Arcare Taigum

Performance Report

156 Muller Road   
Taigum QLD 4018  
Phone number: 1300 272 273

**Commission ID:** 5891

**Provider name:** Arcare Pty Ltd

**Site Audit date:** 25 February 2022 to 4 March 2022

**Date of Performance Report:** 13 April 2022

# Performance report prepared by

Jodie Earnshaw, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received 31 March 2022.
* other relevant information held by the Commission including internal referrals received.

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers said the service supports them to be independent and encourages them to exercise choice about the care and services they receive. They confirmed staff know what is important to them and support them to maintain relationships with friends and family members, both inside and outside of the service. Consumers and representatives said the service supports consumers to maintain personal interests.

Staff described how they support consumers to make and communicate decisions, care preferences and maintain relationships which are important to them. They provided examples of the various ways the service provides information to consumers including noticeboard messages, verbally, written communication and newsletters.

Consumers are provided with choices, including meals, activities, involvement of family in their care and services, room personalisation and care provision. Consumers and representatives are provided with information about activities, the menu and how to provide feedback.

Consumer care planning documentation included information relating to consumers cultural background, life history and details of preference of gender of staff assistance with personal care.

The service has a range of organisational policies relevant to this Quality Standard, including client choice and decision-making, and diversity and inclusion. Staff receive education on consumer dignity and choice.

However, consumers were not treated with dignity and respect.

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

## Assessment of Standard 1 Requirements

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

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

### Consumers and their representatives provided specific examples of how consumers were felt disrespected, distressed and had their dignity compromised.

### For example, six named consumers/representatives with impaired mobility and who require staff assistance with toileting said their continence needs were not attended to in a timely or appropriate manner. They reported being left in soiled continence aids for extended periods (including up to three hours), not being regularly assisted with toileting and continence aids being applied and disposed of inappropriately.

Representatives for another three named consumers provided examples where consumers were not treated with dignity or respect. For example:

* a consumer’s personal presentation was not appropriately maintained;
* staff did not close the bathroom door whilst showering a consumer; and
* staff spoke to a consumer in a disrespectful manner.

The Assessment Team observed a staff member assisting a consumer with their meal in a hasty and inappropriate manner and contrary to the instructions in that consumer’s care plan.

### Whilst staff consistently spoke about consumers in a respectful manner, staff did not demonstrate an understanding of individual consumer’s personal care needs, consumers’ backgrounds and could not give examples of how their needs influenced the care they provide on a day-to-day basis. For example, care staff were unaware of consumers’ toileting regimes.

### The Approved Provider in its response to the site audit report dated 31April 2022, stated they are committed to ensuring consumers are treated with dignity and respect, with their identity, culture and diversity valued, and provided actions implemented in response to deficiencies identified, including staff training regarding dignity, respect, privacy, choice and decision making and swallowing difficulties. The response further advised review of all consumer care planning documentation had commenced and was anticipated to be finalised by 8 April 2022.

### I have considered information in the site audit report and the approved provider’s response. Whilst I acknowledge the actions taken by the Approved Provider, at the time of the site audit, the service did not consistently demonstrate that all consumers are treated with dignity and respect, and improvements will require time to be implemented and evaluated for effectiveness. Therefore, I find the service Non-compliant in this requirement.

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and representatives generally considered that they feel like partners in the ongoing assessment and planning of consumers care and services. They considered generally consumers are well cared for by staff.

Most consumers and representatives expressed satisfaction with the information that is provided to them about the consumer’s care needs.

Care planning documentation generally reflected individualised needs, goals and preferences and included specific risks to each consumers’ health and well-being. The service identifies and documents others the consumer wishes involved in assessment and care planning. However, the service was unable to demonstrate ongoing assessment and planning is consistently based in an ongoing partnership with the consumer and/or others the consumer wishes to involve. The service was unable to demonstrate outcomes of assessment and planning are effectively or consistently communicated to the consumer or that consumers/representatives are consistently offered a care plan.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

Care planning documentation identified the service involved other health professionals, including external specialist services in consumer assessment and care planning.

Staff described how consumers/representatives and other individuals and providers of care are involved in assessment and care planning on a three-monthly basis, for example, through one on one discussions, case conferences, and notification of changes occur. However, the Site Audit report provided information, by review of care planning documentation, including progress notes, and information provided by sampled consumers/representatives that the service could not demonstrate that consumers and representatives are consistently involved in assessment and care planning or when a change in consumers’ care needs is identified.

The Approved Provider in their response provides information that care planning has consistently occurred however acknowledged communication and partnering around the consumer’s care planning would be strengthened through staff education and information regarding care planning provided to consumers and those they wish to involve in assessment, planning and review of the consumer’s care and services.

The Approved Provider’s response acknowledges areas for improvement and included an action plan, with actions including an updated schedule for consumer care planning reviews and communications to consumers/representatives regarding these changes.

I have considered information in the site audit report and the approved provider’s response. Whilst I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, however, improvements will require time to be implemented and evaluated for effectiveness and at the time of the site audit, assessment and planning has not been developed in partnership with the consumer or others that are involved in the care of the consumer. Therefore, I find the service Non-compliant in this requirement.

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

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

The service did not demonstrate that consumers and representatives are engaged in communication regarding the outcomes of assessment and planning.

Care planning documentation reviews identified the service communicated with some representatives when consumer circumstances changed, and some consumer care planning documentation were reviewed following a change; however, the Site Audit report provided information that consumer care planning documentation are not consistently made available to the consumer, and consumers/representatives said the outcomes of assessment and care planning are not communicated to them. Staff advised the Assessment Team they generally contact consumers’ representatives when the consumers condition changes however, stated agency staff did not consistently notify representatives when a consumers’ condition changed.

I note the Approved Provider in its response provided information regarding one named consumer and provided evidence regarding three Consumers’ care needs and communications with their representatives as well as planned actions to improve consumer/representative engagement and communication.

I have considered information in the site audit report and the approved provider’s response. Whilst I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the site audit, the outcomes of assessment and care planning processes were not consistently communicated to consumers and representatives. Therefore, I find the service Non-compliant in this requirement.

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

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The service has not demonstrated that each consumer gets safe and effective personal care, or both personal and clinical care, which is best practice, is tailored to their needs and optimises their health and well-being.

Consumers/representatives said generally the staff employed by the service know them and deliver safe care according to their preferences. However, consumers said the service has a high use of agency staff who do not know them, do not know their care needs and do not provide care according to their preferences.

Named Consumers with specialised needs, said staff do not consistently provide care or respond to urgent requests for assistance in a timely manner.

The service was not consistently monitoring consumers with complex clinical care needs. Consumers had not received personal and clinical care that was tailored to their needs or optimised their health and well-being, specifically in relation to personal hygiene, time sensitive medications, the understanding and management of positive airway devices and skin care/ wound management. Further to this, consumers expressed their dissatisfaction with the number of staff available to assist and as a result consumers experienced delays in the delivery of care and services.

Care staff said they are not always able to provide care and services to consumers as documented in care planning documentation due to insufficient time to perform the task.

Review of consumer care planning documentation identified that care documentation generally provides adequate information to support effective consumer care and reflected timely and appropriate referrals and input from a range of health professionals. However, most care workers sampled said they do not have time to read Care planning documentation at the commencement of their shift and do not routinely have clinical handover of consumers between shifts.

High prevalence and high impact risks are identified in care planning documentation and have effective strategies in place to reduce the risk of harm to the consumer. However, for consumers prescribed time-sensitive medications or who experience swallowing difficulties and have been assessed as being at risk of choking, risk minimisation strategies documented in care planning documentation are not being followed by staff, resulting in increased risk and/or harm to the consumer.

Consumer care planning documentation identified consumers who are subject to chemical and mechanical restrictive practice/s had appropriate assessment, authorisations and consents completed; behaviour support plans identified alternative strategies to be used prior to the implementation of the restrictive practice; and regular restraint usage monitoring and evaluation is completed.

The service has policies and processes related to recognising and responding to clinical deterioration, referrals and has implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Staff confirmed they have received training in infection minimisation strategies including infection control, wound care and antimicrobial stewardship. The Service has enacted their outbreak management plan twice in 2022 related to COVID 19 outbreaks.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The service has not demonstrated that each consumer gets safe and effective personal and clinical care, which is best practice, is tailored to their needs and optimises their health and well-being.

Staff were not consistently monitoring consumers with complex clinical care needs, impacting c consumers’ health and well-being. Consumers had not received personal and clinical care that was tailored to their needs or optimised their health and well-being, specifically in relation to the understanding and management of positive airway devices, personal hygiene, oral care and skin care/ wound management. Further to this, consumers expressed their dissatisfaction with the number of staff available to assist and as a result consumers experienced delays in the delivery of care and services.

Care staff said they are not always able to provide care and services to consumers as documented in care planning documentation due to insufficient time to perform the task.

Review of consumer care planning documentation identified consumers are not supported with individual needs and preferences to optimises their health and wellbeing.

Consumers who are subject to chemical and mechanical restrictive practice/s had appropriate assessment, authorisations and consents completed; behaviour support plans identified alternative strategies to be used prior to the implementation of the restrictive practice; and regular restraint usage monitoring and evaluation is completed.

The service has policies and processes related to recognising and responding to clinical deterioration, referrals, palliative care and consumer information management which includes privacy requirements and documentation guidelines for health practitioners and care staff.

### Specialist care needs:

For one named consumer who requires positive pressure airway support to assist with breathing care documentation does not provide information for staff to assist the consumer to operate or apply the positive airway device when required, staff did not demonstrate knowledge of how to apply the device, resulting in delays in application of the mask and increased anxiety for the consumer.

The Approved Provider in their response provides information that education has been provided on the use and monitoring of the positive pressure airway device and acknowledges opportunity for improvement in staff awareness and documenting application of the device.

Skin Integrity and Continence Care

The service did not demonstrate effective skin care management or care interventions to meet consumer needs. Documentation demonstrated inadequate continence care for 2 named consumers (with and at risk of skin breakdown), is impacting skin integrity. Staff advised changing of continence aids as scheduled or when soiled, showering of consumers, basic hygiene cares and repositioning of consumers to relieve pressure points does not always occur due to time pressures.

Wound care management is ineffective, did not identify all consumer wounds and wound care reviews are not occurring in line with the Service’s policy. Documentation identified incomplete wound care documentation and inadequate wound care reviews.

The Approved Provider in their response provides information that education will be provided to staff regarding wound management and incident reporting and immobile consumers will be reviewed to ensure appropriate monitoring and equipment is in place.

The Approved Provider in their response provides information that the Service has planned or implemented improvements including engaging an external continence management consultant to assist and support review of consumer continence needs and provision of training to staff.

In regard to oral care, three consumers advised staff do not assist them with oral care unless requested by the consumer.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. Whilst I acknowledge the actions taken by the service to address the deficiencies identified at the time of the Site Audit, the service did not adequately demonstrate the safe and effective personal and clinical care in relation to personal hygiene, oral care and skin care/ wound management; and improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is Non-compliant.

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

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

The Site Audit report provided information that the service has not demonstrated that effective management of high impact or high prevalence risks associated with consumer care occurs for each consumer, specifically for consumers who are prescribed time-sensitive medications or who experience swallowing difficulties. .

A review of care planning documentation identified that staff were not ensuring or monitoring that consumers were receiving time sensitive medication according to prescribed administration timeframes and consumers had experienced adverse effects as a result, such as experiencing discomfort and inability to move. The documentation also established that staff were not following dietary care planning recommendations for consumers at risk of choking.

The Approved Provider in its response acknowledged opportunities for improvement to effectively manage and monitor high impact or high prevalence risks for consumers, specifically in relation to administering time sensitive medications and for consumers experiencing swallowing difficulties. And has provided information on planned improvements. The service has committed to a number of actions including education for staff on time sensitive medication / medication management, ensuring consumers care documentation is current and reflects the possible impacts to consumers and timely support and services are provided if required.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. Whilst I acknowledge the actions taken by the service to address the deficiencies identified at the time of the Site Audit, the service did not adequately demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer; and improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is Non-compliant.

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

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

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

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

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

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

### Information relating to consumers’ care needs and preferences were not documented or communicated effectively. Consumers and representatives sampled, considered that staff are not generally aware of their care needs and preferences.

### The Assessment Team provided information that identified staff are not consistently documenting changes in consumers’ condition or health status, and therefore care planning directives were not current. Care planning documentation are not consistently reflective of the consumers’ individual care needs and preferences and follow up actions to address or monitor changes in consumers care are not recorded.

### For a consumer who requires positive pressure airway support to assist with breathing staff reported being familiar with the operation of the device through repeated use, however most staff advised they were not familiar with the device or where to access information on operation of the device.

For one named consumer, documented wound care was not complete or effective. Documentation identified a skin tear on 13 January 2022 however did not document the wound in a wound care documentation and did receive a documented wound review until 23 February 2022.

For one named consumer at risk of choking was observed to be assisted with meals however the assistance was not in accordance with the prescribed dietary care planning documentation and the staff member advised they were not aware of the consumers needs’

### Whilst staff said communication of consumers care needs and preferences occurs in various ways, such as shift handover and direct conversations with the Registered Nurse, the service was unable to adequately demonstrate that communication in relation to the consumer’s changed care needs is consistently occurring and Staff reported inconsistencies in the clinical handover process; and some staff stated they do not receive a hand over and do not review a hand over sheet.

### The Approved Provider in its response has provided information that the handover process has been reviewed and additional education has been provided to staff to support timely communications.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. Whilst I acknowledge the actions taken by the service to address the deficiencies identified at the time of the Site Audit, the service did not adequately demonstrate the consumer’s condition, needs and preferences is documented and communicated within the organisation; and improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is Non-compliant.

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

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

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

*Minimisation of infection related risks through implementing:*

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 4 NON-COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Most consumers and representatives considered that consumers get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers expressed satisfaction in relation to food and confirmed that it was of adequate quantity, quality and variety. Consumers said the service accommodated individual needs and consumers are supported to have input into the menu and to have foods of their choice.

Consumers and representatives said consumers were supported to keep in touch with people who are important to them and were supported to maintain social and personal relationships. However, the Service was unable to demonstrate consumers are provided with emotional support or services and supports to participate in activities within and outside of the service and do things of interest to them.

Whilst the Service has an activity lifestyle calendar, interview of named consumers and review of care planning documentation identified activities and support from staff have not been implemented for consumers’ emotional, spiritual and psychological well-being as additional supports are not available to named consumers. Consumers/representatives and staff said there are not always suitable activities consumers are able to participate in, particularly in the memory support area.

Staff said they have access to equipment used to provide and support lifestyle services and equipment to assist consumers and confirmed equipment is well maintained at the service. A review of maintenance documentation demonstrated the service conducted regular planned maintenance of equipment.

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

## Assessment of Standard 4

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

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

### Requirement 4(3)(b) Non-compliant

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

The Site Audit report provided information that named consumers/representatives stated consumers psychological and emotional well-being are not supported by the service, with consumers/representatives advising staff do not take the time to talk with consumers. Staff did not demonstrate an awareness of the support needs of named consumers.

For one named consumer, the Site Audit report provided information that cultural and linguistic needs had not been provided and external support arranged by the representative had not continuously been supported by the service.

I note in the Approved Providers response, information to demonstrate ongoing support and engagement with external support services for 2 named consumers and a commitment by the Service to further explore opportunities to ensure consumers receive services and supports that optimises their emotional, spiritual and psychological well-being.

The Approved Provider in its response advised the service will seek to increase their volunteer program and Management will hold daily meetings to monitor consumers who may need additional support when feeling low or experiencing a difficult event.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. Whilst I acknowledge the actions taken by the service to address the deficiencies identified at the time of the Site Audit, the service did not adequately demonstrate that all consumers receive services and supports for daily living that meet their individual needs, goals and preferences and optimise their independence, health, well-being and quality of life. Planned actions will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is Non-compliant.

### Requirement 4(3)(c) Non-compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

Whilst the Service demonstrated consumers are supported to have social and personal relations, the service was unable to demonstrate consumers are provided with services and supports to participate in activities within and outside of the service and do things of interest to them.

The Site Audit report provided information that Consumers/representatives advised the service does not provide services and supports that meet the consumers interests and care planning documentation does not always reflect activities of interest to the consumer or external support service engagement with named consumers.

Interviews, observations and document review identified sufficient and meaningful activities were not occurring in the memory support unit and consumers were observed as not being engaged.

I note the site audit report and the Approved provider response outlines improvements planned and implemented, including a review of the lifestyle program, implementation of a lifestyle program for the memory support unit with engagement of a dementia consultant, review of staffing levels for the memory support unit with allocation of an additional enrolled nurse for 3 days per week over 5 weeks and review of consumer cultural needs.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. Whilst I acknowledge the actions taken by the service to address the deficiencies identified at the time of the Site Audit, the service did not adequately demonstrate sufficient and meaningful activities of interest to the consumers; and improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is Non-compliant.

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

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

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

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

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

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

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

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers/representatives interviewed confirmed consumers feel safe and find the environment comfortable and welcoming.

Consumers/representatives interviewed confirmed that consumers feel at home, and their visitors feel welcome. Most consumers/representatives interviewed confirmed that the service the service is clean and well maintained.

Whilst the service environment was safe, clean and tidy the service did not demonstrate a service environment that enables consumers to move freely, both indoors and outdoors. Doors leading to the services secured outdoor courtyards and gardens were locked, preventing consumers to move freely outdoors in the secured areas.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

Whilst the service environment was secure, clean and tidy the service did not demonstrate a service environment that enables consumers to move freely, both indoors and outdoors. As doors leading to the services secured outdoor courtyards and gardens were locked, preventing consumers moving freely outdoors in the secured areas.

Consumers and Staff said the doors leading from the memory support unit to outdoor areas were permanently locked. The Assessment Team observed these doors to remain locked for the duration of the Audit.

I note in the Approved Providers response, information stating the doors were locked due to wet weather and staff education and monitoring is now occurring to ensure these doors remain unlocked. I further, note the approved providers commitment to continuous improvement and their engagement with external support services for an environmental review and implementing restrictive practise education for staff.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. Whilst I acknowledge the actions taken by the service to address the deficiencies identified at the time of the Site Audit, the service did not adequately demonstrate consumers are able to move freely both indoors and outdoors; and improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is Non-compliant.

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

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

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives considered that they are encouraged and supported to give feedback and make complaints; however, most consumers and representatives did not consider appropriate action is taken when they gave feedback to staff or management and expressed dissatisfaction with the delay in the resolution of their complaint and the lack of communication from management.

Overall sampled consumers considered they are encouraged and supported to give feedback and make complaints. Consumers/representatives advised they know of the various avenues to raise concerns; they feel comfortable providing feedback and feel safe to do so.

However, the service did not demonstrate effective management of the service’s complaints processes. The service was unable to demonstrate effective feedback and complaints handling processes and systems to ensure all feedback and complaints received are documented, investigated and responded to consistently and in a timely manner to the satisfaction of consumers/representatives.

Consumers/representatives expressed feedback and suggestions are not considered and used to improve the quality of care and services. Feedback and complaints made via various methods including verbally, in writing and via consumer/representative meetings have not been consistently entered into the service’s complaints register, reviewed and used to inform continuous improvement.

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

## Assessment of Standard 6 Requirements

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

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

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

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

### Requirement 6(3)(c) Non-compliant

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

The Site Audit report provided information that identified appropriate action has not been taken in response to complaints. Consumers/representatives sampled who had raised complaints advised they have not received a response to their complaints or complaints have not been resolved to their satisfaction. The service was unable to demonstrate appropriate action is taken in response to complaints and an open disclosure process applied when things go wrong.

### The service has a complaints management and open disclosure policy, and Management and staff demonstrated an understanding of the processes including offering an apology when something goes wrong. However, the service was unable to demonstrate actions had been taken to address consumers’ complaints. The Assessment Team found that the documentation provided by the service in relation to complaints was incomplete and management could not provide examples of actions taken in response to consumers’ feedback.

Two named consumer representatives advised they have engaged an advocate to assist with resolution of their complaints as they were dissatisfied with response from the Service.

The Assessment Team identified feedback and complaints have not been consistently captured in the complaints register, including complaints made verbally, in writing or through consumer/representative meetings. There are also instances where complaints are documented as resolved to the consumer’s satisfaction however consumers/representatives advised this is not the case.

### I note the Approved Provider in its response provided acknowledgement that improvements are required to gain the confidence of consumers, that feedback will be used to drive improvements. The Approved Provider advised they are reviewing all complaints of the previous 6 month period and will re-open any complaints found not to have been resolved to the consumers satisfaction.

The Approved Provider advises that a review of the complaint process will occur, education has been provided to staff regarding feedback from consumers, a shared dedicated email address has been established for receiving of emailed feedback and open disclosure, feedback and complaints will be discussed at clinical meetings.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. Whilst I acknowledge the actions taken by the service to address the deficiencies identified at the time of the Site Audit, the service did not adequately demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is Non-compliant.

### Requirement 6(3)(d) Non-compliant

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

Feedback and complaints from staff have not been consistently used to improve the quality of care and services. Consumers and representatives were not aware of improvements made in response to their complaints or feedback.

The Assessment Team reviewed the service’s management systems meeting minutes which identify feedback and complaints are discussed as part of the agenda. However, feedback and complaints are not being consistently documented and therefore not all feedback and complaints are being reviewed to improve care and services.

Whilst Management and staff demonstrated a shared understanding of how consumer feedback is used to improve care and services; the Service could not provide examples of actions taken where consumer feedback has been used to improve consumer care and services.

The Approved Provider in its response has advised the service has mechanisms and meetings in place to receive and review feedback from Consumers/representatives however will reinforce the importance of effective feedback management and identified areas for improvement will be recorded as continuous improvement actions.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. Whilst I acknowledge the actions taken by the service to address the deficiencies identified at the time of the Site Audit, the service did not adequately demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services; and improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is Non-compliant.

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Overall, consumers and representatives considered that consumers do not receive care and services from staff who are knowledgeable and capable and said there are not enough staff to deliver timely care and services. However, consumers and representatives said staff are kind, caring and treat consumers well.

The organisation has a training framework and policies to guide in human resource management. The service monitors staff records in relation to national criminal history checks, professional registration requirements and annual influenza vaccination records.

Whilst the organisational had processes to ensure that the workforce is adequately trained, recruited and competent and supported in their roles, the service was unable to demonstrate staff training had been provided. The workforce was not supported to effectively perform their roles, with staff advising they do not have sufficient time to complete their duties or to adequately meet consumers’ care and services needs and preferences.

The service was unable to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The service’s system to record, track and monitor performance appraisals have been ineffective. The service has not maintained records of staff appraisals completed and a number of staff appraisals were overdue.

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

## Assessment of Standard 7 Requirements

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

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

### The Site Audit provided information that the service is not able to demonstrate that the workforce is planned, and adequate in number, to enable the delivery and management of safe and quality care.

Whilst management at the service reported challenges with two recent COVID-19 outbreaks and staff and management resignations in recent months, the Assessment Team identified staffing shortage has been an ongoing issue for the service prior to this.

All consumers/representatives interviewed by the Assessment Team raised concerns regarding inadequacy of staff numbers at the service and provided provide examples of where this has negatively impacted on their care needs, including assistance with hygiene and toileting, medication and complex care needs. For example:

* Four consumers advised they do not get repositioned regularly
* Six consumers/representatives reported of consumers being incontinent or being left in soiled incontinence aids for extended periods waiting for staff assistance.
* Three consumers/representatives reported that staff turn off the call bell without attending to care need and consumers can wait extended periods (including up to four hours) for staff to return to provide assistance.
* One representative reported the consumer’s time-sensitive medication has been missed on multiple occasions due to staff shortages.

### Staff have expressed concerns that they are not able to adequately support consumers due to staffing levels. Staff provided examples of how staffing levels are impacting consumers, such as; consumers not receiving showers, repositioning or assistance with toileting resulting in some consumers experiencing incontinence as staff are not able to attend to them in time.

### Staff advised they are rushing consumers; feel exhausted and do not have enough time to undertake their allocated tasks. Staff advised they have raised concerns with Management regarding staffing levels however say they have received little communication from management regarding actions implemented or planned to address staff concerns.

Care documentation for two consumers who require time-sensitive medication for the period 25 February to 4 March 2022 identified they did not receive their medication at the prescribed time on 4 and 16 occasions respectively. Both consumers experienced adverse side effects.

Service documentation including the plan for continuous improvement, consumer meetings and complaints register identified inadequate staffing levels have been identified.

The Site Audit report provided information that the Service has had several changes in management in recent months, including the resignation of the Facility Manager in November 2021; and subsequently of a new Facility Manager who commenced in December 2021 and resigned in February 2022. The Approved provider implemented a Senior Nurse Manager as acting Facility Manager during recruitment, with a new Facility Manager commencing 14 March 2022. The service advised they had reviewed the clinical structure at the service in February 2022 and introduced a Care Manager role.

### In their response the Approved Provider stated they have systems and oversight of the roster to ensure the required number and skill mix of staff to ensure adequate levels of care and services to consumers, roster reviews have occurred, recruitment processes are ongoing to fill the master roster and agency staff contracted for extended periods to support the Service’s needs. The Approved Provider acknowledges challenges have been experienced through this process and states that agency staff usage gives staff and consumers/representatives the perception of being short staffed.

The Approved Provider acknowledges the process for onboarding as area for improvement and has committed to additional human resources to assist recruitment and onboarding processes and to continue to review the Services roster to implement a dedicated staffing model.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. I am not convinced that the Approved Provider’s response adequately addressed the deficiencies identified by the Assessment Team. I am of the view the service did not adequately demonstrate the service’s workforce was planned to ensure the delivery and management of safe and quality care. Therefore, it is my decision this requirement is Non-compliant.

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

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

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

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

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

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

The service was unable to demonstrate the workforce is trained, equipped and supported to deliver safe and effective care and services.

Whilst the service has training calendar and records which identified staff receive regular education on a variety of topics and mandatory training, consumers/representatives and staff reported that staff were not adequately trained.

Some consumers/representatives expressed concerns regarding the training provided to staff in delivering care and services, including lack of orientation and training of agency staff to ensure they understand consumers’ care needs. They provided specific examples and impact, such as staff not being trained in how to use the hoist or mechanical beds and agency staff not understanding how to provide complex care as per care plan information or provide basic continence care.

### Whilst Staff were able to describe orientation and the training provided on an ongoing basis, some staff said they had not received this training or raised concerns with not being trained to provide specific care needs to some consumers, such as the application of a positive airway pressure device.

### In their response the Approved Provider referred to improvements made under Standards, 1, 2, 3 and 7 of the action plan and reported staff are provided with a comprehensive orientation and have access to online learning modules.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. Whilst I acknowledge the actions taken by the service to address the deficiencies identified at the time of the Site Audit, the service did not adequately demonstrate the workforce is recruited, trained, equipped and supported to deliver quality and safe care and services; and improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is Non-compliant.

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

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

The service was unable to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The service’s system to record, track and monitor performance appraisals have been ineffective. The service has not maintained records of staff appraisals completed and a number of staff appraisals were overdue.

The Site Audit report provided information that the Service’s performance appraisal register identified 20 staff flagged as being overdue for appraisal however on review of this document a further 20 staff were identified as overdue and other information incomplete or inaccurate. In response to the Assessment Team the Approved Provider acknowledged the performance appraisal process was not up to date, citing recent COVID 19 outbreaks and the resignations of 2 Facility Managers.

Whilst the Service has policies and procedures in relation to performance management and was able to describe staff performance appraisal processes; and Staff were aware of the service having a staff performance appraisal process; not all staff sampled confirmed they have undergone regular performance appraisals or provided feedback they were not satisfied with the performance appraisal process.

### I note in the Approved Provider response, acknowledgment that performance appraisal processes have not been managed effectively, citing recent resignations of 2 Facility Managers. The Approved Provider has committed to review the appraisal record, to conduct an employed engagement survey and to conduct all staff performance appraisals by end May 2022.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. Whilst I acknowledge the actions taken by the service to address the deficiencies identified at the time of the Site Audit, the service did not adequately demonstrate effective *assessment,* monitoring and review of the performance of each member of the workforce is undertaken; and improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is Non-compliant.

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The organisation had policies , procedures and a clinical governance and risk management framework

However, the service was unable to demonstrate effective organisation wide governance systems and risk management systems and practices in relation to:

* Information management: staff raised concerns on availability of information as staff meetings do not occur regularly, and consumers/representatives expressed concerns regarding lack of information about changes within the service or in relation to consumer’s care and wellbeing
* Continuous improvement: the service’s management and monitoring of high impact and high prevalence risks and identification of medication errors in relation to the administration of time-sensitive medications is ineffective.
* Workforce governance: ineffective workforce governance in relation to ensuring adequacy of staff numbers at the service; training and support for staff to deliver the responsibilities of their role; and regular assessment, monitoring and review of the performance of all staff.
* Regulatory compliance: the service was unable to provide evidence that all incidents are identified and reported under serious incident response reporting expectations in a timely manner.
* Feedback and complaints: complaints are not dealt with in a timely and appropriate manner and an open disclosure process applied when things go wrong; and the service has not ensured feedback and complaints are consistently reviewed and used to improve the quality of care and services.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

### The service did not demonstrate effective organisational wide governance systems in relation to information management, workforce governance, regulatory compliance, continuous improvement and feedback and complaints.

### Consumers/representatives interviewed were satisfied with the way information about care and services is managed. However, expressed dissatisfaction regarding Information provided about changes within the service or in relation to consumers’ care and wellbeing, specifically regarding COVID 19 management and provision of care and services planning or consumer change in health condition information.

### In relation to information management, staff expressed dissatisfaction with communication from the Service, specifically in relation to availability of regular staff, hand over and meetings and request for information regarding concerns raised around staffing levels.

The organisation had a continuous improvement framework which is monitored by the service’s leadership and governing body. The service had a plan for continuous improvement plan and other action plans that linked improvement activities to the relevant requirements of the Quality Standards. However, review of the service’s systems identified ineffective management and monitoring of high impact and high prevalence risks and identification of medication errors in relation to the administration of time-sensitive medications.

In relation to feedback and complaints, review of documentation and the service’s systems identified ineffective management of feedback and complaints. Feedback and complaints made through various methods including verbally, in writing and surveys have not been consistently entered under the service’s complaints register and used to inform continuous improvement.

### Management stated the service had processes to enable management to seek changes to budgets and expenditure. The Site Audit report provided information that demonstrated the service had increased expenditure as required and demonstrated the recent purchase of equipment.

### In relation to workforce governance, whilst the organisation had processes in place to ensure that the workforce is adequately trained, recruited and competent in their respective roles, the workforce was not planned to enable the delivery and management of safe quality care and services. The service did not demonstrate sufficient staff were allocated to meet consumers’ needs and preferences. Staff advised they did not feel equipped or supported to effectively perform their roles.

### The organisation has policies and procedures including serious incident reporting and these are consistent with current regulatory requirements. Review of the service’s records demonstrated that management maintained an electronic incident reporting register. The service’s incident reporting register contained details of incidents that fall under serious incident reporting requirements, however staff reported to the Assessment Team and Management confirmed, incidents had occurred but not all were reported under the serious incident response requirements. The Service subsequently submitted a serious incident record related to this incident.

### In relation to feedback and complaints, the service was unable to demonstrate effective governance systems in place to ensure complaints are dealt with in a timely and appropriate manner and an open disclosure process applied when things go wrong; and to ensure feedback and complaints are consistently reviewed and used to improve the quality of care and services. Feedback and complaints made through various methods including verbally, in writing and surveys have not been consistently entered under the service’s complaints register and used to inform continuous improvement

### The Approved Provider in its response stated that the organisation has overarching systems and processes in relation to information management, workforce governance, regulatory compliance, continuous improvement and feedback and complaints. The Approved Provider reported a monitoring tool which includes tracking compliance and high risk, high impact incidents implemented in 2021 and refined in 2022 for improved oversight and referred to improvements implemented under Standards 2, 3, 6 and 7 of the action plan.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. Whilst I acknowledge the actions taken by the service to address the deficiencies identified at the time of the Site Audit, the service did not adequately demonstrate effective governance systems were in place in relation to information management, continuous improvement, workforce governance or feedback and complaints; and improvements will require time to be implemented and evaluated for effectiveness. I also note there is Non-compliance across all eight Quality Standards which does not support effective organisational governance. Therefore, it is my decision this requirement is Non-compliant.

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

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

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

### Whilst the organisation had a risk management framework which addressed risk to consumers including high impact high prevalence risks, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can; the service was unable to demonstrate effective management and monitoring processes for high impact and high prevalence risks, such as in relation to the administration of time-sensitive medication, adherence to risk minimisation strategies for consumers with swallowing difficulties and compromised skin integrity. The Assessment Team provided information that evidenced not all incidents were reported and those that are reported were not analysed to identify the risks associated with the care of individual consumers; and some staff reported they are not reading consumer care planning documentation prior to providing Consumer care due to time restraints.

### Whilst the organisation had implemented mandatory serious incident response training for staff and serious incidents are escalated to senior Management for oversight of the incident, Incident data is reviewed by the organisation and reported monthly via the Clinical Governance Committee to the Board, the Site Audit report provided information that identified the Service has a medication system with a self-monitoring process which flags medications that had not been administered, allowing the staff member to confirm medication had been administered prior to the end of their shift. However, The Assessment Team identified multiple medication errors where time-sensitive medications for 2 consumers had not been administered on time and had not been identified or reported by staff.

### Review of the service’s incident reporting register and associated documentation identify the service has reported incidents that fall under serious incident reporting requirements, however the Assessment Team and Management confirmed, incidents had occurred but not all were not reported under the serious incident response requirements. The Service subsequently submitted a serious incident report related to this incident.

### The Approved Provider’s response included an establishment of a clinical meeting where consumer incidents are monitored, including identifying opportunities for improvement to care and services. The Approved Provider stated in their response that immediate and planned improvements in Standards 2 and 3 will be monitored to ensure high impact high prevalence risks are consistently and effectively managed by the service.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. Whilst I acknowledge the actions taken by the service to address the deficiencies identified at the time of the Site Audit, the service did not adequately demonstrate that high impact and/or high prevalence risks are effectively managed; and improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is Non-compliant.

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

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

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

# Areas for improvement

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

* Requirement 1(3)(a) – The approved provider ensures each consumer is treated with dignity and respect.
* Requirement 2(3)(c) – The approved provider ensures that assessment and planning is consistently based on ongoing partnership with the consumer and/or others the consumer wishes to involve.
* Requirement 2(3)(d) –The approved provider ensures the outcomes of assessment and planning are effectively communicated to the consumer and a care and services plan is readily available to the consumer.
* Requirement 3(3)(a) – The approved provider ensures that each consumer gets safe and effective care that is best practice, is tailored to their needs, and optimises their health and well-being, particularly for those consumers with complex or specialised care needs.
* Requirement 3(3)(b) – The approved provider ensures that effective processes to manage the high impact and high prevalence risk associated with the care of the consumers, particularly in relation to risks associated with specialised care needs, falls and infection.
* Requirement 3(3)(e) –The approved provider ensures that information about the consumer’s condition, needs and preferences are communicated effectively within the organisation.
* Requirement 4(3)(b) –The approved provider ensures that consumers are receiving services and supports that promote their daily living to include emotional, spiritual and psychological well-being.
* Requirement 4(3)(c) –The approved provider ensures that consumers are provided with services and supports to participate in activities within and outside of the service and do things of interest to them.
* Requirement 5(3)(b) – The approved provider ensures that consumers are able to move freely outside the service environment to the secured courtyards and gardens.
* Requirement 6(3)(c) – The approved provider ensures that appropriate action is taken in response to complaints, including providing a response to consumers who raise a complaint; and an open disclosure process is applied when things go wrong.
* Requirement 6(3)(d) – The approved provider ensures that complaints are consistently reviewed and used to improve the quality of care and services.
* Requirement 7(3)(a) –The approved provider ensures that its workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services, particularly in relation to having a consistent staffing level and a stable management team at the service.
* Requirement 7(3)(d) –The approved provider ensures that the service has effective processes to ensure training and support of the workforce to deliver the outcomes required by the standards.
* Requirement 7(3)(e) –The approved provider ensures that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.
* Requirement 8(3)(c) –The approved provider ensures that the service has an effective organisation wide governance system relating to information management, workforce governance, consumer feedback and continuous improvement.
* Requirement 8(3)(d) –The approved provider ensures that the service has an effective organisation wide governance system relating to the management of high impact and high prevalence risk.

# Other relevant matters

* The Approved Provider implements all planned actions to address identified deficiencies and establishes monitoring process to ensure ongoing compliance with the Aged Care Quality Standards.