Bill Newton VC Gardens

Performance Report

28A Lansdown Drive   
DUBBO NSW 2830  
Phone number: 02 5853 2600

**Commission ID:** 0499

**Provider name:** RSL LifeCare Limited

**Site Audit date:** 4 February 2020 to 7 February 2020

**Date of Performance Report:** 17 March 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | 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) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | 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) | Compliant |
| Requirement 8(3)(b) | 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 9 March 2020.

# STANDARD 1 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 that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers interviewed confirmed that they are encouraged to do things for themselves saying they have choice in what they do every day and that staff know them well and know what is important to them. Consumers said staff know their background and what is important to them.

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.

Consumers are supported to take risks and live the best way they can. Whilst risk assessments undertaken provided detailed discussion in relation to the risk they did not contain detail as to how the risks identified would be mitigated. This issue is considered in Requirement 2(3)(a) and 3(3)(b).

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

Consumers and representatives provided positive feedback that they were supported to take risks to enable them to live the best life they can. Staff interviewed noted that consumers have the right to make their own decisions and take reasonable risks in life for the promotion of dignity and self-esteem.

Whilst risk assessments undertaken provided detailed discussion in relation to the risk they did not contain detail as to how the risks identified would be mitigated. This issue is considered in Requirement 2(3)(a) and 3(3)(b).

The approved provider submitted a response demonstrating that consumer feedback is positive, risk assessments are completed and consumers are supported to take risks. The approved provider has identified that risk assessments previously undertaken for certain consumers require review and staff require additional training regarding risk management.

The approved provider complies with this requirement as could demonstrate that each consumer is supported to take risks to enable them to live the best life they can.

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

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

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

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

# STANDARD 2 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

Most consumers sampled said that they feel like partners in the ongoing assessment and planning of their care and services.

Feedback about whether consumers or their representatives are informed of the outcomes of assessment and planning and have ready access to the care plan is mixed. Most consumers/representatives did not know what a care plan was and/or were not aware they can access the care plan.

For the consumers sampled, care plans do not provide evidence of comprehensive assessment and planning that considers risk to the consumer’s health and well-being. There is a lack of individualised goals documented in agreed care and service plans and do not reflect consumer driven goals. Care plans reviewed did not include information in relation to any discussion of advanced care planning and end of life planning that might have occurred.

Consumers/representatives are not aware of the agreed care and services plans and do not know about, or have had, the care and services plan made readily available to them. When risks emerge including in relation to the risk associated with the use of restraint and deterioration in wounds this is not routinely escalated, investigated, re-assessed and appropriate action is not taken to prevent reoccurrence and further deterioration, including further meaningful review of the care and services plan.

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.

Whilst management and staff described processes for initial and ongoing assessment and care planning and had some understanding of risks to the consumer’s health and well-being, review of documentation shows this process is not identifying and leading to the development of effective care and service plans.

The Quality Standard is assessed as Non-compliant as four 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.*

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.

For the consumers sampled, care plans do not provide evidence of comprehensive assessment and planning that considers risk to the consumer’s health and well-being.

All staff interviewed were able to articulate the assessment and care planning processes, however one registered nurse advised that not all staff are aware of how to use the electronic documentation system resulting in charting and assessments not always being completed, impacting the delivery of safe and effective care and services.

The approved provider submitted a response stating that all care plans will be reviewed and potential risks for all consumers and will discuss with consumers/representatives. A dignity of risk framework will be implemented soon and staff will receive education.

The approved provider does not comply with this requirement as could not 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.*

None of the care plans reviewed outlined the consumers personal goals. Care plans reviewed did not include information in relation to any discussion of advanced care planning and end of life planning that might have occurred. For the consumers sampled assessment and care planning does not adequately address all areas of care and service. The organisation has policies and procedures in place in relation to advance care planning and end of life care plans however the service was unable to demonstrated that these are being followed.

The approved provider submitted a response stating that all care plans will be reviewed to ensure they contain the goals, needs, preferences and final wishes with an advanced care directive and advanced care plan in place. The approved provider submitted a response stating that at the time of the site audit 17 advanced care directives were in place. The approved provider stated that staff will receive training in the importance of completing advanced care directives and advanced care planning.

The approved provider does not comply with this requirement as could not demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

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

The acting service’s manager provided evidence of six case conferences that had been recently completed. These records of consultations indicated consumers/representatives are informed of the care that is provided to the consumer. The assessment team noted it was unclear, from the documentation reviewed, how consumers/representatives are involved as partners in the assessment, planning and review of the consumer’s care and services, however, one consumer representative stated that they are extremely involved in their partner’s care. The Assessment Team reviewed a sample of consumer files and noted a number of consumers have assessments performed by a dietitian, speech pathologist and physiotherapist.

The approved provider submitted a response stating that they have implemented a new approach to enhance partnership with consumers which was documented in the six records provided to the assessment team. The provider stated staff will receive further training on documenting consumer consultation.

The approved provider complies with this requirement as could demonstrate that assessment and planning: 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 includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

### Requirement 2(3)(d) 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.*

For each consumer sampled, they have a current care plan across multiple care domains and outcomes are communicated. For those consumers sampled they had not received a copy of their care plan. The results of interviews with consumers or their representatives does not demonstrate they are aware of their agreed care and services plan and that they do not know this is available to them. Management and staff interviews did not demonstrate an awareness of the requirement to make the agreed care and services plan readily available to consumers or their representatives.

The approved provider submitted a response stating that they will notify consumers that their care and services plan is available upon request and a copy offered to each consumer/representative following a comprehensive review of their care plan. The provider stated staff will receive further training on this requirement.

The approved provider does not comply with this requirement as could not demonstrate that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

### Requirement 2(3)(e) 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.*

For the consumers sampled, care plans show evidence of review on a regular basis. However, for some consumers, when circumstances change, or incidents occur care and services plans are not reviewed, evaluated and updated. Whilst agreed care plans are reviewed regularly by registered nurses meaningful review of the plans is not conducted when consumer’s condition or needs change. The regular review of care plans has not identified whether interventions have been effective in meeting the needs of consumers.

The approved provider submitted a response stating registered nurses will receive training in relation in follow-up after changes in care or incidents occur.

The approved provider does not comply with this requirement as could not 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-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

Most sampled consumers and representatives considered that consumers receive personal care and clinical care that is safe and right for them. However, some expressed concern in relation to the level of skill of the clinical and care staff.

For example:

* One consumer representative said the consumer hopes he gets the care that he needs however they believe that many staff do not “understand dementia”.
* Another representative said that they were very upset about their loved one’s deterioration and the information they were given. The consumer representative said they are unsure as to whether the consumer gets the care they need and that the local hospital was monitoring their mother’s wound care.

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.

* Consumers have not consistently received clinical care that is best practice and optimises their health and wellbeing. Deterioration or changes in condition have not been identified and escalated for review for all consumers and appropriate referrals to specialist services have not occurred.
* The service does complete a dignity of risk assessment for those consumers wishing to engage in ‘at risk behaviour’. Whilst this assessment is well done for those with consumers wishing to waive a modified diet it is not done well for all consumers.

The Quality Standard is assessed as Non-compliant as four 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.*

For those consumers sampled, the care and service records do not support they receive safe, effective care that is tailored to their specific needs. Staff interviewed said that staffing numbers often meant that they were unable to provide safe care. For consumers sampled, clinical care provided is not best practice and does not optimise their health and wellbeing, for example, wounds are not managed in accordance with wound assessments and wound care plans having a negative impact for the consumer. When wounds deteriorate, this is not always escalated to provide a timely intervention for specialist review. Risk assessments do not adequately reflect the consumer’s needs and capacity. There was a lack of understanding about what constitutes physical and chemical restraint.

The approved provider submitted a response stating that there will be a clinical review of all consumers including those potentially requiring restraint. Risk assessments will be undertaken where required. In addition, all wounds will be reviewed, and further training provided to staff on maintaining skin integrity, wound management and physical and chemical restraint. Furthermore, staffing will be monitored in line with increased occupancy and recruitment is underway.

The approved provider does not comply with this requirement as could not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that: is best practice; and is tailored to their needs; and optimises their health and well-being.

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

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

For the consumers sampled, some key risks are identified and documented in agreed care and services plans, however, the identification of risks has not been effective in managing risks for the consumers sampled. Care services plans document some high impact and high prevalence risks for consumers however interventions to minimise risk are not adequately identified by staff. For consumers sampled, negative outcomes have been identified in relation to the wound management and behaviour management. During the site visit management advised that there was ongoing development of the organisation’s dignity of risk framework and therefore a completed policy and procedure was not available to staff. Furthermore, medication incidents were not properly reported or investigated.

The approved provider submitted a response stating that a number of issues referred to by the Assessment team in their report related to other requirements. This is not disputed however this information is relevant to this requirement in relation to whether the provider has systems to support the effective management of high impact or high prevalence risks associated with the care of each consumer and therefore has been considered under this requirement.

In their response the approved provider stated that education will be provided to Registered Nurses regarding the identification of risk and all risk assessments undertaken will include appropriate management strategies. The provider stated that the consumer with behaviour management issues will be reviewed and further training provided to staff on incident reporting, incident investigation, compulsory reporting, behaviour management, restraint and management of risk.

The approved provider does not comply with this requirement as could not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

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

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

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

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

The service was unable to demonstrate effective management and timely referral for those consumers requiring complex wound management. Staff interviewed said they report any changes in condition, incidents and or accidents to the registered nurse who then assesses the consumer and directs care, however, upon review of wound management charting and behaviour management this was not adequately demonstrated. The service was unable to demonstrate that deterioration is recognised, and intervention and referrals made that would maximise the consumer’s wellbeing.

The approved provider submitted a response stating that all a full review of all consumers will occur and staff will receive training in the identification of delirium, behaviour management and wound care.

The approved provider does not comply with this requirement as could not demonstrate that deterioration or change in 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) Compliant

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

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

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

The Service was unable to demonstrate that there is a structure in place to adequately monitor deterioration of consumers and make referrals in timely and effective fashion. Whilst care plans and documents reviewed by the Assessment Team had evidence of input and assessments from a variety of healthcare professionals, a review of sampled consumers did not demonstrate timely and effective interventions by allied care services and other health care specialists.

The approved provider submitted a response stating that their Clinical Governance framework will be published soon and appropriate education will follow. Consumer’s care plans will be reviewed, staff education will be undertaken as previously identified above and the service will ensure access to a wound specialist.

The approved provider does not comply with this requirement as could not demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and 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 consumers confirm that they 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.

For example:

* Consumers interviewed commented that they are supported to do the activities they enjoy. Consumers said the staff make sure to let them know when things are on and assist them to attend when needed. One consumer said, “I really enjoy the activities and I like to go and help.” Two consumers said that they are supported by care staff and lifestyle staff to continue to join in their favourite activities on a regular basis. Staff interviewed were able to demonstrate their knowledge of consumers and their likes and dislikes when it came to activities and daily living.
* Consumers interviewed discussed how they are supported to keep in contact with family and friends by phone. All consumers interviewed said staff are welcoming to their visitors and will get them a chair or offer them a cup of tea.
* Most consumers interviewed said they thought the food to be of a “very high standard”.
* 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.
* The service is able to demonstrate changes made to the lifestyle team to ensure weekend coverage as a result of consumer and representative feedback recorded in the last report.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as 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) Compliant

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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 feel safe and secure in the home. Some consumers said there were lots of areas for them to sit around the home with friends and visitors.
* All consumers and representatives interviewed about the service environment responded that the service is always kept clean and well maintained.
* Consumers who were interviewed, including those who are new to the service, said they can find their way around the service easily. They also said they have good access to outdoor areas.
* Representatives commented they feel welcome and the service makes it easy for them to visit. Parking is easy and there are plenty of spaces for them to go to spend time with their family member, such as the café on the ground floor or a choice of siting areas.

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.

* Care, clinical and lifestyle staff who were interviewed about equipment all agreed that there is plenty of equipment to meet consumer needs, it is well maintained, and they have had adequate training on the use of equipment.

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 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

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

For example:

* All consumers/representatives interviewed said they feel comfortable and safe making complaints if needed and have been provided with information on complaints mechanisms, including external mechanisms.
* All consumers and representatives interviewed said they know the Care Manager well and are encouraged to speak to her at any time regarding any concerns. They said she is pro-active in addressing any issues identified.

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, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

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

For example:

* All consumers/representatives interviewed said they feel comfortable and safe making complaints if needed and have been provided with information on complaints mechanisms, including external mechanisms.
* All consumers and representatives interviewed said they know the Care Manager well and are encouraged to speak to her at any time regarding any concerns. They said she is pro-active in addressing any issues identified.

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, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

The Quality Standard is assessed as Non-compliant as one 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.*

Although processes were in place regarding the actioning of complaints documentation sighted regarding complaints and feedback did not include evidence that open disclosure processes were carried out in the service when things went wrong. A comprehensive open disclosure framework was sighted, but it is still in draft form and staff interviewed were not aware of it. Management advised when the framework is finalised training will be provided to all staff and information will also be provided to consumers and representatives.

The approved provider submitted a response stating training would be provided for staff on open disclosure and management have adopted an open and transparent approach to managing concerns raised by consumers and representatives.

The approved provider does not comply with this requirement as could not 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) Compliant

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

# STANDARD 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 sampled consumers indicated they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Most consumers interviewed gave examples of why they are happy with the staff and confirmed they receive the care they need.
* Consumers and representatives interviewed said that staff seem to know what they are doing. Some commented that the staff really know them well and take their preferences into account when providing care.
* Most consumers interviewed said there seem to be enough staff. Some commented that sometimes staff are busy, but they don’t usually need to wait too long for assistance.

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 service received their first consumers in May 2019 and currently have 28 consumers residing in a 60-bed service. Management advised they are not at full capacity for staffing since the service is only half full and review their rosters currently on a weekly basis. Staff are replaced when they are sick and annual leave is planned.
* There is an induction program for all staff and staff also receive training on an ongoing basis. This was evidenced in some training records sighted and discussions with staff, although records showing that each staff member has received induction and compulsory training were not sighted.

There were issues identified particularly relating to:

* Requirement 7 (3)(c) regarding the knowledge and skills of the workforce to provide safe and effective care, particularly with regards to some registered nurses with limited experience.
* Requirement 7 (3)(d) regarding the training to deliver outcomes required by the standards, particularly with regards to some inexperienced registered nurses.
* Requirement 7 (3)(e) regarding the regular assessment, monitoring and review of individual staff performance of all staff at the service.

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) Compliant

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

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

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

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

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

The organisation has some processes in place regarding checking qualifications of registered nurses and allied health providers and the provision of training to staff. However, as training records identified the total numbers of staff attending the various training courses but did not show the names of individual staff members it was difficult to tell if all current staff had received induction and mandatory training. Staff interviewed advised they received induction training on commencement however the new care manager has not received induction into her role. Management advised there were competencies in place for staff, however evidence of these were not sighted by the assessment team on the staff files or in the other training documentation sighted. When issues were identified with wound care indicating a lack of staff knowledge and skills, training was not provided to ensure staff had adequate skills to perform their roles effectively.

The approved provider submitted a response stating that an aged care consultant has been appointed to assist the care manager in maintaining good clinical governance. Training records have been amended to show names of attendees. Mandatory training with regard to compulsory reporting has been completed. Intensive training including the management of a deteriorating consumer and wound care will be provided for registered nurses. All staff will receive mentoring and direction and staff competency assessments will be undertaken as required.

The approved provider does not comply with this requirement as could not demonstrate that 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 organisation has some processes in place regarding this requirement, such as the provision of training on the new aged care standards and training in elder abuse and work health and safety. Staff interviewed confirmed they had orientation training and access to ongoing training. However, training records did not identify whether all staff at the service had received induction and mandatory training. There was feedback from consumer representatives that indicated nursing staff were not adequately trained in wound care or managing a consumer’s fall. Furthermore, Standard 2, 3, 6,7 and 8 are not complaint with the Aged Care Standards indicating that staff are not adequately recruited, trained, equipped and supported to deliver the outcomes required by these standards.

The approved provider submitted a response indicating all gaps would be addresses as outlined previously.

The approved provider does not comply with this requirement as could not 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.*

Although the organisation has some processes in place to assess, monitor and review the performance of individual staff, documentation has not been completed in a consistent manner for all staff. It was unclear whether all staff had received probationary reviews at the required timeframes and whether any performance issues identified had been addressed appropriately such as by the provision of additional training or mentoring. There was also no follow up information on whether the staff members who were identified as performing below expectations had now improved. Staff interviewed were also not clear on the performance framework mechanisms.

The approved provider submitted a response stating staff had not had their performance addressed post probation and this was now being addressed with all newly recruited staff. A new performance management system is being sourced and underperformance issues dealt with.

The approved provider does not comply with this requirement as could not demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# STANDARD 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

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

For example:

* Consumers interviewed commented that the place is well run, they believe they receive quality care from caring staff, if they raise any issue it is followed up, and the place is clean and well maintained.
* Consumers felt they are involved in the service planning to the level they wish to be. Some participate in resident meetings and said they are always asked to give feedback of any kind whenever it arises.
* Although consumers and representatives from the Dubbo site have not participated in organisational wide surveys yet, they have been consulted and involved in a number of ways including on-site surveys, resident meetings and a food focus group is currently being implemented.
* Consumers are involved on an ongoing basis in the menus of the service and each lunch time the chef is on the floor in the dining room gathering feedback.
* 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 has policies and procedures aligned to the new aged care standards, although some of these are still in draft format.
* The board provides directions to the service to promote safe provision of quality care and services.
* The Regional manager said that while there is an annual budget for planned purchases of equipment or renovations, if a consumer needs equipment for their wellbeing it is always approved immediately.

Although the service had processes in place with regards to consumer engagement, and overall governance processes, there were gaps identified with regards to the following:

Requirement 8 (3) (c), workforce governance and regulatory compliance;

Requirement 8 (3) (d), risk management systems; and

Requirement 8 (3) (e), specifically regarding the use of restraints in the service and current lack of open disclosure mechanisms.

The Quality Standard is assessed as Non-compliant as three 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.*

With regard to information management, there were issues with regards to policies and procedures and some frameworks relating to the new standards that were still in draft format and staff were unable to access these. Training had not been provided on these policies or their contents.

In terms of workforce governance, issues were identified regarding the knowledge and skills of staff to provide safe and effective care as outlined in Standards 2, 3, and 7.

Issues were identified regarding regulatory compliance as an incident was not included on the consolidated mandatory reporting register.

Regarding feedback and complaints, issues were identified with regards to the open disclosure process. The policy is still in draft, staff are not aware of the open disclosure process and documentation regarding complaints did not demonstrate open disclosure principles.

The approved provider submitted a response stating intensive training is being provided to staff as previously outlined above. Approximately 35 policies have been cleared and made available for use and evaluation of these will be undertaken once embedded.

The approved provider does not comply with this requirement as could not demonstrate that effective organisation wide governance systems relating to the following: information management; continuous improvement; financial governance; workforce governance, including the assignment of clear responsibilities and accountabilities; regulatory compliance; 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 service has some processes in place regarding identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. Some risks were being identified and some strategies put in place to mitigate risks such as the completion of risk assessments, however, examples were sighted where risks were identified but effective strategies to manage these risks were not put in place. Staff attending risk assessments were not able to demonstrate a clear understanding of this requirement regarding assessment planning and identifying strategies that might mitigate harm to self or others.

The approved provider submitted a response stating that intensive training is being provided to staff as previously outlined above. Approximately 35 policies, including clinical care ones to address deficits identified, have been cleared and made available for use and evaluation of these will be undertaken once embedded.

The approved provider does not comply with this requirement as could not demonstrate that effective risk management systems and practices, including but not limited to the following: managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can.

### 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.*

Although some processes are in place regarding this requirement, such as antimicrobial stewardship, an issue was identified in staff understanding about the use of physical restraints and what constituted a chemical restraint. Issues were also identified regarding open disclosure. The organisation has a draft open disclosure framework in place but staff are unable to access it as it has not been finalised and they were unaware of its contents.

The approved provider submitted a response stating that intensive training is being provided to staff as previously outlined above. Approximately 35 policies, including clinical care ones to address deficits identified, have been cleared and made available for use and evaluation of these will be undertaken once embedded.

The approved provider does not comply with this requirement as could not demonstrate that Where clinical care is provided—a clinical governance framework, including but not limited to the following: antimicrobial stewardship; 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.

### 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.

Review all care plans and ensure 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)

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.

Review all care plans and ensure assessment and planning 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)(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.

Ensure 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.

### 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.

Ensure 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.

### 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.

Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice; and is tailored to their needs; and optimises their health and well-being.

### Requirement 3(3)(b)

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

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

### 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.

Ensure any 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)(f)

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

Ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services

### Requirement 6(3)(c)

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

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

### Requirement 7(3)(c)

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

Ensure the workforce is competent and the members of the workforce have the qualifications and 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.

Ensure the 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.

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

### 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.

Ensure effective organisation wide governance systems relating to the following: information management; continuous improvement; financial governance; workforce governance, including the assignment of clear responsibilities and accountabilities; regulatory compliance; 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.

Ensure effective risk management systems and practices, including but not limited to the following: managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can.

### 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.

Ensure where clinical care is provided—a clinical governance framework, including but not limited to the following: antimicrobial stewardship; minimising the use of restraint; and open disclosure.