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:** 22 June 2021 to 25 June 2021

**Date of Performance Report:** 16 August 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **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) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | 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) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-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) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 29 July 2021.

# 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

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.

Overall, most consumers sampled considered 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. Most consumers also confirmed their care is culturally safe and that staff know them well. They felt they are encouraged to do things for themselves and staff know what is important to them stating that services are provided consistent to their preferences, including what celebrations and festivities they prefer to commemorate.

Furthermore, consumers felt that their personal information was kept confidential and their privacy was maintained. Consumers also said that they are able to make choices and are provided with adequate information to make informed decisions and are supported to take risks to live the best life they can and maintain their social independence.

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.*

The Assessment team found that most consumers/representatives interviewed provided information about staff making them feel respected and valued as an individual. Care staff interviewed knew what was important to the consumers and spoke of ways they uphold their dignity and show them respect valuing their identity and diversity. In addition, most consumers felt that their care is culturally safe, and that staff know them well. They feel they are encouraged to do things for themselves and staff know what is important to them. For example, one representative was able to provide personal care for his wife as that was her preferences. Another consumer said staff are respectful and take the time to interacting doing the things together that they like best.

In contrast, a representative did feel that privacy was a concern with a consumer coming in to another consumers room persistently and another believed consumers were being placed in their pyjamas prior to the evening meal. The Assessment Team also witnessed and interaction that was not beneficial or appropriate between a consumer and a staff member. This was reported to management at the time of the site audit.

The Assessment Team reviewed care plans and saw that they contained a specific cultural needs report which listed each consumer’s individual profile which clearly states their cultural and religious preferences. In addition, care plans sampled reflected detailed information on the consumers life story and what is important to them in relation to their identity and how staff are to uphold their dignity and show them respect.

The Approved Provider submitted information to address the issues raised by the Assessment Team. This included strong documented evidence to show how the Approved Provider had managed the situation that the Assessment Team observed whilst at the service. Their actions were strong, decisive and resolved the issue to the consumer satisfaction and reduced risk completely to ensure it did not reoccur. In addition, there was strong documented evidence addressing the issues highlighted in relation to both consumers in pyjamas prior to the evening meal and the actions that were in place at the time of the site audit to try to resolve consumers entering other’s rooms without permission. This evidence combined with the Assessment Team’s overall report indicating high level of consumer satisfaction and staff attentiveness indicates that each consumer is treated with dignity and respect.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that 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.*

### 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

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.

Even though, most sampled consumers did not consider that they feel like partners in the ongoing assessment and planning of their care and services, consumers/representatives confirmed they were involved in assessment and planning. However, the reviews were not frequent or recent and issues discussed were not being actioned. In contrast, it was found that outcomes of assessment and planning are effectively communicated to the consumers and documented in a care plan.

Care and services documentation reviewed showed that assessment and planning is being undertaken and the needs and preferences of consumers are documented however, reviews are not conducted when consumers’ condition or needs change. Incidents are not always investigated which means that strategies to minimise the risk of reoccurrence are not identified and actioned.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team found that consumers/representatives said they are involved in assessment and planning. This, however, is not reflected in the care and services documentation reviewed. For the consumers sampled, progress notes and care and planning documentation do not reflect the consumers/representatives are involved in assessment and planning.

The Assessment Team saw from the organisation’s Assessment and Care Planning procedure states consumer care plans are to be reviewed annually and a copy of the care plan is to be offered to the consumer or their representative at each case conference. A review by the Assessment Team of the service’s case conference register shows case conferences have not been held for a number of consumers. Management confirmed that documentation of consumer involvement in assessment and planning was not occurring.

In contrast, The Assessment Team found that other individuals or organisations were involved in the care of the consumers. For the sampled consumers, referrals for specialist assessment and care planning recommendations were sighted in their care and services documentation. In addition, Staff were able to describe how they involve the consumers and their representatives in assessment and planning.

The Approved Provider did not provide any further information to refute the Assessment Team findings. The Approved Provider did however submit a continuous improvement plan to address the issues found on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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.

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

### 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 Assessment Team found that reviews of care and services documentation is not being undertaken when consumers’ condition or needs change. Incidents are not always investigated which meant that strategies to minimise the risk of reoccurrence are not identified and actioned. Consumers/representatives told the Assessment Team that case conferencing had not been happening regularly. In addition, the Assessment Team found the service’s allocation schedule shows a large amount of assessments that have not been reviewed within the three-monthly timeframes.

#### Consumer feedback to the Assessment Team confirming staff had contacted them shortly after each time there was a change in condition, or an incident had occurred. In addition, they said that they had been involved in case conferences and/or care plan reviews however they were not regularly undertaken. For example, a representative said reviews were not happening as frequently as they once were, another representative said they had only seen two care plan reviews in two years.

Staff confirmed with the Assessment Team that care planning documentation is reviewed every three months or when there is a change in the condition of a consumer.However, the Assessment Team saw evidence that most consumer assessments were overdue.

The Assessment Team found that case conferences are documented on the electronic documentation system however notes were difficult to locate to see. This included information relating to which consumers had had a case conference or when they had last had one undertaken and what issues had been discussed during the conference. Management acknowledged that this was an issue and were investigating other options to make it easily accessible.

The Approved Provider did not provide any further information to refute the Assessment Team findings. The Approved Provider did however submit a continuous improvement plan to address the issues found on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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

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.

Most sampled consumers did not consider that they receive personal care and clinical care that is safe and right for them. Some consumers/representatives expressed concerns with the lack of hydration, personal care and sense of safety.

Consumers receiving palliative care were being provided with the appropriate care to maximise their comfort and dignity. In addition, staff are able to recognise deterioration or a change in a consumer’s condition and it is responded to in a timely manner.

Consumers who were involved with chemical, physical and/or environmental restrictive practise (formerly known as restraint) were not being reviewed within the organisation’s three-monthly time frame. Moreover, reportable incidents that occurred were being reported into the service’s online risk management system however they were not placed on the Serious Incident Response Scheme (SIRS) register making it unclear if they had been investigated and reported to the Commission.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team sampled consumer care documentation. This showed that most consumers are receiving safe and effective care that is best practice, tailored to their needs and optimises their health and wellbeing. However, the Assessment Team found issues with glucose monitoring and wounds management.

The Assessment Team found where restrictive practices are being used for some consumers prescribed psychotropic medication they do not have an appropriate consent form. Some consumers, who were ambulant and living in the locked memory support unit did not have an environmental consent form to consent to environmental restrictive practices. In addition, restrictive practices are not being reviewed within the organisation’s three-monthly timeframe and alternate strategies were not always documented.

Consumer feedback to the Assessment Team was mixed. Highlighted issues by consumers/representatives included clinical care being poor, hydration was not monitored, consumers were not being actively engaged, personal care was irregular and poor quality and behaviour management is not being addressed.

In contrast, staff interviewed could describe the clinical and personal care provided for the sampled consumers. Staff are aware of consumers who require behaviour management techniques, wound dressings and who had current infections. They were able to describe which consumers had restrictive practices and how often the consumers were checked.

The Approved Provider did not provide any further information to refute the Assessment Team findings. The Approved Provider did however submit a continuous improvement plan to address the issues found on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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.

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

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

The Assessment Team found that the service has systems in place to manage high impact, high prevalence risks however these were not always followed. A review of care and services documentation showed that while falls and pressure injuries are being managed appropriately, behavioural incidents were not being fully investigated or listed on the service’s Serious Incident Reports Scheme (SIRS) register. In addition, it was unclear if these incidences were reported to the SIRS team.

Consumers/representatives on their behalf expressed concerns about the safety of their relatives and the lack of prevention strategies to minimise the risk of falls. Staff were observed administering schedule eight medications against legislation. Medication errors are not always identified and investigated.

The Assessment Team reviewed the care documentation for consumers, who have had multiple falls or have been identified as a falls risk. Falls risk assessments and physiotherapy assessments were being undertaken. Preventative strategies were generally noted to be in place however there was an issue with these being actioned consistently as planned.

The Assessment Team found that the care documentation for consumers who have had behavioural incidents showed they are not being managed appropriately. Some consumers have had incidents that have not been reviewed or been reported to the Commission. In addition, the service has systems in place to ensure safe medication administration however when examined by the Assessment Team, these were not consistently followed. Staff were also observed administering medications not in accordance with best practice.

The Approved Provider did not provide any further information to refute the Assessment Team findings. The Approved Provider did however submit a continuous improvement plan to address the issues found on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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) Compliant

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

### Requirement 3(3)(e) 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 service demonstrated that information about the consumer’s condition, needs and preferences is documented. However, it is not always communicated effectively within the organisation and with others where responsibility for care is share. For example, there was an issue relating to a consumer receiving and additional service that was not necessary. Despite this being communicated by a representative to staff on several occasions the consumer did receive the additional service. Therefore, this was not effectively communicated within the organisation.

In contrast, most consumers/representatives confirmed the needs and preferences were effectively communicated between the staff and other providers such as medical specialists and physiotherapists was provided by the service when required.

The Assessment Team found staff had multiple ways that they receive information about consumers. This included handover or individual catch ups with the registered nurses. The Assessment Team observed a verbal handover which occurred between the morning registered nurses and the afternoon registered nurses. Privacy of consumer information was maintained, and all staff maintained social distancing. In addition, the service utilises communication logbooks which enable staff to communicate with allied health staff and medical officers. Logbooks were observed for physiotherapists, podiatrists, and medical officers.

The Approved Provider did not provide any further information to refute the Assessment Team findings. The Approved Provider did however submit a continuous improvement plan to address the issues found on the day of the site audit. On consideration of the Assessment Team findings there is limited evidence to show a systemic issue with communication of consumer’s condition, needs and preferences. Whilst there was evidence of one incident this appears to be isolated as all other evidence demonstrates that the service has communicative staff across the service and with other medical service providers. In addition, the majority of consumers/representatives confirmed that their needs and preferences are communicated effectively.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated 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) Compliant

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

The Assessment Team received positive feedback from consumers/representatives regarding access to health professionals. In addition, staff were able to describe the processes for referring to other health professionals. A review of care and services documentation showed appropriate referrals to relevant health professionals were undertaken. However, these were not always in a timely manner.

For the consumers sampled by the Assessment Team, care planning documents showed input of medical officers and allied health providers and referrals where needed. However, referrals were not always undertaken in a timely manner. For example, The Assessment Team found that for one consumer a specialist consultation was recommended however this was not addressed and a referral not sourced.

In contrast consumers/representatives said their relatives have access to medical officers and other health professionals when required. One representative said their relative had been able to access the palliative care nurse whenever they required it.

In addition, staff were aware of the directions given by other health practitioners for the consumers sampled. The Assessment Team found that the information aligns with consumers feedback and care planning documentation for each consumer.

The Approved Provider did not provide any further information to refute the Assessment Team findings. The Approved Provider did however submit a continuous improvement plan to address the issues found on the day of the site audit. On consideration of the Assessment Team findings there is limited evidence to show a systemic issue with timely and appropriate referrals for consumers. Whilst there was evidence of one incident this appears to be isolated as the service responded as soon as it was uncovered. All other evidence demonstrates that the service has processes that ensure the timely and appropriate referrals to individuals, other organisations and providers of other care and services and was confirmed by the consumers/representatives.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

### Requirement 3(3)(g) Non-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.*

The Assessment Team found that the service has systems in place to manage an outbreak and minimise infection related risks. However, these are not always applied consistently. Representatives expressed concerns with the lack of action to prevent infection. Consumers were commenced on antibiotics without confirmation from pathology and consumers who had known infectious diseases were not identified as per the service’s policy. In addition, staff are not following recommendations for use of personal protective equipment and staff practices for preventing the spread of infection were observed to be poor.

Staff were interviewed by the Assessment Team demonstrated they have a good understanding on the principles of antimicrobial stewardship and have access to relevant information on the expectations set by the organisation. However, cleaning staff interviewed were not aware of cleaning protocols to minimise the spread of infection. The organisation has written procedures to minimise the risk of infection and to ensure appropriate usage of antibiotics. Staff interviewed were aware of these policies and how to obtain them when needed.

However, a review of the service’s outbreak management folder showed several key documents such as staffing lists and consumer list were outdated or missing. In addition, care and services documentation reviewed of consumers diagnosed with infections showed they are not managed according to the processes and procedures set by the organisation.

The Approved Provider did not provide any further information to refute the Assessment Team findings. The Approved Provider did however submit a continuous improvement plan to address the issues found on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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-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

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.

Some sampled consumers did consider that they get the services and supports for daily living that are important for their health and well-being enabling them to do the things they want to do. Consumers confirmed that they receive safe and effective services, which supports their preferences and wishes and enables them to optimise their independence, well-being and quality of life.

Information is documented in consumers care plans or activities plans regarding their wishes related to supporting their independence, well-being and quality of life. In addition, the service does assist in supporting consumers wishes for emotional, spiritual and psychological well-being.

The service supports those consumers who wish to continue to participate in activities within the local community as well as enabling consumers to maintain social and personal relationships. Consumers advised they can maintain links with family and friends via telephone calls or go out with family on social outings. However, feedback from consumers and their representatives indicated their dissatisfaction with the current activities program as it does not provide consumers with the opportunity to undertake activities of interest to them. Representatives advised that they regularly find their family members doing no activities.

Feedback from consumers and representatives also indicated their current dissatisfaction with the meals being provided. Some consumers felt the meals are not of a suitable quality and despite providing regular feedback to management they feel no improvements are being made.

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

## Assessment of Standard 4 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) Non-compliant

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

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

The Assessment Team received mixed feedback was received from consumers and their representatives regarding the current activities program and the lack of activities of interest and support provided. Representatives were specific in telling the Assessment Team that there are not many individual activities undertaken and others said simple activities that interest the consumers, such as playing music, are not undertaken. Representatives made also made specific reference to the memory support unit not providing consumers with entertainment or activities to support them to do things of interest to them or encourage and enable them to participate in activities within the service. The Assessment Team had some feedback from consumers saying they preferred to stay in their rooms and watch television or read books as the activities program did not interest them.

The lifestyle coordinator advised a copy of the monthly calendar is provided to consumers and a copy is posted on public display on the noticeboards near the dining rooms. They also remind consumers on a daily basis of what is happening each day. However, care staff stated they did not always have enough time to manage activities as well. In addition, the facility manager advised the activities program does operate across the week with care staff assisting with activities on the weekend.

Lastly, the Assessment Team observed consumers accessing outside social contacts and several representatives advised they can regularly visit their family members. Care plans also supported this.

The Approved Provider did not provide any further information to refute the Assessment Team findings. The Approved Provider did however submit a continuous improvement plan to address the issues found on the day of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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) Non-compliant

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

The Assessment Team received feedback from consumers and representatives indicating their current dissatisfaction with the meals being provided including the food choices available. Whilst the service has introduced a food forum to enable consumers to provide feedback on the meals, consumers interviewed felt the meals are still not of a suitable quality. Some consumers said despite providing regular feedback to management they feel no improvements are being made. Representatives also said that food requests are often acknowledged but not followed through. On the other hand, other consumers said they enjoyed the meals being provided, the meals were an adequate size and they were not feeling hungry between meals.

The Assessment Team reviewed a sample of care plans and dietary information retained by the kitchen and noted the information was consistent. Staff told the Assessment Team that they are informed by the registered nurse on consumers dietary needs including any specific changes as the result of allied health reviews such as speech pathologist or dietician. Staff advised that key information such as allergies is noted in the kitchen as well as the dietary information sheets which are retained in the kitchen.

The chef advised they regularly check on consumer satisfaction with the meals since their recent appointment into the role. The chef advised feedback is being received from consumers and their representatives through the resident food forum, resident meeting and food feedback postcards and is being used to review and make changes to the menu.

The Approved Provider submitted information to address the issues raised by the Assessment Team. This included evidence to refute some of the consumer and representative feedback provided to the Assessment Team and it is acknowledged that the provision of appropriate meals for consumers with specific needs is being achieved. This has been all been considered and based on the findings of the Assessment Team the work that has begun seeking feedback from consumers on the meals needs to further develop and strengthen and was not shown at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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.

Most sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers said they have been able to bring in personal mementoes and small items of furniture to decorate and personalise their rooms which had assisted them in settling into the service.

In addition, feedback from consumers/representatives indicated they felt the premises and equipment was safe and well maintained. Staff also provided consistent information regarding the reporting of any hazards or maintenance requests.

In contrast, although the service has very recently appointed an external cleaning company negative feedback was received from representatives and consumers regarding the cleanliness of the service.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

The Assessment Team found that consumer feedback was positive regarding the living environment being safe, well-maintained and comfortable. Consumers also told the Assessment Team that they were able to go out into the gardens or go out with family and friends.

However, negative feedback was received from consumers and representatives regarding the cleanliness of the service. The feedback included the cleanliness of furniture, and that cleaning services were not thorough. The Assessment Team observed a room which needed to be recleaned after it was not cleaned properly for a new resident. In addition, concerns were also raised for one consumer regarding their ability to move freely in and out of their own room due to the staff practice of locking the consumer’s door. The Assessment Team also witnessed difficulty locating keys to allow consumers to move freely around the service.

Consumers and representatives indicated that the building was generally well maintained, and they could not recall any maintenance matter which was not handled in a timely manner. The maintenance officer advised the Assessment Team that they undertake a check of the maintenance folder on a regular basis and sign off tasks when completed. At the time of the site audit the maintenance officer had not been able to find records to indicate if there was the routine maintenance. However, the Assessment team was advised that maintenance issues could be determined by each facility manager, staff or through health and safety audits. A review of the maintenance logbook by the Assessment Team indicated that maintenance matters are being attended to in a timely manner.

The Approved Provider submitted further information to provide additional information relating to the Assessment Team findings. The Approved Provider did outline a more robust maintenance program. This has been taken into consideration, however the Approved Provider was unable to provide additional evidence, other than saying that more cleaners had been sourced, to account for the issues relating to the cleaning of the service as highlighted by consumers/representatives. Whilst it is acknowledged that the Approved Provider has moved forward to address the issues raised by the consumers/representatives it was not indicative of the standard at the time of the site audit. In addition, there was no further explanation provided to address some of the issues highlighted with the ability for consumers to freely access areas of the services.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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

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.

Most sampled consumers and/or representatives considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. They also indicated they were aware of the avenues to raise concerns either directly with management; through various meetings such as the resident meetings or food forum meetings; via written communication as well as to external organisations such as the Commission.

Appropriate action is taken in response to complaints and the open disclosure process is used consistently. Feedback and complaints are now being documented and reviewed and used to improve the quality of care and services. Trends or critical incidents are reported to the Board through the organisation’s committee structure and reporting systems.

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

*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 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

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.

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers said staff are kind, gentle and caring and are respectful of who they are as individuals and they are confident that staff are skilled and capable to meet their care and service needs.

The service has appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the needs of consumers and the Quality Standards. The organisation achieves this through the effective implementation of its human resource policies and procedures that include staff recruitment, orientation, education, staff performance review and job specific competency assessments. In addition, the Assessment Team observed the majority of consumer and staff interactions to be kind and caring throughout the site audit.

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

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

### Requirement 7(3)(d) Compliant

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

### Requirement 7(3)(e) Compliant

*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

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).

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. All consumers interviewed during the site audit said that the service is well run. Consumers were able to describe how they are encouraged and supported to participate in the development, delivery and evaluation of care and services through meetings, food forums, feedback and complaint mechanisms, surveys, one-to-one meetings with the residential manager and by participating in recruitment panels.

The Board has acted to ensure the organisation is delivering safe and quality care in accordance with the Aged Care Quality Standards and has effective mechanisms for communication, planning and review, and integration of services.

However, the organisation has not demonstrated that effective systems are in place for managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to incidents.

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

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

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

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

The Assessment Team found that the organisation has not demonstrated that effective systems are in place for managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can.

The organisation was able to provide a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers is managed. In addition, the policies also include the abuse and neglect of consumers is identified and responded and incidents are managed and prevented. However, the risk management framework and policies are not always implemented or followed properly.

The Assessment Team found that staff said they have been educated about the abuse and neglect of consumers. Staff were able to describe what they would do if they witnessed elder abuse and how they would report this. In addition, staff were able to describe various risk minimisation strategies in place to prevent falls and pressure injuries and to reduce and monitor the use of restraint.

The organisation has systems to manage high impact or high prevalence risks associated with the care of each consumer, however, the service does not demonstrate effective identification and management of all consumers who have high impact or high prevalence and restrictive practices. In addition, the services incident management system has been implemented. However, a review of the service’s risk management system and SIRS register show incidents where investigations have not been conducted or completed the required reporting.

The Approved Provider submitted further information to provide additional information relating to the Assessment Team findings. The Approved Provider highlighted the robust system they have in relation to policies and procedures and that staff are fully aware of these. However, these alone do not demonstrate and effective system of risk management in practice and the Assessment Team provided evidence to show shortfalls between polices and procedures and how they are applied consistently to the care of consumers.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that effective risk management systems and practices, including but not limited to the following:

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

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

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

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

The Assessment Team found that management demonstrated that they have implemented a clinical governance framework that is understood by the service’s staff. The organisation provided a documented clinical governance framework. In addition, the service has a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restraint and an open disclosure policy. The Assessment Team had concerns about the framework in practice as demonstrated in pervious requirements.

Staff confirmed for the Assessment Team that that they had been educated about the policies and were able to provide examples of their relevance to their work. For example, staff were able to describe strategies to minimise infection risks and resistance to antibiotics which included; encouraging fluids to reduce urinary tract infections, support consumers to ensure good personal hygiene practices, appropriate donning and doffing of PPE, timely identification of infection related symptoms.

Management were asked what changes had been made to the way that care and service were planned, delivered or evaluated because of the implementation of these policies. Management were able to provide examples that include a decrease in physical restrictive practices through better restraint training for staff resulting in improved assessment and classification of consumers. This was confirmed by the Assessment team viewing a report.

The Approved Provider submitted further information to provide additional information relating to the Assessment Team findings. The Approved Provider highlighted the intent of this requirement and showed that the Assessment Team had confirmed that they were meeting this requirement due to the strong clinical governance framework that was not only understood and used by staff but was having a positive impact for consumers. Taking this into account the Approved Provider has demonstrated that they have robust clinical governance framework.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that a clinical governance framework, including but not limited to the following:

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

# Areas for improvement

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

### Requirement 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.

* Continue to implement continuous improvement plan as supplied to the Commission.
* Ensure that the service develop an effective and consistent method to work in partnership with consumers and their representatives in assessment and care planning.

### 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.

* Continue to implement continuous improvement plan as supplied to the Commission.
* Review processes for consumer care and services to ensure that they are actively being reviewed when circumstances change or where incident impact consumer needs, goals and preferences.
* Ensure when reviewed that this translates into improvement of care and services for the consumer and that this is well documented.

### 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.

* Continue to implement continuous improvement plan as supplied to the Commission.
* Ensure restrictive practices are reviewed so they are reduced as much as possible. Where they are still required ensure that there has been other strategies tried, evaluated and recorded. There should also be the right consents in place.
* Look to improve wound care practices to ensure they are best practice and consistent.
* Seek feedback from consumers on their care concerns and seek to resolve them.

### Requirement 3(3)(b)

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

* Continue to implement continuous improvement plan as supplied to the Commission.
* Review and reform medication administration.
* Ensure that practices and policies are consistently and effectively applied to ensure that high prevalence high impact risks are mitigated and reduced.

### Requirement 3(3)(g)

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.

* Continue to implement continuous improvement plan as supplied to the Commission.
* Provide training for all staff on the appropriate management of PPE including storage
* Review infection protocols and ensure they are consistently applied to minimise infection risk.

### Requirement 4(3)(c)

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.

* Continue to implement continuous improvement plan as supplied to the Commission.
* Look at staffing levels to enable staff to provide more one on one interactions and activities.
* Review and improve activities calendar and seek feedback form consumers on the things they would like to do.
* Review activities processes for weekends.

### Requirement 4(3)(f)

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

* Continue to work on the provision of meals based on consumer feedback so they are varied and suitable quality and quantity.

### Requirement 5(3)(b)

The service environment:

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

* Continue to monitor and improve cleaning standards to ensure cleaning is not just superficial. This includes all areas and furniture.
* Review all practices at the service to ensure that consumers have the ability to easily access both indoors and outdoors freely.

### 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
4. managing and preventing incidents, including the use of an incident management system.

* Review and improve risk management systems so they are fully effective and consistently applied across the service.
* Focus for improvement should pay particular attention to high impact or high prevalence risks and incident management.