Arthur Blackburn VC Gardens

Performance Report

821 Ocean Drive
PORT MACQUARIE NSW 2444
Phone number: 02 5534 2602

**Commission ID:** 0537

**Provider name:** RSL LifeCare Limited

**Site Audit date:** 28 January 2020 to 31 January 2020

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 28 February 2020.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers provided positive commentary in relation to being treated with dignity and respect, maintaining their identity, making informed choices about their care and services and living the life they choose. For example:

* Consumers interviewed said staff are always respectful when speaking to them and delivering care.
* Consumers sampled provided positive feedback regarding being supported to exercise choice and independence to make decisions about their care and the way care and services are delivered.
* Consumers and representatives interviewed confirmed that the service values their culture and diversity, and care and services are generally culturally safe.
* Consumers interviewed confirmed that the service respects their privacy and staff knock and wait for an acknowledgement before entering their rooms.

However, the Assessment Team observed the consumers’ right to privacy is not always exercised by staff within the common areas of the service.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

* Staff interviewed spoke about consumers respectfully and with regard for their identity, culture and diversity.
* Staff interviewed were able to describe how they have or would support consumers to take risks to enable them to live the best life they can.
* While the feedback from consumers confirmed they are treated with dignity and respect, observations by the Assessment Team confirmed consumers privacy is not always respected in common areas.

The Quality Standard is assessed as Non-compliant as one (1) of the six specific requirements have been assessed as Non-compliant.

## Assessment of Standard 1 Requirements

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

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

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

Care and services are culturally safe.

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

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

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and

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) Non-compliant

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

Observations undertaken identified that consumers privacy is not always respected in common areas. Paper handover documentation and consumers details on computer screens were easily viewed by others in the vicinity. Staff were overheard talking about consumers preferences and other staff within the vicinity of consumers. A consumer’s privacy while toileting was compromised due to the position of a mirror when the toilet door was opened.

In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including providing training and ongoing education to staff, reconfiguring the bathroom mirror and undertaking a quality internal audit.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate that each consumer’s privacy is respected, particularly in common areas.

# STANDARD 2 NON-COMPLIANTOngoing 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

Some sampled consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services, however other consumers and representatives advised they have had minimal involvement in the consumers care plans process. One representative advised that a case conference had been arranged recently however this was first time this had happened since the consumer entered the organisation months ago. Some representatives confirmed they are notified when consumers have a falls and if requiring hospital transfer, others advised they are not notified of any other changes.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

* The organisation is unable to demonstrate a system is in place for the consumers or their representatives to be involved in their immediate and ongoing care needs. The majority of the consumer assessments and care plans are not completed accurately or reflective of the consumers current care needs and preferences. The care plans show no involvement by the consumers or their representatives and the goal section on the care plan is routinely not completed.

Whilst the organisation has in the last two weeks commenced care conferences with consumers or their representative, this information has not been transferred to the care plans. A review of consumers assessments and care plans show no goals documented to indicate the focus of the assessments and care plan is on the consumer’s needs, goals and preferences. The consumer assessments and care plan are not reflective of the consumers current care needs.

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

## Assessment of Standard 2 Requirements

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

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

The assessments and care planning document reviewed did not show a comprehensive assessment and care planning system is in place for the sampled consumers, and care plans were not reflective of the management of consumers risks.

In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including providing training and ongoing education to staff including clinical staff, review of care plans d full clinical reassessment of consumers.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate that 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) Non-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.

### For the consumers sampled, the Assessment team identified the care planning documents are not routinely documented to address the consumer’s current needs, goals and preferences regarding advanced care plans and end of life planning wishes.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including creation of end of life planning procedures and processes for a consumer receiving palliative care, inclusion of advanced care plans and end of life planning wishes in consumer’s care plans, provision of training to staff and finalisation of relevant policies and procedures.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate that assessment and planning addresses and identifies consumer’s current needs, goals and preferences, particularly in relation to advance care planning and end of life planning.

### 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.

### The care planning documentation reviewed identified no or minimal involvement of others in the consumers assessment and planning process, particularly the representatives of consumers and others involved in their care, with the exception of physiotherapists who were seen to be engaged in assessment and planning.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including provision of training to staff and finalisation of relevant policies and procedures.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable that assessment and planning is based on ongoing partnership and that it includes all others involved in the care of the consumers.

### 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.

Consumers and/or their representatives have access to care plans, however outcomes of assessment and planning was not always incorporated in care plans or consumer goals documented.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including updating care plans, completion of case conferences and implementation of and training in a new version of the service’s electronic care planning system.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan

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

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

The care plan documents reviewed showed limited evidence of review when circumstances changed or when incidents occurred which impacted on consumers.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including training on following up changes in care requirements and clinical expectations, and implementation of and training in a new version of the service’s electronic care planning system.

These improvements are acknowledged; however the approved provider does not comply with this requirement as it was unable to demonstrate that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Some sampled consumers did consider that they receive personal care and clinical care that is safe and right for them.

For example:

* Some of consumers and representatives said they get good care. However, two representatives confirmed incidents they have observed at the organisations which has concerned them in regard to staff practices. For example, staff not respecting the consumers wishes and the consumers dignity being compromised by staff actions.
* Consumers and representatives confirmed generally the consumers have access to doctor’s, and other health professionals who visit the organisation. However, advised the registered staff don’t always notify them of any change after the doctor’s visits.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

* A review of clinical documentation demonstrates deficiencies in regard to the clinical oversight of consumers nursing care needs at the organisation by registered staff members. For example, the Assessment team identified clinical assessments, monitoring of charts and the care planning processes is not effective in meeting the outcomes for the consumers.

A review of consumers documentation identified significant gaps in the clinical governance at the organisation. The organisation does not have an effective system in place for the assessment, monitoring and care planning processes to support the best outcomes for the consumer.

The Quality Standard is assessed as Non-compliant as six 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 organisation is unable to demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care. Staff did not have access to best practice policies and procedures relating to pain management, management of skin integrity and restraint. A review of documentation demonstrates that consumers care needs are not tailored to their needs and optimising their health and well-being, particularly in relation to pain, wound management, skin integrity and continence. The Assessment team identified deficits with a consumer in regard to their wound and pain management since entering the organisation several months earlier.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including commencing clinical review of all consumers, improvements in tracking currents status of consumers, appointment of an independent nurse advisor and intensive training for staff.

These improvements are acknowledged; however the approved provider does not comply with this requirement as it was unable to demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care.

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

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

The organisation is unable to demonstrate there is effective management of high impact or high prevalence risks associated with the care of each consumers. It is unable to demonstrate consumers care plans and other clinical documentation are reflective of the consumers risks, accurately completed and regularly reviewed. The organisation is unable to demonstrate they have monitoring systems in place to identify when a consumer is at risk. Concerns were identified in relation to chemical restraint, choking, insulin and blood glucose level monitoring, bowel monitoring and weight monitoring.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including improving handover processes, commencing clinical review of all consumers, improvements in tracking currents status of consumers, appointment of an independent nurse advisor and intensive training for staff.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

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

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

The Assessment team identified the needs, goals and preferences of a consumer nearing the end of life are not recognised or addressed, their comfort not maximised, and their dignity not preserved. Care plan documentation is not current and reflective of the consumers current care needs goals and preferences to guide staff practice in the management of the consumers care and comfort. Progress notes entries identify evidence of staff not respecting the consumers wishes and the consumers dignity being compromised by staff actions. The consumer and representative confirmed no one has discussed the consumers palliative care and end of life wishes with them.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including ensuring advanced care directives are more accessible and visible, clinical review of all consumers to identify those without advanced care directives and comprehensive and intensive training for staff.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

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

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

For the consumers sampled, their care planning documents and/or progress notes do not reflect the identification of, and response to, deterioration or changes in function/capacity/condition. For example, the organisation is unable to demonstrate the management of a consumer with continued episodes of behaviours, that is impacting other consumers, is being is recognised and responded to in a timely manner.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including education and training for staff and priority clinical review for an identified consumer and referral to specialist services.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate that 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.

The Assessment team identified that the daily handover sheet has information on consumers clinical changes and needs. However, this information is not documented in the consumers progress notes or care plans to guide staff practice. Further, although consumers documentation is accessible it is not always accurate and reflective of their current care needs.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including reviewing and updating handover sheets, clinical reviews of consumers and updating care plans and education and training for staff.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate that Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

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

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

Whilst other consumers interviewed said they have had timely referrals completed, the organisation is unable to demonstrate registered staff have made timely and appropriate referrals to doctors which has caused impact and delays in care for a consumer.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including measures to ensure staff are aware of consumers requirements and what to do if observations are outside their parameters, training and education to staff, internal investigations and targeted auditing.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate that timely and appropriate referrals are made to individuals, other organisations and providers of other care and services.

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

Minimisation of infection related risks through implementing:

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

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Overall most sampled consumers did confirm that they get the services and supports for daily living that are important for their health and well-being and that enables them to do the things they want to do.

For example:

* Consumers interviewed confirmed that they are supported by the service to do the things they like to do.
* Consumers interviewed confirmed that they are supported to keep in touch with people who are important to them.
* Feedback from consumers interviewed included meals provided are of a suitable quality, variety, and quantity and are provided in a safe pleasant environment. Consumers are able to give feedback about the quality of the food and any special requests to staff and management at meal times.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Information about the consumer’s condition, needs and preferences is not always communicated. Handover documents and progress notes do not provide adequate information to support effective and safe sharing of the consumer’s care as they do not contain up to date current information.

While there are services and supports for daily living that are important for my health and well-being, information about the consumer’s condition, needs and preferences is not always communicated.

The Quality Standard is assessed as Non-compliant as one (1) of the seven specific requirements have been assessed as Non-compliant.

## Assessment of Standard 4 Requirements

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

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

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

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

### Requirement 4(3)(c) Compliant

Services and supports for daily living assist each consumer to:

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

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

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

Information about the consumer’s condition, needs and preferences is not always communicated. Handover documents and progress notes do not provide adequate information to support effective and safe sharing of the consumer’s care as they do not contain up to date current information.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including review of the handover system, training and education for staff and targeted auditing.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s services environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers interviewed confirmed they find the environment to be safe and well maintained. Consumers said they are very happy with the cleaning of the environment and their rooms.
* Consumers interviewed very happy living at the service. They said they feel at home and their family and friends are made to feel welcomed when they visit.
* Consumers are able to decorate their bed room according to their taste, with personal items to make their home as comfortable as possible.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

* The Assessment Team observed the service has clear signage throughout, structural strategies to support most consumers to mobilise independently indoors and out. There is adequate lighting, heating and cooling, a comfortable atmosphere and appropriate noise levels and pathways around the service are level and safe.

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

## Assessment of Standard 5 Requirements

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

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

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

The service environment:

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

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

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

# STANDARD 6 NON-COMPLIANTFeedback 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

Overall some sampled consumers did consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

Consumers stated that they felt safe and comfortable to raise concerns. However, felt that issues or complaints are not always addressed in a timely manner or at all. So, changes were not always made as a result of the issue being raised. One consumer said “it falls on deaf ears” why bother raising a concern.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register and tested staff understanding and application of the requirements under this Standard.

The service did not record complaints effectively, nor log them onto the continuous improvement system. As a result, some complaints have been resolved quickly and to the satisfaction of consumers, while other complaints have remained open for months. There was a lack of monitoring, review and evaluation to identify complaints trends.

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 Assessment Team identified that the service did not always take appropriate action in response to complaints and was not able to demonstrate a full open disclosure process was used, when things go wrong.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including steps to resolve existing complaints or concerns, discussion of issues at residents’ meetings and training on open disclosure.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

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

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

The service was unable to demonstrate that it monitors or reviews feedback and complaints or that , or review or that it used feedback and complaints to improve the quality of care and services.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including discussion with staff on how to encourage complaints, improvements to its complaints system and targeted auditing.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services.

# STANDARD 7 NON-COMPLIANTHuman 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 most sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Consumers interviewed stated that the staff are kind and caring. The Consumers feel that all staff know what they are doing and do the job well. Most consumers interviewed advised there are enough staff. However, one consumer interviewed said more staff are needed. A consumer said “The staff are lovely, and I love being here because of them”

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

* The management team advised that the service and the organisation has recently had changes and restructure. These changes and restructure have impacted on the service
* Lack of training and education needs analysis with minimal training and education provided on key aspects of the new quality standards and mandatory training, relating to fire, antimicrobial stewardship, open disclosure, risk management and minimising the use of restraint.

The Quality Standard is assessed as Non-compliant as four 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 service was unable to demonstrate 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. Concerns were identified in relation to timely response to call bells, management of assessment and planning and care and a period of time when the service operated without a substantive facility or clinical manager.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including recruitment for managerial, clinical, care and other positions, roster review and human resource training.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

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

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

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

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

While the Assessment Team identified the workforce has the qualifications, a review of consumers clinical care documentation did not demonstrate the registered staff are effectively performing their roles, for the best outcomes for the consumers.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including intensive training and monitoring of performance.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate that the workforce is competent and the members of the workforce have the 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 staff are trained, equipped and supported in their roles. It was unclear as to how many staff had participated in mandatory training. In the event of an emergency fire evacuation, from the information and documentation provided to the Assessment Team no staff, including appointed fire wardens, have been trained in fire evacuation procedures.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including intensive training, review of training needs and updating policies and procedures.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

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

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

A review of records indicated a limited performance appraisal program. Staff interviewed who had had a performance appraisal indicated that since then there had not been any changes implemented.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including implementation of a new performance management system and commencement of performance reviews.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall most sampled consumers indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Most consumers and/or representatives said the service is well run. However, some said that they hope that this management is better than the last. They also said that previous management didn’t listen, and nothing ever changes.
* Some of the consumers and/or representatives interviewed were unable to provide examples of how they are involved in the development, delivery and evaluation of care and services.

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The organisation could not demonstrate how consumers and/or representatives are involved in the development, delivery or evaluation of care and services. The organisations policies and procedures are currently under review and not able to be accessed by staff. Of the new quality standards however there has been little education, training or implementation of the new quality standards practices. Information provided to the governing body does not provide for clinical governance.

Lack of clinical oversight by the body around minimising the use of restraint.

Lack of governance, understanding and effective risk management systems. Specifically, around identification, monitoring and review of high impact high prevalence risks.

Lack of understanding and demonstration on how consumers have been engaged in the development, delivery and evaluation of care and services.

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

## Assessment of Standard 8 Requirements

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

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

The service does not support consumers to be engaged in the development, delivery or evaluation of care and services. The organisation is unable to provide examples of where consumers have been supported to contribute to care and services.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including distribution of resident and relative meeting minutes, implementation of a consumer focus group which will be used to engage consumers more deeply, consultation with consumers and creation of a consumer engagement framework.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

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

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

The organisation did not demonstrate an understanding of this requirement.The organisation was unable to demonstrate what communications had come from the Board to staff and consumers. Safe, inclusive and quality care and services are not always provided to consumers at the service, as indicated in the deficits identified in assessment, planning and care.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including review of its clinical governance framework, review and implementation of policies and procedures and targeted training.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate that its 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 organisation was unable to demonstrate effective organisation wide governance systems relating to continuous improvement workforce governance, regulatory compliance in relation to chemical restraint and feedback and complaints.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including development of a plan for continuous improvement distribution of resident and relative meeting minutes and a consumer focus group which will be used to engage consumers more deeply. The approved provider noted that a continuous improvement plan was in place, however I am not satisfied it was operating effectively.

### These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate effective organisation wide governance systems relating to continuous improvement, workforce governance, regulatory compliance in relation to chemical restraint and feedback and complaints.

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

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

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can.

The organisation demonstrated minimal understanding of high impact and high prevalence risks. Discussions with management also identified there is no formal analysis completed to assist in identifying these risks. The Assessment Team also did not receive up to date information relating supporting consumers to live the best life they can, as all critical organisational policies and procedures are under review and are unavailable for staff to refer to.

I have not identified any concerns in relation to risk management systems and practices relating to identifying and responding to abuse and neglect of consumers.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including implementation of relevant policies and procedures, designed to improve staff practices.

These improvements are acknowledged; however the approved provider does not comply with this requirement as the organisation was unable to demonstrate effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers and supporting consumers to live the best life they can.

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

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

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

The organisation was unable to demonstrate it had policies relating to minimising the use of restraint and open disclosure. I note that deficiencies were identified in the management of restraint and implementation of open disclosure. The service had materials available on antimicrobial stewardship and I have not identified concerns regarding the service’s practices to promote appropriate antibiotic prescribing. Therefore I am satisfied that a framework, while limited, is in place in relation to antimicrobial stewardship.

### In its response the approved provider set out the improvement activities it is implementing to address the concerns identified, including implementation of relevant policies and procedures, associated training and changes to the supporting clinical system.

These improvements are acknowledged; however the organisation does not demonstrate the existence of a clinical governance framework in relation to minimising the use of restraint and 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.

# Standard 1

### Requirement 1(3)(f)

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

The service must demonstrate that each consumers privacy is respected, particularly in common areas.

# Standard 2

### Requirement 2(3)(a)

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

The service must demonstrate that its assessment and planning processes includes consideration of risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services. In particular, that assessment and planning is comprehensive and that care plans are reflective of the management of consumers risks.

### Requirement 2(3)(b)

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

The service must demonstrate that assessment and planning addresses and identifies consumer’s current needs, goals and preferences, particularly in relation to advance care planning and end of life planning.

### Requirement 2(3)(c)

The organisation demonstrates that assessment and planning:

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

The service must demonstrate that assessment and planning is based on ongoing partnership and includes others involved in the care of the consumers.

### Requirement 2(3)(d)

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

The service must demonstrate that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan.

### Requirement 2(3)(e)

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

The service must demonstrate that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# Standard 3

### Requirement 3(3)(a)

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 must demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, tailored to their needs and optimises their health and well-being for all aspects of clinical and personal care, including but not limited to wound management, skin integrity, pain management and management of restraint.

### Requirement 3(3)(b)

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

The service must demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, including but not limited to chemical restraint, choking, insulin and blood glucose level monitoring, bowel monitoring and weight monitoring.

### Requirement 3(3)(c)

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

The service must demonstrate that 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)

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

The service must demonstrate that deterioration or change of a consumer’s mental health, cognitive or physical function, including but not limited management of behavioural issues.

###  Requirement 3(3)(e)

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

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

### Requirement 3(3)(f)

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

The service must demonstrate that timely and appropriate referrals are made to individuals, other organisations and providers of other care and services.

# Standard 4

### Requirement 4(3)(d)

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

The service must demonstrate that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

# Standard 6

### Requirement 6(3)(c)

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

The service must demonstrate that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

### Requirement 6(3)(d)

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

The service must demonstrate that it monitors or reviews feedback and complaints or that , or review or that it used feedback and complaints to improve the quality of care and services.

# Standard 7

### Requirement 7(3)(a)

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

The service must demonstrate 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.

### Requirement 7(3)(c)

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

The service must demonstrate that the workforce is competent and the members of the workforce have the qualifications and, in particular, the knowledge to effectively perform their roles.

### Requirement 7(3)(d)

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

The service must demonstrate that its workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

### Requirement 7(3)(e)

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

The service must demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# Standard 8

### Requirement 8(3)(a)

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

The organisation must demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

### Requirement 8(3)(b)

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

The organisation must demonstrate that its governing body understands and promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

### Requirement 8(3)(c)

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 organisation must demonstrate effective organisation wide governance systems relating to continuous improvement, workforce governance, regulatory compliance in relation to chemical restraint and feedback and complaints.

### Requirement 8(3)(d)

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.

The organisation must demonstrate effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers and supporting consumers to live the best life they can.

### Requirement 8(3)(e)

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

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

The organisation must demonstrate the existence of a clinical governance framework in relation to minimising the use of restraint and open disclosure.