it appears there may be gaps in representative satisfaction, possibly as a result of the service characterising communications received as ‘ongoing dialogue’ rather than complaints, I give great weight to examples in the Assessment Team report of two consumers raising complaints and receiving reasonably satisfactory outcomes. Therefore, on balance, I find the service complies with this requirement.

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Most consumers and representatives sampled said staff are kind, caring and respectful and expressed satisfaction about staff knowledge and skills. However most sampled consumers did not consider that they get timely care and services when they need them.

Staff expressed satisfaction with training opportunities and confirmed they are supported to deliver care and services. Documentation demonstrates staff have relevant qualifications in line with their role. Management demonstrated how staff performance is assessed, monitored and reviewed. Staff confirmed that appraisal of their performance occurs and explained how they are able to use this process to identify training needs or professional development.

The Assessment Team observed staff treating consumers and representatives in a kind, caring and respectful manner.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found the service did not adequately demonstrate how they plan the number and mix of staff to enable safe and quality care and services for consumers. Consumers and representatives expressed dissatisfaction with staffing levels and described in various ways how this impacts their well-being, including rushed or incomplete care and laundry delays. Staff provided examples of how staffing levels impact the care and services delivered to consumers including delayed showers, incomplete personal care including cleaning dentures, moisturising skin, and being unable to provide emotional support to consumers.

In their response to the Assessment Team’s report, the approved provider states they have experienced unprecedented staffing challenges as a result of the pandemic and their regional location. The approved provider lists a number of initiatives to manage these challenges including a staff incentive scheme and new master roster introduced after the site assessment.

While I am concerned by staff feedback relating to examples of missed episodes of personal care and consumers not receiving emotional support from staff, as evidenced in Standard 3, with the exception of effectively monitoring risk, personal and clinical care is largely well-delivered at the service. Therefore, on balance, I find the service complies with this requirement.

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

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

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

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

### Requirement 7(3)(d) 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-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Most consumers and representatives said they are encouraged to be involved in decision making, and provide feedback both formally and informally.

Staff across different areas of the service explained how they engage consumers and representatives to ensure that consumers receive the care and services that are right for them.

Management demonstrated how the service’s governing body has promoted a culture of safe, inclusive and quality care and services, described changes driven by the board, and stated that the board has a number of sub committees to monitor key areas.

The service demonstrated effective governance systems in relation to information management, continuous improvement and financial governance. However, the service did not demonstrate there are effective risk management systems in place.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

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

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

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

The service did not demonstrate how some high impact or high prevalence risks associated with the care of consumers are effectively managed. Blood thinning medication is not consistently taken into consideration during post-fall assessment and monitoring, nor did the service demonstrate it assesses bleeding‑related risks associated with blood thinners.

The approved provider’s response to this requirement, in relation to post-fall monitoring and managing risks posed by blood thinners, is similar to their response submitted in relation to Requirement 3(3)(b). Based on the evidence summarised above and in Requirement 3(3)(b), I am not satisfied the service has demonstrated effective risk management systems and practices in relation to managing consumer risks associated with blood thinning medication and post-fall neurological observations. Therefore, I find the service is non-compliant with this requirement.

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The Assessment Team found that while the service has a clinical governance framework in place, the service did not demonstrate how the framework guides staff practice in relation to the minimisation of restraint. For one sampled consumer, chemical restraint was not recognised, documented or authorised for as needed psychotropic medication (Risperidone). In relation to the consumer who experienced an excoriated groin, the Assessment Team noted open disclosure practices were not followed.

While I acknowledge these are deficits in clinical governance, they are isolated incidents and given the totality of clinical care and services delivered by the service, and evidence of the service’s clinical governance framework presented by the approved provider in their detailed response, I am satisfied the service has a robust clinical governance framework. Therefore, I find the service complies with this requirement.

# 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.

* Review practices and governance framework relating to identifying, assessing and mitigating risks posed to consumers.
* Conduct staff training in relation to identifying and assessing risks, specifically post-fall neurological observations and blood thinning medications.