UnitingSA West Lakes

Performance Report

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WEST LAKES SA 5021
Phone number: 08 8449 7066

**Commission ID:** 6832

**Provider name:** UnitingSA Ltd

**Site Audit date:** 20 April 2022 to 22 April 2022

**Date of Performance Report:** 23 June 2022

# Performance report prepared by

Therese Wilson, 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** | **Compliant** |
| Requirement 2(3)(a) | 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) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-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) | 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; and
* the Approved provider’s response to the Site Audit report received 19 May 2022.

# STANDARD 1 COMPLIANTConsumer 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 Compliant as six of the six specific Requirements have been assessed as Compliant.

Overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers and representatives confirmed that staff are respectful of consumers’ background, ethnicity, culture and those things that are important to them and they treat them with kindness dignity and respect. They also confirmed consumers are supported in exercising choice and independence and to take risks to enable them to live their best lives. Consumers confirmed their privacy is respected and their information is kept confidential.

Staff interviewed demonstrated knowledge of consumers’ individual identity, culture and diversity and could relay strategies which promote choice and independence. Staff were observed to respect consumers’ privacy and keeping their information confidential and respecting consumers by explaining their processes to enable consumers to understand what they were doing.

Care planning documents reflected the assessment processes that are used to identify consumer preferences and assist with choice and decision making. Appropriate consultation with representatives was demonstrated along with those who are involved in their care being identified in the care planning documentation.

There are procedures in place to allow consumers to take risks and to guide staff in how to assist to mitigate any risks consumers wish to take. Policies and procedures support consumers to make choices, identify their spiritual and cultural needs and obtain their preferences and goals of care.

Based on the Assessment Team’s report, I find UnitingSA Ltd, in relation to Uniting West Lakes, Compliant with all Requirements 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) 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 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 Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found the service did not meet Requirements (3)(a) and (3)(e) in relation to Standard 2 Ongoing assessment and care planning with consumers. However, based on the evidence in the Assessment Team’s report and the Approved Provider’s response, I find the service Compliant in Requirements (3)(a) and (3)(e) and have provided reasons in the relevant Requirements below.

Consumers and representatives confirmed they are consulted about the care and services provided through regular discussions with staff. Consumers confirmed they had spoken at length on entry to the service about their care needs.

The Approved Provider has a care planning system where there is 28 days to complete assessments and provide an ongoing care plan. Vital clinical assessments are all commenced on day one with most being completed by day seven, with other assessments, including lifestyle being completed in the following days. This is all completed through the electronic care planning system.

Staff interviewed could describe the process of assessment and planning in line with the care plan management procedure. Staff confirmed they communicate outcomes of assessment and planning to other staff and the consumers and/or their representatives. Staff and consumers’ files confirmed medical officers and other health professionals are involved in the assessment and planning of consumers’ care and their directives are reflected on care plans.

Based on the Assessment Team’s report, I find UnitingSA Ltd, in relation to Uniting West Lakes, Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found the service was unable to demonstrate it has an effective assessment and planning process in place that consider risks to consumers’ health and well-being and to inform the delivery of safe and effective care and services. The Assessment Team provided the following information and evidence relevant to their finding:

* Two consumers did not have completed assessments, including vision, hearing, bowel management, continence, personal hygiene, mobility, behaviour, skin integrity completed. As a result, goals of care to guide staff practice are not recorded in either consumers’ respective care plans.
* The Approved Provider submitted a response to the Assessment Team’s report acknowledging the finding for both Consumer’s. The response also included information of actions taken to address the findings of the Assessment Team around assessment and planning, including:
* Evidence of assessments for the first consumer that were completed on 13 February 2022 at the time of admission.
* Evidence of continence assessments completed for the second consumer on 11 November 2021 and reassessed during January 2022.
* Evidence goals of care as a result of assessments have been completed for the second consumer.
* Continuous improvement action has been implemented to improve the recording of goals of care on consumer care plans.
* In coming to my finding, I have considered the information contained in the Assessment Team’s report and the response from the Approved Provider and I have come to a different view from that of the Assessment Team and find this Requirement Complaint.
* Drawing from the evidence provided about assessment and planning throughout the report, I am satisfied that the Approved Provider undertakes assessment and planning as required.
* The Approved Provider provided evidence to show that the two consumers had been assessed, acknowledging the two consumers did not have goals of care completed and there was no evidence to show that staff had information to provide the consumers with safe and effective care.
* The Approved Provider has given an undertaking to ensure, moving forward, the goals of care are completed for all consumers.
* For the reasons detailed above, I find I find UnitingSA Ltd, in relation to Uniting West Lakes, to be 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) 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 regularly reviewed for effectiveness and reassessment or that review processes capture consumers’ needs, goals and preferences. The Assessment Team provided the following information and evidence relevant to my finding:

* The Assessment Team noted a paper based care plan, available for staff to access, for one consumer was not up-to-date as per the electronic care plan and included inconsistencies with information in relation to mobility and diuretic needs. Those included:
	+ The Nutritional care plan refers to requirement of a diabetic diet and no other care plans, including skin management captures this information.
	+ The paper based care plan states there are no sensory issues. However, the electronic care plan refers to Consumer C as experiencing numbness in their left hand attributable to a health condition.
	+ In relation to mobility, the electronic care plan captures mobility aids required, however, the paper based care plan does not include this information.
	+ The electronic care plan captures information about acute care needs for sleep management and focal seizures, however, the paper based care plan does not include this information.
* The Assessment Team observed care plan folders located in the nurses station did not include paper based care plans for two consumers.
* One staff member was not able to demonstrate how they would access care plans via the electronic system.
* The Approved Provider’s response included evidence to refute the assertions made by the Assessment Team in relation to the first consumer’s care planning. The response also included corrective actions the Approved Provider has put in place since the Site Audit to address deficits identified in relation to inconsistent information between paper based and electronic care planning. In relation to this requirement, the response included:
* In relation to the first consumer:
	+ A functional assessment completed on 24 February 2022 includes the risk Consumer C’s diabetic diagnosis has in relation to foot care and strategies to reduce the risk of skin integrity compromises.
	+ Mobility and dexterity care plan includes information about diabetes diagnosis and strategies to manage mobility in relation to this.
	+ Acute care needs in relation to sleep management have not been formally diagnosed and at the time of the response a referral for review had been completed.
	+ Acute care needs in relation to focal seizures are captured in the paper based care plan and have been included since the first assessment was completed on 26 June 2020 in the assessment summary since this time. This information is also included under the national care plan to have supervision at meal times in case of focal seizure.
* In relation to the paper based care plans the service are updating the hard copy care plans to match the electronic version which are available to all staff via the electronic care system.
* In coming to my finding, I have considered the information contained in the Assessment Team’s report and the response from the Approved Provider and I have come to a different view from that of the Assessment Team and find this Requirement Complaint.
* This Requirement outlines that care and services must be reviewed regularly for effectiveness, and when circumstances change or an incident occurs that impacts on the goals and needs of a consumer.
* Whilst it is not ideal that there are paper based care plans that do not contain updated information, there was no evidence to show that consumers did not have regular assessment or their care needs reassessed when incidents occur.
* In my view it showed the opposite, that the changing care needs of the consumer were being reviewed as necessary.
* For the reasons detailed above, I find I find UnitingSA Ltd, in relation to Uniting West Lakes, to be Compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# 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

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

The Assessment Team recommended Requirements (3)(a) and (3)(d) in this Standard as not met. The Assessment Team found the Approved Provider was unable to demonstrate that personal and clinical care for each consumer was safe and right for them, is effective, best practice and tailored to their needs and deterioration is recognised and responded to in a timely manner.

Based on the Assessment Team’s report and the Approved Provider’s response I find UnitingSA Ltd, in relation to Uniting West Lakes, Compliant with Standard 3 Requirement (3)(a) and Non-Complaint with Requirement (3)(d). I have provided reasons for my finding in the specific Requirements below.

Consumers and their representatives interviewed confirmed consumers receive medications and assistance from staff that helps them feel safe and get the personal and clinical care they require. They confirmed they are referred for specialist services and can see their general practitioner when they would like and staff discuss advance care directives when they enter the service or at another time of their choosing.

Consumers’ care files confirmed that care planning was tailored to consumers’ needs and high impact or high prevalence risks are effectively managed, such as pain, weight loss, falls and medication management. The Approved Provider completes referrals to other services where required and the goals needs and preferences of consumers nearing the end of life are recognised and addressed to preserve consumers’ dignity and comfort.

Staff interviewed could also describe how the mitigate high impact high prevalence risks for consumers and the clinical, emotional, spiritual and cultural care they provide to consumers. Staff interviewed confirmed they have access to infection control guidelines and have received training in relation managing infectious outbreaks. Clinical staff could describe the principles of infection control and antimicrobial stewardship.

Based on the Assessment Team’s report, I find UnitingSA Ltd, in relation to Uniting West Lakes, Compliant with Requirements (3)(a), (3)(b), (3)(c), (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.*

The Assessment Team were not satisfied the service demonstrated restraints were being identified correctly and behaviour support plans had been completed in line with legislative requirements of minimisation of restraint. The Assessment Team provided the following information and evidence relevant to their finding:

* Three consumers were identified by the Assessment Team as having beds placed at a low height so the consumers, although mobile, were unable to get out of bed to prevent them from wandering, falling or to manage responsive behaviours. The Approved Provider did not recognise this as a mechanical restraint and had not gained consent from the appropriate person for the use the mechanical restraints.
* The Assessment Team found for two consumers, their behaviour support plans did not contain personalised strategies to manage or to identify the triggers of their responsive behaviours
* The Assessment Team stated that six consumers were provided with a psychotropic antiepileptic medication without a documented diagnosis to support the use of the medication for seizure management.
* The Approved Provider in their response disputed the findings from the Assessment Team in relation to this Requirement and provided the following information to support their response:
* The Approved Provider stated the Assessment Team had provided feedback to state they had observed five consumers with their bed at the lowest point while they were still in the bed. They said they investigated the room numbers provided for the following two days and they did not find any beds at their lowest point in the rooms identified. However, the did acknowledge with one consumer as mentioned in the report, they did not have a restraint authority for a low bed but has put this in place since the Site Audit and another consumer’s behaviour support plan was reviewed to ensure there was no reference to low beds and removed the information from another about placing the bed at a low height to assist with behaviour management. Additionally, the Approved Provider has given an undertaking to install bed height indicators on all consumers’ beds and provide training with staff on their use.
* The Approved Provider disputed that behaviour support plans did not contain enough detailed information and provided the behaviour support plans for the two consumers mentioned in the report. The organisation also has a newly appointed Education and Development Manager who has developed tool box education to staff to ensure they are aware of the legislative requirements for restrictive practice.
* The Approved Provider also disputed the consumers did not have a diagnosis to support the use of the psychotropic antiepileptic medication and provided evidence for the prescription of the medication. They also provided guidance for the use of the medications which shows the medical officer may prescribe the medication for conditions other than seizures.
* In coming to my finding, I have considered the information contained in the Assessment Team’s report and the response from the Approved Provider and I have come to a different view from that of the Assessment Team and find this Requirement Complaint.
* Whilst the Assessment Team raised issues in relation to use of low beds, generic strategies for responsive behaviours and psychotropic medication were being used without the appropriate diagnosis. The Assessment Team did not articulate further to explain how this impacted on the personal care or clinical care of each consumer so I could not consider that in my finding.
* The issues relating to minimisation of restraint and the Approved Provider not following the legislated guidelines have not had an impact on my view of this outcome as I feel they are more aligned with Standard 3 Requirement (3)(b) and Standard 8 Requirement (3)(e). As such I have considered this information and the response from the Approved Provider in my findings for those Requirements.
* All other areas the Assessment Team reviewed, such as skin integrity, blood glucose monitoring and pain management, the Approved Provider was able to demonstrate compliance with this Requirement.
* For the reasons detailed above, I find I find UnitingSA Ltd, in relation to Uniting West Lakes, to be Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

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

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

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

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

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

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

The Assessment Team found that the Approved Provider did not demonstrate for two consumers that timely action was taken in relation to deterioration of their condition. The Assessment Team provided the following information and evidence relevant to their finding:

* One consumer was identified through progress notes as showing increased confusion at approximately 11.30am one morning. Representatives requested that evening a medical officer attend the service to review the consumer but that did not occur that day as there was not one available. Overnight it was noted through progress notes that the consumer continued to deteriorate and it was not until 10.00am the following day that an ambulance was called and the consumer was taken to hospital and diagnosed with a condition that may have benefited from earlier medical treatment.
* The second consumer presented as unwell at approximately 7.50pm and was provided with analgesia and a medical officer called who attended the service at approximately 9.15pm. Medication was provided by the Medical Officer for the condition. Whilst they were still unwell the following morning, they received pain relief with no further documentation of them feeling unwell.

In response, the Approved Provider:

* Acknowledged with the first consumer they could have been more efficient with their approach to the consumer and once staff were aware a medical officer was not available to review them the evening prior to the hospital transfer. When the medical officer could not attend the registered staff need to determine whether a hospital transfer was required but there was no evidence provided to show this occurred.
* With the second consumer, the Approved Provider met with the representative who raised the concern with the Assessment Team that the response was no quick as they were not previously aware of their concerns.
* In coming to my finding, I have considered the information contained in the Assessment Team’s report and the response from the Approved Provider and find this Requirement Non-complaint.
* Whilst the service did provide care to the first consumer when the medical officer was unable to come to the site they did not seek alternatives to provide the consumers with any other specialist medical treatment, including transfer to hospital until 12 hours after they were aware that the medical officer was unable to attend to them despite them deteriorating further. This was acknowledged by the Approved Provider that a hospital transfer could have taken place with a more efficient approach, especially since the medical officer was unable to attend the service.
* With the second consumer, the Assessment Team presented the timeline between 7.52pm and 9.14pm when the medical officer attended the service. This does not seem an unreasonable amount of time to wait for the medical officer to attend to the consumer. The circumstances leading up to the timeline were not provided, so I could not consider this was what occurred in the lead up to the medical officer being called. Therefore, this consumer has not impacted on my finding in this Requirement.
* I also acknowledge the Approved Provider has made a commitment to continuous improvement and implementing a mandatory suite of training tools for recognising and responding to the deterioration and health of a consumer.
* For the reasons detailed above, I find I find UnitingSA Ltd, in relation to Uniting West Lakes, to be Non-compliant with Requirement (3)(d) in Standard 3 Personal care and clinical care.

### 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.

Consumers and their representatives interviewed confirmed consumers receive the services and supports for daily living to enrich their health and well-being and enables them to do the things they like to do. Consumers interviewed confirmed they are provided with a variety of activities to choose from and are supported to participate in the community, including going out shopping, attending church services and visiting friends and family. Consumers spoke highly of the food stating that with recent changes it had improved and can offer suggestions for changes at any time.

Staff could provide examples of how they assist and support consumers to do the things they like and participate in the community, as well as provide emotional and psychological support especially during lockdown when no visitors were allowed. Staff interviewed described what is important to consumers, their needs and preferences.

Consumers’ care planning documentation viewed showed consumers’ needs, preferences and goals, including what is important to them and is documented and communicated to staff. Care planning documentation informs of activity, spiritual and social preferences and goals of daily living for consumers.

The Approved Provider has an effective system to identify and provide social activities and engagement to consumers at the service. Consumers are referred to external service providers when required, including for spiritual and social support.

Based on the Assessment Team’s report, I find UnitingSA Ltd, in relation to Uniting West Lakes, 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.*

### 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

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

Consumers and their representatives interviewed confirmed consumers feel safe, welcome and at home in the service. Consumers have access to indoor and outdoor areas which have natural lighting and well maintained courtyards and gardens. Consumers confirmed the environment is easy to understand and minimises confusion so they can easily navigate around the service. The equipment is suitable for consumer needs, they feel safe using it and say it is clean and well maintained.

Staff interviewed confirmed they know the process for reporting and requesting maintenance and confirmed they are attended to promptly. Staff described the system to ensure the service is kept clean, including ensuring infection control is maintained.

Observations by the Assessment Team of the environment and equipment showed the service environment is clean and well maintained. Consumers’ rooms contained personal touches, including some with furniture bought from home. Communal areas were observed to equipped with suitable furnishings that looked clean, comfortable and well maintained.

The service has systems to ensure the environment is clean and well maintained, along with scheduled and reactive maintenance programs. Regular audits are conducted to ensure all maintenance and cleaning is conducted.

Based on the Assessment Team’s report, I find UnitingSA Ltd, in relation to Uniting West Lakes, Compliant with all Requirements 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) 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.*

# 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 did not take the appropriate action to address some concerns and some were not recorded in the complaints register.

Based on the Assessment Team’s report and the Approved Provider’s response I find UnitingSA Ltd, in relation to Uniting West Lakes, Compliant with Requirement (3)(a) in Standard 6. I have provided reasons for my finding in the specific Requirement below.

Consumers confirmed they are encouraged and supported to provide feedback and make complaints. Consumers and representatives confirmed there are various ways to provide feedback and make complaints, including verbal, email and forms. Representatives stated they advocate on behalf of consumers and know how to raise external complaints. Consumers confirmed the service takes action to address concerns raised about food and other concerns.

The Approved Provider has a feedback and complaints register which showed that all complaints and feedback logged action was taken to address the issues. The service could demonstrate that items logged onto the feedback system, including the register, surveys and continuous improvement plan improve the quality of care and services for consumers.

The Approved Provider has policies and procedures to guide staff in the management of feedback and complaints and open disclosure.

Based on the Assessment Team’s report, I find UnitingSA Ltd, in relation to Uniting West Lakes, Compliant with all Requirements in 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 were not satisfied that for three consumers and one representative, appropriate action was taken to address concerns raised or that feedback had been recorded in the register. The Assessment Team provided the following information and evidence relevant to their finding:

* The representative for the first consumer stated they had raised numerous issues with the Approved Provider yet there was nothing recorded in the feedback register.
* The representative of the second consumer spoke to the Assessment Team about one particular incident where they were refused access to their loved one. They had spoken to management about it and some derogatory comments made by a staff member.
* The third consumer asked the Assessment Team to follow up on an optometrist appointment as they had asked staff but were not aware of a resolution.
* The fourth representative, who wished to remain anonymous, had made complaints but the Assessment Team could not locate any with their name in the feedback register.

The Approved Provider provided a response to the first three issues raised. A response the fourth was not included as the Assessment Team’s report did not provide them with any detailed information to respond to.

* In relation to the first consumer, the Approved Provider was not aware of any concerns raised by the representative. Interviews with staff and progress noted reviewed around the issues raised provided no evidence to show that there were issues being raised that were not being addressed.
* The representative of the second consumer is well known to the Approved Provider as they explained they often have difficulty understanding what they are trying to explain to them and they have encouraged direct contact with the treating medical officer in an endeavour to get them to understand. In relation to this incident where they were denied access, this was because the consumer was in isolation due to being a COVID close contact.
* The third consumer is on the list to see the optometrist on the next visit and will ensure they stay in the facility on the day so they can attend the appointment.
* In coming to my finding, I have considered the information contained in the Assessment Team’s report and the response from the Approved Provider and have come to a different view to that of the Assessment Team and find this Requirement Compliant.
* I cannot place more weight on either account of what occurred as with each consumer and the response from the Approved Provider there was only verbal information to consider. As I cannot choose one account over another and must rely on the information contained in this Requirement and other information throughout the report to determine compliance with this Requirement.
* In considering the information provided by the Assessment Team they indicated there is a feedback register listing complaints, suggestions and compliments and they were provided examples of complaints where appropriate action had been taken to address the issues. There is an open disclosure policy, staff interviewed could explain examples of when open disclosure should be used and representatives interviewed confirmed they are advised of incidents and apologised to when things go wrong.
* Review of Standard 3 Personal care and clinical care shows the only issues raised are in relation to those as listed above, which are verbal with no supporting information provided by either party. All other consumers and representatives are satisfied with the care provided.
* The Approved Provider gave an undertaking to ensure all concerns raised are addressed;
	+ provided a letter to the representative of the first consumer to discuss any concerns with the care of the consumer and have included details on communications between the parties moving forward; and
	+ have given an undertaking to work with the representative of the second consumer to address any concerns.
* For the reasons detailed above, I find I find UnitingSA Ltd, in relation to Uniting West Lakes, 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 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 Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found the service did not meet Requirement (3)(c) in relation to Standard 7 Human resources. However, based on the evidence in the Assessment Team’s report and the Approved Provider’s response, I find the service Compliant in Requirement (3)(c) and have provided reasons in the relevant Requirement below.

Consumers and their representatives interviewed confirmed staff are kind, caring and respectful of each consumer’s unique identify and needs. Consumers and their representatives confirmed staff are skilled and knowledgeable and know what they are doing and deliver care and services which support the consumer’s choices and preferences.

The service demonstrated it has systems, supported by the wider organisation, to recruit appropriately skilled and qualified staff. An onboarding process and training program is provided on entry to the workforce and at regular intervals. The service has planned rosters and allocations based on consumer needs and vacant shifts are filled using appropriately skilled staff.

The service has a system and process in place for assessment, monitoring and the regular review of each member of the workforces’ performance with an annual performance review process also in place. The service demonstrated staff are performance managed appropriately where issues in practice are identified through either incident forms or feedback from consumers, representatives or other staff. Where additional training is identified through monitoring of incidents or observations of staff practice staff are provided training.

Staff interviewed confirmed they are provided training and have opportunities to provide feedback, including through performance reviews. Staff confirmed they have sufficient time and information to perform their roles and are aware of their responsibilities.

Based on the Assessment Team’s report, I find UnitingSA Ltd, in relation to Uniting West Lakes, Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

The Assessment Team found the service was unable to demonstrate the workforce is competent and has the knowledge and skills to effectively perform in their roles, in relation to identifying and implementing restrictive practices and the assessment of incidents for mandatory reporting purposes. The Assessment Team provided the following information and evidence relevant to my finding:

* Staff were not able to identify the restrictive practices in place for consumers and the Assessment Team identified 10 consumers as being subject to either a physical, mechanical or chemical restraint.
* Four staff described low-low beds as a falls management strategy for consumers who were at risk of falls.
* The Assessment Team identified two incidents that had been reported through the Serious Incident Response Scheme (SIRS) had not been reported to management within required time frames resulting in late submissions to the Commission.

In their response, the Approved Provider acknowledged there is always further learning opportunities for staff, including around restrictive practice but refuted that their staff were not competent.

* The Approved Provider disagreed with the Assessment Team’s comments that 10 consumer were subject to restrictive practices, including inappropriate bed heights and consumers being chemically restrained.
* The Approved Provider also provided an explanation as to why the two SIRS reports were late.
* In coming to my finding, I have considered the information contained in the Assessment Team’s report and the response from the Approved Provider and have come to a different view to that of the Assessment Team and find this Requirement Compliant.
* Whilst there are two mechanical restraints that were not identified by the Approved Provider, this is not evidence to show that all staff are not competent at identifying restraints.
* In their response, the Approved Provider was able to demonstrate the consumers who were identified as having chemical restraint were not being chemically restrained and did have a diagnosis to support the use of the medications.
* The Approved Provider has acknowledged staff can always be provide with further learning opportunities and included in their response a toolbox session about restrictive practice for additional learning.
* I am not satisfied that the information provided by the Assessment Team demonstrates that staff are not competent or do not have the knowledge to perform their duties.
* It is for these reasons I find UnitingSA Ltd, in relation to Uniting West Lakes, Compliant with Requirement (3)(e) 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-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

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

The Assessment Team found the service not met in Requirement (3)(e) as it was identified there were consumers who did not have consent for restraints that were being used.

Based on the evidence in the Assessment Team’s report and the Approved Provider’s response, I find the service is Non-complaint with Requirement (3)(e) and have provided reasons for my finding in the relevant Requirement below.

Consumers and representatives said they have a variety of engagement mechanisms to allow them to provide feedback in the development, delivery and evaluation of care and services, including consumer meetings, surveys, feedback and the care planning meetings.

The service is supported by the wider organisation’s governance systems and the oversight of a Board who is accountable for the delivery of quality care and services. There are effective systems for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has policies and procedures in relation to risk management systems and practices, including, but not limited to, managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. The service utilises a risk register to manage consumer risks and communicates these risks through various platforms. Staff were aware of policies and procedures available to guide them in best practice and said they are updated when changes occur.

The service has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and open disclosure. However, it was identified that two consumers did not have informed consent for mechanical restraints.

Based on the Assessment Team’s report, I find UnitingSA Ltd, in relation to Uniting West Lakes, 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.*

The Assessment Team identified consumers to be either mechanically or chemically restrained without the appropriate consent forms as required by legislation. The Assessment Team provided the following information and evidence relevant to their finding:

* The Assessment Team observed six consumer beds to be in a low position with consumers still in bed. It was identified that three of the consumers could still ambulate and review of documentation showed there were no mechanical restraint consent forms in place to gain informed consent.
* The Assessment Team stated that six consumers were provided with a psychotropic antiepileptic medication without a documented to diagnosis to support the use of the medication for seizure management.

The Approved Provider provided a response acknowledging that improvements can always be made to increase staff knowledge and awareness in relation to minimisation of restraint.

* The provider in their response to Standard 3 Requirement (3)(a) acknowledged that one consumer did not have a restraint authority for a low bed but has put this in place since the Site Audit. Another consumer’s behaviour support plan was reviewed to ensure there was no reference to low beds and removed the information from another about placing the bed at a low height to assist with behaviour management.
* The Approved Provider also disputed that consumers did not have a diagnosis to support the use of the psychotropic antiepileptic medication and provided evidence for the prescription of the medication. They also provided guidance for the use of the medications which shows the medical officer may prescribe the medication for conditions other than seizures.
* In coming to my finding, I have considered the information contained in the Assessment Team’s report and the response from the Approved Provider and find this Requirement Non-complaint.
* I acknowledge the Approved Provider has recognised and have given an undertaking to provide staff with further understanding of minimisation of restraint and they have stated this will continue in the future.
* However, at the time of the Site Audit there were two consumers who were being mechanically restrained, as acknowledged by the service, that did not have informed consent in place as required by legislation. While there were only two that were identified, all Approved Providers were informed of changes to the minimisation of restraint legislation through various means and it would be expected that services have everything in place to meet the legislative requirements.
* In coming to my finding, I have not placed weight on the six consumers that were identified as being chemically restrained as in their response the service evidenced they all have a diagnosis to support administration of these medications.
* Meeting this Requirement is not about having any restraints at all but rather acknowledging that restraints may be used when necessary and for the least amount of time possible. Requirements of the legislation need to be adhered to ensure the best outcome for consumers, including having informed consent. This was not the case when the Site Audit was completed.
* For the reasons detailed above, I find I find UnitingSA Ltd, in relation to Uniting West Lakes, 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.

* **Standard 3 Requirement (3)(d)**
	+ Ensure deteriorating consumers are monitored and receive appropriate specialist care and timely transfers to hospital occur
* **Standard 8 Requirement (3)(e)**
	+ Ensure all restraints have informed consent for the use of the restraint and it is monitored at regular intervals to ensure they are used as little as possible.