



INFORMATION ON NOTICE TO AGREE TO REQUIREMENT

Residential Aged Care Service

Minda Nursing Home

RACS ID 6011

Approved Provider Name and Address

Minda Incorporated

PO Box 5

Brighton SA 5048

Date of Notice

24 March 2020

Action Taken

In order to avoid the imposition of a revocation sanction under section 63N of the *Aged Care Quality and Safety Commission Act 2018*, the approved provider is required to agree to the following in writing by 5.00pm on 25 March 2020:

- a) appoint, at its expense, an eligible adviser to assist it to comply with its responsibilities in relation to care and services and governance and business operations.
 - This appointment must be made by 5:00pm on Tuesday 31 March 2020.
 - The adviser must be appointed for a period of at least three (3) months from Tuesday 31 March 2020.
- b) provide, at its expense, training for its officers, employees and agents as specified below and to demonstrate that it has provided that training.

This training should include, but not be limited to:

- safe and effective clinical care and personal care including behaviour management, pain management, medication management, manual handling, falls management, skin management and emotional support;
- appropriate identification, investigation and escalation of changes in care recipients' conditions and/or known risks to their health and well-being;
- optimal record keeping and documentation of clinical care needs including care planning.



Minda Incorporated must provide a written training plan to the Commission by 31 March 2020 and written evidence of successful completion of the specified training by 24 June 2020.

- c) send the Commission weekly reports on the progress of Minda Incorporated's Quality and Safeguarding Project.
- d) participate in weekly teleconferences with the Commission also involving the appointed adviser to enable the Commission to monitor Minda Incorporated's progress towards returning to compliance.

Reasons for Action

An assessment contact conducted between 10 and 11 February 2020, and a review audit conducted between 26 to 28 February 2020, recommended 25 of the Aged Care Quality Standards' 42 requirements were not met.

Performance

The Commission has identified that there is an immediate and severe risk to the health, safety and wellbeing of care recipients at the Service.

The Commission has serious concerns in relation to:

Standard 1 – Consumer dignity and choice

- (3)(f): Each consumer's privacy is respected and personal information is kept confidential.

Standard 2 – Ongoing assessment and planning with consumers

- (3)(a): Assessment and planning, including consideration of risks to the consumer's health and well-being, informs the delivery of safe and effective care and services.
- (3)(b): Assessment and planning identifies and addresses the consumer's current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.
- (3)(c): Assessment and planning:
 - (i) 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
 - (ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.
- (3)(d): The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.



- (3)(e): Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

Standard 3 – Personal care and clinical care

- (3)(a): Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:
 - (i) is best practice;
 - (ii) is tailored to their needs; and
 - (iii) optimises their health and well-being.
- (3)(b): Effective management of high impact or high prevalence risks associated with the care of each consumer.
- (3)(c): The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.
- (3)(d): Deterioration or change of a consumer's mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.
- (3)(e): Information about the consumer's condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.
- (3)(f): Timely and appropriate referrals to individuals, other organisations and providers of other care and services.
- (3)(g): Minimisation of infection related risks through implementing:
 - (i) standard and transmission based precautions to prevent and control infection; and
 - (ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

Standard 4 – Services and supports for daily living

- (3)(a): Each consumer gets safe and effective services and supports for daily living that meet the consumer's needs, goals and preferences and optimise their independence, health, well-being and quality of life.
- (3)(d): Information about the consumer's condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Standard 6 – Feedback and complaints

- (3)(b): Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.



- (3)(d): Feedback and complaints are reviewed and used to improve the quality of care and services.

Standard 7 – Human resources

- (3)(a): The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.
- (3)(c): The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
- (3)(d): The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
- (3)(e): Regular assessment, monitoring and review of the performance of each member of the workforce

Standard 8 – Organisational governance

- (3)(b): The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
- (3)(c): Effective organisation wide governance systems relating to the following:
 - (i) information management;
 - (ii) continuous improvement;
 - (iii) financial governance;
 - (iv) workforce governance, including the assignment of clear responsibilities and accountabilities;
 - (v) regulatory compliance; and
 - (vi) feedback and complaints.
- (3)(d): Effective risk management systems and practices, including but not limited to the following:
 - (i) managing high impact or high prevalence risks associated with the care of consumers;
 - (ii) identifying and responding to abuse and neglect of consumers; and
 - (iii) supporting consumers to live the best life they can;
- (3)(e): Where clinical care is provided—a clinical governance framework, including but not limited to the following:
 - (i) anti-microbial stewardship;
 - (ii) minimising the use of restraint; and
 - (iii) open disclosure.