



Australian Government
Department of Health

SECRETARY

29 August 2017

Senator Rachel Siewert
Chair
Standing Committee on Community Affairs
PO Box 6100
Parliament House, Canberra, ACT 2600

Dear Senator Siewert

Inquiry into the Effectiveness of the Aged Care Quality Assessment and Accreditation Framework for Protecting Residents from Abuse and Poor Practices, and Ensuring Proper Clinical and Medical Care Standards are Maintained and Practised

Thank you for your request for access to additional documents to support the Standing Committee on Community Affairs to assist with its conduct of the inquiry.

The documents requested are attached for the committee's consideration.

The documents requested at items 3 and 4 of the schedule, as referred to in the 5 October 2007.pdf, are the same documents requested and provided at items 1 and 2. Additionally, item 8 refers to a document as being dated 16 September 2008; however the document sought is dated 4 September 2008 and has been provided as part of this response. The names of individuals have been redacted from these documents.

If you wish to discuss this matter please contact Ms Valerie Spencer, Acting Assistant Secretary, Prudential and Approved Provider Branch

Yours sincerely

Martin Bowles PSM



STANDING COMMITTEE ON COMMUNITY AFFAIRS
References Committee

Mr Martin Bowles
Secretary
Department of Health

Em: Parliamentary.Committees@health.gov.au

Dear Mr Bowles

Inquiry into the Effectiveness of the Aged Care Quality Assessment and Accreditation Framework for Protecting Residents from Abuse and Poor Practices, and Ensuring Proper Clinical and Medical Care Standards are Maintained and Practised

On 13 June 2017, the Senate referred the above matter to the Community Affairs References Committee for inquiry and report by 18 February 2018. The terms of reference for the inquiry are attached for your information (Attachment 1).

On 25 May 2017, the Minister representing the Minister for Aged Care in the Senate presented documents relating to Oakden Older Persons Mental Health Service in South Australia in response to an Order for the Production of Documents passed by the Senate on 10 May 2017.

On reviewing these tabled documents, the committee has identified references to certain documents not included with the tabled documents, but which it considers will be useful in conducting the inquiry. The committee requests that the Department facilitates access to copies of these documents. We would appreciate it, if we could receive these documents by **Friday 25 August 2017**.

A list of the documents which the committee requires can be found at Attachment 2. Copies of the tabled documents which refer to the requested documents are attached and labelled for ease of identification (Attachments 3 to 11).

If you wish to discuss this matter or require any further information, please contact the committee secretariat on 02 6277 3515 or via email at community.affairs.sen@aph.gov.au.

Yours sincerely

Senator Rachel Siewert
Chair

Attachment 2

Requested documents identified in documents tabled in the Senate on 25 May 2017

	Date of letter	Subject matter	Referred to in these tabled documents (attachments 3 to 11)
1	9 August 2007	Response to NOTICE OF NON-COMPLIANCE UNDER SECTION 67-2 OF THE AGED CARE ACT 1997 Makk And McLeay Nursing Home - 6010	<ul style="list-style-type: none"> 3_30 July 2007 - Notice of non-compliance; 4_27 September 2007 - Notice to Remedy Non-Compliance
2	25 September 2007	Response to NOTICE OF NON-COMPLIANCE UNDER SECTION 67-2 OF THE AGED CARE ACT 1997 Makk And McLeay Nursing Home - 6010	<ul style="list-style-type: none"> 3_30 July 2007 - Notice of non-compliance; 4_27 September 2007 - Notice to Remedy Non-Compliance
3	13 August 2007	Response from Central Northern Adelaide Health Service to Notice of Required Action	<ul style="list-style-type: none"> 5_October 2007.pdf - Application to issue a notice to remedy non-compliance
4	25 September 2007	Response from Central Northern Adelaide Health Service to Notice of Required Action	<ul style="list-style-type: none"> 5_October 2007.pdf - Application to issue a notice to remedy non-compliance
5	Not known	Response to Notice of Required Action dated 9 July 2008	<ul style="list-style-type: none"> 6_9 July 2008 - Case ID: 072243 Notice of Required Action requesting written response from service provider
6	Not known	Response to Notice of Required Action dated August 2008	<ul style="list-style-type: none"> 7_August 2008 - Case ID: 071809 Notice of Required Action requesting written response from service provider
7	Not known	Response to Notice of Required Action dated 28 August 2008	<ul style="list-style-type: none"> 8_28 August 2008 - Case ID: 071760 Notice of Required Action requesting written response from service provider
8	Not known	Response to Notice of Required Action dated 16 September 2008	<ul style="list-style-type: none"> 9_16 September 2008 - Case ID: 073692 Notice of Required Action requesting written response from service provider
9	Not known	Response to Notice of Required Action dated 23 March 2009	<ul style="list-style-type: none"> 10_23 March 2009 - Case ID: 078430 Notice of Required Action requesting written response from service provider
10	Not known	Response to Notice of Required Action dated 31 July 2009	<ul style="list-style-type: none"> 11_31 July 2009 - Case ID: 081058 Notice of Required Action requesting written response from service provider

Department response - Attachment 2 - requested documents tabled in Senate on 25 May 2017

Doc #	Date of letter	Subject matter	Referred to in these tabled documents (attachments 3 to 11)	Department comments
1	9 August 2007	Response to NOTICE OF NON-COMPLIANCE UNDER SECTION 67-2 OF THE AGED CARE ACT 1997 Makk And McLeay Nursing Home - 6010	3_30 July 2007 - Notice of non-compliance; 4_27 September 2007 - Notice to Remedy Non-Compliance	Refer document #1
2	25 September 2007	Response to NOTICE OF NON-COMPLIANCE UNDER SECTION 67-2 OF THE AGED CARE ACT 1997 Makk And McLeay Nursing Home - 6010	3_30 July 2007 - Notice of non-compliance; 4_27 September 2007 - Notice to Remedy Non-Compliance	Refer document #2 Note: Document #4 is a duplicate of this document.
3	13 August 2007	Response from Central Northern Adelaide Health Service to Notice of Required Action	5_October 2007.pdf - Application to issue a notice to remedy non-compliance	Note: Document does not exist. The tabled document (5_October 2007.pdf - Application to issue a notice to remedy non-compliance) refers to the provider's submissions of 9 August 2007 to the <u>notice of non-compliance</u> . The department received the submission on 13 August 2007. The provider did not give a separate submission on this date.
4	25 September 2007	Response from Central Northern Adelaide Health Service to Notice of Required Action	5_October 2007.pdf - Application to issue a notice to remedy non-compliance	Note: Duplicate of Document #2 The tabled document (5_October 2007.pdf - Application to issue a notice to remedy non-compliance) refers to a response from the provider in relation to submissions to the <u>Notice of Non-Compliance</u> not a Notice of Required Action and is therefore the same document as #2
5	Not known	Response to Notice of Required Action dated 9 July 2008	6_9 July 2008 - Case ID: 072243 Notice of Required Action requesting written response from service provider	Refer document #5 Provider submission dated 24 July 2008
6	Not known	Response to Notice of Required Action dated August 2008	7_August 2008 - Case ID: 071809 Notice of Required Action requesting written response from service provider	Refer document #6 Provider submission dated 13 August 2008

Department response - Attachment 2 - requested documents tabled in Senate on 25 May 2017

7	Not known	Response to Notice of Required Action dated 28 August 2008	8_28 August 2008 - Case ID: 071760 Notice of Required Action requesting written response from service provider	Refer document #7 Provider submission dated 16 September 2008
8	Not known	Response to Notice of Required Action dated 16 September 2008	9_16 September 2008 - Case ID: 073692 Notice of Required Action requesting written response from service provider	Refer document #8 Note: NRA for Case ID 073692 is dated <u>4 September 2008</u> not 16 September 2008 Provider submission dated 10 September 2008
9	Not known	Response to Notice of Required Action dated 23 March 2009	10_23 March 2009 - Case ID: 078430 Notice of Required Action requesting written response from service provider	Refer document #9 Provider submission dated 3 April 2009
10	Not known	Response to Notice of Required Action dated 31 July 2009	11_31 July 2009 - Case ID: 081058 Notice of Required Action requesting written response from service provider	Refer document #10 Provider submission dated 24 August 2009



9 August 2007

dkr
14/8

Assistant State Manager
Department of Health and Ageing
GPO Box 9848
ADELAIDE SA 5001

RECEIVED
13 AUG 2007
DHA - SA

REGIONAL OFFICE
207-255 Hampstead Road,
Northfield, SA 5085
Postal Address
GPO Box 1898
Adelaide, SA
AUSTRALIA 5001
Tel: (08) 8222 1400
Fax: (08) 8222 1402
email: cnahts@health.sa.gov.au
www.health.sa.gov.au/cnahts

Re: Makk and McLeay Nursing Home Non-Compliance

Dear

In reply to the notice issued by you on 30 July 2007 and received by the home on 2 August 2007, the home wishes to offer the following information.

On 5 July 2007 at a support contact by the Aged Care Standards and Accreditation Agency, the home was made aware that non-compliance in respect of Health and Personal Care – Sensory Loss, would continue. Initial non-compliance was identified at a site audit conducted in February 2007.

Subsequent to the initial non-compliance the following actions were implemented:-

PROPOSED ACTION	ACTIONS AND PROGRESS
Develop and implement processes to identify and assess all sensory losses	Clinicians developed a Sensory Assessment tool centred around activities of daily living. This tool was developed taking into consideration the severe cognitive impairment, thought disorders and behavioural and psychological symptoms attributable to the resident population. (Copy attached) Conduct assessments using above tool.
Develop appropriate management strategies.	Management strategies and / or interventions noted within individual care plans.
Ensure care delivered is consistent with care planning.	Information obtained from the above assessments include in individual care plans, with care plan area noted on assessment.
Develop process for reassessment.	Reassessment to occur as identified needs change or annually at time of RCS assessment.

The above plan was completed prior to the support visit on 5 July 2007.

Since the home was informed of its ongoing non-compliance in this area, management and clinicians have implemented the following actions:-

1. An internet literature search has been conducted and relevant literature has been sourced.
2. A Vision Assessment Tool has been developed to use at time of admission. This tool will identify any pre-existing issues which will enable further diagnosis, treatment and management.

3. An audit of all current residents has been completed to identify those who currently wear glasses or hearing aids, those who refuse to do so those for who eye drops, ear drops or eye ointments are prescribed. This will enable the home to address these residents' needs as a matter of priority.
4. The home has arranged for vision assessments for all residents and this will occur on 24-26 September 2007.
5. The home is currently in discussion with some providers of mobile hearing services and arrangements should be made sometime in September 2007.
6. The homes data collection sheets have been modified to ensure that management are aware of any external appointments which occur. Documentation processes in this regard have been communicated to all clinicians.

Whilst the above actions are intended to address the non-compliant issues it should also be considered extremely difficult to accurately assess all residents in relation to sight and hearing as the validity and reliability of a resident's response has to be considered in the context of severe cognitive impairment or long standing psychiatric thought disorder.

An additional issue which needs to be brought to your attention is the change in governance of Makk and McLeay Nursing Home.

It should be noted that in March 2006 the Mental Health Division of Central North Adelaide Health Service (CNAHS) was reorganised and Aged Mental Health Care including the Makk/McLeay Nursing Home transferred from the Lyell McEwin Health Service to Specialist Statewide Mental Health Services. These changes have been communicated to the Department of Health and Ageing and the appropriate Delegations of Authority were also notified.

Please do not hesitate to contact me on (08) 8303 1140 or at the above address if you require further clarification of any of the matters raised in this letter.

Yours sincerely

**Executive Director, Mental Health Directorate
Central Northern Adelaide Health Service**



Government of South Australia

Central Northern Adelaide
Health Service

25 September 2007

Fax No.: 8237 8070

Delegate of the Secretary
Department of Health and Ageing
SA State Office
GPO Box 9848
Adelaide SA 5001

Dear Sir

Re: Makk & McLeay Nursing Home – RACS ID 6010

In refer to your correspondence dated 7 September 2007 requesting further information regarding actions required to address non-compliance in respect of Health and Personal Care – Sensory Loss.

I wish to advise of the following procedures which have been implemented in relation to resident assessment and care planning.

- On admission each new resident is assessed in a variety of areas including sensory loss.
- The home has developed and implemented a number of assessment and screening tools to assist in this area.
- Should any needs be identified for further investigation or follow up a referral is made for the appropriate service e.g. ophthalmologist, audiologist, speech therapist, physiotherapist etc. Senior clinical staff are involved in this process and also monitor for appropriate outcomes.
- External appointments are noted both in the resident's medical record and the unit diary.
- An individualised care plan is developed according to the individuals needs.
- The care plan is reviewed on a minimal 3 monthly basis or as various aspects change e.g. new directions or medications for eye care as directed from a referred service provider.
- Referrals are made according to individual need, choice of the resident or significant other and also accounting for the fact that an individual may not choose to follow through with a referral.
- The service has developed a post referral checklist to ensure that instructions or directions for further care are followed through (copy attached). This checklist can also be used as an audit tool to monitor compliance and or identify system deficiencies.

I wish to further advise that all residents will be assessed in regard to vision in the week commencing 24 September 2007. Identified needs at this time will be addressed and followed through with appropriate care plan modification.

The service has made arrangements for staff training sessions in relation to vision and hearing assessments and these will occur in October 2007.

**SPECIALIST STATEWIDE MENTAL
HEALTH SERVICES**

Incorporating

Aged Mental Health Care Services
Forensic Mental Health Services
Glenside Campus Mental Health Service
Owenia House (formerly SOTAP)
226 Fullarton Road, Glenside SA 5065
PO Box 17, Fullarton SA 5063
ABN 54 554 904 705

Chris Sexton
A/General Manager,
Specialist Statewide Mental Health Services
Director, Glenside Campus

TELEPHONE FACSIMILE
+61 8 8303 1140 +61 8 8303 1234

The service is currently preparing an accreditation workbook for submission in November 2007 and it is anticipated that the Aged Care Standards and Accreditation Agency will conduct a Site Visit and Audit in February/March 2008.

At this time the service will be able to provide data and audit results in relation to the recently implemented system improvements.

Should you require any further information please do not hesitate to contact
Director Aged Mental Health Service on phone or email

Yours sincerely



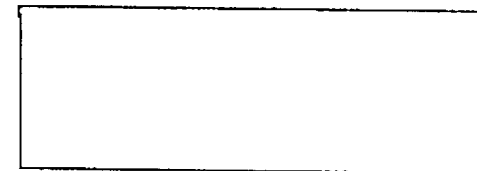
A/General Manager
Specialist Statewide Mental Health Services



Government of South Australia
 Central Northern Adelaide
 Health Service

**SPECIALIST STATEWIDE MENTAL
 HEALTH SERVICE**

AGED MENTAL HEALTH CARE SERVICE



SENSORY ASSESSMENT

Response to meals	Yes/No	Specify Comments	Documented in Care Plan
Does the resident watch the meal being delivered?			
Does the resident look at the meal?			
Does the resident move to touch the meal or feed themselves?			
Response to noise Clap hands loudly.			
Does the resident look towards sound?			
Does the resident look towards a person speaking to him/her?			
Does the resident respond to music? (singing/tapping/keeping time)			
Does the resident respond to noisy residents?			
Response to touch			
Does the resident respond to light touch?			
Does the resident respond to deep touch?			

Response to temperature (Use a warm/cold flannel or tube containing hot/cold water)	Yes/No	Specify/Comments	Documented in Care Plan
Does the resident respond to hot?			
Does the resident respond to cold?			
Response to smell (Use smells that are retained the longest e.g. lilac, coffee, citrus)			
Does the resident respond to smell?			
Response to people/movement (sight/seeing, movement)			
Does the resident look at people?			
Does the resident make eye contact?			
Does the resident follow people when they move?			
Does the resident smile back?			
Response to taste			
Does the resident spit food out of their mouth?			
Does the resident eat all their food?			

COMPLETED BY:

NAME: _____

SIGNATURE: _____

DATE: _____



Government of South Australia
 Central Northern Adelaide
 Health Service

**SPECIALIST STATEWIDE
 MENTAL HEALTH SERVICES**

**AGED MENTAL HEALTH CARE
 SERVICE**

VISION ASSESSMENT	UR No: _____ Surname: _____ Given Names: _____ USB STICKER WHERE AVAILABLE
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Aim of assessment: a simple structured assessment conducted on admission and as required, of the degree of hearing/vision and the level of assistance required to enable the care recipient to communicate effectively.

Section A

1. Do you have a blood relative with glaucoma? Yes No Don't Know
 2. Has the doctor treated you for or said you have glaucoma? Yes No Don't Know
 3. Do you have cataracts? Yes No Don't Know
- L eye R eye Both eyes
4. Have you ever had an eye injury or eye surgery? Yes No Don't Know
- Please specify
5. Do you have diabetes? Yes No Don't Know
 6. Any other relevant past medical history? Yes No Don't Know
- Please specify

Section B

1. Do you have any prescribed eye drops or ointment? Yes No
- If yes, please specify
2. Are you currently seeing an eye specialist? Yes No
- If yes, please specify who, reason and date of next appointment
3. When did you last have a vision test?
 4. Would you like us to arrange a vision test for you? Yes No

Section C

1. Do you have a visual aid? (e.g. magnifying glass, glasses) Yes No
- If yes, please specify
2. Do you use/wear the aid? Yes No
- If no, what is the reason for not wearing the aid?
3. Do you need assistance to clean and fit the aid? Yes No

PLEASE RETURN THIS FORM TO HOME.

CNM, MAKK-MCLEAY NURSING



Government of South Australia
Central Northern Adelaide
Health Service

**SPECIALIST STATEWIDE
MENTAL HEALTH SERVICES**

**AGED MENTAL HEALTH CARE
SERVICE**

HEARING ASSESSMENT	UR No: _____
	Surname: _____
	Given Names: _____
	USE STICKER WHERE AVAILABLE

THE HEARING HANDICAP INVENTORY FOR THE ELDERLY – SCREENING FORM (HHIE-S)
INSTRUCTIONS:- the purpose of this scale is to identify the problems hearing loss may be causing you or your relatives. Please select YES, SOMETIMES, or NO for each question. Do not skip a question if you avoid a situation because of your hearing problem. If you use a hearing aid, please answer the way you hear without a hearing aid.

1. Does a hearing problem cause you to feel embarrassed when you meet new people Yes No Sometimes
2. Does a hearing problem cause you to feel frustrated When talking to members of your family? Yes No Sometimes
3. Do you have difficulty when someone speaks in a whisper? Yes No Sometimes
4. Do you feel handicapped by a hearing problem? Yes No Sometimes
5. Does a hearing problem cause you difficulty visiting friends, relatives or neighbours? Yes No Sometimes
6. Does a hearing problem cause you to attend religious services less often than you would like? Yes No Sometimes
7. Does a hearing problem cause you to have arguments with family members? Yes No Sometimes
8. Does a hearing problem cause you difficulty Listening to TV or radio? Yes No Sometimes
9. Do you feel that any difficulty with your hearing limits or hampers your personal or social life? Yes No Sometimes
10. Does a hearing problem cause you difficulty when in A restaurant with relatives or friends? Yes No Sometimes
11. Do you have an identified hearing problem Yes No Sometimes

If yes, provide details

.....

PLEASE RETURN THIS FORM TO .

. CNM, MAKK-MCLEAY NURSING HOME.



Government of South Australia

Central Northern Adelaide
Health Service

**SPECIALIST STATEWIDE
MENTAL HEALTH SERVICE**

**AGED MENTAL HEALTH
CARE SERVICE
MAKK & McLEAY NURSING HOME**

POST REFERRAL CHECKLIST

Date.....

Unit.....

	Signature	Date
Noted on Handover Sheet		
Noted in Progress Notes		
Care Plan Modified		
Forwarded to Medical Officer		
MO Actions		
Forwarded to Care Manager		
CM Notes		
Actions		



CLINICAL PTY LTD

H/O : Clini-Call Pty Ltd · ACN 095 519 841 · P.O.Box 536, Surry Hills, NSW 2010
Tel: 1-800-66-74-83 (1-800-ON-SITE) · Fax: 1-800-26-26-22 · Email:

Page 7 of 7

EYE CARE CLINIC

Monday, 24 September 2007

Makk And Mc Leay Nursing Home

CLINI·CALL Comes To You

Bulk Billing to Medicare & Veteran Affairs by a registered Optometrist

CLINI·CALL Provides:

- Caring, Comprehensive, Professional Treatments
- Assessments include checking of Macular Degeneration, Cataracts, Diabetic Retinopathy, Visual Acuity and Function, Glaucoma and Pressure Testing.
- Bed-Side Care When Required
- Wide Range Of Reasonably Priced Frames & Lenses

Any person responsible for a resident, who does not wish that resident to be included in the clinic, please contact the Office.

Please contact

for details.

25. Sep. 2007 16:08 DIRECTOR CORP SERVICES 83031291
12/09/2007 12:03 PM FROM: CLINICAL PTY LTD TO: 161 (08) 82820059 PAGE: 008 OF 008
ClinicaI Pty Ltd No. 1724 P. 9 20



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AGED MENTAL HEALTH CARE SERVICE

OAKDEN CAMPUS

Fosters Road, Oakden SA 5086
PO Box 233, Greenacres 5086
Telephone: +61 8 8282 0444
Facsimile: +61 8 8282 0499
ABN 54 554 904 705

The Oaks
Howard House
Clements House
Makk House
McLeay House

GLENSIDE CAMPUS

226 Fullarton Road, Glenside SA 5065
PO Box 17, Fullarton SA 5063
Telephone: +61 8 8303 1559
Acacia
Jacaranda
Rosewood

24 July, 2008

Senior Investigation Officer
Complaints Investigation Scheme - SA
Office of Aged Care Quality and Compliance

Dear Madam.

Thankyou for your correspondence received 10th July 2008 in regard to the notice of required action for Makk McLeay Nursing Home, case ID : 072243.

The Makk McLeay Nursing Home takes its obligations seriously and is continuing to work toward addressing issues of concern and provide ongoing learning. The Home regrets the current situation and thanks the Department for the opportunity to respond and provide evidence pertaining to the breach. Please note the following information in regard to the issues you have raised.

- **Ensure that representatives are notified of incidents involving residents as soon as practicable**

As part of an ongoing quality improvement process, the Home has reviewed the communication methods used to notify relatives, to ensure that representatives are notified of incidents involving residents as soon as practicable

Currently the Home makes telephone contact with the relative in regard to incidents, and a notation is placed in the case record to this effect.

Following review within the Quality framework the Home has developed guidelines, to further identify the pathways and expectations of staff in notification to the relative following an incident.

These Guidelines articulate the position of the Home in relation to the reporting and recording of incidents and the communications with relatives.

This document is entitled Recording of Incidents and Communication with relatives following an incident.

The document provides definition of significant events, the process for reporting to the AIMS, reporting by exception to the Nursing Director, standards in case note documentation, communication with relatives and serious risk coordination.

The document clearly articulates the position of the Service in terms of the expectations of the staff in reporting, recording and informing relatives.

The communication with relatives clearly indicates the timeliness required in communication and articulates the type of information and follow up that is to occur.

It is seen that this Guideline is consolidating and improving on the current system of communication.

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The Guideline was ratified through the Quality framework on the 18th July 08, and has been distributed to Makk and McLeay following education for the staff. Monitoring compliance with the guideline is the role of the Clinical Practice Consultant and Clinical Services Coordinator, and to augment a monitoring pathway the Home developed an Complex Incident investigation follow up tool on the 23rd July 08.

- **Ensure that there is an accurate reporting system where the incident is congruent with the event,**
- and
- **That reporting of incidents occurs consistently in both incident forms and progress notes.**

As part of an ongoing quality improvement, the Home has reviewed the incident reporting process to ensure that there is an accurate reporting system where the incident is congruent with the event, and that reporting of incidents occurs consistently in both incident forms and progress notes.

To augment the current system of AIMS reporting the Home has established an incident review meeting commencing 6th May 08. Part of the function of this committee is to review incidents, receive in-depth reviews, and identify trends, interventions and standards in documenting and recording. Sitting aside this committee, AIMS records are retrieved on a daily basis for review by the Management team. Issues that are of high significance are forwarded, along with the Complex Incident investigation follow up tool to the Clinical Practice Consultant and Clinical Services Coordinator by 9 am each working day. The role of the Clinical Practice Consultant and Clinical Services Coordinator is to investigate the incident and review the case note documentation to ensure that interventions, intended outcomes and evaluations are congruent with the AIMS record. Where there are inconsistencies identified by the Clinical Practice Consultant or Clinical Services Coordinator as part of their management investigation there is a follow up with the staff member who lodged the AIMS report. To assist with the accurate reporting it has been reiterated to staff via the staff meeting on the 22nd July that the Senior registered Nurse needs to coordinate the response, follow up and co sign documentation to ensure appropriate reporting. As a result of ongoing review of incident documentation, the Home conducted education on the 22nd July 08 and also provided for staff a template which articulates language and descriptors appropriate for documenting and reporting an incident.

The role of the Clinical Practice Consultant and Clinical Services Coordinator is to investigate incidents and monitor the compliance of staff with the expected standard of incident reporting and recording. Evaluation of the changes to the system will be reported to the Quality meeting and the Incident review meeting.

The Incident Review meeting at which the Clinical Practice Consultant and Clinical Services Coordinator are both present also articulates with the Clinical Review meeting, which was established on the 4th July 08). The presence of the integral clinical personnel at the two meetings ensures that standards in care and monitoring of incidents and interventions have a relevancy to the individual clients.

- **Ensure appropriate assessments are undertaken following an incident and referral (if required) made to medical officers in a timely manner.**

Current practice in the Home is that residents have access to a Senior Medical Practitioner during office hours Monday to Friday. Augmenting this is access to the Locum Medical Service for after hours and weekend requirements.

The home has reviewed the current practices to ensure appropriate assessments are undertaken following an incident and referral (if required) made to medical officers in a timely manner.

As part of current clinical practice, any resident who sustains an injury of significance as a result of an incident is reviewed by the Medical Practitioner, or assessment is provided by the Locum Services. Recording of reviews is documented in the resident's case file. In instances where the condition of the resident is assessed as serious by the Senior Registered Nurse, the resident is transported to the General Hospital for attention. Contact is made with the relative, and the Nursing Director is notified. On return to the complex the Senior Medical Practitioner reviews the resident.

As part of ongoing quality improvement, the Home on the 23rd July has ratified the existing procedure: *Process for Medical Review*, to include an addendum outlining processes for contact with a medical practitioner following an adverse event involving actual or potential physical injury to a resident. The addendum clearly outlines an injury, either potential or actual, and the steps which are to be taken.

This process has been endorsed through the quality framework, and presented to the staff through the unit meeting structure. The Clinical Practice Consultant has the responsibility to ensure that the procedure is adhered to through review of case note documentation, exceptional reporting and AIMS incident data. Evaluation of the process will be reported through to the Clinical Review meeting as part of the review process for care intervention.

- **Ensure staff receive education in the areas of consistent documentation and accurate incident reporting**

Following review within the Quality framework the Home has established a regular training calendar and Staff meeting schedule. To ensure staff receive education in the areas of consistent documentation and accurate incident reporting the Recording of Incidents and Communication with relatives following an incident was tabled 22nd July 08 and delivered to 8 staff in attendance at the meeting.

The Home has an education calendar, and the areas of documentation and guidelines for reporting within the AIMS system have been delivered to staff. As part of the ongoing quality process each wing of the Home has already received the Nurses Board of South Australia Guidelines for documentation and the Australian Nursing Midwifery College competency standards, which includes documentation. A Nursing Practice Standard around documentation is implemented across the Home, with the Clinical Practice Consultant responsible for ensuring compliance.

The role of the Clinical Practice Consultant is to ensure that the guidelines for practice, reporting and documentation are adhered to, and can be evidenced through incident review and investigation of incidents using the Complex Incident investigation follow up tool.

The Home is committed to ensuring quality outcomes for residents and accepts the breach as a serious concern. The Home will continue to implement strategies that will support the delivery of high quality care to residents, and regrets that this situation has arisen at this time.

Please feel free to contact me if any further explanation is required. Please note my mobile number for ease of access and a timely response.

Yours sincerely,

NURSING DIRECTOR
ACMHS

Attachments:-

1. Incident reporting Protocol 18th July 2008 MMNH
2. Complex Incident investigation follow up July 2008.
3. Incident review Meeting Terms of reference MMNH 6th May 2008.
4. Extract : MMNH Staff Meeting minutes 22nd July "Matters Arising"
5. Clinical Review Meeting Terms of reference 4th July 2008. MMNH
6. Guideline: Process for Medical Review MMNH April / July 2008.
7. Education Calender MMNH 2008.

Makk & McLeay Nursing Home : "Tuesdays@2" and ongoing Staff Educational Calendar, 2008-09

W/C	M	T	W	T	F
26/05/2008					
2/06/2008					
9/06/2008					
16/06/2008					
23/06/2008					E.C
30/06/2008		MM			
7/07/2008	E.C				
14/07/2008		Documentation			
21/07/2008					
28/07/2008					
4/08/2008					
11/08/2008		PA			
18/08/2008					
25/08/2008		Policies and Procedures			
1/09/2008					
8/09/2008		Policies and Procedures			
15/09/2008		ACH			
22/09/2008		Policies and Procedures			
29/09/2008					
6/10/2008		Policies and Procedures			
13/10/2008		ACH			
20/10/2008		Policies and Procedures			
27/10/2008		TBA			
3/11/2008		Documentation			
10/11/2008					
17/11/2008		Policies and Procedures			
24/11/2008		TBA			
1/12/2008		Policies and Procedures			
8/12/2008					
15/12/2008					
22/12/2008					
29/12/2008		Policies and Procedures			
5/01/2009		NBSA			
12/01/2009		Policies and Procedures			
19/01/2009					
26/01/2009		Policies and Procedures			
2/02/2009					
9/02/2009		Policies and Procedures			
16/02/2009					
23/02/2009		Policies and Procedures			
2/03/2009					
9/03/2009		Documentation			
16/03/2009					
23/03/2009		Performance Appraisals			
30/03/2009		ACH			
6/04/2009		Policies and Procedures			
13/04/2009					
20/04/2009		Policies and Procedures			
27/04/2009		ACH			
4/05/2009					
11/05/2009		TBA			
18/05/2009		Policies and Procedures			
25/05/2009					

Key/Subject Areas
Accreditation Packages
Standard 1
Standard 2
Standard 3
Standard 4
Continuous Improvement
Practice Areas
Pain Management
Palliative Care
Nutrition & Hydration
Skin Care
Behavioural Management
Mobility, dexterity & rehab
Systems & reporting
Orientation
Incident Reporting
Hazard Management
Complaints and Feedback
Infection Control
Emergency Coordinator
Policies and Procedures
Medication Management
Documentation
Career Structure
Scope of Practice
Professional accountabilities
Performance Appraisals

TBA = facilitator to be arranged

NOTE:
Sessions will alternate between an Educational (best-practice based) presentation, and a Policy, Procedure, Protocol based session.

Attendance lists will be maintained to provide evidence of ongoing Professional development for all staff members.



INCIDENT REPORTING PROTOCOL

PURPOSE:

- This document articulates the process for staff to follow in reporting and recording an incident of significance which occurs within the Home.
- It highlights the service's expectation for staff to take responsibility for notifying and informing relatives/representatives when an incident of significance has occurred.
- The document describes how incident data is analysed and evaluated by the Home's management team, in order to ensure that it informs continuous improvement activity with both a Resident Outcome and OH & S focus.

DEFINITION: An incident of significance can be defined as an occurrence or event which has an adverse outcome for the resident. This may include

- A fall
- An altercation or aggressive interaction with another resident
 - "Aggression-aggressor" or
 - "Aggression-victim" incident
- The clinical use of restraint or PRN psychotropic medication.
- Integument injury (skin tear)
- Medication error
- Hospitalisation due to deteriorating physical health or accident.
- A sudden deterioration of physical health or an infection.
- A sudden deterioration in a resident's mental health.
- NB, Fire evacuations and similar unit-specific emergency hazard management processes are reportable under the AIMS system, since they obviously impact on resident outcomes.

REPORTING PROCEDURE: This section details staff responsibilities in reporting, recording and notifying an incident of significance. The nature of the event itself will determine whether the AIMS process or the Clinical Indicator data sheet collection process is indicated. Proper documentation and notification of the incident of significance are mandatory whichever reporting process is followed.

1. Incident of Significance is identified.
2. Staff to determine:
 - a. "Is this incident reportable under the AIMS system?"
 - b. Or does it require the completion of a "Clinical Indicator Data Collection Sheet" form?
3. If a, 1800 NOTIFY Incident Reporting Contact Centre (South Australian Incident Management System). The AIMS system is the central point for recording an incident. Commonly reported incidents include: Aggression, Documentation errors, Falls, Hazards, Accidents, Medication errors, Decubitus Wounds/Pressure ulcers.
 - a. The Staff member who has responsibility for the resident, or the senior RN on duty to whom the incident has been reported, is designated as the Notifier.
 - b. As part of the Makk & McLeay Incident Review process, AIMS reports are retrieved each weekday morning by management and reviewed.
 - c. Any reports requiring further clinical review or action are forwarded to the Clinical Practice Consultant or Clinical Service Coordinator (formerly known as "CNC") by 9am each day.
 - d. This enables the CPC/CSC to follow up documentation or outcomes as part of the investigation and management reporting process.
 - e. The Incident Review meeting meets fortnightly: This forum analyses and evaluates all AIMS and clinical indicator data for trends and potential quality improvement opportunities
 - f. The Incident Review meeting also uses a needs analysis approach in identifying staff training or education sessions which may need to be scheduled as a result of the analysis of AIMS data.

Title: Incident Reporting protocol.

Issued By: Nursing Director, Aged Mental Health Care Services.

Approved By: Oakden Aged Care Quality Committee

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INCIDENT REPORTING PROTOCOL

4. **Report by Exception:** Through the Clinical Services Coordinator or Clinical Practice Consultant, the report by exception enables the Nursing Director to coordinate any further investigations. The Report by Exception is completed by the senior Registered Nurse on duty at the time of the incident.
5. **Critical Incident Reporting** (Serious Risk or Adverse Events,): Where a critical event (defined under AIMS as a SAC 1 or SAC 2 incident), the Senior Registered Nurse on duty at the time notifies the Nursing Director or Service Director **immediately**. The method of communicating such events is via the Director's cellphone, no matter what time of night or day. All communications with representatives will for these incidents be coordinated by the Executive.

DOCUMENTATION: All Registered and Enrolled Nursing staff should be familiar with the Nurses' Board of South Australia "Professional Documentation" Guiding principles (April 2006), which in turn should be read in conjunction with the Commonwealth Department of Health and Aged Care Documentation and Accountability Manual (version 3).

Case note documentation is a tool used by the professional nurse to enhance care outcomes, maintain professional communication and demonstrate accountability of practice. Case note documentation must be accurate, concise, chronological, current, and based on observation, assessment, interventions and evaluation. An AIMS report is **not** a substitute for written documentation in the resident's care notes.

NOTIFYING AND INFORMING RELATIVES/ REPRESENTATIVES:

It is essential that relatives are notified of an event of significance by the senior Registered Nurse on duty, in a timely and comprehensive manner. Information should include: "WHAT happened? WHEN, WHY and HOW the incident occurred. WHAT was done to manage or intervene in the event? WHO has reviewed the resident? and HOW has the resident responded?"

Notification should be undertaken by telephone, and relatives/representatives may be invited to discuss the matter further with the Clinical Practice Consultant or Clinical Service Coordinator, where requested or indicated.

REFERENCES/SUPPORTING DOCUMENTATION:

1. South Australian Incident Management System (AIMS)
2. South Australian Incidents Management System (AIMS) Flowchart
3. NBSA: Guiding Principles for Professional Documentation (April 2006)
4. ANMC- Australian Nursing Midwifery Competency Standards for documentation.
5. Aged Care Act and Principles.
6. "Decision-making Tool: Responding to issues of restraint in Aged Care". Australian Government Department of Health & Ageing. Commonwealth of Australia 2004.

See also:

1. Makk & McLeay Incident Reporting Flowchart (attached).
2. Makk & McLeay Incident Reporting Template – a Guide for Staff (attached).

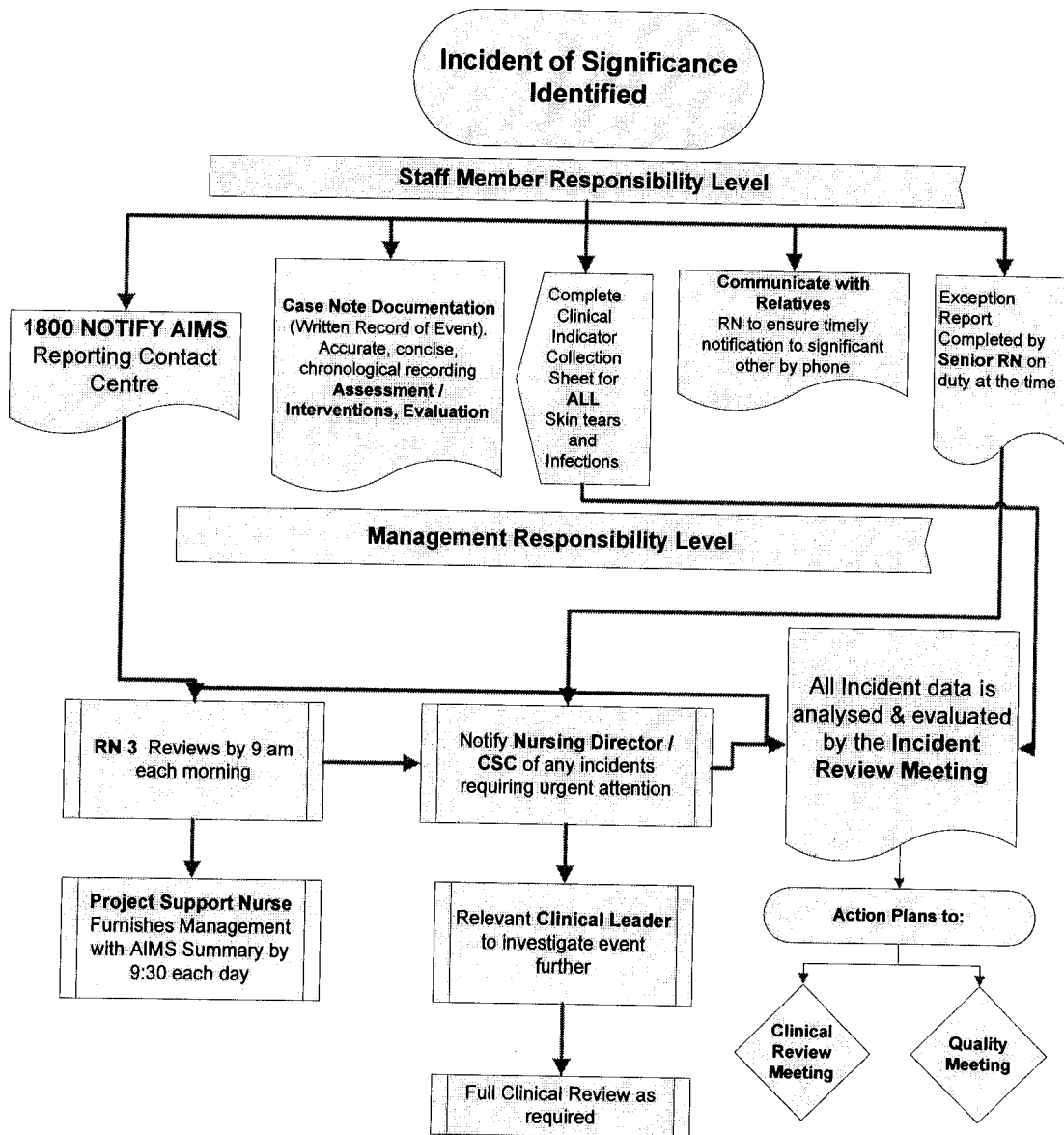


INCIDENT REPORTING PROTOCOL

Reporting & Recording Incidents of Significance

To be used in conjunction with the Makk and McLeay Recording of Incidents & Communication with relatives following an incident Process (July 2008).

Where a critical event or incident occurs, the Senior RN on duty notifies the ND & Service Director immediately.
Communication with Relatives will be directed by the Executive



Title: Incident Reporting protocol.
Issued By: Nursing Director, Aged Mental Health Care Services.
Approved By: Oakden Aged Care Quality Committee



INCIDENT REPORTING PROTOCOL

Reference tool for AIMS Incident Reporting for resident displaying physical aggression

Reference Points	Descriptors Examples
Incident Date, Time, Unit, location	Remember to identify the location of the incident, eg lounge, toilet
Resident Name	For example, Joe Black
What Happened?	For example, Resident was approached for a wash, which he agreed to when he suddenly attempted to hit and kick.
Why and how did it occur?	Eg, Resident has severe dementia and does not perceive the need for ADL interventions – <u>try to identify Triggers/ contributing factors</u>
What was done to intervene?	Eg, Due to level of aggression resident was left safely for a few minutes in order to self-regulate/ de-escalate - we then returned to complete ADLS.
What was the outcome of the incident?	After several attempts to provide ADL's, resident eventually agreed and ADL's completed by 3 staff (risk management approach)
How could this incident have been prevented?	In this instance all strategies to prevent impact of aggressive episode to resident and staff were tried. These may have included: agreement/explanation of intended care interventions, reviewed environment re cold/hot, noise, too many staff causing multiple stimulus, staff not well coordinated, review pain/toileting needs, clothing that is not appropriate. LAST RESORT prn meds, remembering that they take time to take effect – medication will not solve the problem you are dealing with at this moment. Least invasive, least restrictive approach must be used.
What were the contributing factors?	Dementia/ Huntington's Chorea Diagnosis and dislike of ADL interventions. <u>Triggers likely to be outlined in care plan</u>
Are there any other clinical causative factors that could be contributing to incident?	Investigate urine, pain, or any other clinical indicators that suggest deterioration in health or reasons behind manifestation of behaviours. Have you reported an



INCIDENT REPORTING PROTOCOL

escalation in behaviours to the CN or CNC?

Professional Documentation GUIDELINES

Not appropriate language	Appropriate language
<p>Avoid non professional language: eg tackled to the ground.</p>	<p>More appropriate language – resident was lowered safely to the floor by coordinated team response</p>
<p>Resident was restrained by 4 staff and isolated</p>	<p>A coordinated team approach was implemented when resident was demonstrating high risk physical aggression. Resident was escorted to outside area to allow de escalation of symptoms.</p>
<p>Resident was restrained after he hit another resident</p>	<p>RN is required to provide an assessed reason for restraint. RN to review whether restraint is required if the behaviour is no longer demonstrated.</p>
<p>Resident was given medication for physical aggression</p> <p>(Staff need to be transparent and document strategies that are tried before use of prn medications)</p>	<p>The following interventions were tried – following de escalation principles (indicate what you have tried e.g. offered food/ fluids/continence checks/pain /comfort etc) before resorting to PRN medication</p>
<p>The reason why this incident occurred was because he is an aggressive resident/person.</p>	<p>Resident's has severe cognitive impairment with associated unpredictable behavioural symptoms.</p>
<p>Resident displayed aggression due to personal dislike of staff member</p>	<p>Due to cognitive impairment and inability to use insight/judgement resident may display behaviours of concern. This is not personal – such a level of insight is not there.</p>
<p>Resident was left due to aggression and staff were unable to complete care</p>	<p>Resident was allowed to de escalate for a period of time (identify time) and we will attempt to reapproach him at regular intervals to complete care until successful</p>

Complex Incident investigation follow up

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Issues identified from: AIMS report handover staff feedback
 report by exception

Other _____ Date ____ / ____ / ____

Complex Incident Report Form – To be completed by the CPC and or the CSC where further information is required regards a complex incident –

Issues identified: (name of resident/staff/describe incident)

Areas that remain unclear and require further investigation:

For restraint and or medication management

What de-escalation techniques were used prior to the physical/chemical intervention?

Justification to use physical/chemical intervention:

Type of physical/chemical intervention used: –

Nature of physical/chemical intervention including estimate of duration of control:

Describe the response of the older person:

Details of any resulting injury, to whom, action taken, etc.

Other relevant information:

C:\Documents and Settings\kskelt01\My Documents\MMNH Incident that require further investigation doc.doc

Who was the incident reported to?

Date:

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Other type of major incident that remains unclear:

Outcome of investigations: (was the practice/incident management based on evidenced best practice, supported by policy and procedure and staff can provide clear rationale/reason for management/conduct in relation to the incident meeting duty of care/professional standards)

Recommendation for Improvement:

Evaluation to be scheduled: (Date: _____)

Date:

CPC or CSC signature _____



Specialist Statewide MH Services: MAKK & McLEAY NURSING HOME:

MAKK & McLEAY INCIDENT REVIEW MEETING Terms of Reference

Purpose

The Incident Review meeting exists in order to

1. Ensure the timely clinical management review of all AIMS reports and other Clinical Indicators generated from within Makk and Mcleay, and to evaluate data and trends arising out of these.
2. The meeting will ensure that there is a Quality-risk conduit back to the fortnightly Makk & McLeay Staff meeting, and agree strategies for any ongoing education and continuous quality improvement strategy arising out of the AIMS monitoring process.
3. Hazard data and information will also be discussed at this meeting, with a view to formulating action plans and alerting any facility re-design or significant maintenance needs with the Home's management, via the Quality Committee.

Definitions

- **Quality Assurance Terms:**
 - **“Quality” in Health care:** The degree to which health services for individuals and populations increase the likelihood of desired health outcomes, are consistent with current professional knowledge, and meet the expectations of healthcare users.
 - **Advanced Incident Monitoring System (AIMS):** All **Patient/Resident** related incidents, adverse events or near misses reported to the Incident Reporting Contact Centre generate an incident report which then becomes the responsibility of the unit's clinical management team to review. The purpose behind the AIMS system is to improve patient safety by determining why incidents occur, so a robust monitoring and evaluation system relevant to each clinical area is essential.
 - **Root Cause Analysis:** RCA is the tool used to investigate all Safety Assessment Code (SAC) 1 and 2 incidents; it provides a



Specialist Statewide MH Services: MAKK & McLEAY NURSING HOME:

framework to identify organisational, management systems and processes that may have led to or contributed to an incident.

- **Auditing:** This involves a systematic review of processes and procedures following set guidelines in order to ensure standards and Key Performance Indicators are being met by the Service, ie: case note audits.
- **EquIP – Evaluation and Quality Improvement Program:** EquIP was developed by The Australian Council on Healthcare Standards (ACHS) to assist organisations to prepare for an in-depth review or external assessment of their implementation of the National Standards for Mental Health Services. It provides a framework that Mental Health Services can use to achieve excellence through continuous improvement and the measurement and reporting achievements and outcomes. (See national Standards for Mental Health Services).

- **Definition of Behaviours of concern**

For the purpose of this meeting, behaviours of concern are defined as those behaviours, which are exhibited, but not limited to

- **Verbal Disruption :** Shouting, Screaming or Swearing
- **Physical Aggression:** Hitting, Kicking, Pushing, Throwing, Scratching, Biting, Restiveness, Self harm.
- **Social Inappropriateness :** Sexual Dis-inhibition, Disrobement, Spitting
- **Wandering:** Interfering with others property, Absconding.

For further detail, see the Makk & McLeay Procedure for Behaviour Assessment

Terms of Reference

Members will actively participate in meetings and subsequent action plans to discuss, evaluate, monitor trends and provide feedback on all AIMS reports, Clinical Indicator data and Hazard information generated within Makk and Mcleay. “Subsequent action plans” may refer to:

- Recommendations for policy, procedure or protocol reviews
- Feedback to staff teams
- Collation of data for Quality Committee
- Individualised Care plan reviews



Specialist Statewide MH Services: MAKK & McLEAY NURSING HOME:

- Setting up of short-term working parties to look at trends/clusters of incident types from a continuous improvement perspective.
- Recommendations for facility modifications to minimise hazard risks, within budgetary constraints.

Chairperson

Senior Quality Improvement Officer (Aged Care) - or Clinical Nurse Consultant in his/her absence – will function as Chairperson..

Membership

Senior Quality Improvement Officer (Aged Care), Safety & Quality Unit;
Clinical Nurse Consultant (CNC), Makk House;
Clinical Nurse Consultant (CNC), McLeay House;
Project, Research and Support Nurse (Aged Care Mental Health)
OH&S Representative.
ACH Group Clinical Manager.

Co-opting power

The meeting will have the power to co-opt other staff members/representatives as required.

Meeting Timeframe

Fortnightly meetings at 1130am Tuesday; alternate weeks to Makk & McLeay unit staff

Reporting Relationship

- Main Reporting line: Makk & McLeay Quality Group.
- Nursing Director
- Service Director

Minute circulation: Meeting minutes will be the responsibility of the Senior Quality Improvement Officer, Aged Care Mental Health. Minutes are to be circulated to:

- Makk & McLeay Quality Group
- Makk & McLeay Unit Staff meeting chair
- Where SAC 1 or 2 incidents require higher level attention, Nursing Director and Service Director will be furnished with minutes.



Makk and McLeay Staff Unit Meeting Tuesday 22nd July 2008.

Present:;

Mentor Makk House CN Education Facilitator: ...

Apologies: –

Chair:

Comments	Action	Status
<p>Education Session: Performance Appraisal System: (Standard Outcome 1.6) Kerim Skelton presented an over view of the new Competency/portfolio based Performance Appraisal system for Registered and Enrolled Nursing staff. The session was supported by the following documents: (i) Agreed Professional Portfolio document for Mental Health Nurses; (ii) Individual templates for Performance reviews – designation-specific; (iii) Agreed Professional development plan for nurses – to be used as a tool to measure progress against performance appraisal goals. Other matters which arose during subsequent discussion: Clinical Supervision will soon be made mandatory for all nurses within the Directorate; The system by which Level 3's appraise level 2's, who themselves appraise Level 1's etc – will continue. Feedback forms were provided for all staff, and the session will be evaluated prior to next week's staff meeting.</p>	<p>1, Staff will shortly be receiving their new Career Structure based Job & Person specs to sign; 2, The new appraisal system will become fully operational once this has occurred. Aiming for August 19th.</p>	<p>Current.</p>
<p>Minutes of the 15th July meeting accepted as a true and correct record.</p> <p>Matters Arising.</p> <p>Considerable feedback and discussion followed the Behaviour Management Education session last week. [redacted] had undertaken to develop a simple template for staff to refer to when reporting incidents via AIMS. This was done, and individual copies mailed out to all staff. It has also been inserted in the newly developed "Incident Reporting Protocol". Philip tabled laminated copies at today's meeting – these should ideally be placed close to the phone in each of the Home units. Some</p>	<p>1, All staff to familiarise themselves with the Reporting template and to ensure their individual reports to the call</p>	<p>Current/ Ongoing</p>



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**Specialist Statewide MH Services: MAKK & McLEAY NURSING HOME:
CLINICAL REVIEW MEETING**

Terms of Reference

Purpose

The Clinical Review Meeting exists in order to

1. Provide for a full multi-disciplinary focussed clinical review for each Nursing Home Resident.
2. Ensure that Key Performance Indicator data -
 - Skin Integrity
 - Falls
 - Aggression-Aggressor events
 - Infection control
 - Pain Assessments- Each plays a meaningful role in clinical decision-making, with the aim of securing optimal health outcomes for each nursing Home resident.

Definitions

- **“Quality” in Health care:** The degree to which health services for individuals and populations increase the likelihood of desired health outcomes, are consistent with current professional knowledge, and meet the expectations of healthcare users.
- **Multi-disciplinary:** Of, relating to, or making use of several professional disciplines at once, in the service of Resident outcomes.
- **Key Performance Indicators:** Key Performance Indicators (KPIs) help an organization define and measure progress toward organizational goals. Every organization needs a way to measure progress toward its goals. Key Performance Indicators are those measurements. Key Performance Indicators are quantifiable measurements, agreed to beforehand, that reflect the critical success factors of an organization.
Within an Aged MH Care setting, the five KPI data above are regularly analysed and evaluated to support high quality outcomes for residents.
- **The Aged Care Standards and Accreditation Agency (“The Agency”):** Set up by the Aged Care Act (1997) to ensure that residents of aged care homes are safe and well cared for, that their



**Specialist Statewide MH Services: MAKK & McLEAY NURSING HOME:
CLINICAL REVIEW MEETING**

Terms of Reference

rights are respected, and that they lead lives as fulfilling as can be reasonably expected given their individual circumstances.

- **Quality of Care Principles (1997):** Set out the Agency's Accreditation Standards, containing 44 expected outcomes.
- **Health & Personal Care Principles (Standard 2):** Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his/her representative) and the health care team.

Terms of Reference:

- Clinicians will actively participate in meetings to discuss, review and evaluate Resident care and health outcomes
- The senior Registered Nurse present (CNC, CN or RN) will act as record keeper for the whole meeting.
- Each resident will receive a full review, ensuring that physical health, mental health, psychological well-being, social functioning, medication and pain management are discussed.
- Any specific action plans from the Incident Review Meeting involving individual residents, will be discussed and followed up on at the Clinical Review Meeting.

A, It is the individual discipline clinician's responsibility to document his/her review and action taken by way of a "clinical Review" entry in each resident's Casenotes_[p1]. Or,

B.1 , It is the responsibility of the senior RN attending the meeting, to ensure that brief summary notes regarding the discussion and action taken in relation to each resident are taken on the Clinical Review Sheet.

B.2 It is the responsibility of the nurse responsible for the resident's care on the day of the meeting, to transcribe such notes from the meeting into the resident's case notes, AND to inform the family/representatives of any care changes.

- If at the meeting a resident is prescribed antibiotics or an infection is suspected, it is the responsibility of the CN/RN at the meeting to complete the relevant section of a Clinical Indicator Data Collection form, and to forward this to Nursing Administration for entry into the Home's Clinical Indicator database.



**Specialist Statewide MH Services: MAKK & McLEAY NURSING HOME:
CLINICAL REVIEW MEETING**

Terms of Reference

- Any change of care is to be evaluated at the next Clinical Review Meeting for that home unit.
- Any significant change of Care or Health Status is to be recorded on the home's seven day handover sheet.
- The CNC will maintain a master file of Clinical Review Sheets from every meeting. This may need to be made available for audit or review purposes, as directed by the Oakden Aged Care Quality Committee.

Chairperson

- Joint:
 - Senior Medical Practitioner.
 - CNC or nominated CN/RN representative.

Membership

- CNC or nominated CN/RN representative.
- Senior Medical Practitioner.
- RNs/ENs responsible for individual resident care on the day of the meeting.
- Allied Health Professionals – physiotherapist, Leisure and Lifestyle staff, Occupational Therapist, Dietician, and Speech Pathologist as available.

Meeting Timeframe

- Fortnightly meetings at 2pm Monday.
- Alternate weeks for the Makk & McLeay Home units.

Reporting Relationship:

- Clinical Director, Aged MH Care Service.
- Nursing Director, Aged MH Care Service.
- In relation to reporting on the actioning of KPI data, Incident Review Meeting (CNCs attend both meetings)



GUIDELINE

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Subject: Process for Medical Review

Subject No: G1 pmr

Issue No: 1

Date of Issue: April 2008

Review Date: April 2009

OUTCOME

Medical review is undertaken, as indicated, as part of the multi disciplinary process to ensure best clinical outcomes for residents.
Access to the system for medical review is understood by all members of clinical staff and supports requests made by relatives / carers in a timely fashion.

RESPONSIBILITY

Clinical Director
Senior Medical Practitioner
Nursing Director
Clinical Nurse Consultants.

EVALUATION INDICATOR

Medical review can be identified in residents case file.
Medical review forms part of the ACFI assessment.
Feedback from relatives / carers can be identified as part of formal annual survey.

EVALUATION STRATEGY

Reporting of outcomes will be directed at the Quality meeting.

PROCESS

Medical Practitioner's regular review of resident's needs

Weekly Review.

All residents needs, both physical and emotional, are briefly reviewed each weekday by the Medical practitioner in consultation with the nursing staff. This involves seeing the residents as indicated, and responding to any concerns such as agitation, infections, etc and documenting these interventions.

Monthly Review.

The medical practitioner and the clinical team at a clinical review meeting review all residents' needs in more depth. Such aspects as the requirement for, and effectiveness of, psychiatric medications are evaluated along with long term physical wellbeing.

Yearly Review

A routine comprehensive medical assessment is done at least yearly on all residents by the medical practitioner that includes a review of the clinical history, a physical examination, blood investigations as appropriate, and a review of diagnoses and treatments. Relatives will have the opportunity to receive feedback regarding the outcome of these annual reviews.



GUIDELINE

Subject: Process for Medical Review

**Subject No: G1 pmr
Issue No: 1
Date of Issue: April 2008
Review Date: April 2009**

Special request or changes to condition

As circumstances change, resident's needs are comprehensively reviewed on an individual basis regularly by the medical practitioner and the clinical team. For example, if they reach a terminal stage and need special palliative care.

Where a relative or carer is concerned about their resident this can be discussed with the Clinical Nurse Consultant, or Senior Registered Nurse who will notify the Senior Medical Practitioner of the issue and request a review.

Alternatively the relative or carer can request to discuss the issue direct with the Senior Medical Practitioner by arranging a time through the either the Clinical Nurse Consultant or Senior Registered Nurse or the reception staff at the Administration.

Discipline support

There will be a process for referral to Specialist Psychogeriatricians and Geriatricians for review of the more complex mental and physical needs of residents in consultation with the medical practitioner and the clinical team.

RELATED ACTS, REGULATIONS AND AUSTRALIAN STANDARDS

- Aged care Funding Instrument assessment process (2008)
- Residential Care manual. Dept of Health and Ageing
- Aged Care Act & Principles 1997.

Endorsed and Approved

.....
Clinical Director

.....
Senior Medical Practitioner

.....
Nursing Director



GUIDELINE

Subject: Process for Medical Review

Subject No: G1 pmr

Issue No: 1

Date of Issue: April 2008

Review Date: April 2009

ADDENDUM ; Issued July 2008.

NURSING STAFF.

NOTIFICATION TO A MEDICAL OFFICER FOLLOWING RESIDENT INCIDENT.

Any incident involving a resident which results in actual or suspected injury is to be notified to the Medical Officer for review, during normal office hours Monday to Friday..

Where the Medical Officer for the Nursing Home is unavailable, staff are to request attendance of a medical officer from the Acute Assessment Unit Howard House.

After hours and weekend access to a medical officer is through the Locum Medical Services.

Actual or potential injury includes, but is not limited to , concerns arising from

- Falls
- Skin Tears
- Bruising
- As a victim of aggression / aggressive incident
- **Head Injury ** Nursing staff WILL commence neurological observations**
- Laceration
- Burns / Scalds

It is the responsibility of the Senior Nurse on Duty to

- ensure that an assessment is completed on any resident where there is either suspected or actual injury,
- contact the Medical Officer

Assessment by a registered Nurse will include

1. Vital signs : Temperature, Pulse, Resps, Blood Pressure
2. First aid , as appropriate, to any visible wounds
3. Blood Glucose (where resident is diabetic)
4. Pulse Oximetry (where assessed as appropriate)

TRANSFER TO A GENERAL HOSPITAL VIA AMBULANCE

Where the resident's condition is assessed as critical, or compromised, by either the Medical Officer or the Senior registered Nurse on duty, at any time, further care for the resident can be provided in the General Hospital.

The Senior Nurse on duty is to notify the Nursing Director, and the resident's representative.

.....
Nursing Director



Government of South Australia

Central Northern Adelaide
Health Service

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**SPECIALIST STATEWIDE
MENTAL HEALTH SERVICES**

AGED MENTAL HEALTH CARE SERVICE

Q: MHS OAKDEN NURSING DIRECTOR\ADDITIONAL INFORMATION\
AUGUST 2008\KS

13 August 2008

Senior Investigations Officer
Complaints Investigation Scheme
Office of Age Care Quality and Compliance

OAKDEN CAMPUS

200 Fosters Road, Oakden SA 5086
PO Box 233, Greenacres SA 5086
Telephone: +61 8 8282 0444
Facsimile: +61 8 8282 0499
ABN 54 554 904 705
The Oaks
Howard House
Clements House
Makk House
McLeay House

GLENSIDE CAMPUS

226 Fullarton Road, Glenside SA 5065
PO Box 17, Fullarton SA 5063
Telephone: +61 8 8303 1559
Acacia
Jacaranda
Rosewood

Dear

Thank you for your correspondence in regard to Case ID # 071760, 071809 and 071672, requesting further information.

In regard to completion of restraint assessment and authorisation forms.

Assessment for restraint is undertaken by the Clinical staff based on risk and authorised by the Medical Officer, consultation with the representative occurs where restraint is utilised, and the representative signs the restraint form acknowledging the need for restraint and the reason also it is required, be that safety or risk of falls.

In regard to the current Internal Complaints system.

Distributed throughout the entrances to the Home, the foyer, at Administration and the side entrance to the Home are Compliments and Complaints forms. These forms are provided for the use of representatives, and can be handed to Administration, the Clinical Nurse Managers or deposited anonymously in the drop off boxes provided at each end of the Home. All written complaints are forwarded to my office, where they are logged, responded to and investigated. Verbal complaints are captured either by staff completing a form or through the quality focus, representatives meeting.

The Home displays the process for making a complaint and has provided this information in the representatives hand book.

All complaints are logged in the Home's Data Base, and progress monitored through the Quality Committee.

Relatives who raise individual concerns receive either written feedback or where more appropriate verbal.

In regard to ensuring staff, including agency are following care plans.

The Home has undertaken an extensive education program including care competencies to ensure that care provided to residents is congruent with best practice. As part of monitoring processes the Home's Clinical Practice Consultant in partnership with the ACH groups Care Manager audit clinical care throughout the Home, and implement improvement as part of continuous quality practices. The Home has implemented a comprehensive hand over tool to enable information to be readily available to all staff in providing care to the residents. All aspects of clinical care are regularly audited as part of an ongoing schedule. Specifically agency staff orientation includes revision of the care plan and specific clinical care is discussed. This monitoring process also encompasses the concept of dignity and respect.

In regard to external referrals being followed through and recommendations made in Care Plans.

The Home uses Allied Health professionals, including Dietetics, Speech Pathology and Physiotherapy and Pharmacist review.

The Care Plan process includes specific components in regard to these disciplines and each discipline contributes to the Assessment and Care Planning process in this manner. Further to this, Allied Health have access to case notes where they document findings and recommendation which effect care.

In regard to agency staff being adequately skilled.

The Home currently has a consistent block booking arrangement to ensure that agency staff who work in the Home are continuous. This enables induction and consolidation of knowledge around the residents and enables the agency staff to become familiar with the Homes Values, Philosophy and Care Routines. The Homes orientation program is provided for agency and this also covers the expectations of care under the standards. Further to this, agency staff are required to be familiar with the assessment tools utilised within the Home.

The standard of care provided by agency staff is encompassed in the monitoring undertaken by the Clinical Practice Consultant. In line with this the Home does have a process for addressing performance issues relating to agency staff.

In regard to bibs being put on too early.

In consultation with the Clinical Services Co-ordinator, Clinical Practice Consultant and the ACH Care Manager it has been established that clothing protectors are placed on those residents requiring them approximately 10 minutes before the commencement of meals. This provides time to prepare the resident, assist them and serve the meal. This practice is monitored and maintained by the senior staff in the Home.

As requested I have enclosed copies of the current care plans and reviews, restraint authorisation and clinical records for those residents you have identified.

Also included are staff training schedules, the current hand over format and examples of responses to representative's complaints.

I trust this information will assist you with your enquiries and articulate with information already provided.

If you have any queries please contact me.

Yours sincerely

Nursing Director
Specialist Statewide Mental Health Service



Government of South Australia

Central Northern Adelaide
Health Service

**SPECIALIST STATEWIDE
MENTAL HEALTH SERVICES**

AGED MENTAL HEALTH CARE SERVICE

OAKDEN CAMPUS

200 Fosters Road, Oakden SA 5086
PO Box 233, Greenacres SA 5086
Telephone: +61 8 8282 0444
Facsimile: +61 8 8282 0499
ABN 54 554 904 705
The Oaks
Howard House
Clements House
Makk House
McLeay House

GLENSIDE CAMPUS

226 Fullarton Road, Glenside SA 5065
PO Box 17, Fullarton SA 5063
Telephone: +61 8 8303 1559
Acacia
Jacaranda
Rosewood

Q: MHS OAKDEN NURSING DIRECTOR\COMPLAINT CASE ID #071760\
SEPTEMBER 2008\KS

16 September 2008

RECEIVED

16 SEP 2008

DHA-SA

Aged Care Complaints Investigation Scheme
Department of Health and Ageing
GPO Box 9848
ADELAIDE SA 5001

Thank you for the opportunity to respond to your correspondence received 3 September 2008 in regard to Case Number 071760.

Please find attached the following documentation in regard to restraint and complaints.

- Restraint Authorisation.
- Restraint Evaluation and Review.
- Care Plan extract – mobility.
- Copy of response to current complaint.
- Complaint.

In regard to the restraint, an updated Care Plan was reviewed by | | on the 11 August 2008 and under the heading of mobility the plan refers to restraint as per the restraint program. The restraint authorisation indicates the use of pelvic restraint and a Princess chair when necessary, dated 3 January 2008. In discussion with clinical staff, the use of distraction and redirection have proven to be effective strategies in dealing with | | when he becomes agitated, and | | maintains that she continue to be rung prior to administering PRN medication.

Whilst this strategy has proven effective for agitation, PRN medication can be administered for aggression based on clinical assessment. The frequency of using a Princess Chair with or without pelvic restraint is minimal, and as reflected on the restraint evaluation only used where all other strategies have failed.

On review of the restraint authorisation and in consultation with clinical staff it is apparent that | | has declined to sign due to her belief that | | should not require any PRN medication, therefore a differing of views exists between clinical staff and | |

The Service has been working through these issues in consultation with | | i, and has facilitated two independent reviews of her husband, and promoted distraction and redirection as first line strategies whilst seeking to reserve the option of clinically prescribed PRN and restraint options if indicated.

In discussion with the Clinical Services Co-ordination the Service concedes that the issue of restraint and PRN medication remains as a concern for | however at this time | has received no PRN medication and has not been restrained. It remains unclear as to why | would have received an incomplete form given that | has regular reviews of | Care Plan, which refers to the restraint authorisation from January 2008, which she did not agree to sign, yet remains current with each Care Plan update.

In regard to the complaint system, the Service received a four page complaint from | on the 4 August 2008, which was acknowledged on that day. Given the Service has previously responded to many of the issues raised by | in the context of previous complaints raised, this complaint was referred to the Complaints Advisor, Glenside Hospital, as an external investigation process through an individual not directly linked to Makk McLeay Nursing Home. A copy of the response to | adv |, is attached, which is congruent with the current request by the advocate that all complaints and communication to | issues are undertaken through him.

The Service acknowledges the concerns that | has, and will continue to work with her to reach mutual outcomes. The Service apologises for any delay in responding, however due to the complex and sensitive nature of some of the | raised, it was viewed as necessary to seek external assistance in this particular matter.

I trust this information is of assistance to you in your enquiry. Should you require anything further please contact me.

Yours sincerely

Nursing Director
Specialist Statewide Mental Health Service

copy

LMHS MENTAL HEALTH DIVISION FOR AGED CARE RESTRAINT ASSESSMENT & AUTHORISATION	U.R. NUMBER
	GIVEN
	GRANTED

On completion of this form, please write all details in Casenotes.

NURSING ALERT : Potential for skin tear and/or friction injury. Potential for impeded circulation. Duration of restraint is to be monitored and documented. (ALL RESTRAINTS TO BE CHECKED HOURLY).

REASON FOR RESTRAINT *Physical aggression towards staff. Unsteady on mobilizing. PRN only.*

ALTERNATIVES CONSIDERED &/OR TRIED

Please highlight relevant area and comment re success or failure

◆ Lowered Bed	◆ Increased monitoring eg – specialling
◆ Foam Wedges	◆ Massage
◆ Reduction of excess stimulation	◆ Aromatherapy
◆ Provision of meaningful activity	◆ Snoozelen
◆ Avoidance/removal of resident from situation that triggers behaviour that may necessitate use of restraint.	◆ Other (specify) <i>Play music → like Elton and 50's/60's music</i>

RISK ASSESSMENT

WITH RESTRAINT	WITHOUT RESTRAINT
<i>* increased agitation * with proper restraint potential for strangulation of self or others.</i>	<i>* actual for physical aggression towards staff and injury to other residents.</i>

TYPE OF RESTRAINT:

Side Rails on Bed	<input type="checkbox"/> With <i>WINDOW SIDE ONLY</i>	Without <i>3/1/08</i>	<input type="checkbox"/>
Seat Belt on Chair/Pelvic Res. <i>PRN</i>	<input checked="" type="checkbox"/>	Protective Chair with Chair Table <i>PRINCESS CHAIR</i>	<input checked="" type="checkbox"/>
Posey Restrainer	<input type="checkbox"/>	PRN Medication <i>PRN</i>	<input type="checkbox"/>
Isolation	<input type="checkbox"/>	Skeletal support which restricts mobility	<input type="checkbox"/>
Removing of mobility aids	<input type="checkbox"/>	Other	<input type="checkbox"/>

copy

RESTRAINT REVIEW EVALUATION	
-----------------------------------	--

EVALUATION

- pelvic restraint - in process @ chair PRN
- if agitated give all strategies (intervention) Re-di-rect + reassurance
- if for chemical restraint

DATE 22/8/08 SIGNATURE _____ DESIGNATION RN

EVALUATION

- PELVIC RESTRAINT PRN ONLY
- IF INCREASED AGGRESSION AND AGITATION - PROVIDE ALL STRATEGIES AS RFL CARE PLAN.
- PHONE WIFE FOR ANY CHEMICAL RESTRAINT FOR CONSENT AS PROTOCOL

DATE 8-9-08 SIGNATURE *[Signature]* DESIGNATION RN

EVALUATION

DATE SIGNATURE DESIGNATION

EVALUATION

DATE SIGNATURE DESIGNATION

EVALUATION

DATE SIGNATURE DESIGNATION

EVALUATION

DATE SIGNATURE DESIGNATION

DATE SIGNATURE DESIGNATION

CNAHS
Aged Mental Health Care Services

COPY

Care Plan for:
Allergies: **Nil known**

Doctor:
Topic: **Mobility**

Clinical Record No

Date: 2

Assessment	Goal	Intervention	Evaluation
<p>* Impaired or restricted physical mobility related to:</p> <ul style="list-style-type: none"> - effect of medication. - special awareness, especially when sitting and lying. - visual impairment. - dementia. - poor balance. - fear of fall or self injury. - resistance during mobilisation and transfers. - fatigue. <p>independently under distant supervision.</p> <p>Alfie's mobility fluctuates throughout the day, and in the late afternoon can become unsteady requiring X2 staff to assist with transfers/mobility.</p> <p>* When P.R.N. medication given, high falls risk due to unsteady gait.</p>	<p>* Current level of mobility and independence will be maintained.</p> <p>* Safety will be maintained when ambulating and gait is unsteady.</p>	<p>* REQUIRES PHYSICAL ASSISTANCE X 2 STAFF FOR DIRECTION TO, AND TO CHANGE LOCATION, TO ANY GIVEN AREA.</p> <p>* Encourage and reassure that he and his environment is safe when mobilising, during transfers and redirection.</p> <p>* Encourage to ambulate independently around red group and gardens.</p> <ul style="list-style-type: none"> - nursing staff must have Alfie in their sight at all times. <p>* Direct and assist to the table for meals.</p> <p>* If too unsteady when mobilising, princess chair is used for transfers.</p> <p>* Restrain as per restraint program.</p>	



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226 Fullarton Road, Glenside SA 5065
PO Box 17, Fullarton SA 5063
Telephone: +61 8 8303 1559
Acacia
Jacaranda
Rosewood

27 August 2008

PO Box 687
MITCHAM SA 5062

Dear |

As was requested by | I have addressed my correspondence to you. I thank | her completed complaints and compliments form received 4 August 2008. It provides us valuable feedback as to how our service is performing and where possible service improvements could be made. I am pleased to provide the following information addressing the issues raised:

- **Error in the administration of medication to a resident on 30 July 2008**

It is regrettable that an incident occurred regarding the administration of medication and I do apologise to |. On 30 July 2008 the Commonwealth Complaints and Investigation Scheme (CIS) was notified of the incident and conducted an immediate investigation. The CIS was satisfied that the Makk and McLeay Nursing Home had already undertaken the appropriate actions to remedy this breach. The service has reviewed medication management and is introducing a Multiple Packing System (MPS) which was implemented on 2 September 2008 to minimise the risk of medication administration errors.

- **Provision of accessible rubbish bins in red area of Makk House**

We | for her suggestion and I am pleased to advise that a rubbish bin has been placed under the sink where the filtered water tap is situated. Cup dispensers have been ordered and will be installed as soon as they arrive.

- **The availability of tissues for residents in their bedrooms**

Tissues are supplied by the Nursing Home and are accessible to all residents in Makk and McLeay Nursing Home in most areas of the Home. Tissues can be made available in residents' bedrooms on request. In addition, families have the option of bringing their own tissues should they wish.

- **Availability of drinks in the bedrooms**

Residents are provided with regular fluids at each meal time and at morning tea, afternoon tea and supper. Fluids are offered at a minimum of every two hours and more frequently during warmer weather. In addition, residents are provided with drinking water on request or when receiving medication. The Home is currently investigating alternative options for

COPY

making fluids/drinks readily available to residents in their rooms. As more information about this becomes available we will notify residents families. Please note that drinks in various consistencies are available from a fridge outside the kitchen area, as well as fridges in the Red and Blue areas which have fluids available.

- **Continance Management and availability of continance aids**

Every resident is clinically assessed by a Continance Link Nurse (CLN) in consultation with another Registered General/Mental Health Nurse Nurse. The assessment information is incorporated into the Resident's Care Plan, which is developed in consultation with a relative and signed off by them. The use of the appropriate continance aids is documented in the care plan, and supplies of continance aids are delivered daily to residents. There are back-up supplies of continance aids available at all times for residents should the need arise. The service is utilising the TENA 3 pads per 24 hour system and there are interim pads available in the extra pad box (located in the Nurses Station) should an extra pad be required. The use of pads, including extra pads, is documented and reviewed by the CLN twice a month, or as clinically indicated. A continance reassessment of an individual will occur if it is identified that they require frequent extra pads.

- **Audit of residents clothing /Laundry Issues**

Unfortunately, the Home experienced difficulties with the around time of laundry through the external provider whilst the onsite laundry service underwent minor works. However, this has now been rectified, with the Home noting one complaint for the month of June. It is acknowledged that from time to time there may be delays in the processing of laundry, which may necessitate the use of the Home's emergency clothing, which is regrettable. Please note that the organisational policy for all residents is that all clothing is clearly labelled and recorded on a valuables and clothing register. A copy of the register is kept in the resident's care plan and additional copy is forwarded to relative/resident representative. The service would be very happy to discuss with her current clothing/laundry issues and any future issues she raises.

- **Seating arrangements to be more home like to watch TV instead of at right angles to it.**

The Home shares the goal of providing a home-like environment for our residents and their visitors, and welcomes any suggestions to assist us to achieve this. We have now rearranged the seating to face directly towards the TV. Please note that from time to time furniture, including sofas, are rearranged when required by staff to ensure a safe environment.

- **Access to TV Room – Private / Personal Time**

The Home attempting to create more space for residents by reducing the number of residents accommodated in the Home. This has enabled us to increase the size of rooms. We would encourage relatives to take advantage of the extra space in the bedrooms for quiet

personal time with loved ones. In addition, there is a small sitting room which is available for residents /families to use in Makk House.

- **Concerns regarding Staff and Agency RNs induction.**

The Home currently has a consistent block booking arrangement with the nursing agency to support the consistency of agency staff working in the Home. This supports induction and consolidation of knowledge about the residents and enables the agency staff to become familiar with the Homes values, philosophy and care routines. The Home's orientation program is provided for agency staff and this also covers the expectations of care under the relevant standards. Agency staff are required to be familiar with the assessment tools utilised within the Home. There is an orientation checklist for all new staff, which is to be completed at the start of their shift.

The standard of care provided by agency staff is encompassed in the monitoring undertaken by the Clinical Practice Consultant. In line with this the Home does have a process for addressing performance issues relating to agency staff.

- **Level of Cleaning**

A regular monthly cleaning schedule by professional cleaners has been implemented for Makk House, as well as a schedule of 3 monthly professional cleaning for furniture in McLeay House. In addition, interim cleaning of furniture undertaken by Hotel staff. The Acting Hotel Services Manager also reviews the cleaning standards and outcomes through an auditing program which includes walls, curtains, doors and toilets.

- **Documentation**

The Home is developing strategies to ensure consistency of documentation in the casenotes and in incident reporting. This includes the development of templates, policies and procedures. Guidelines for professional documentation are being implemented with staff, which now requires that only RNs and ENs write in the notes. Documents developed are consistent with the Nurses Board of South Australia (NBSA) 2006 guidelines for documentation. It should be noted that nursing staff registered with the NBSA are audited annually by the NBSA for this competency. Several education sessions on documentation have been provided to staff.

- **A/Clinical Nurse Consultant Conduct**

Our expectation is that every staff employee conducts themselves in a manner that is consistent with the organisational values of honesty, integrity and respect. There are HR policies and procedures to deal with any performance management issues. Staff is encouraged to pursue any complaints or concerns about individual staff performance through the complaints process.

- **Restraint concerns**

Assessment for restraint is undertaken by the clinical staff in accordance with the Restraint Management Policy. Restraint is only considered when a patient is at risk of falls or is a safety risk to themselves.

and must be authorised by the Medical Officer following consultation with the representative or guardian of a resident (if the resident is deemed to have a mental incapacity). The representative is required to be informed in writing of any restraint and the reason restraint is required.

Staff of the Home would be pleased to meet with you at [redacted] clarify or elaborate on any of these matters, and to discuss how we can work together to meet [redacted] needs. Please feel free to [redacted] if you require any further information or assistance.

Yours sincerely,

[redacted]
General Manager

Specialist Statewide Mental Health Service

CONFIDENTIAL



Government of South Australia
Central Northern Adelaide
Health Services

SPECIALIST STATEWIDE
MENTAL HEALTH SERVICE

AGED MENTAL HEALTH CARE
SERVICE

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**COMPLIMENTS/COMMENTS/COMPLAINTS/SUGGESTIONS
FORM - PLEASE LET US KNOW**

Oakden is committed to providing residents and relatives with the best possible care.

Please tell us how well we are caring for you and/or your relative/friend by completing the form below and placing it in the green suggestion box at reception.

YOUR COMMENTS

READING CARE NOTES ENTRIES 01/10/08 ABOUT MY
 I SAW NO LESS THAN THREE ENTRIES ABOUT
 AN INCIDENT INVOLVING TOILETTING. THEY ALL DIFFERED
 FROM WHAT I HAD BEEN VERBALLY TOLD, AND A STATEMENT
 ATTRIBUTED TO ME, WAS ADMITTED WITHOUT CONTEXT WHICH COULD
 MAKE ME APPEAR INAPPROPRIATELY CRITICAL TO FEELS WORKING AT
 A FIE'S CARE. NOT NO MENTION OCCURRED WHATSOEVER,
 NOT BY THE THREE PEOPLE WHO MADE NOTATIONS,
 OF THE EXTENSIVE EXCRETA LEFT ON AUE'S FEET,
 NOR WAS THERE ANY NOTATION MADE OF MY BRINGING
 THIS UP TO ATTENTION.
 ALSO I AM STILL AWAITING AN EXPLANATION FROM
 AS TO WHY CLONAZEPAM WAS ADMINISTERED TO MY
 CONTRARY TO HIS CARE PLAN AND MY PERSONAL REQUEST
 AND WILLINGNESS TO ATTEND TO HIM MYSELF ON 20/10/08
 ALSO THE INCORRECTNESS OF THE AGENCY RA'S NOTES
 (NO, SUBSEQUENTLY) AND I OBJECT STRONGLY TO
 THE EMOTIONAL ABUSE DIRECTED TOWARDS ME,
 WHEN I QUERIED WHETHER AGENCY RECEIVED INDICATIONS
 AFTER MY COUNSELLOR THAT I'M SURE HE IS A NICE
 PERSON BUT AS A SIGNATURE: CMC I HAVE TO ASK THAT
 QUESTION OF HIM (IN LIGHT OF WHAT HAS OCCURRED) HIS
 ADDRESS: EXPLANATION TO ME, WAS THAT HE HAD BEEN AWAY
 TELEPHONE: ON HOLIDAYS SO I DON'T KNOW. WHERE IS ANY
 EVIDENCE OF POLICIES AND PROCEDURES BEING IN PLACE??

Additional comments can also be sent directly to:-
 WHERE IS EVIDENCE, FROM PRACTICES EVIDENT, THAT
 Service Director/Nursing Director ACTING CMC'S MEET THE JOB
 Oakden Aged Care AND PERSON CRITERIA NECESSARY, TO
 PO Box 233 BE ABLE TO COMPETENTLY HOLD THE
 GREENACRES SA 5086 SENIOR POSITION OF ACTING CMC??
 NOT GOOD ENOUGH, we are laid out
 are totally dependant upon Makk and
 Mcleay NURSING HOME for quality care.



COMPLIMENTS/COMMENTS/COMPLAINTS/SUGGESTIONS FORM - PLEASE LET US KNOW

Oakden is committed to providing residents and relatives with the best possible care.

Please tell us how well we are caring for you and/or your relative/friend by completing the form below and placing it in the green suggestion box at reception.

YOUR COMMENTS	
I FEEL UTTERLY DISGUSTED TO FIND THAT MY HUSBAND WAS ADMITTED TO OAKDEN - a drug that I have repeatedly told anyone/anyone that my husband should be kept in a private care facility where I can be called to come, instead of a public facility.	
DITTO that care plans are useless, worthless, pointless pieces of blot, whenever someone wants to discuss it to control.	
DITTO that I continually find that care notes do not really reflect realities, and truth.	
DITTO that Agency Refs, ARE CLEARLY NOT INDICATED in MARRIAGE CERTIFICATE, HOME ARRANGEMENTS, DOCUMENTS and procedures and legislation requirements per Aged Care Act 1971!	
DITTO that MARRIAGE and Agency Refs, are received Fed Govt funding as well as RESIDENT FUNDING, UNDER THE GUISE of having the nursing home a community care, when in reality it is operated more like a locked-down residential home, which had a legally funded and registered Nursing Home, to be operated under Aged Care Act legislation requirements, and expectations. Public Schools are now quasi detention/ correctional centres - by the care taken, this Nursing Home should	
Optional:-	Signature:
Name:	Home, which it is supposed to be, and consequently funded
Address:	to be!, ENOUGH IS ENOUGH!
Telephone:	Date:

Additional comments can also be sent directly to:-

Service Director/Nursing Director
Oakden Aged Care
PO Box 233
GREENACRES SA 5086

NSD, My husband is NOT A DRUG, but he was a redneck with the kernel core of Red Army! Nursing Homes have a registered requirement to provide a HOME LIKE ENVIRONMENT, with PERSONAL CHOICES, INCLUDING ALLOWING FREEDOM OF MOVEMENT WITHIN THE HOME AND FREEDOM OF ACTIVITIES, REGARDLESS IF INVOLVING TO CARE, OR NOT!

Q:\mhs aged-mental-health-care-service\form-proformas\comments-form-please-let-us-know-4.08



Government of South Australia
 Central Northern Adelaide
 Health Service

Received 4/8/08

SPECIALIST STATEWIDE
 MENTAL HEALTH SERVICE

AGED MENTAL HEALTH CARE
 SERVICE

FOR NURSING HOME

COMPLIMENTS/COMMENTS/COMPLAINTS/SUGGESTIONS
 FORM - PLEASE LET US KNOW

Oakden is committed to providing residents and relatives with the best possible care.

Please tell us how well we are caring for you and/or your relative/friend by completing the form below and placing it in the green suggestion box at reception.

YOUR COMMENTS	
ON 30/7/08 MY	WAS ERRONEOUSLY GIVEN ANOTHER
RESIDENT'S MEDICATION (AS ADVISED TO ME BY THE	AGENCY RN)
IN THE MANNER, IN WHICH SHE EXPLAINED THE ACCIDENT, I BELIEVE I HAVE A CAUSE FOR CONCERN ABOUT WHETHER OLANZAPINE TAD, HAD BEEN WRONGLY ADMINISTERED, IN ADDITION TO THE ADMITTED CLONAZEPAM.	
ALSO AN INTERN DOCTOR MADE THE NOTATION THAT ALIVE IS "USUALLY GIVEN 2 X 2/0K"	
CLONAZEPAM - WHICH IS NOT TRUE - OR NOT SUPPOSED TO BE TRUE.	
IS MY	? BEING GIVEN CLONAZEPAM SO FREQUENTLY WITHOUT IT BEING RECORDED (A DOCTOR HAD PREVIOUSLY SAID TO ME, COMMENTS LIKE "I DON'T NEED TO BE TOLD" AND MENTIONING HONESTLY ETC, RAISING THESE VALID DOUBTS IN MY MIND - WOULD YOU SAID I FOR AN INDEPENDENT CHECK). OR IF THIS IS NOT HAPPENING, HOW CARE PRACTICES AND POLICIES BE SO NEGLIGENT, THAT A DOCTOR CAN BE GIVEN INCORRECT INFORMATION ???
Optional:-	I have you to Signature
Name:	REFER ON THIS MATTER BY
Address:	agreed to, by him
Telephone:	Date:

Additional comments can also be sent directly to:

Service Director/Nursing Director
 Oakden Aged Care
 PO Box 233
 GREENACRES SA 5086



COMPLIMENTS/COMMENTS/COMPLAINTS/SUGGESTIONS FORM - PLEASE LET US KNOW

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Please tell us how well we are caring for you and/or your relative/friend by completing the form below and placing it in the green suggestion box at reception.

YOUR COMMENTS	
→	I DON'T KNOW IF I SHOULD THANK CIS OR, ACH, BUT THANK YOU FOR FINALLY PROVIDING SOME CUPS FOR USE FOR DRINKING WATER, IN RED ROOM. DO YOU THINK SOMEONE COULD ALSO PROVIDE ACCESSIBLE RUBBISH BINS? The one in the office and in the toilets, is usually accessible by anyone only.
→	DO YOU THINK SOMEONE COULD POSTER PROMOTE THEMES IN BEDROOMS SO THAT RESIDENTS WHO CAN STILL REMEMBER HOW TO USE THEM, COULD FINALLY BE ENABLED TO DO SO?
→	DITTO RE DRINKS?
→	DITTO RE APPROPRIATE NAPPIES? NO ONE LIKES TO BE SOILED WITH URINE NOR EXCRETA FOR HOURS, AS IS NOW OCCURRING!
→	COULD RESIDENTS CLOTHES BE AUDITED AND KEPT IN THEIR PERSONAL POSSESSION? MY HUSBY STILL DOESN'T HAVE MANY OF HIS CLOTHES REPLACED, AND I STILL KEEP WASHING OTHER PEOPLE'S CLOTHING, PUT ON HIM, WHEN I WASH HIS LAUNDRY, TO HELP THIS NURSING HOME.
→	BOUQUETS TO JOENOM, FOR HER DELIBERATE EFFORTS.
→	BOUQUETS TO THOSE FEW CAREERS WHO ARE DESERVING OF RESPECT AND ADMIRATION AND APPRECIATION! - HEARTFELT!
→	BOUQUETS TO THOSE PEOPLE WHO SHOULD WORK ELSEWHERE ESPECIALLY TO VULNERABLE VICTIMS OF DEMENTIA, WHO RESIDE AT THIS PARTICULAR NURSING HOME.
→	BOUQUETS TO THOSE PEOPLE WHO SHOULD WORK ELSEWHERE ESPECIALLY TO VULNERABLE VICTIMS OF DEMENTIA, WHO RESIDE AT THIS PARTICULAR NURSING HOME.
→	COULD SEATING BE ARRANGED HOMELIKE, TO WATCH THE TV, INSTEAD OF AT RIGHT ANGLES TO IT?
Additional comments can also be sent directly to:-	
→	COULD WE AGAIN HAVE ACCESS TO A TV ROOM, FOR QUIET PERSONAL TIME OUT? RESPECT FOR ASSISTING GENT CHARGED WITH MURDER, BUT THE TV ROOM/ SQ. METRAGE SPACE LOST TO OTHERS' USE, IS DISPROPORTIONATELY UNJUST TO SO MANY OTHERS, IN A PARTICULAR TINY NURSING HOME.
→	COULD CLEANING BE UPGRADED TO BE ADEQUATE? Including walls, curtains, doors, covered and clean surfaces, who knows what, increasingly, so much now.
→	COULD TOILETS BE MORE FREQUENTLY CLEANED?

Service Director/Nursing Director
Oakden Aged Care
PO Box 233
GREENACRES SA 5086



Government of South Australia

Central Northern Adelaide
Health Service

57
**SPECIALIST STATEWIDE
MENTAL HEALTH SERVICES**

AGED MENTAL HEALTH CARE SERVICE

Q: MHS OAKDEN NURSING DIRECTOR\COMPLAINT CASE ID #073692 NO 3\
SEPTEMBER 2008\KS

10 September 2008

Aged Care Complaints Investigation Scheme
Department of Health and Ageing
GPO Box 9848
ADELAIDE SA 5001

OAKDEN CAMPUS

200 Fosters Road, Oakden SA 5086
PO Box 233, Greenacres SA 5086
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GLENSIDE CAMPUS

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Acacia
Jacaranda
Rosewood

Dear

Thank you for the opportunity to respond to your correspondence received 5 September 2008 in regards to Case Number 073692.

Please find attached the following documentation in regard to the issue pertaining to the complaint of poor tasting omelette, reported by

- Food Quality and Evaluation Form
- ECH response
- Letter addressed to the complainant dated 9 July 2007.

In discussion with the Hotel Manager, your attention is drawn to the ECH response, in which a delay is recognised in responding and the actions they have taken.

As part of quality review this complaint has provided the opportunity for the service to improve. In discussion with the Hotel Manager any complaint regarding food quality is now filed as outstanding and is followed up each week to clarify the status of the complaint. This change will affect the timeliness of receiving feedback from external providers, and the Services ability to provide information to the representative through a more proactive approach to communicating with our external providers.

I understand from discussions with the Clinical Services Co-ordinator and the Hotel Services Manager, that concerns over the taste of the omelette were addressed at their meeting, and she was satisfied with the process to rectify her concerns. This is supported by the letter sent to the Service Manager and Makk House CSC, the issue of the omelette was addressed and notwithstanding invitation to contact her if you were dissatisfied with the responses from the meeting with Hotel and Nursing services, there has been no further concerns raised by you.

I trust this information is of assistance to you in your enquiry, should you require anything further, please contact me.

Kind Regards

RECEIVED

16 SEP 2008

DHA-SA

Nursing Director
Specialist Statewide Mental Health Service



Government of South Australia
Central Northern Adelaide
Health Service

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56
SPECIALIST STATEWIDE
MENTAL HEALTH SERVICES

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Acacia
Jacaranda
Rosewood

9 July, 2008

Unit 1/22 Riddell Rd
HOLDEN HILL 5088

Dear I

RE: CONCERN RE MISSING SHIRT RAISED AT THE RELATIVES/MANAGEMENT
MEETING 7/7/08

I am writing to confirm that the items you believed were missing have been found.

Clinical Nurse Consultant, and the Hotel Services Manager informed me they met with you yesterday 8/7/08 and you are satisfied that your concerns have been addressed.

I do note however that a pair of pyjamas and a pyjama top are still missing and that we are endeavouring to locate them.

Please contact me if you require further assistance on

Yours sincerely,

Acting Director
Aged Mental Health Care Service

Cc:

Chorking
Ourlette



Management Manual

Updated: 06/05/07 Review Date: 04/06/08

M0700

Food Quality and Evaluation Form

Purpose:

- This form is designed to provide feedback on the food services at the Residential Care Centres to ECH Food Services.

Procedure:

- Complete the relevant sections of the form and return to your Supervisor at your site to follow up.
- Staff are to arrange an interview in person or by phone to discuss the feedback given. (to be documented)

Residential Care Centre Mack Date: 25-6-08

If you would like feedback on information in this form please provide contact details

Name: _____

Is this feedback:

- Food Quality Proceed to section 1
- Delivery Discrepancy Proceed to section 2
- Other _____ (please specify)

Section 1: Food Quality

Product Name: Omelet Product Batch Number: ?

Was this meal Breakfast Lunch Tea

Person providing feedback Resident Family Staff

What was the compliment / complaint?

Poor tasting omelet family member

found omelet to be tasteless.



Management Manual

Updated: 06/06/07 Review Date: 04/06/08

M0700

Investigation: (Supervisor Only) Date: 25.6.08
 Describe what investigations was done and feedback collected

CNC forwarded complaint to Almanager.

What was the outcome of the investigation:

complaint forwarded to ECH.

Almanager
Supervisor Name

Signature:

Section 2: Delivery Discrepancy (Staff Only)

Product Name: _____ Product Batch Number: _____

Was this meal Breakfast Lunch Tea

Is the product marked off on the delivery docket Yes No

Was the delivery checked immediately upon arrival Yes No

Was it highlighted on the delivery docket? Yes Colour _____ No

Provide a brief description of the issue

What was done at the time of reporting to rectify the issue?

_____ Date: 9.9.08

Sorry about the time its taking to respond but
his issue was sitting in the chefs corrective
action register. Recipe has been adjusted
with extra cheese. only 1 complaint and we
sent out the several of the sites that we service.
NO ISSUES OVER THE LAST TWO MONTHS so recipe

ECHFS Rep Na _____ Signature: _____

change seems to be working.

JM 0014



Australian Government

Department of Health and Ageing

DIRECTOR
- 5 SEP 2000
GLENSIDE CAMPUS

GLENSIDE CAMPUS
SUPPORT SERVICES DEPT
5 SEP 2000

Case ID: 073692

Correspondence-in-Confidence

Central Northern Adelaide Health Service
PO Box 17
FULLARTON SA 5063

Dear Approved Provider

Notice of Required Action
Makk and McLeay Nursing Home (6010)

As a delegate of the Secretary to the Department of Health and Ageing (the Department) and as a result of an investigation, I have determined you are acting in breach of your responsibilities under Part 4.2, section 56-4(1)(b) of the *Aged Care Act 1997* (the Act). I have decided to give you, as the Approved Provider responsible for Makk and McLeay Nursing Home (the Service), the attached Notice of Required Action (this Notice), at Attachment A. I am providing this Notice to you under section 16A.16(3) of the *Investigation Principles 2007* (the Principles), made under section 94A-1 of the Act. Please find at Attachment B my Statement of Reasons for this decision.

You are asked to provide a written response to address the breach set out at Attachment A. The written response should include, but not be limited to, what steps you have taken to remedy the breach.

Please send any documentation or correspondence generated as a consequence of this Notice to:

Aged Care Complaints Investigation Scheme
Department of Health and Ageing
GPO Box 9848
ADELAIDE SA 5001
Attention

The Department of Health and Ageing will follow up this Notice at the end of the specified timeframe to seek evidence that you have undertaken the required actions.

While I am not initiating compliance action now, I may take action in the future if I am not satisfied that you have undertaken the required action to comply with your responsibilities as an Approved Provider under the Act. The further actions that I may take are listed at Part 4.4 under the Act.

**Statement of Reasons
Notice of Required Action
Section 16A.16(3) Investigation Principles 2007**

In deciding to give you this Notice, I have considered the following:

An investigation took place as a result of a complaint from [redacted] (the informant) in relation to the care and services provided to [redacted] a resident at Makk and McLeay Nursing Home (the Service). The informant has Legal Guardianship and Enduring Power of Attorney for [redacted]. It was alleged that:

Issue:

On 19 June 2008 a poor tasting omelette was provided to residents for breakfast. The informant tasted it and stated it had no flavour and was not soft. The informant lodged a complaint about the omelette and mint flavoured drink which [redacted] does not like with the Clinical Nurse Consultant on 20 June 2008. As at 15 July 2008 no response to the complaint had been received.

Investigations:

On 1 August 2008, [redacted] of the Complaints Investigation Scheme (the Scheme), wrote to the Approved provider requesting information about the complaint made to the Scheme by [redacted]. A response letter and documentation was received from Mr [redacted] Nursing Director at the Service on 8 August 2008.

The investigation into this complaint included correspondence between the Scheme, Mr [redacted] and discussion with the informant. The investigation established that:

Findings:

- A complaint was lodged through the Service's internal complaints system on 20 June 2008 by the informant.
- On 25 June 2008 the ECH Inc Aged Care Services (ECH Food Services) were notified in writing of this complaint.
- There is no documented evidence that any feedback was received from ECH Food Services or that it was followed up by the Service's staff.
- No evidence was found that any feedback was given to the informant regarding the outcome of this complaint.

Conclusions:

The Service failed to respond to, or provide timely feedback to, a complaint lodged by the informant on 20 June 2008. When the informant complained to the Scheme, on 15 July 2008, she had not received any response from the Service. The informant further advised that she still had not received feedback by 1 August 2008.

This constitutes a breach under Part 4.2, section 56-4(1)(b) of the *Aged Care Act 1997* which states the Approved Provider must use the complaints resolution mechanism to address any complaints made by or on behalf of a person to whom care is provided by the Service.

Under sections 16A.17(4) and 16A.22(b) of the Principles you may apply to the Aged Care Commissioner for examination of my decision to give you a Notice of Required Action. An application for examination must:

- be in writing;
- state the reasons (other than mere dissatisfaction with the decision) why examination is sought; and
- be received by the Aged Care Commissioner within 14 days after the day when you were told of my decision.

Contact details for the Aged Care Commissioner are:

Locked Bag 3
Collins Street East
MELBOURNE VIC 8003.

Telephone contact with the Office of the Aged Care Commissioner can be made on 1800 500 294.

If you have any enquiries about this Notice or if you would like to discuss the matter further, please contact]

Yours sincerely

Assistant State Manager
Office of Aged Care Quality and Compliance
Department of Health and Ageing
4 September 2008

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Government of South Australia
SA Health

**Central Northern Adelaide
Health Service**
Mental Health Directorate

**SPECIALIST STATEWIDE MENTAL
HEALTH SERVICES**
Incorporating
Aged Mental Health Care Services
Forensic Mental Health Services
Inpatient Rehabilitation Services
Owenia House (formerly SOTAP)

226 Fullarton Road, Glenside SA 5065
PO Box 17, Fullarton SA 5063
ABN 54 554 904 705

General manager,
Specialist Statewide Mental Health
Services
Director, Glenside Campus

TELEPHONE FACSIMILE
+61 8 8303 1130 +61 8 303 1234
Chris.sexton@health.sa.gov.au

3 April 2009

Aged Care Complaints Investigation Scheme
Department of Health and Ageing
GPO Box 9848
ADELAIDE SA 5001

Attention:

Dear I

Re: Notice of Required Action Makk and McLeay Nursing Home (MMNH).

Thank you for your letter dated 23 March 2009 requesting action to address a breach that the Aged Complaints Investigation Scheme has found against the MMNH.

I am pleased to provide you with the following information in response to your request. The required action that you specify within your letter was a highlighted area of development at the recent site audit visit by the Aged Care Standards Accreditation Agency (ACSAA) Assessors on 16 and 17 February 2009. I can confirm that the MMNH policy and procedure for managing comments and complaints has been revised and updated with the new version coming into effect on 3 March 2009. In addition, on 30 March 2009 the MMNH received notification from the ACSAA that the home has been awarded 12 months accreditation from 30 April 2009 to 30 April 2010 as all 44 expected outcomes had been met.

A comprehensive communication strategy to inform staff of relevant policy and procedure updates including managing comments and complaints has been developed and implemented. This includes memos to all staff notifying them of policy and procedure updates, where the updates are located, and that they are required to sign a form indicating that they understand and are aware of the updated documentation. Further, a copy of the memo is inserted in the communication book reminding staff about policy and procedure updates. New policy and procedures are also discussed at MMNH staff meetings.

Please note that documentation related to comments and complaints clearly states that residents and or representatives have the right to complain without fear of reprisal or retribution. This communication includes not only formal processes, but also extensive informal communication on a one-to-one basis with individual staff. This is both pro-active, as well as responsive, to particular questions which may be raised as part of the normal working day.

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Additionally, any changes to policy and procedure will be communicated to residents and or representatives in a variety of methods including the use of the 'Whispering Leaves' newsletter, MMNH Relatives' Management Meetings/Minutes, and Quality Focus Meetings.

If you would like to discuss any of these matters further, please do not hesitate to contact me on

Yours sincerely



A/General Manager
Specialist Statewide Mental Health Services

1. MMNH Memo dated 3 March 2009 to all care and nursing staff regarding revised Comments and Complaint Policy and Procedure.
2. MMNH staff signing sheet for updated Comments and Complaints Policy and Procedure dated 5 March 2009.
3. MMNH Comments and Complaints Policy dated 27 February 2009.
4. MMNH Comments and Complaints Procedure dated February 2009.
5. MMNH 'Please let us know' pamphlet dated March 2009.
6. MMNH Quality Improvement Suggestion Form.



Government of South Australia
Central Northern Adelaide
Health Service

COPY → see FY1.

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**SPECIALIST STATEWIDE
MENTAL HEALTH SERVICES**

AGED MENTAL HEALTH CARE SERVICE

OAKDEN CAMPUS

Fosters Road, Oakden SA 5086
PO Box 233, Greenacres 5086
Telephone: +61 8 8282 0444
Facsimile: +61 8 8282 0499
ABN 54 554 904 705
The Oaks
Howard House
Clements House
Makk House
McLeay House

GLENSIDE CAMPUS

226 Fullarton Road, Glenside SA 5065
PO Box 17, Fullarton SA 5063
Telephone: +61 8 8303 1559
Acacia
Jacaranda
Rosewood

MEMORANDUM

TO: ALL CARE STAFF, MMNH
FROM: CSC
RE: COMMENTS AND COMPLAINTS
DATE: 03/03/2009

Please be aware that the Comments & Complaints Policy and Procedure has been updated and is now in the Policy & Procedure Manual.

All staff are required to read both Policy and Procedure and to sign that they have done so.

A copy of Policy and Procedure will be in the memo folder with the signing sheet.

Thank you for your co-operation

Clinical Services Consultant
Makk & McLeay Nursing Home.

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**MAKK AND McLEAY NURSING HOME
COMMENTS AND COMPLAINTS POLICY**

Effective Date: 27 February 2009

Review Date: February 2010 or as needed.

Approved By: Director Aged Care and MMNH Quality Committee

Responsibility: Director Aged Care / Nursing Director / All Staff

Distribution: All Staff

PURPOSE:

To ensure that each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms.

Legislation: Aged Care Act 1997 and Aged Care Principles reprinted 15 May 2008

**Related Accreditation Standard /
Expected Outcomes:**

EO 1.4 Comments and Complaints

POLICY:

- All residents / representatives and others will have access to internal complaints mechanisms and be made aware of external mechanisms available to them. Including those from culturally and linguistically diverse backgrounds.
- All residents / representatives and others will be aware of internal and external complaints mechanisms.
- Management will **actively seek feedback** from each resident (and /or their representative) and staff on all aspects of the services provided by Makk and McLeay Nursing Home.
- All comments / complaints will be **recorded, monitored and acted upon to achieve a satisfactory solution** via the comments / complaints / suggestions mechanism.
- **Suggestions raised** by resident's / relatives / staff members are **dealt with fairly**, promptly, confidentially and without fear of retribution.
- **Compliments** will be forwarded to relevant staff through various forums.
- **Suggestions** will be forwarded to relevant personnel for consideration, action as appropriate and staff informed through various mechanisms.

**MAKK AND McLEAY NURSING HOME
COMMENTS AND COMPLAINTS POLICY**

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- Staff will have information relating to the complaints mechanism made available to them.
- The home's comments and complaints mechanism will be monitored and reviewed by Management through the Quality Committee.

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MAKK AND McLEAY NURSING HOME COMMENTS AND COMPLAINTS PROCEDURE

PROCEDURE

1. Residents / Representatives / Other interested parties

Residents/ Representatives / Other interested parties may use various complaints mechanisms available to them. They include internal and external mechanisms.

Internal complaints mechanisms –

- a) In writing either by way of completing the 'Please let us know' forms, by letter or email
OR
- b) Verbal to staff or management.

'Please let us know' form or Quality Improvement Suggestion form can be lodged in the **Suggestion boxes** (located near administration and near Clements House entrance), handing the forms to staff or mailing to the Management of Makk and McLeay Nursing Home.

Contacting the Consumer Adviser

Complainants can access the Consumer Adviser, Specialist Statewide MH Services directly. Contact details for the Consumer Adviser Service are to be displayed in all patient areas. Staff will refer complainants to the Consumer Adviser (8372 1622) directly or via the 'Please let us know' form if complainants wish to discuss their concerns with someone, other than the staff directly involved, or if:

- Staff are unable to satisfactorily resolve the problem at unit level.
- The complaint is of a serious nature and/or includes issues involving more than one Home unit or department.
- The complaint may result in legal action.

NB: Resolution procedures should be known to residents (and representatives).

- e.g.
- General – Newsletter / minutes of residents / representatives, friends meetings.
 - Specific – Directly or in writing from the Nursing Director / Director Aged Care / Consumer adviser or executive response.

Residents who express complaints are protected from any repercussion, retribution, reprisal or victimisation.

1.2. PROCESSES TO BE FOLLOWED BY STAFF

- On a day to day basis any complaints or concerns raised by residents/representatives / other interested parties will be addressed by the **Senior Registered Nurse** on duty (Associate clinical services coordinator / clinical nurse / level 1 registered nurse). A 'Please let us know' form will be offered to the resident/representative/other interested party to complete. If they do not wish to do so the senior RN will receive the complaint and if able will act to rectify within their scope of practice and responsibility.
- The senior RN will document in the progress notes, ensuring the self inking stamp titled, 'Comments/Complaints' is used, in the far left column to allow easy identification and monitoring of issues raised, the outcomes achieved and the interactions and response from the complainant.
- The Senior Registered Nurse will document any required changes to care on a change of care form which is attached to the 7 day handover sheet, implement relevant reviews and or assessments and update the care plan accordingly and as relevant.

MAKK AND McLEAY NURSING HOME COMMENTS AND COMPLAINTS PROCEDURE

APP
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- The senior registered nurse will make a notation in the communication book and use the handover process to alert staff to any changes regarding care and practice.
- Should the senior registered nurse **NOT** be able to resolve the issue raised by the complainant they will refer it to the Clinical Practice Consultant (CPC) or the Clinical Services Consultant (CSC). The senior registered nurse will complete a 'Please let us know' form and forwarded it to the CPC or CSC.
- The CPC / CSC will follow-up the complaint with the complainant investigate the issues raised and work toward mutually agreeable outcomes and timeframes ensuring the complainant is kept informed.
- The CPC / CSC will advise the Nursing Director and Consumer Advisor of all complaints they deal with through the email system. The Nursing Director maintains and monitors the complaints register.
- Should the CPC / CSC be unable to resolve the issues raised to a mutually agreeable outcome or there are extenuating circumstances, for instance,
 - The complaint is of a serious nature and or includes issues involving more than one area / department
 - The complaint may result in legal action

The Nursing Director / Director Aged Care and Consumer Adviser are involved in the investigation, management and outcomes processes. The complainant is kept informed of relevant and appropriate information throughout the complaints investigation, action and outcomes process by the Consumer Advisor.

- The Nursing Director will work with the CPC/CSC to resolve issues related to care and nursing standards of practice.
- Any complaints regarding Hotel services will be forwarded to the Manager Hotel Services to investigate, action and work toward mutually agreeable outcomes.
- Any suggestions regarding service improvement will be forwarded to the Senior Project Officer Quality Improvement – Aged Care for discussion, review and action planning as appropriate through the Continuous quality improvement processes.
- Any complaints regarding Allied health services will be managed by the Director Aged Care.
- Any complaints regarding medical services will be referred to the Clinical Director for investigation and resolution.

1.3. External complaints mechanisms

- Residents / Representatives / Other interested parties may use the external complaints mechanisms readily available to them should they chose to do so. The home displays the posters and brochures regarding these services and includes this information in the Resident information handbook and residential care agreement.
- Should residents / reps / other interested parties not be satisfied with the internal complaints mechanisms and outcomes they are encouraged to use external complaints mechanisms. This includes:
 - Aged Care Complaints Investigation Scheme, the Office of the Public Advocate, a Consumer Advisory Group, Aged Rights Advocacy Service, Member of Parliament, Disability Complaints Service etc.

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MAKK AND McLEAY NURSING HOME COMMENTS AND COMPLAINTS PROCEDURE

Staff should bear in mind that the Department of Health & Ageing Complaints Investigation Scheme can arrive on campus unannounced at any time of day or night. Should this occur, the Duty Manager/Out-of-hours Coordinator is to be informed, and staff should give the department every assistance regarding the complaint investigation

NB: Information including the *Aged Care Complaints Investigation Scheme* booklet (including Advocacy Useful contacts) and Consumer Adviser contact details are supplied to the home, and by the Consumer Adviser.

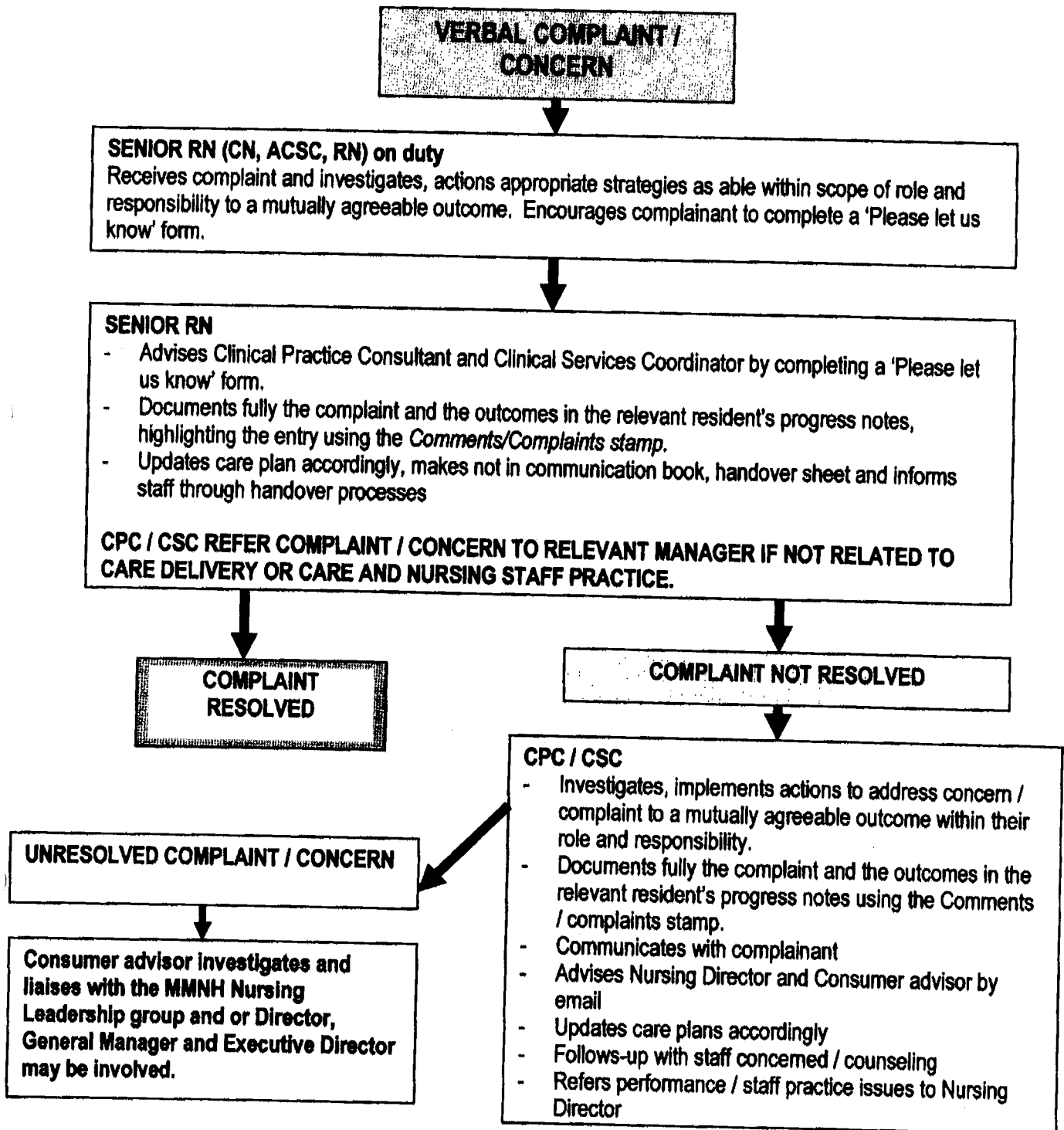
(See "Residents Complaints Mechanism" – Attachment One)

2. STAFF

- Staff are encouraged to use the 'Please let us know' form or Quality Improvement Suggestion form to raise concerns, complaints and suggestions.
- Staff can also use the following methods to raise any concerns, complaints or suggestions:
 - Staff meetings
 - Speak directly (or in writing) to the Nursing Director / Director Aged Care / Clinical services coordinator / Clinical Practice Consultant particularly in matters relating to other staff members. And are assured of privacy and confidentiality.
 - Suggestion box
- 'Please let us know' forms and Quality Improvement Suggestion Forms are available for staff use as required in Makk and McLeay or in the central administration area.
- **Staff who express complaints are protected from any repercussion, reprisal, retribution or victimisation.**

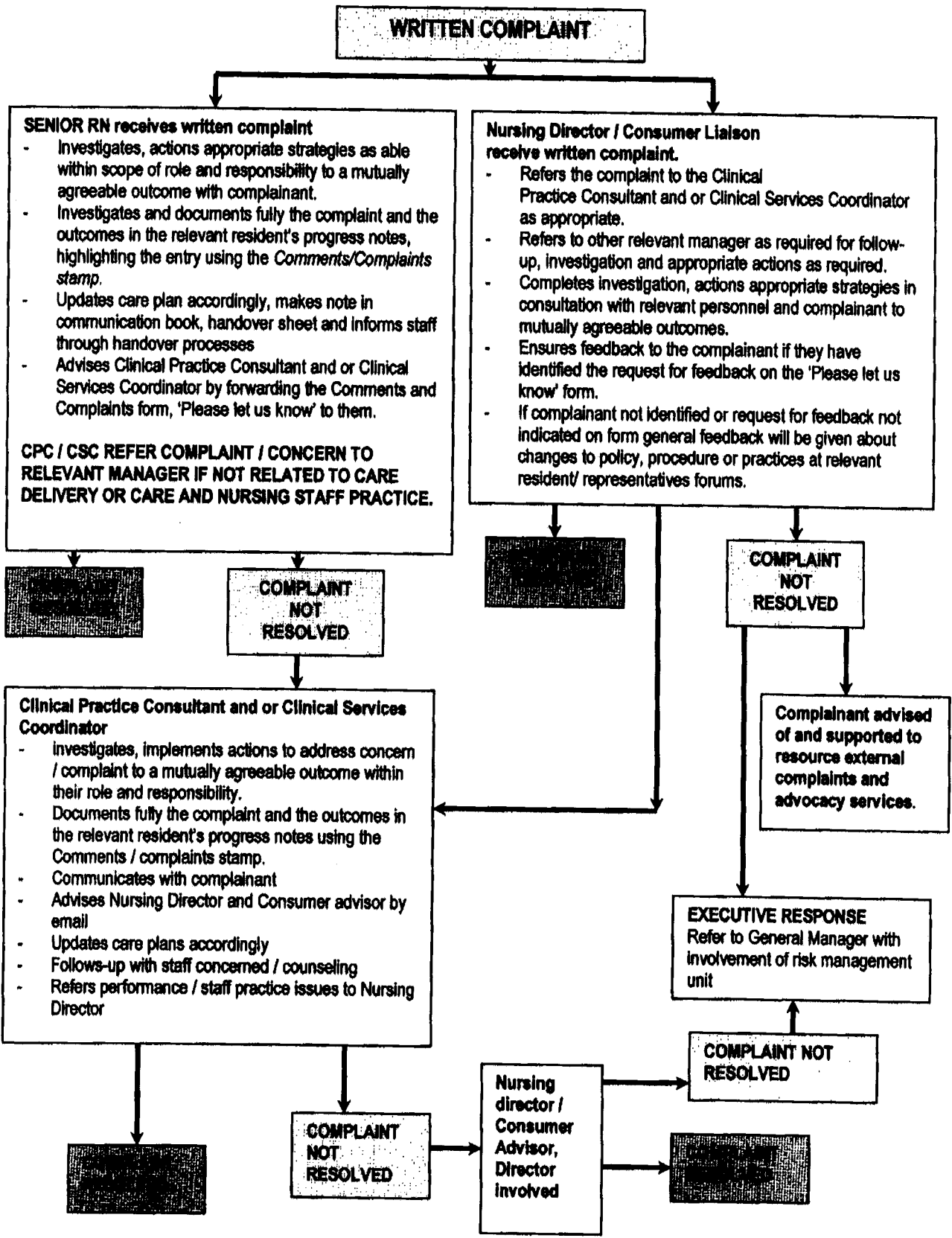
116
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MAKK AND McLEAY NURSING HOME COMMENTS AND COMPLAINTS PROCEDURE



MAKK AND McLEAY NURSING HOME COMMENTS AND COMPLAINTS PROCEDURE

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17-0



OAKDEN CAMPUS incorporating MAKK AND MCLEAY NURSING HOME

200 Fosters Road OAKDEN SA 5086

Telephone: 8282 0400 Fax: 8282 0499

Postal Address: Box 233 GREENACRES SA 5086

OAKDEN CONTACT DETAILS.

ultant

EXTERNAL COMPLAINTS AND ADVOCACY SERVICES

Department of Health and Ageing

8237 8111

Aged Care Complaints Investigation Scheme

FREECALL: 1800 550 552

Aged Rights Advocacy Service

8232 5377

Carer's Association of SA

8271 6288

Office of the Public Advocate

8269 7575

SA Multicultural & Ethnic

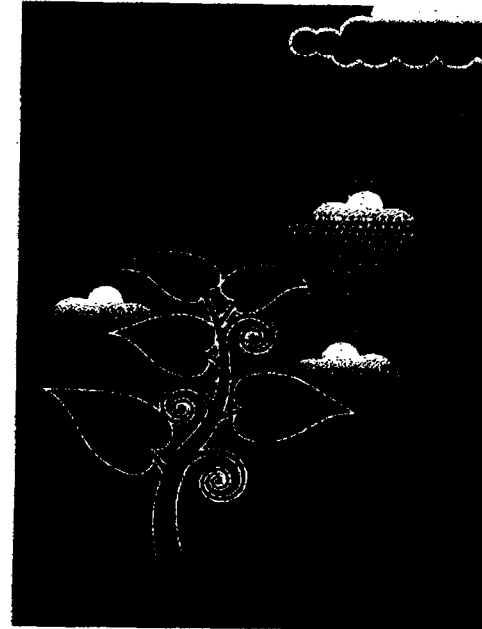
Affairs Commission

8226 1947

OAKDEN CAMPUS incorporating Makk and McLeay Nursing Home

'PLEASE LET US KNOW'

We value and welcome your feedback



COMPLIMENTS / COMMENTS / COMPLAINTS

Do you have questions?

Do you wish to raise a concern or make a complaint about care and service delivery?

Do you wish to make a compliment about our staff or the care and services we provide?

March 2009

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4/4

A concern or complaint is anything that is sufficiently worrying to you that you would like an explanation, a change to routine or practice or solution to a problem.

- It is your right to seek information, to raise any matter of concern, to question our practices or to complain about care and services received or not.
- As part of our Quality Improvement Program we seek input from residents, representatives, staff and other stakeholders. Therefore we encourage and welcome your feedback.
- Many questions, concerns and complaints can be successfully dealt with immediately. You can help us resolve your concerns by bringing them to us immediately, being as specific as possible about your issues and telling us what solutions you would hope to achieve.
- You may also make an anonymous complaint by completing a 'Please let us know' form and placing it in one of the suggestion boxes located at Administration, and near the entrance to Clements House.
- Compliments and suggestions are always appreciated. Please use a 'Please let us know' form to provide any compliments you would like to make about staff, care and or services provided.
- Suggestions for improvement are encouraged and appreciated. Please use the 'Quality Improvement Suggestion Form' to let us know how we can improve our care and service delivery.



'Working together we can make a difference'

How to raise a question, concern or complaint and what happens.

1. Please approach and speak with the Senior Registered Nurse on duty in either Makk or McLeay in the first instance. They will listen, investigate and action appropriate strategies within the scope of their role and responsibilities to a mutually agreeable outcome.
2. Or you may speak directly to the Clinical Practice Consultant, Clinical Services Coordinator, Nursing Director, Director or Consumer Advisor.
3. Complete a 'Please let us know' form and either hand it to the Senior RN on duty or lodge in a suggestion box.
4. The CPC and or CSC will follow-up concerns and complaints to ensure outcomes for resolution have been achieved.
5. The CPC and or CSC will forward relevant comments and complaints to the Nursing Director and or other relevant managers/supervisors should this be required to work toward a resolution.
6. The Nursing Director and or Consumer Advisor will be advised of concerns and complaints by the CPC and or CSC.
7. You will receive written feedback should you request this on the 'Please let us know' form and provide your details.
8. Otherwise feedback regarding any changes to practice and service delivery will be provided at relevant resident/representative forums.
9. Or you may choose to take your complaint to the Aged Care Complaints Investigation Scheme. Should you do so we will make every effort to cooperate in the investigation and work toward resolution and mutually agreeable outcomes.

When you raise a concern with us we will:

1. Treat you and your concerns with respect, without fear of reprisal and in a confidential manner.
2. Resolve concerns in a timely manner (as able).
3. Engage further senior staff to address more complicated complaints.
4. Assist you to obtain additional support from a friend, or an advocate from another service if you request this.
5. Cooperate with outside organisations in investigating and resolving concerns and complaints.
6. Respect your privacy and confidentiality throughout the process.

To assist you approach the right person with your concerns, questions or complaints the name of the Senior Registered Nurse is identified on the whiteboards in the entrance area to Makk and McLeay.

Should you require an interpreter please advise the Senior RN on duty.

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'PLEASE LET US KNOW' Form
We encourage and value your feedback

12107

The Management of Oakden Campus, incorporating Makk and McLeay Nursing Home regards comments and complaints as an opportunity to improve the home's service to you and to others. Comments and complaints are welcome and assist us to make improvements to the care and other services we provide.

You are encouraged to discuss your concern with the Senior Registered Nurse on duty in the first instance, or you may wish to speak directly with the Clinical Practice Consultant, the Clinical Services Coordinator, the Nursing Director, the Director or at the Resident / Relatives Forum. Please refer to the pamphlet that explains the complaints processes.

Or you may chose to complete this form and lodge it by either, HANDING it to the Senior Registered Nurse on duty, PLACING it in the green suggestion boxes located at Administration or the southern end of the building outside Clements House, or you may choose to POST this completed form to the address indicated at the bottom of the page.

You can be assured that issues raised will be followed-up by the appropriate manager / supervisor. **Suggestions** can be made using the Quality Improvement Suggestion form.

Compliments: All staff at Oakden Campus, incorporating Makk and McLeay Nursing Home work very hard to please our residents and representatives and to support each other. This is your opportunity to share your thoughts and feelings with our staff and would appreciate your support and feedback. Should you have anything or anyone in particular you would like to offer compliments to, please let us know and we will pass on your comments. Everyone likes to know that they are doing a good job and that residents who they care for are happy with the care and services provided.

Date:.....

YOUR COMPLIMENT / COMMENT / COMPLAINT

Would you like a written response? Yes No

If you would like a written response please complete your details below.

Name: _____ Signature: _____

Address: _____

Telephone: _____

Additional comments can also be sent directly to the Director or Nursing Director, Oakden Aged Care, PO Box 233, GREENACRES, SA 5086.

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OFFICE USE ONLY

Date Received: _____

Category: Compliments Comments Complaints

Referred to: _____

Response from above received: _____

Response to Complaint: Written Verbal

From: _____

Date: _____

Entered on complaints register

Action/Outcome:-

Closed on: _____ By: _____

Oakden Campus incorporating Makk and McLeay Nursing Home.

QUALITY IMPROVEMENT SUGGESTION FORM

Date:

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Would you like a response Yes No (circle)

If you would like a response please complete your details below:

Name:

Address: (if not a staff member)

Tear off and return to respondent if response requested within one month of receipt

Dear:

Thank you for your innovative idea / suggestion, how it could be achieved, who would benefit and how. Your innovative idea / suggestion is being forwarded to the relevant committee / meeting for consideration. Please refer to relevant committee and meeting minutes, and or newsletter for outcomes. Or you may choose to speak with the Senior Project Officer Quality Improvement – Aged Care for progress and outcomes.

TRANSMISSION VERIFICATION REPORT

1064

TIME : 23/03/2009 15:54
NAME : HEALTH & AGEING
FAX : 61-8-8237-8070
TEL :
SER.# : BROB2J999874

DATE, TIME 23/03 15:53
FAX NO./NAME 083031234
DURATION 00:01:06
PAGE(S) 07
RESULT OK
MODE STANDARD
ECM



Australian Government
Department of Health and Ageing

Facsimile

Date: 23 March 2009 **Total pages:** 7
TO: Mental Health Directorate **Telephone:**
Attention: **Facsimile:**
Regarding: Makk and McLeay Nursing Home
Case Id 078430
FROM: **Telephone:**
Branch/Div.: Aged & Community Care / South **Facsimile:**
Australian State Office

If you do not receive all pages, please telephone the sender immediately

MESSAGE:

Please find attached a Notice of Required Action regarding a complaint about Makk and McLeay Nursing Home. The original notice will be sent registered post and once signed for will commence the 14 day period for appeal.

Should you wish to discuss this, I am next available tomorrow morning, or you may wish to contact the Complaints Manager. or the Assistant State Manager, I

Thank you



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Australian Government
Department of Health and Ageing

Facsimile

Date: 23 March 2009
TO: Mental Health Directorate
Attention:
Regarding: Makk and McLeay Nursing Home
Case Id 078430
FROM:
Branch/Div.: Aged & Community Care / South
Australian State Office

Total pages: 7
Telephone:
Facsimile:
Telephone:
Facsimile:

If you do not receive all pages, please telephone the sender immediately

MESSAGE:

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Should you wish to discuss this, I am next available tomorrow morning, or you may wish to contact the Complaints Manager, or the Assistant State Manager,

Thank you



Australian Government
Department of Health and Ageing

Case ID: 078430

Correspondence-in-Confidence

Central Northern Adelaide Health Service
PO Box 17
FULLARTON SA 5063

Dear Approved Provider

Notice of Required Action
Makk And McLeay Nursing Home (6010)

As a delegate of the Secretary to the Department of Health and Ageing (the Department) and as a result of an investigation, I have determined you are acting in breach of your responsibilities under Part 4.1, section 56-1(1) and under Part 4.2, section 56-4(1)(b) of the *Aged Care Act 1997* (the Act). I have decided to give you, as the approved provider responsible for Makk And McLeay Nursing Home (the Service), the Notice of Required Action (this Notice), at Attachment A. I am providing this Notice to you under section 16A.16(3) of the *Investigation Principles 2007* (the Principles), made under section 94A-1 of the Act. Please find at Attachment B my Statement of Reasons for this decision.

You are asked to provide a written response to address the breach set out at Attachment A. The written response should include, but not be limited to, what steps you have taken to remedy the breaches.

Please send any documentation or correspondence generated as a consequence of this Notice to:

Aged Care Complaints Investigation Scheme
Department of Health and Ageing
GPO Box 9848
ADELAIDE SA 5001
Attention:

The Department will follow up this Notice at the end of the specified timeframe to seek evidence that you have undertaken the required actions.

While I am not initiating compliance action now, I may take action in the future if I am not satisfied that you have undertaken the required action to comply with your responsibilities as an Approved Provider under the Act. The further actions that I may take are listed at Part 4.4 under the Act.

I am releasing this information also to the Aged Care Standards and Accreditation Agency under section 86-3(f) of the Act to assist the Agency to perform its functions under the Accreditation Principles 1997.

Under sections 16A.17(4) and 16A.22(b) of the Principles you may apply to the Aged Care Commissioner for examination of my decision to give you a Notice of Required Action. An application for examination must:

- state the reasons (other than mere dissatisfaction with the decision) why examination is sought; and
- be received by the Aged Care Commissioner within 14 days after the day when you were told of my decision.

Contact details for the Aged Care Commissioner are:

Locked Bag 3
Collins Street East
MELBOURNE VIC 8003

Telephone contact with the Office of the Aged Care Commissioner can be made on 1800 500 294.

If you have any enquiries about this Notice or if you would like to discuss the matter further, please contact

Yours sincerely

Assistant State Manager
Office of Aged Care Quality and Compliance
23 March 2009

Notice of Required Action
Section 16A.16(3) *Investigation Principles 2007*

Breach:

The approved provider failed to:

- maintain, review and update the Service policy and procedures for managing complaints; and
- respond appropriately to complaints from representatives, on behalf of residents of the Service, and to address issues without causing complainants to feel intimidated and bullied.

Required action to address the breach:

The approved provider is required to demonstrate and provide documentary evidence:

- that the Service has reviewed, updated and is following its current complaints handling policy and procedures;
- all staff who receive and/or handle complaints are aware of the updated policies and procedures; and of the right of residents to complain without fear of reprisal.

Date Action required: Within 14 days from the date of receiving this Notice

**Statement of Reasons
Notice of Required Action
Section 16A.16(3) Investigation Principles 2007**

In deciding to give you this Notice, I have considered the following:

Issue:

On 24 November 2008 [redacted] contacted the Aged Care Investigation Scheme (the Scheme) and alleged that:

- the processes used in two complaints resolution meetings at which he was an advocate for [redacted] on 27 October 2008, and [redacted] on 24 November 2008, were inadequate
- the care recipients' representatives felt intimidated and compromised by the process used.

Investigations:

A desk review audit was conducted of the following documentation:

Letter of Complaint by Email from [redacted]	26/11/2008
A facsimile from [redacted] Service Consumer Adviser re: case conference with [redacted]	24/11/2009
An acknowledgement letter to the complainant regarding email lodged on 26/11/08.	02/12/2008
File Note regarding a phone conversation from the Scheme to [redacted]	27/11/2009
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- Service's Guidelines and Procedure for Complaints Management	20/6/2008
- Copy of residents and relatives meeting re [redacted] presentation	13/10/2008
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- Copy of the Consumer Advisors' records of the meeting with [redacted]	27/10/2008
File Note regarding a phone call with the complainant [redacted]	12/03/2009
File Note from [redacted] (Investigation officer with the Scheme) re presentation at Service [redacted]	

Attachment B

Findings:

1) The Service's Guidelines and Procedure for Complaints Management indicates that when the Service is notified of a complaint via an external agency such as the Scheme it will be identified as a Level 4 Complaint that requires the Service Director to co-ordinate an internal investigation and response to the Scheme. The informant advised that [redacted] and [redacted] had both chosen to have their complaints investigated by an external agency rather than seek a resolution process available to them at levels 1, 2 and 3 of the Service's complaints process. The actions of the Service in attempting a complaints resolution process at level 3 when the complaint was at level 4 was seen as intimidating by the complainants.

The investigation officer noted that the Service's 'Guidelines and Procedure for Complaints Management – Makk and McLeay Nursing Home' quoted from the following:

- the *Aged Care Act 1997* (the Act) and *The Aged Care Principles 1997*. (the Service's complaints handling policy refers to section 23.15 of the *User Rights Principles 1997* (residents' rights when being moved in a facility) rather than to Division 6, sections 23.18 and section 23.19 *User Rights Principles 1997* regarding complaints resolution
- a superceded Australian Standard for Complaints Handling (4269-1995). The current version is AS ISO 10002-2006; and
- an outdated (2004) version of the Act (the current version being 15 May 2008).

There was no documentary evidence of a system in place for updating the Service's policies in line with current legislation and standards. Further, the Guidelines and procedures introduction identifies three levels of complaint, however, the flow chart and concluding sections of the document state there are four levels. There is minimal documented procedure for staff to follow when a complaint reaches level 3 and 4. Up to date guidelines and procedures may have assisted staff to provide a better outcome for [redacted] and [redacted] and lessened the confusion in the Relatives and Management meeting on 13 October 2008 that involved a presentation from the Scheme.

2) The progress notes of the meetings held indicated that both complaints resolution meetings held with the complainants and the informant commenced without agreed agendas and a mutual understanding of either the issues to be discussed or who would attend. As a result the complainants indicated they were unsure of the purpose of the meeting and the expected course that the meeting would take. Both complainants participated in their respective complaints resolution meetings on 27 October 2008 and 24 November 2008 with five staff from the Service, which the complainants found intimidating. No minutes were supplied to the complainants after the meeting.

The progress notes refer to the meeting on 24 November 2008 with [redacted] as a case conference and the meeting with [redacted] on 27 October 2008 as a Complaints Resolution Meeting. The Nursing Director clarified with the Scheme that both meetings were complaints resolution meetings. The Service and the informant confirmed that both [redacted] and [redacted] were questioned about why they took their complaint to the Scheme. The complainants have reported to the Scheme that they felt intimidated and bullied.

Attachment B

3) The minutes of the Relatives and Management Meeting held on 13 October 2008 meeting and the progress note for the complaints resolution meeting held with [redacted] on 27 October 2008, and chaired by the Consumer Adviser, indicated that Service personnel assumed incorrectly that an open complainant would advise the Service of their complaint to an external agency. Staff also felt that a complaints resolution meeting was in line with the Service's policy for the management of complaints, 'irrespective' of a complaint being submitted via an external body such as the Scheme. The Service is obliged to manage the complaints handling process appropriately regardless of the complainants choosing to contact the Scheme and regardless of their status as open or anonymous informants.

Conclusion:

The Consumer Adviser and participating staff involved in undertaking complaints resolution meetings with [redacted] on 24 November 2008 and with [redacted] on 27 October 2008 did not adequately address the residents' complaints. In an attempt to rectify the failures of the previous meeting with [redacted] a further meeting by the Service on 15 December 2008 to resolve the complaint also failed due to the differing opinions of the Service and complainant as to how they wished the complaint to be addressed. The Service did not comply with its own policies and procedures for complaints handling. This led to the resident's representatives feeling intimidated by Service personnel. Policies and procedures did not also accurately reflect legislation and Australian Standards.

The approved provider has breached its responsibilities under section 56-1(l) of the *Aged Care Act 1997* not to act in a way which is inconsistent with any rights and responsibilities of care recipients that are specified in the *User Rights Principles 1997*, Schedule 1, the Charter of residents' rights and responsibilities of the *User Rights Principles 1997*, specifies that:

- A. Each resident of a residential care service has the right:
 - to complain and take action to resolve disputes
 - to have access to advocates and other avenues of redress
 - to be free from reprisal, or a well founded fear of reprisal, in any form for taking action to enforce his or her rights.



Australian Government
Department of Health and Ageing

Case ID: 078430

Correspondence-in-Confidence

REGISTERED POST – SENDER TO KEEP
553470690016

PO Box 687
MITCHAM SA 5062

Dear

Thank you for contacting the Aged Care Complaints Investigation Scheme (the Scheme) on 26 November 2008 with information about the care and services provided at Makk and McLeay Nursing Home.

Following assessment of this information under the Scheme, a decision was made to investigate the issues raised to determine if there may be a breach of responsibilities under the *Aged Care Act 1997* (the Act) by Central Northern Adelaide Health Service, the approved provider of Makk And McLeay Nursing Home.

An investigation of the issues has found that Central Northern Adelaide Health Service breached their responsibilities under the *Aged Care Act 1997*. The reasons for this decision are set out in my Statement of Reasons, at Attachment A. The Approved Provider has been notified under the Scheme that it must take action to remedy the matter.

The Scheme considers this matter to be finalised and will not provide you with further feedback in relation to the information you have provided.

Following assessment of this information under the Scheme, we have decided that the issue you raised may require action by another agency. Accordingly, under Section 86-3 of the *Aged Care Act 1997* the Scheme has released information to the Aged Care Standards and Accreditation Agency for further action.

As I would welcome your comments and suggestions about how your concerns were handled, a short questionnaire is attached to this letter. I would encourage you to complete and return the questionnaire to the Department of Health and Ageing using the pre-paid envelope provided. Comments in questionnaires are treated in a confidential manner and may assist the Scheme to continue to improve its processes.

If you have any concerns about the Scheme's processes in handling this matter, please do not hesitate to contact me on 1800 550 552.

Yours sincerely

Assistant State Manager
Office of Aged Care Quality and Compliance

23 March 2009

Statement of Reasons

In my decision under Section 16A.15 of the *Investigation Principles 2007*, I have considered the following:

Information:

You provided information on 26 November 2008 in relation to care provided at Makk And McLeay Nursing Home.

It was alleged that:

- the processes used in two complaints resolution meetings at which you were an advocate for [redacted] on 27 October 2008, and [redacted] on 24 November 2008, were inadequate
- the care recipients' representatives felt intimidated and compromised by the process used.

Other information considered:

A desk review audit was conducted of the following documentation:

Letter of Complaint by Email from [redacted]	26/11/2008
A facsimile from [redacted] Service Consumer Adviser re: case conference with [redacted]	24/11/2009
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- Copy of the Consumer Advisors' records of the meeting with [redacted]	27/10/2008
File Note regarding a phone call with the complainant	12/03/2009

File Note from (Investigation officer
with the Scheme) re presentation at Service
on 13 October 2008

23/03/2009

Decision:

Having carefully considered all the information available to me, I have decided that the approved provider has breached their responsibilities under the *Aged Care Act 1997*. I have decided to issue the approved provider with a Notice of Required Action to remedy this breach.

Reasons:

My reasons are as follows:

1) The Service's Guidelines and Procedure for Complaints Management indicates that when the Service is notified of a complaint via an external agency such as the Scheme it will be identified as a Level 4 Complaint that requires the Service Director to co-ordinate an internal investigation and response to the Scheme. The informant advised that and had both chosen to have their complaints investigated by an external agency rather than seek a resolution process available to them at levels 1, 2 and 3 of the Service's complaints process. The actions of the Service in attempting a complaints resolution process at level 3 when the complaint was at level 4 was seen as intimidating by the complainants.

The investigation officer noted that the Service's 'Guidelines and Procedure for Complaints Management – Makk and McLeay Nursing Home' quoted from the following:

- the *Aged Care Act 1997* (the Act) and *The Aged Care Principles 1997*. (the Service's complaints handling policy refers to section 23.15 of the *User Rights Principles 1997* (residents' rights when being moved in a facility) rather than to Division 6, sections 23.18 and section 23.19 *User Rights Principles 1997* regarding complaints resolution
- a superceded Australian Standard for Complaints Handling (4269-1995). The current version is AS ISO 10002-2006; and
- an outdated (2004) version of the Act (the current version being 15 May 2008).

There was no documentary evidence of a system in place for updating the Service's policies in line with current legislation and standards. Further, the Guidelines and procedures introduction identifies three levels of complaint, however, the flow chart and concluding sections of the document state there are four levels. There is minimal documented procedure for staff to follow when a complaint reaches level 3 and 4. Up to date guidelines and procedures may have assisted staff to provide a better outcome for and and lessened the confusion in the Relatives and Management meeting on 13 October 2008 that involved a presentation from the Scheme.

2) The progress notes of the meetings held indicated that both complaints resolution meetings held with the complainants and the informant commenced without agreed agendas and a mutual understanding of either the issues to be discussed or who would attend. As a result the complainants indicated they were unsure of the purpose of the meeting and the expected course that the meeting would take. Both complainants participated in their respective complaints resolution meetings on 27 October 2008 and 24 November 2008 with five staff from the Service, which the complainants found intimidating. No minutes were supplied to the complainants after the meeting.

The progress notes refer to the meeting on 24 November 2008 with [redacted] as a case conference and the meeting with [redacted] on 27 October 2008 as a Complaints Resolution Meeting. The Nursing Director clarified with the Scheme that both meetings were complaints resolution meetings. The Service and the informant confirmed that both [redacted] and [redacted] were questioned about why they took their complaint to the Scheme. The complainants have reported to the Scheme that they felt intimidated and bullied.

3) The minutes of the Relatives and Management Meeting held on 13 October 2008 meeting and the progress note for the complaints resolution meeting held with [redacted] on 27 October 2008, and chaired by the Consumer Adviser, indicated that Service personnel assumed incorrectly that an open complainant would advise the Service of their complaint to an external agency. Staff also felt that a complaints resolution meeting was in line with the Service's policy for the management of complaints, 'irrespective' of a complaint being submitted via an external body such as the Scheme. The Service is obliged to manage the complaints handling process appropriately regardless of the complainants choosing to contact the Scheme and regardless of their status as open or anonymous informants.

Conclusion:

The Consumer Adviser and participating staff involved in undertaking complaints resolution meetings with [redacted] on 24 November 2008 and with [redacted] on 27 October 2008 did not adequately address the residents' complaints. In an attempt to rectify the failures of the previous meeting with [redacted] a further meeting by the Service on 15 December 2008 to resolve the complaint also failed due to the differing opinions of the Service and complainant as to how they wished the complaint to be addressed. The Service did not comply with its own policies and procedures for complaints handling. This led to the resident's representatives feeling intimidated by Service personnel. Policies and procedures did not also accurately reflect legislation and Australian Standards.

The approved provider has breached its responsibilities under section 56-1(l) of the *Aged Care Act 1997* not to act in a way which is inconsistent with any rights and responsibilities of care recipients that are specified in the *User Rights Principles 1997*, Schedule 1, the Charter of residents' rights and responsibilities of the *User Rights Principles 1997*, specifies that:

- A. Each resident of a residential care service has the right:
 - to complain and take action to resolve disputes
 - to have access to advocates and other avenues of redress
 - to be free from reprisal, or a well founded fear of reprisal, in any form for taking action to enforce his or her rights.

Aged Care Complaints Investigation Scheme

Q1 Which of the following best describes you?

(Tick one box only)

- ₀₁ I am the care recipient
- ₀₂ I am a relative of the care recipient
- ₀₃ I am a friend of the care recipient
- ₀₄ Other (Please specify

Q2 During your first contact with the staff of the Complaints Investigation Scheme, how satisfied or dissatisfied were you that staff ... ?

(Tick one box for each line)

	Very Satisfied	Satisfied	Neither Dissatisfied nor Satisfied	Dissatisfied	Very Dissatisfied
Understood your concerns	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
Explained the process for responding to your complaint	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

Q3 During the investigation, how satisfied or dissatisfied were you ... ?

(Tick one box for each line)

	Very Satisfied	Satisfied	Neither Dissatisfied nor Satisfied	Dissatisfied	Very Dissatisfied
With how often you were contacted	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
With the information provided to you	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
With the way we kept in contact with you (e mail, telephone, in person)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

Q4 At the end of the investigation, did the letter adequately explain the outcome?

- ₀₁ Yes
- ₀₂ No → Now go to Q6

Q5 How satisfied or dissatisfied were you that ... ?

(Tick one box)

	Very Satisfied	Satisfied	Neither Dissatisfied nor Satisfied	Dissatisfied	Very Dissatisfied
The outcome of the investigation was properly explained to you	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

Q6 Throughout the process, how satisfied or dissatisfied were you that the staff of the Complaints Investigation Scheme... ?

(Tick one box for each line)

	Very Satisfied	Satisfied	Neither Dissatisfied nor Satisfied	Dissatisfied	Very Dissatisfied
Were courteous and polite	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
Were helpful	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
Were informative	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
Acted professionally	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
Responded in a timely manner	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
Kept to promised timeframes	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

Q7 Throughout the process, how satisfied or dissatisfied were you ... ?

(Tick one box)

	Very Satisfied	Satisfied	Neither Dissatisfied nor Satisfied	Dissatisfied	Very Dissatisfied
Overall, with the way your complaint was handled	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

Q8 Do you have any other feedback on the way your complaint was handled?

.....

.....

.....

.....

.....

.....

.....

.....

Q9 To which age group do you belong?

₀₁ 18-40 ₀₂ 41-65 ₀₃ 66 or more

Name (optional):

Date: / /



Australian Government
Department of Health and Ageing

Case ID: 078430

Correspondence-in-Confidence

Central Northern Adelaide Health Service
 PO Box 17
 FULLARTON SA 5063

REGISTERED POST - SENDER TO KEEP
 553470689010

Dear Approved Provider

Notice of Required Action
 Makk And McLeay Nursing Home (6010)

As a delegate of the Secretary to the Department of Health and Ageing (the Department) and as a result of an investigation, I have determined you are acting in breach of your responsibilities under Part 4.1, section 56-1(l) and under Part 4.2, section 56-4(1)(b) of the *Aged Care Act 1997* (the Act). I have decided to give you, as the approved provider responsible for Makk And McLeay Nursing Home (the Service), the Notice of Required Action (this Notice), at Attachment A. I am providing this Notice to you under section 16A.16(3) of the *Investigation Principles 2007* (the Principles), made under section 94A-1 of the Act. Please find at Attachment B my Statement of Reasons for this decision.

You are asked to provide a written response to address the breach set out at Attachment A. The written response should include, but not be limited to, what steps you have taken to remedy the breaches.

Please send any documentation or correspondence generated as a consequence of this Notice to:

Aged Care Complaints Investigation Scheme
 Department of Health and Ageing
 GPO Box 9848
 ADELAIDE SA 5001
 Attention:

The Department will follow up this Notice at the end of the specified timeframe to seek evidence that you have undertaken the required actions.

While I am not initiating compliance action now, I may take action in the future if I am not satisfied that you have undertaken the required action to comply with your responsibilities as an Approved Provider under the Act. The further actions that I may take are listed at Part 4.4 under the Act.

I am releasing this information also to the Aged Care Standards and Accreditation Agency under section 86-3(f) of the Act to assist the Agency to perform its functions under the Accreditation Principles 1997.

Under sections 16A.17(4) and 16A.22(b) of the Principles you may apply to the Aged Care Commissioner for examination of my decision to give you a Notice of Required Action. An application for examination must:

- state the reasons (other than mere dissatisfaction with the decision) why examination is sought; and
- be received by the Aged Care Commissioner within 14 days after the day when you were told of my decision.

Contact details for the Aged Care Commissioner are:

Locked Bag 3
Collins Street East
MELBOURNE VIC 8003

Telephone contact with the Office of the Aged Care Commissioner can be made on 1800 500 294.

If you have any enquiries about this Notice or if you would like to discuss the matter further, please contact (

Yours sincerely

Assistant State Manager
Office of Aged Care Quality and Compliance
23 March 2009

Notice of Required Action
Section 16A.16(3) *Investigation Principles 2007*

Breach:

The approved provider failed to:

- maintain, review and update the Service policy and procedures for managing complaints; and
- respond appropriately to complaints from representatives, on behalf of residents of the Service, and to address issues without causing complainants to feel intimidated and bullied.

Required action to address the breach:

The approved provider is required to demonstrate and provide documentary evidence:

- that the Service has reviewed, updated and is following its current complaints handling policy and procedures;
- all staff who receive and/or handle complaints are aware of the updated policies and procedures; and of the right of residents to complain without fear of reprisal.

Date Action required: Within 14 days from the date of receiving this Notice

**Statement of Reasons
Notice of Required Action
Section 16A.16(3) Investigation Principles 2007**

In deciding to give you this Notice, I have considered the following:

Issue:

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- the processes used in two complaints resolution meetings at which he was an advocate for [redacted] on 27 October 2008, and [redacted] on 24 November 2008, were inadequate
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File Note from [redacted] (Investigation officer with the Scheme) re presentation at Service

Attachment B

Findings:

1) The Service's Guidelines and Procedure for Complaints Management indicates that when the Service is notified of a complaint via an external agency such as the Scheme it will be identified as a Level 4 Complaint that requires the Service Director to co-ordinate an internal investigation and response to the Scheme. The informant advised that [redacted] and [redacted] had both chosen to have their complaints investigated by an external agency rather than seek a resolution process available to them at levels 1, 2 and 3 of the Service's complaints process. The actions of the Service in attempting a complaints resolution process at level 3 when the complaint was at level 4 was seen as intimidating by the complainants.

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Conclusion:

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- to be free from reprisal, or a well founded fear of reprisal, in any form for taking action to enforce his or her rights.



Government of South Australia

Central Northern Adelaide
Health Service

Q:MHS OAKDEN NURSING DIRECTOR\LETTERS & ADMINISTRATION\COMPLAINT
CASE ID #031058\24 AUGUST 2009\KS

24 August 2009

Aged Care Complaints Investigation Scheme
Department of Health and Ageing
GPO Box 9848
ADELAIDE SA 5001

RECEIVED
25 AUG 2009
DHA - SA

108
**SPECIALIST STATEWIDE
MENTAL HEALTH SERVICES**

AGED MENTAL HEALTH CARE SERVICE

OAKDEN CAMPUS

200 Fosters Road, Oakden SA 5086
PO Box 233, Greenacres SA 5086
Telephone: +61 8 8282 0444
Facsimile: +61 8 8282 0499
ABN 54 554 904 705
The Oaks
Howard House
Clements House
Makk House
McLeay House

GLENSIDE CAMPUS

226 Fullarton Road, Glenside SA 5065
PO Box 17, Fullarton SA 5063
Telephone: +61 8 8303 1559
Acacia
Jacaranda
Rosewood

Dear I

Thank you for the opportunity to meet and review the issues outlined in your correspondence Case ID #081058. Please find the following documents attached for your information.

- Managing effective Communication and Consultation MMPOL 1.8.5
- Clinical Care Policy MMPOL 2.4
- Comments and Complaints MMPOL 1.4
- Behaviour Management MMPOL 2.13
- Physical Aggression MMPOL 2.13.1

As discussed, the communication policy is in regards to communication and consultation process used in exceptional circumstances, where the usual procedure is unable to be applied effectively for individual residents and representatives.

I trust this information will assist you in your inquiry. Should you require anything further please do not hesitate to contact me.

Yours sincerely

Nursing Director
Specialist Statewide Mental Health Services

107

**MAKK AND McLEAY NURSING HOME
MANAGING EFFECTIVE COMMUNICATION AND CONSULTATION**

MMPOL 1.8.5

Subject: Managing Effective Communication and consultation

Effective Date: August 2009

Review Date: August 2012

Approved By: Makk and McLeay Quality Committee

Responsibility: Director OPMHS
Nursing Director OPMHS
Clinical Practice Consultant
Clinical Services Coordinator

PURPOSE

- To ensure ongoing and consistent effective communication with Makk and McLeay Nursing Home's management, staff and residents/representatives in relation to care and service provision.
- To ensure the facilitation of a multidisciplinary approach with effective communication between all stakeholders.
- To ensure an ongoing and mutual approach to issues, solution finding and quality outcomes in a collaborative manner in relation to care and services with positive outcomes for all stakeholders.

POLICY

This policy will come into force when there is a breakdown in communication and consultation processes with residents/representatives. The identification of any additional supports and action planning will also trigger the implementation of this policy.

This will facilitate additional support and action planning to ensure effective communication and consultation processes with all stakeholders across the care continuum.

The nursing leadership team and management will meet and action plan effective strategies to ensure communication and consultation consistently occurs to meet the needs of the resident/representative and the home.

Refer to MMPRO 1.8.5

Change History

Version	Effective From	Effective To	Change Summary
v.01	August 2009	August 2012	Original version
v.02			

**MAKK AND McLEAY NURSING HOME
MANAGING EFFECTIVE COMMUNICATION AND CONSULTATION**

MMPRO 1.8.5

Subject: Managing effective communication and consultation

Effective Date: August 2009

Review Date: August 2012

Approved By: Makk and McLeay Quality Committee

Responsibility: Director OPMHS
Nursing Director OPMHS
Clinical Practice Consultant
Clinical Services Coordinator

PROCEDURE

When the nursing leadership team and management identify there are issues with communication and consultation processes outside the norm by;

- Informal and or formal feedback from resident/representatives
- Dissatisfaction with care and services is raised by residents/representatives
- Identified frustration by care and nursing staff in meeting the assessed needs of the resident and the resident/representatives beliefs and expectations. ie assessed needs and care plans are in conflict with the residents/representatives expectations.
- There is difficulty in gaining mutually agreeable care outcomes, ie medication management and behaviour management strategies.
- Assessed requirements for detention and treatment orders

The nursing leadership team and management;

- Will meet in a timely manner and discuss the issues being raised by the resident/representatives and staff
- A plan will be developed which will include designating a specific contact person
- The designated contact person will phone the resident/representative and offer a family conference
- The designated contact person will organise for the relevant medical and allied health care professionals to be present at the family conference in consultation with the resident/representative. Resident/representatives will be encouraged to bring other support persons as they wish.
- The designated contact person will contact ARAS and advise them that a resident/representative may require their support and that they will be given the ARAS contact number.
- The contact person will phone/or in person and advise the resident/representative that they can contact ARAS for support and guidance and provide relevant brochures and contact numbers.

**MAKK AND McLEAY NURSING HOME
MANAGING EFFECTIVE COMMUNICATION AND CONSULTATION**

MMPRO 1.8.5

- The nursing leadership team and management will ensure that the numbers of management and staff at the family conference will be reasonable and appropriate and not present an environment of intimidation.
- The resident/representative will be clearly advised of all attendees planned for the family conference and provided the option to raise any concerns
- The delegated contact person will generate an agenda which will be provided in a timely manner to all stakeholders to ensure they are informed about what will be discussed. This may assist in the effectiveness of the family conference by preventing misunderstandings.
- The delegated contact person will facilitate the family conference and notes will be taken and recorded on the specific family conference document.
- All efforts will be made to resolve issues of concern and ongoing consultation and communication will take place in line with the resident/representatives preferred method, ie telephone, email, letter or in person.
- The nursing leadership team and management will ensure ongoing monitoring and evaluation of any action plans put in place as a result of the family conference and ongoing communication and consultation with the resident/representatives.
- The issues being addressed will be an agenda item on the Care and Lifestyle Outcomes Committee to ensure care and nursing staff are involved in achieving positive outcomes.
- The aims of all these processes are to have positive outcomes for all stakeholders and satisfaction with care and service delivery and communication processes.
- Should this process fail;
 - professional external mediation will be sought and involved.

Change History

Version	Effective From	Effective To	Change Summary
v.01	August 2009	August 2012	Original version
v.02			

Subject: COMMENTS AND COMPLAINTS
Effective Date: February 2009
Review Date: February 2012
Approved By: Makk and McLeay Quality Committee
Responsibility: Director OPMHS
Nursing Director
Clinical Practice Consultant
Clinical Services Coordinator

PURPOSE:

To ensure that each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms.

LEGISLATIVE REQUIREMENTS:
(including Accreditation Standards)

- Aged Care Act 1997 and amendments
- Aged Care Principles
- Accreditation Standards;
 - Expected Outcomes,
 - 1.4 Comments and Complaints
 - 1.1 - 4.1 Continuous improvement

Other References

- Residential Care Manual, including ACFI requirements, Department of Health and Ageing.
- ACSAA Results and Processes guide
- CNAHS MHD

POLICY:

- All residents / representatives and others will have access to internal complaints mechanisms and be made aware of external mechanisms available to them. Including those from culturally and linguistically diverse backgrounds.
- All residents / representatives and others will be aware of internal and external complaints mechanisms.
- Management will **actively seek feedback** from each resident (and /or their representative) and staff on all aspects of the services provided by Makk and McLeay Nursing Home.

- All comments / complaints will be **recorded, monitored** and **acted upon** to **achieve a satisfactory solution** via the comments / complaints / suggestions mechanism.
- **Suggestions raised** by resident's / relatives / staff members are **dealt with** fairly, promptly, confidentially and without fear of retribution.
- **Compliments** will be forwarded to relevant staff through various forums.
- **Suggestions** will be forwarded to relevant personnel for consideration, action as appropriate and staff informed through various mechanisms.
- Staff will have **information relating to the complaints mechanism** made available to them.
- The home's comments and complaints mechanism will be monitored and reviewed by Management through the Quality Committee.

Change History

Version	Effective From	Effective To	Change Summary
v.01	February 2009	February 2012	Original version
v.02			

**MAKK AND McLEAY NURSING HOME
COMMENTS AND COMPLAINTS PROCEDURE**

MMPRO 1.4

Subject: Comments and Complaints

Effective Date: February 2009

Review Date: February 2012

Approved By: Makk and McLeay Quality Committee

Responsibility: Director AMHCS, Nursing Director, CSC and CPC

PROCEDURE

1. Residents / Representatives / Other interested parties

Residents/ Representatives / Other interested parties may use various complaints mechanisms available to them. They include internal and external mechanisms.

Internal complaints mechanisms –

- a) In writing either by way of completing the 'Compliments / comments / complaints and suggestion forms' OR by letter
- OR
- b) Verbal to staff or management.

Compliments / comments / complaints and suggestion forms can be lodged in the **Suggestion boxes** (located near administration and near Clements entrance), handing the forms to staff or mailing to the Management of Makk and McLeay Nursing Home.

Contacting the Consumer Advisor

Complainants can access the Consumer Adviser, Specialist Statewide MH Services directly. Contact details for the Consumer Advisor Service are to be displayed in all patient areas. Staff will refer complainants to the Consumer Advisor (8372 1622) directly or via the Compliments/ Comments/Complaints & Suggestions Form if complainants wish to discuss their concerns with someone, other than the staff directly involved, or if:

- Staff are unable to satisfactorily resolve the problem at unit level.
- The complaint is of a serious nature and/or includes issues involving more than one Home unit or department.
- The complaint may result in legal action.

NB: Resolution procedures should be known to residents (and representatives).

- e.g. General – Newsletter / minutes of residents / representatives, friends meetings.
- Specific – Directly or in writing from the Nursing Director / Director Aged Care / Consumer advisor

**MAKK AND McLEAY NURSING HOME
COMMENTS AND COMPLAINTS PROCEDURE**

MMPRO 1.4

Residents who express complaints are protected from any repercussion, reprisal or victimisation.

1.2. PROCESSES TO BE FOLLOWED BY STAFF

- On a day to day basis any complaints or concerns raised by residents/representatives / other interested parties will be addressed by the senior registered nurse on duty (Associate clinical services coordinator / clinical nurse / level 1 registered nurse). A '*Compliments/ comments / complaints & suggestions form*' will be offered to the resident/representative/other interested party to complete. If they do not wish to do so the senior RN will receive the complaint and if able will act to rectify within their scope of practice and responsibility.
- The senior RN will document in the progress notes, ensuring the self inking stamp titled, '*Comments/Complaints*' is used, in the far left column to allow easy identification and monitoring of issues raised, the outcomes achieved and the interactions and response from the complainant.
- The senior registered nurse will document any required changes to care on a change of care form which is attached to the 7 day handover sheet, implement relevant reviews and or assessments and update the care plan accordingly and as relevant.
- The senior registered nurse will make a notation in the communication book and use the handover process to alert staff to any changes regarding care and practice.
- Should the senior registered nurse **NOT** be able to resolve the issue raised by the complainant they will refer it to the Clinical practice consultant or the Clinical Services Consultant. The senior registered nurse will complete a '*Compliments / comments / complaints and suggestion form*' and forwarded it to the CPC or CSC.
- The CPC / CSC will follow-up the complaint with the complainant investigate the issues raised and work toward mutually agreeable outcomes and timeframes ensuring the complainant is kept informed.
- The CPC / CSC will advise the Nursing Director and Consumer Advisor of all complaints they deal with through the email system. The Nursing Director maintains and monitors the complaints register.
- Should the CPC / CSC be unable to resolve the issues raised to a mutually agreeable outcome or there are extenuating circumstances, for instance,
 - The complaint is of a serious nature and or includes issues involving more than one area / department
 - The complaint may result in legal action

The Nursing Director / Director Aged Care and Consumer Advisor are involved in the investigation, management and outcomes processes. The complainant is kept informed of relevant and appropriate information throughout the complaints investigation, action and outcomes process by the Consumer Advisor.

- The Nursing Director will work with the CPC/CSC to resolve issues related to care and nursing standards of practice.

MAKK AND McLEAY NURSING HOME COMMENTS AND COMPLAINTS PROCEDURE

MMPRO 1.4

- Any complaints regarding Hotel services will be forwarded to the Manager Hotel Services to investigate, action and work toward mutually agreeable outcomes.
- Any suggestions regarding service improvement will be forwarded to the Senior Project Officer Quality Improvement – Aged Care for discussion, review and action planning as appropriate through the Continuous quality improvement processes.
- Any complaints regarding Allied health services will be managed by the Director Aged Care.
- Any complaints regarding medical services will be referred to the Clinical Director for investigation and resolution.

1.3. External complaints mechanisms

- Residents / Representatives / Other interested parties may use the external complaints mechanisms readily available to them should they chose to do so. The home displays the posters and brochures regarding these services and includes this information in the Resident information handbook and residential care agreement.
- Should residents / reps / other interested parties not be satisfied with the internal complaints mechanisms and outcomes they are encouraged to use external complaints mechanisms. This includes;
 - Aged Care Complaints Investigation Scheme, the Office of the Public Advocate, a Consumer Advisory Group, Aged Rights Advocacy Service, Member of Parliament, Disability Complaints Service etc.

Staff should bear in mind that the Department of Health & Ageing Complaints Investigation Scheme can arrive on campus unannounced at any time of day or night. Should this occur, the Duty Manager/Out-of-hours Coordinator is to be informed, and staff should give the department every assistance regarding the complaint investigation

NB: Information including the *Aged Care Complaints Investigation Scheme* booklet (including Advocacy Useful contacts) and Consumer Adviser contact details are supplied to the home, by the Consumer Adviser.

(See “Residents Complaints Mechanism” – Attachment One)

2. STAFF

- Staff are encouraged to use the compliments / comments / complaints and suggestion form to raise concerns, complaints and suggestions.
- Staff can also use the following methods to raise any concerns, complaints or suggestions:
 - Staff meetings.
 - Speak directly (or in writing) to the Nursing Director / Director Aged Care / Clinical services coordinator / Clinical Practice Consultant particularly in matters relating to other staff members. And are assured of privacy and confidentiality.
 - Suggestion box
- Suggestion Forms are available for staff use as required in Makk and McLeay or in the central administration area.

MAKK AND McLEAY NURSING HOME COMMENTS AND COMPLAINTS PROCEDURE

MMPRO 1.4

- **Staff who express complaints are protected from any repercussion, reprisal or victimisation.**

3. Residents / Representatives / Other interested parties

Residents/ Representatives / Other interested parties may use various complaints mechanisms available to them. They include internal and external mechanisms.

Internal complaints mechanisms –

- b) In writing either by way of completing the 'Compliments / comments / complaints and suggestion forms' OR by letter
- OR
- b) Verbal to staff or management.

Compliments / comments / complaints and suggestion forms can be lodged in the **Suggestion boxes** (located near administration and near Clements entrance), handing the forms to staff or mailing to the Management of Makk and McLeay Nursing Home.

Contacting the Consumer Advisor

Complainants can access the Consumer Adviser, Specialist Statewide MH Services directly. Contact details for the Consumer Advisor Service are to be displayed in all patient areas. Staff will refer complainants to the Consumer Advisor (**8372 1622**) directly or via the Compliments/ Comments/Complaints & Suggestions Form if complainants wish to discuss their concerns with someone, other than the staff directly involved, or if:

- Staff are unable to satisfactorily resolve the problem at unit level.
- The complaint is of a serious nature and/or includes issues involving more than one Home unit or department.
- The complaint may result in legal action.

NB: Resolution procedures should be known to residents (and representatives).

- e.g. General – Newsletter / minutes of residents / representatives, friends meetings.
- Specific – Directly or in writing from the Nursing Director / Director Aged Care / Consumer advisor

Residents who express complaints are protected from any repercussion, reprisal or victimisation.

Change History

Version	Effective From	Effective To	Change Summary
v.01	February 2009	February 2012	
v.02			

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**MAKK AND McLEAY NURSING HOME
BEHAVIOUR MANAGEMENT
PHYSICAL AGGRESSION POLICY**

MMNPOL 2.13.1

Subject: PHYSICAL AGGRESSION

Effective Date: July 2009

Review Date: July 2012

Approved By: Makk and McLeay Quality Committee

Responsibility: Nursing Director
Clinical Practice Consultant
Clinical Services Coordinator

PURPOSE:

- To provide Makk and McLeay Nursing Home staff with information to enable them to avoid and manage episodes of resident aggression within the home.

BACKGROUND:

- Staff in aged care can be subjected at times to aggression from residents (particularly those with Dementia and other mental health problems). Staff need to understand the reasons / triggers and methods of controlling / reducing / eliminating such behaviour.

LEGISLATIVE REQUIREMENTS:

(including Accreditation Standards)

- Aged Care Act 1997 and amendments
- Aged Care Principles
- Mental Health Act 2008
- Accreditation Standards;
 - Expected Outcomes
 - 2.13 Behaviour Management
 - 4.4 Living environment
 - 2.2 Regulatory compliance

Other References

- Residential Care Manual, including ACFI requirements, Department of Health and Ageing.
- Documentation and Accountability Manual, Department of Health and Ageing.
- ACSAA Results and Processes guide

**MAKK AND McLEAY NURSING HOME
BEHAVIOUR MANAGEMENT
PHYSICAL AGGRESSION POLICY**

MMNPOL 2.13.1

POLICY:

- The Management and Nursing Leadership team Makk and McLeay Nursing Home accept their duty to provide a safe work environment and co-operate with employees to strive for controlling / reducing or eliminating aggression from residents.
- Care, Nursing and Lifestyle staff will be given relevant education, including Non Violent Crisis Intervention training
- Staff will be informed if residents have a history of aggression and / or conditions that could result in aggressive behaviour and strategies to prevent and / or manage episodes will be discussed and management plans implemented.

Change History

Version	Effective From	Effective To	Change Summary
v.01	July 2009	July 2012	Original Version
v.02			

**MAKK AND McLEAY NURSING HOME
BEHAVIOUR MANAGEMENT POLICY**

MMPOL 2.13

Subject: BEHAVIOUR MANAGEMENT

Effective Date: June 2009

Review Date: June 2012

Approved By: Makk and McLeay Quality Committee

Responsibility: Nursing Director
Clinical Practice Consultant
Clinical Services Coordinator.

PURPOSE:

- To ensure that the needs of residents with challenging behaviours are managed effectively to enhance the resident's quality of life and ensure a safe and comfortable environment for other residents, staff, family and friends.

BACKGROUND:

- Challenging behaviours observed in people with dementia may include:
 - Physical aggression
 - Verbal aggression
 - Agitation
 - Wandering
 - Pacing
 - Unco-operativeness
 - Repetitive calling out and questioning
 - Repetitive actions
 - Hallucinations
 - Sleep problems
 - Inappropriate dressing
 - Eating disturbances

- These behaviours are not willful or deliberate but are caused by, or contributed to by:
 - Brain damage
 - Pre-morbid coping style
 - Interactions with other people
 - How a person is feeling physically, emotionally and spiritually
 - The surroundings
 - The way in which the person is spending time or activity

**MAKK AND McLEAY NURSING HOME
BEHAVIOUR MANAGEMENT POLICY**

MMPOL 2.13

- Staff should observe for possible indications that behaviour is a problem, such as
 - The resident is in danger
 - Other people are in danger
 - The resident is distressed
 - The resident is fatigued
 - There is destruction of the environment
 - The person is isolated
 - The person is avoided
 - The behaviour is intrusive and disruptive to others
 - The behaviour is socially unacceptable

LEGISLATIVE REQUIREMENTS:
(including Accreditation Standards)

- Aged Care Act 1997 and amendments
- Aged Care Principles
- Mental Health Act 2008
- Accreditation Standards;
 - Expected Outcomes
 - 2.13 Behaviour Management
 - 4.4 Living environment
 - 2.2 Regulatory compliance

Other References

- Residential Care Manual, including ACFI requirements, Department of Health and Ageing.
- Documentation and Accountability Manual, Department of Health and Ageing.
- ACSAA Results and Processes guide

POLICY:

STAFF MUST REPORT Behaviour incidents, including aggression both physical and verbal to staff, other residents and visitors, through AIMS and Exception report forms.

- All residents will have a behaviour assessment completed on entry to Makk and McLeay Nursing Home to identify and confirm any challenging behaviours for causes, triggers and other factors which result in the challenging behaviour.
- Care should be **planned** to manage the person's behaviours within Makk and McLeay Nursing Home in accordance with the assessment findings and in consultation with the resident/representative.

**MAKK AND McLEAY NURSING HOME
BEHAVIOUR MANAGEMENT POLICY**

MMPOL 2.13

- Staff will receive **education on challenging behaviours** and factors that can influence / reduce or eliminate such behaviour.
- Residents with challenging behaviours that put them in a high risk category will have their behaviour management plans evaluated every month as designated by the Clinical Practice Consultant. Otherwise behaviour management care plans will be reviewed every 4 to 6 months. Refer to Health and Personal Care - Clinical Care Policy MMPOL 2.4 and Procedure MMPRO 2.4.
- Specialist advice will be obtained (where required) to manage challenging behaviours ie, Alzheimers Association, Behavioural Advisory Services.
- The resident / representatives choices will be accommodated where possible and such discussions / consultations will be documented. The dignity of the resident should be maintained at all times.
- Restraints are avoided where possible.
- Ensure that the resident's family (or representatives) is aware of the presence of all challenging behaviours.
- Support and education will be offered to the family / resident representatives who may be referred to the **Alzheimers Association** for further information / support.

Refer to Health and Personal Care – Clinical Care Policy MMPOL 2.4

Change History

Version	Effective From	Effective To	Change Summary
v.01	July 2009	July 2012	Original Version
v.02			

**MAKK AND McLEAY NURSING HOME
BEHAVIOUR ASSESSMENT AND MANAGEMENT PROCEDURE**

MMPRO 2.13

Subject: BEHAVIOUR ASSESSMENT AND MANAGEMENT

Effective Date: December 2007

Review Date: August 2012

Approved By: Makk and McLeay Quality Committee

Responsibility: Nursing Director OPMHS
Clinical Practice Consultant
Clinical Services Coordinator

PROCEDURE

On entry to the home a Behaviour assessment is implemented following the admission care pathway.

Behaviour assessments are completed over 4 days utilising the Behaviour Assessment tool
Day 1 – Day 4 refer to attachment.

The assessment includes;

- **What did the resident do that you had to do something about**
 - What did you see
 - What did you hear
 - How long did it last

- **What was happening just before**
 - Did something or someone trigger what happened
 - Where did it happen
 - Who was there
 - What was happening between the resident and any others involved

- **Who was upset or disturbed by what the resident did include what was happening to the resident themselves**

- **What did you do about it**
 - What action did you take
 - What did that do

**MAKK AND McLEAY NURSING HOME
BEHAVIOUR ASSESSMENT AND MANAGEMENT PROCEDURE
MMPRO 2.13**

Care Planning

The behaviour management care plan can be completed either in hard copy or on the computer. Refer to MMPOL 2.4 and MMPRO 2.4

The behaviour management care plan is to include the actual behaviours of concern that require intervention and effective management. The interventions that have been used and successful, and any triggers to the behaviours that need to be avoided if at all possible.

Where the evaluation process indicates that clusters of behaviours of concern are posing a significant risk to self or others, an individual Risk Management plan will be completed (responsibility: RN or CN/CPC)

Evaluation

Residents identified by the CPC as being of high risk with relation to behaviours of concern are to have a monthly evaluation of care using the monthly evaluation of care tool. This can be completed using a hard copy or on the computer systems in the Resident's specific folder. Refer to MMPOL 2.4 and MMPRO 2.4

Documentation

The clinical record (commonly referred to as the progress notes) of the resident should reflect whether the strategies or interventions highlighted within the behavioural management plan remain effective, where the strategy ceases to be effective a reassessment must be implemented.

BAF – Behavioural Assessment Forms

A BAF is to be completed prior to the administration of PRN medication to document all other strategies trialled before medication is used. These are to be filed in the resident's case notes (Medical Record).

Change History

Version	Effective From	Effective To	Change Summary
v.01	December 2007	August 2012	Reviewed June 2008, August 2009
v.02			

**MAKK AND McLEAY NURSING HOME
HEALTH AND PERSONAL CARE: CLINICAL CARE POLICY**

MMPOL 2.4

Subject: CLINICAL CARE

Effective Date: June 2009

Review Date: June 2012

Approved By: Makk and McLeay Nursing Home.

Responsibility: Nursing Director
Clinical Practice Consultant
Clinical Services Coordinator

PURPOSE:

- Makk and McLeay Nursing Home will ensure all residents receive the appropriate clinical care across all care domains based on the resident's initial assessed and ongoing reassessed needs and preferences.

LEGISLATIVE REQUIREMENTS:
(including Accreditation Standards)

- Aged Care Act 1997 and amendments
- Aged Care Principles, particularly Quality of Care Principles 1997
- Accreditation Standard 2
 - Expected Outcome 2.4 Clinical Care

Other References

- Residential Care Manual, including ACFI requirements, Department of Health and Ageing.
- Documentation and Accountability Manual, Department of Health and Ageing.
- ACSAA Results and Processes guide
- CNAHS Foundation policies;
 - Access and Equity PPC 1
 - Appropriateness and Effectiveness of Care PPC9
 - Continuum of care PPC 2

**MAKK AND McLEAY NURSING HOME
HEALTH AND PERSONAL CARE: CLINICAL CARE POLICY**

MMPOL 2.4

POLICY:

1. ASSESSMENT

- Residents will be assessed for their needs and preferences on entry to Makk and McLeay Nursing Home and at regular stages during the residents stay.
- Assessments will be completed across all care domains, including;
 - Behaviour
 - Continence management – bladder, bowel and toileting
 - Hydration and nutrition
 - Privacy and intimacy
 - Medication administration
 - Mobility, dexterity and rehabilitation
 - Oral and Dental Health care
 - Pain
 - Palliative care
 - Sensory Losses
 - Skin care
 - Sleep
- Assessments **will** be completed by **Registered / Mental Health Nurses**, with input from Enrolled Nurses and personal care staff.
- Referrals will be generated to relevant medical, allied health and other health care professionals in a timely manner based on assessed needs and preferences. Refer to MMPOL 2.5 and MMPOL 2.6 and MMPRO 2.4, 2.5 and 2.6.

2. CONSULTATION

- Residents and or representatives will be consulted throughout the assessment, care planning and care review / evaluation process regarding the resident's needs and preferences.

3. ONGOING REVIEW / EVALUATION OF CARE NEEDS AND PREFERENCES

- A care review schedule for health and personal care and lifestyle will be established and monitored by the Clinical Practice Consultant and Leisure, Lifestyle and Volunteer Coordinator respectively. The Clinical Practice Consultant will delegate to Registered / Mental Health Nurses specific resident's care reviews/evaluations of care to be completed. The LL&V Coordinator will complete lifestyle reviews.

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**MAKK AND McLEAY NURSING HOME
HEALTH AND PERSONAL CARE: CLINICAL CARE POLICY**

MMPOL 2.4

4. CARE PLANS

- Care plans **will** be formulated and or updated and documented by **Registered / Mental Health Nurses** following the assessment and or review / evaluation of care. Relevant lifestyle sections will be completed by the LL&V Coordinator.
- **Care plans will:**
 - reflect the assessment and consultation described above
 - describe residents' individualised needs and preferences
 - include any prescription, instructions and or management plans by medical and other health care professionals
 - include any strategies for referrals to other health specialists
 - provide the required guidance to all appropriate staff, in that they will be accessible, easy to read and use
 - include validated risk assessment tools

5. EXTERNAL HEALTH CARE SPECIALISTS AND SERVICES / HOSPITAL TRANSFERS AND DISCHARGES

- Makk and McLeay Nursing Home's clinical leadership, including registered and mental health nurses will communicate relevant information related to the residents' individualised care needs and preferences when;
 - The resident is referred to external health care services and or specialists
 - During hospital transfers and or discharges to other aged and or health care facilities.

6. CARE DELIVERY AND STAFF PRACTICES

- Care delivery and staff practices will be monitored through various systems and processes to ensure that care delivered is consistent with the care plan and residents individualised assessed needs and preferences. These include;
 - Makk and McLeay Nursing Home's Continuous Quality Improvement Program
 - Handover / Daily shift report
 - Change of care/plan forms
 - Direct supervision and observation by Registered and Mental Health Nurses and the Clinical Leadership team
 - Communication book and memos
 - Clinical record (Progress notes)
 - Exception report forms
 - Audits
 - Satisfaction surveys
 - Clinical incident data

**MAKK AND McLEAY NURSING HOME
HEALTH AND PERSONAL CARE: CLINICAL CARE POLICY**

MMPOL 2.4

7. CLINICAL INCIDENTS

- Residents' clinical incidents such as falls, infections, skin tears and skin integrity deficits (bruises, cuts, abrasions) will be documented and appropriately addressed by Registered and Mental Health Nurses. **Refer to MMPRO2.4.2 Incident reporting procedure and flow chart. .**
- Residents' clinical health problems and or issues will be addressed and reviewed by the appropriate medical and health care professionals in a timely manner. **Refer to Other health and related Services Policy MMPOL 2.6 and MMPRO 2.6.**

Change History

Version	Effective From	Effective To	Change Summary
v.01	June 2009	June 2012	Original version
v.02			

**MAKK AND McLEAY NURSING HOME
CLINICAL CARE PROCEDURE**

MMPRO 2.4

Subject: Clinical Care

Effective Date: August 2009

Review Date: August 2012

Approved By: Makk and McLeay Quality Committee

Responsibility: Nursing Director OPMHS
Clinical Practice Consultant
Clinical Services Coordinator

PROCEDURE

RESIDENT ADMISSION

Following the Admission Care Pathway;

- Complete forms, databases, consents and personal information
- Take digital photo for identification – Lifestyle Coordinator.
- Complete care and lifestyle assessments from day of admission, day 2 to day 8, day 9 to day 16, day 17 to day 21 and day 22 to day 28
- Complete Interim Care plan Day 1
- Document in progress notes, 'reporting by exception', refer below.
- Commence and complete assessment charts and records
- Generate referrals to medical and allied health care professionals
- On completion of assessments complete the Care Plan
- Complete the Behaviour management care plans and the Specialised Nursing Care Plans
- Follow-up any outstanding assessment information, allied health assessment and management plans.
- Ensure consultation with the resident and or representative regarding care needs, care plan strategies and document on Care Evaluation Form.
- Ensure information readily available for the Registered Nurse completing the RCS application for classification.

Refer to MMPRO 1.8.3 Guidelines for the folioing of care plans.

NB

Reporting by exception is a documentation system in which only significant findings or exceptions are recorded. This means that only nursing care that differs from the nursing care plan is documented in the progress notes.

**MAKK AND McLEAY NURSING HOME
CLINICAL CARE PROCEDURE**

MMPRO 2.4

ONGOING CARE DOCUMENTATION AND CARE EVALUATIONS

1. REPORTING BY EXCEPTION

Once the care plans are developed and in place, document any variations in care given from that on the care plan in the progress notes.

Reporting by exception is a documentation system in which only significant findings or exceptions are recorded. This means that only nursing care that differs from the nursing care plan is documented in the progress notes.

There are many advantages to reporting by exception which includes:

- providing more time for individual nursing care by eliminating unnecessary and repetitive charting
- an accurate and immediate picture of the resident is provided
- in emergencies data is accessible and easily interpreted
- a holistic approach to care is established with regular and systematic review of nursing care and ongoing identification of nursing care needs
- the nursing care plan can be updated at the time of change identification to maintain current interventions

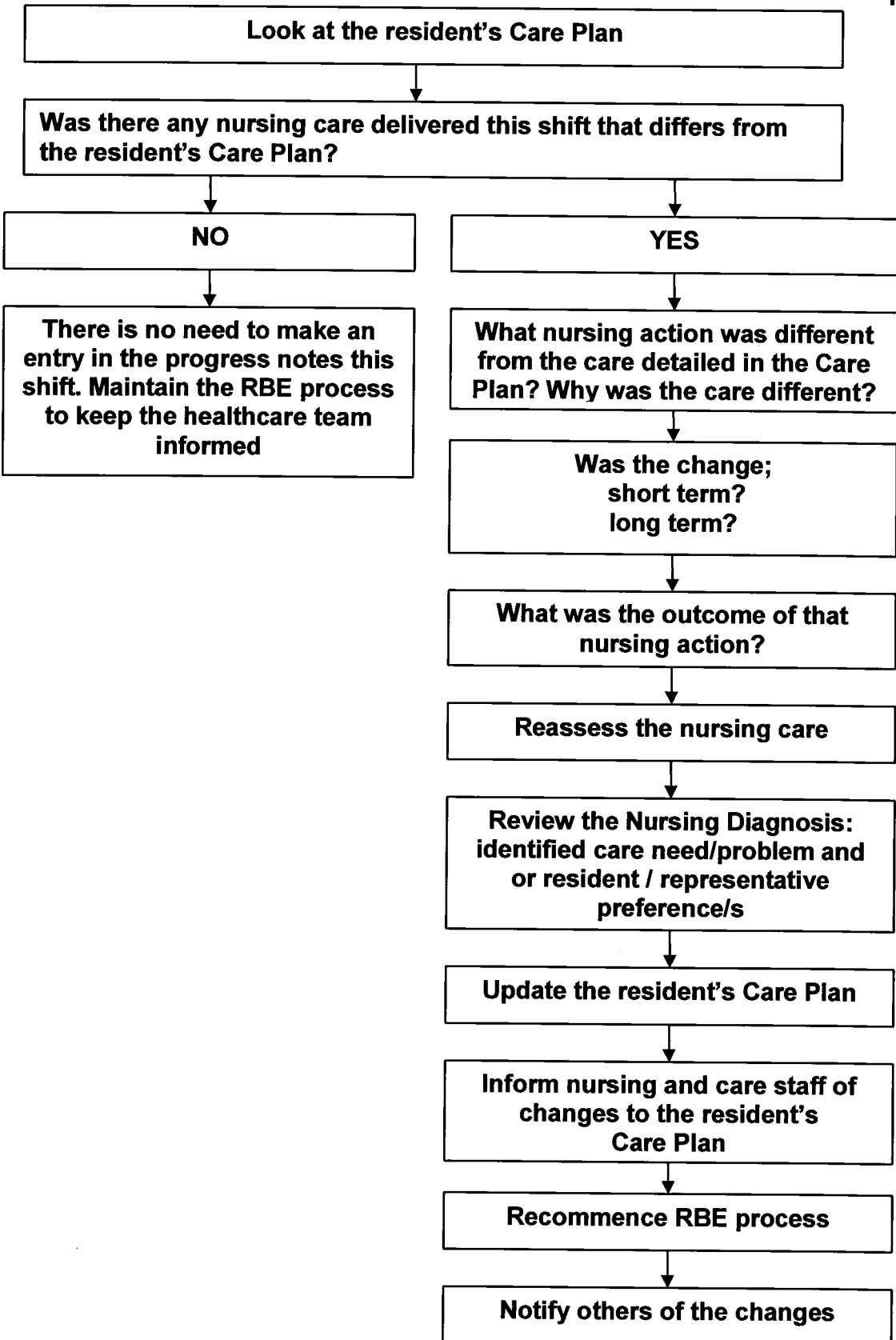
Refer to figure 1 for guidelines on Reporting by Exception (RBE) to assist nurses in documenting resident care.

References

Nursing Documentation in Aged Care, *A Guide to Practice*, Ausmed publications 2004.

**MAKK AND McLEAY NURSING HOME
CLINICAL CARE PROCEDURE**

MMPRO 2.4



MAKK AND McLEAY NURSING HOME CLINICAL CARE PROCEDURE

MMPRO 2.4

Figure 1. Flow Chart taken from 'Nursing Documentation in Aged Care, A Guide to Practice, 2004.'

CARE EVALUATION

Monthly Evaluation of Care.

- Complete the evaluation of care tool either in printed format or computer based format following the prompts in the tool.
- Once you have completed the computer based Evaluation of Care save as the current month and then print it and file in the Assessment and Evaluation Folder in the relevant section
- OR file the completed hard copy version in the Assessment and Evaluation Folder in the relevant section.

Four – 6 monthly Evaluation of Care

Complete regular care evaluations using a comprehensive evaluation process following a holistic approach to the resident's care needs.

- Complete the Evaluation of care tool following the prompts either by using a printed copy or by using the computer based tool in the resident's folder.
- Once you have completed the computer based Evaluation of Care save as the current month and then print it and file in the Assessment and Evaluation Folder in the relevant section OR
- OR file the completed hard copy version you have written on in the Assessment and Evaluation Folder in the relevant section.

Timeframe for scheduled care evaluations:

- **Every month** an evaluation of care will be completed for **residents** considered to have **high risk behaviours**. The CPC will delegate relevant residents to specific Registered / Mental Health Nurses to complete using appropriate Evaluation of care tools.
- **Routinely every 4 months** but not any longer than 6 monthly
- Update care plans accordingly
- Complete the Care Evaluation tool in printed version or the computer version.
- ***Ongoing review of residents care needs and preferences and the maintenance of current and up to date care plans based on the resident's changing care needs must be completed as required between the 4 and or 6 monthly scheduled care evaluations.***

WHAT DOES EVALUATE MEAN

Evaluation is an ongoing process. It reflects the fact that care planning is dynamic and each resident is an individual with different responses to care strategies.

Evaluation determines the extent to which the desired goals or outcomes of care have been met or achieved. The process of evaluation should constantly review both the negative and positive results of all actions, strategies or interventions directed towards each resident.

Evaluation is, like all other components of the total care package, professionally accountable. That is, you, as the nurse, are accountable and responsible for the evaluation.

MAKK AND McLEAY NURSING HOME CLINICAL CARE PROCEDURE

MMPRO 2.4

The word 'review' is often used instead of 'evaluation'. Residents' care may well be reviewed from time to time, but that process is not necessarily reflective of the holistic nature of evaluation.

We need to ask ourselves some questions when evaluating care.

Questions to ask on evaluation

- Is the plan of care really working? If not why not?
- Has the resident's care needs and or preferences changed? If so what, how and why?
- Are the resident's and or representative/s goals for care being achieved (if made known)? If not why not?
- Are nursing care goals and timeframes being met? If not why not?
- Were the goals which were set able to be observed and measured?
- Have the resident's problems been totally or partially resolved?
- Were any of the problems incorrectly stated in the first place? Explain
- Have new problems, needs and or preferences arisen since the implementation of the care plan?
- Consider if there is a need for new goals to be formed?

Change History

Version	Effective From	Effective To	Change Summary
v.01	28 th November 2008	1 December 2009	Original version
v.02	August 2009	August 2012	Reviewed and updated.