Blue Care Ingham Bluehaven Aged Care Facility

Performance Report

58 Cassidy Street
INGHAM QLD 4850
Phone number: 07 4776 9222

**Commission ID:** 5176

**Provider name:** The Uniting Church in Australia Property Trust (Q.)

**Site Audit date:** 6 April 2021 to 9 April 2021

**Date of Performance Report:** 17 June 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** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-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) | Non-compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-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) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 28 May 2021.
* other information and intelligence held by the Commission regarding the service.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers and representatives said the service supports consumers to express their cultural identity and interests, including personal philosophies and religious iconography, personal heritage and interests. Consumers provided examples of decorating their rooms with personal memorabilia.

Most consumers said their personal privacy is respected by staff and provided positive feedback with respect to information provided by the service, and the timeliness and accuracy of the information. However, some consumers provided examples such as where information had not been efficiently communicated such as recent changes to management and staffing.

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

Review of documentation provided to the Assessment Team confirmed consumers are provided with choices, including meals, activities, involvement of family in their care and services, room personalisation and care provision. Consumer meeting minutes reflected that consumers and representatives are provided with information about activities, the menu and how to provide feedback.

Consumer care plans included information relating to consumers cultural background, life history and details of any issues the consumer maybe uncomfortable talking about. Care documentation for a named consumer who chooses to go out in the community using an electric scooter demonstrated a discussion with the consumer and representative in relation to associated risks and strategies to minimise these had been completed.

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

## Assessment of Standard 1 Requirements

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

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

While some consumers and representatives said they are treated with dignity and respect, five named consumers provided examples of staff not treating them in a respectful way. For example, consumers said call bells are turned off without attending to their needs, consumers felt rushed and some staff had made rude remarks when providing care and services. One named consumer said they had observed impolite interactions between staff and consumers; a second named consumer said due to a lack of staff the delivery of cares had been delayed. Some consumers and representatives said they felt concern that they would not be treated respectfully if an issue was raised.

Most staff demonstrated an understanding of individual consumer’s and what is important to them, including cultural background. However, staff advised a lack of staff had impacted on the delivery of consumer care and services. For example, five staff said they had observed other staff members either being disrespectful to consumers, speaking rudely or rushing care. Staff said they would not tell management of poor staff conduct or rude interactions as action would not be taken.

The Approved Provider in its response dated 25 May 2021, stated that any negative attitude or approach by staff to consumers is not tolerated by the organisation, and the service has implemented actions to ensure all consumers are treated with the dignity and respect they deserve. The Approved Provider’s response included a plan for continuous improvement and implemented actions included shift huddles to promote timely and responsive communication for staff with discussion topics covered including privacy, dignity and observations of staff interactions with consumers; individual staff counsel if any experiences of negative consumer interactions; a training and education plan; senior leadership daily rounding to ensure an opportunity for consumers to provide direct feedback; and a workplace practice observational tool completed weekly by Management.

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Most consumers and representatives expressed satisfaction with the information that is provided to them about the consumer’s care needs. Care plans are available to consumers and representatives if requested.

Care planning documentation generally reflected individualised needs, goals and preferences and included specific risks to each consumers’ health and well-being such as skin integrity. The service identifies and documents others the consumer wishes involved in assessment and care planning, this includes identifying the consumer’s designated enduring power of attorney.

The organisation has a Professional Practice Framework and a suite of Care Pathways available to guide staff practise in consumer assessment and care planning.

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.*

Care planning documentation identified consumer assessments and care planning generally occurs for all consumers on entry to the service. However, while consideration of risk to consumer’s health and wellbeing is generally reflected, for example, falls risk and pressure injury risk, the assessment and care planning process is not always considering individual consumer risks. The Assessment Team identified four occasions when individual consumers risks had not been assessed and included in care planning to guide staff in care delivery.

For one named consumer, the Assessment Team provided information that the service did not adequately assess their skin integrity risk and swallowing risk to inform the delivery of safe and effective care. Care documentation evidenced that the consumer experienced bruising on their back and shoulders on three occasions during the period November 2021 to March 2021. And while the organisation has a Dignity of Risk assessment process this had not been completed for the named consumer who has difficulty swallowing, however, has expressed a preference to swallow medications whole. I note the Approved provider in its response has undertaken a review of the named consumer’s care needs including reassessment of risks, review and update of the consumer’s care plan. The Approved Provider provided information to evidence that the consumer’s care plan identified their risk of skin bruising, and the Approved Provider refutes that a skin integrity risk assessment would not usually be undertaken in this situation when the consumer presents with skin bruising. I do not agree with this statement, as a change in skin colour is an indicator for damage to skin and underlying tissues. In relation to their swallowing risk, the Approved Provider provided evidence that a risk assessment has been completed in consultation with the consumer and representatives at a case conference.

For a second named the service did not adequately assess risks related to skin integrity and the consumer’s choice not to be repositioned overnight. Discussions have been undertaken with the consumer related to these risks, and the Approved Provider advised repositioning is being provided to the consumer overnight until a current pressure injury is healed. I note further actions provided by the Approved Provider in their response include a one week trial of no repositioning overnight for the named consumer as this is their preference. The service has considered how they will monitor the consumers risk during this one week period, including risk reassessment and implementation of daily skin monitoring.

For another named consumer who chooses to mobilise unaided, the Approved Provider in their response provided evidence the consumers care had been reviewed and the service has identified impulsive behaviours as a possible contributor to falling. The consumer has been assessed by the Occupational Therapist and the consumer’s care plan has been updated with strategies to minimise the risk for falling.

Two Registered Nurses who had recently commenced at the service did not demonstrate an understanding of the service’s assessment and care planning process or Dignity of Risk assessment, and confirmed information in relation to consumer assessment and care planning to guide practice was not readily available. A further three Registered Nurses said there is not sufficient time to complete clinical documentation.

The Approved Provider’s response included a plan for continuous improvement, with actions including to develop and deliver an education calendar to support staff’s understanding of risk assessment and management, including how staff support and respect consumers when they choose to take risks.

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the site audit, assessment and planning processes did not identify risks to inform the delivery of safe and effective care. Therefore, I find the service Non-compliant in this requirement.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

Care planning documentation identified the service involved other health professionals, including external specialist services in consumer assessment and care planning. However, the Assessment Team provided information that the service could not demonstrate that consumers and representatives are involved in assessment and care planning when a change in consumers’ care needs is identified.

For one named consumer, care directives instruct staff to use a bed bath for hygiene cares however this was not reflective of the consumer’s preference. The Approved Provider in their response acknowledged the lack of communication and partnering around the consumer’s hygiene cares and advised an apology had been provided.

For a second named consumer, the service did not notify the consumer’s representative after the consumer had experienced significant weight loss over a four month period. The representative of the named consumer expressed concern regarding dietary intake, and requested information on a number of occasions including after the consumer had been reviewed by the Dietitian and Medical Officer. The Approved Provider in their response provided information that consultation was undertaken in relation to the consumers dietary changes. However, I am not persuaded by this argument as while there is evidence discussion was undertaken in relation to dietary changes the service did not demonstrate a responsive to the representative’s requests for information after review by the Dietitian and Medical Officer. Some consumers and representatives confirmed that they did not receive updates as regularly as they had been accustomed to.

The Acting Care Coordinator said they had identified that consumers and representatives were not consistently included in assessment and care planning discussions. They said the service was implementing a case conference process, however this was still to be established. One Registered Nurse said they have not received education in relation to assessment and care planning processes at the service. They said due to issues with the electronic care documentation system they do not always have the opportunity to complete the documentation of changes in consumers care.

The Approved Provider’s response included a plan for continuous improvement, with actions including to develop and implement a schedule for consumer case conferences.

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

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

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

The service did not demonstrate that consumers and representatives are engaged in communication regarding the outcomes of assessment and planning. The Assessment Team provided information that consumer care plans are made available to the consumer, however consumers and representatives confirmed they are not communicated the outcomes of assessment and care planning.

I note the Approved Provider in its response stated that consumer case conferences are occurring, however acknowledged this was not communicated to the Assessment Team. The service provided evidence that a review of the two named consumer’s care plans was undertaken to reflect the consumer’s individual care needs and preferences.

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

### 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 provided information that the service was unable to demonstrate that consumers care, and services plan are up to date and meet the consumer’s current needs, goals and preferences. Processes to identify, assess and monitor consumer’s condition changes had not been effective.

I note the Approved Provider in its response has provided information evidencing that a review of the named consumers care planning documentation was undertaken including relevant risk assessments, and care plans updated to reflect the current needs of the consumers. The service has committed to further education for staff on the importance of maintaining comprehensive and contemporaneous consumer care documentation.

The Approved Provider’s response included a plan for continuous improvement and the establishment of daily consumer reviews and daily clinical monitoring including review of progress notes by the Care Coordinator.

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the site audit, the service did not demonstrate that care and services were regularly reviewed for effectiveness, including when circumstances change or when incidents impact on the needs or preferences of the consumer. Therefore, I find the service Non-compliant in this requirement.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers have not received personal care and clinical care that is safe and right for them. Consumer and representative feedback included consumers not receiving pain management or support with nutrition, and consumers dependent on assistance from staff with personal care this had not been provided in a timely manner. The Assessment Team has identified consumers had not been provided with the personal care or clinical care which meets their individual needs.

The service has not demonstrated that it consistently and effectively manages the risks related to the personal and clinical care of each consumer in the areas of challenging behaviours and falls risk.

The service did not have effective processes in place to ensure that when a consumer’s condition changes or deteriorates that this is escalated, and consumers receive timely and appropriate medical review and intervention.

While consumers and representatives generally expressed satisfaction that consumers have access to Medical Officers and other health professionals, the Assessment Team identified consumers are not referred to other appropriate health professionals when their condition deteriorates or there is a change in their health and wellbeing. Communication in relation to the consumer’s current or changed care needs is not always occurring within the organisation, and with others where responsibility for care is shared.

While the service demonstrated it has processes implemented to minimise infection related risks, the service is unable to demonstrate that practices to promote appropriate antibiotic prescribing for consumers.

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

### Assessment of Standard 3 Requirements

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

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

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

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

The Assessment Team provided information that identified staff were not consistently monitoring consumers with complex clinical care needs. Consumers had not received personal and clinical care that was tailored to their needs or optimised their health and well-being, specifically in relation to urinary catheter management, dysphagia and diabetes management. Further to this, consumers expressed their dissatisfaction with the number of staff available to assist and as a result consumers experienced delays in the delivery of care and services.

The Approved Provider in its response has provided information evidencing that a review of the named consumers care planning documentation was undertaken and has implemented monitoring of consumers personal and clinical care by the Care Coordinator. The Approved Provider’s response included a plan for continuous improvement with planned actions including communications with representatives to documented in the care planning system, daily consumer reviews and daily clinical monitoring including review of progress notes by the Care Coordinator.

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the site audit, the service did not consistently demonstrate that all consumers receive individualised care that is safe, effective and tailored to specific consumer needs and preferences. Therefore, I find the service Non-compliant in this requirement.

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

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

The service has not demonstrated that it consistently and effectively manages the risk related to the personal and clinical care of each consumer in the areas of challenging behaviours, falls risk and nutrition and hydration.

The service has not demonstrated effective management of a consumer’s challenging behaviours include wandering, intrusive behaviours and verbal and/or physical aggression. The Assessment Team provided information that identified strategies to manage or minimise consumers behaviours are generally implemented by staff. However, the impact of these behaviours on other consumers have not been consistently identified or addressed, and consumers at risk of challenging behaviour did not have current assessments or care plans to guide staff in delivery of care and services. Consumers and representatives confirmed some consumers behaviours are impacting on their health and well-being.

A review of care planning documentation identified that staff were not ensuring or monitoring that consumers were receiving adequate hydration. The documentation established that fluid and food intake for two named consumers, was not adequately charted to enable effective clinical monitoring.

Care planning documentation identified clinical staff were not ensuring consumers were reviewed or reassessed following a fall, including implementing and monitoring the effectiveness of strategies to manage and/or minimise consumers’ falls risk. The service did not demonstrate high impact/high prevalence risks were consistently monitored to identified opportunities for improvement and minimise recurrence as not all consumers falls and/or near misses were documented on incident forms.

The Approved Provider in its response has provided information evidencing that a review of the named consumers care planning documentation was undertaken including relevant assessments, updating consumer care plans and referral to other health professionals including specialist dementia services for consumers exhibiting challenging behaviours. The service has committed to a number of actions including education for staff on high impact high prevalence consumer risks, ensuring consumers care documentation is current and reflects the possible impacts to consumers and timely support and services are provided if required.

I have considered information in the site audit report and the approved provider’s response. However, at the time of the site audit high impact or high prevalence risks were not being effectively managed and the Approved Provider has not yet demonstrated these improvements are sustainable. Therefore, I find the service Non-compliant in this requirement.

### 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 is not able to adequately demonstrate that a deterioration or change in a consumer’s health, capacity or condition was recognised and responded to in a timely way. The Assessment Team provided information that identified three instances, involving two named consumers where a change in condition had not been effectively monitored or escalated to their Medical Officer. These consumers experienced clinical symptoms including infection, pain, confusion and wound deterioration. Despite the severity and seriousness of these clinical symptoms timely recognition and response did not occur for these consumers.

In response, Management said Registered Staff communicate with the Medical Officer through email however these are not sent via the electronic documentation system and therefore do not reflect information included in consumer progress notes. While Registered Nurses were able to describe ways in which they respond to changes in consumers’ condition and care needs, they said they did not have enough time to complete their work and constantly feel behind in their work.

The Approved Provider in its response has provided information evidencing that a review of the named consumers care planning documentation was undertaken including relevant assessments, updating consumer care plans and consultation with representatives. The service has committed to a number of actions including daily senior leadership rounding including clinical monitoring, the attendance at daily handover by the Residential Service Manager, shift team scrums and education for staff in escalation processes.

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the Approved Provider’s immediate and planned actions, at the time of the site audit the service was not effectively managing a deterioration or change in a consumer’s condition. Therefore, I find the service Non-compliant in this requirement.

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

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

While consumers and representatives considered that staff are aware of their care needs and preferences, the service is not able to demonstrate the consumers condition, needs and preferences are documented and communicated within the organisation, and with others where responsibility for care is shared.

The Assessment Team provided information that identified staff are not consistently documenting changes in consumers’ condition or health status. Care plans are not consistently reflective of the consumers individual care needs and preferences, and follow up actions to address or monitor changes in consumers care are not recorded. For one named consumer who experienced right shoulder pain, care documentation identified staff had not documented the assessment of their pain, or strategies implemented to manage this. The Approved Provider in its response has provided information evidencing that pain charting was commenced at the time of the named consumer reporting pain. However, I am not persuaded by this argument as while there is evidence of pain charting, this had not been completed for a full seven day period in accordance with the care directive. The service did not evidence assessment of the named consumers pain or strategies implemented to guide staff in the individualised care delivery.

While staff said communication of consumers care needs and preferences occurs in various ways, such as shift handover and direct conversations with the Registered Nurse, the service was unable to adequately demonstrate that communication in relation to the consumer’s changed care needs is consistently occurring.

I note the Approved Provider in its response has provided information evidencing that a review of the named consumers care planning documentation was undertaken and care plans updated to reflect their current needs. The service has committed to increased monitoring including establishing senior leadership walkarounds and daily clinical monitoring by the Care Coordinator.

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the site audit, the service did not demonstrate that the sharing of information regarding consumers was effective.

Therefore, I find the service Non-compliant in this requirement.

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

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

Consumers and representatives generally expressed satisfaction that consumers have access to Medical Officers and other relevant health professionals when they needed it.

However, the service was not able to adequately demonstrate timely and appropriate referrals to providers of other care and services. A review of care planning documentation for two named consumers identified staff had not ensured referrals had occurred in a timely way. The service had not actioned a request for a referral to a speech pathologist for a named consumer experiencing difficulty swallowing; for a second named consumer recommendations following a referral to the speech pathologist had not been actioned as required.

While Registered Nurses were able to describe the process for referral to other health professionals, they said the service does not have a current physiotherapist to complete assessment or review of consumers changed mobility requirements such as post fall. Staff said they communicate with the Medical Officer via email, however the Assessment Team provided information that identified consumer referrals to the Medical Officer are not consistently escalated. The Acting Care Coordinator said staff were not always confident communicating directly with the Medical Officer.

The Approved Provider in its response has provided information evidencing that referrals have been actioned for named consumers and these have been documented in the electronic care system. The service has sourced the services of a physiotherapist for one day a week and is exploring the use of videoconferencing to support timely referrals to other health professionals.

I have considered information in the site audit report and the approved provider’s response. However, at the time of the site audit, timely referrals were not consistently occurring. Therefore, I find the service Non-compliant in this requirement.

### 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 service is unable to demonstrate that the service has processes to ensure the prescribing of antibiotic medication for consumers is confirmed with appropriate pathology testing. The Assessment Team provided information that identified one named consumer who had a urinary catheter in place, and experienced recurrent urinary tract infections. However, the service did not demonstrate the principles of antimicrobial by confirmation of pathology results prior to commencement of antibiotic therapy for the named consumer, or consideration of other alternate treatment strategies to minimize the consumers risk of recurrent infections.

Staff demonstrated an understanding of infection control principles and confirmed they had received training, however one Registered Nurse who had recently commenced at the service said they had not received any education in relation to antimicrobial stewardship. The service was unable to provide evidence of staff training records to confirm staff had received training in infection management and prevention principles.

I note the Approved provider in its response has acknowledged that improvements could have been made in the prevention and management of the named consumer who experienced recurrent urinary tract infections. The Approved Provider provided information evidencing that a review of the named consumer’s care planning documentation was undertaken including information to guide staff in catheter management and monitoring fluid intake. The service has committed to further education for staff on relevant anti-microbial stewardship principles and catheter care management pathways.

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the site audit, the service did not demonstrate effective anti-microbial stewardship care and the management of infection related risks. Therefore, I find the service Non-compliant in this requirement.

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers and representatives interviewed said they generally are supported by the service to participate in activities they choose and are engaged by staff to do things of interest to them.

Consumers and representatives said consumers were supported to keep in touch with people who are important to them and were supported in their emotional and spiritual care, interests and social and personal relationships.

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

Care planning documentation included lifestyle planning which identified activities and people who are important to consumers both within the service and in the broader community. Consumer care plans contained information about consumers’ emotional and spiritual well-being and how they can be supported by staff.

Staff said they have access to equipment used to provide and support lifestyle services and equipment to assist consumers and confirmed equipment is well mainted at the service.

A review of maintenance documentation demonstrated the service conducted regular planned maintenance of equipment.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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.*

The service was unable to demonstrate that each consumer gets effective services and supports for daily living to meet individual consumer’s needs and preferences and optimises independence, health, well-being and quality of life.

Consumers and representatives said there are not always suitable activities consumers are able to participate in. They said consumers are not always assisted to attend activities as there is not always staff to assist and this is negatively impact on activities being provided.

The Approved Provider in its response advised the service has completed discussions with named consumers to explore their suggestions and preferences for activities. In addition, the service will be undertaking a full review of the lifestyle and activities program in collaboration with consumers. Coaching will be provided to the service’s activities team by an experienced external lifestyle staff member. The service has committed to the delivery of an individualised consumer activities program to support the wellbeing of consumers at the service.

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved provider, at the time of the site audit, the service did not demonstrate that all consumers gets safe and effective services and supports for daily living that meet their individual needs, goals and preferences and optimise their independence, health, well-being and quality of life.

Therefore, I find the service Non-compliant in this requirement.

### 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 COMPLIANTOrganisation’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

Consumers said that they feel at home, safe and comfortable and expressed satisfaction that the service environment was clean and well maintained. Consumers said they are supported by the service to decorate their rooms in line with their own preference and this makes them feel more at home.

Management confirmed the service has processes for planned and unplanned maintenance. They said preventive maintenance at the service is scheduled weekly, monthly and quarterly and this is reviewed and monitored by the Maintenance Manager. The Maintenance Manager described the process of procurement of supplies to enable maintenance of the service, including delegation of authority depending on the cost of the service or item.

Staff said there is sufficient equipment to be able to meet the goals and needs of consumers. They described the process for managing equipment that is broken, including tagging the piece of equipment and logging a hazard report in the electronic reporting system.

The service environment was observed to be generally clean and consumers rooms were observed to be decorated with personal items reflecting their individuality. Communal areas included outdoor gardens and patio areas, with covered walkways and sitting areas. The reception area had signage to guide consumers and visitors to various areas of the service.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

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

## Assessment of Standard 6 Requirements

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

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

The Assessment Team provided information that identified appropriate action has not been taken in response to complaints. Consumers and representatives expressed dissatisfaction with how the service had managed their complaints, including having to repeat details of complaints to management. Some consumers expressed concern in relation to repercussions of them making a complaint to management.

Management described the services complaints management processes, and staff demonstrated an awareness of the service’s process and how to escalate complaints to appropriate managers. Registered Nurses demonstrated an understanding of the process of recording consumer complaints into the electronic incident system. However, the Assessment Team identified not all consumer complaints had been recorded in the electronic system, and Registered Nurses said time constraints have resulted in consumer complaints being recorded in consumer’s progress notes and not into the electronic incident system.

Management on site at the time of the audit, advised they can externally monitor incidents and complaints which are entered into the electronic incident system. However, as staff advised not all complaints are entered into the electronic incident system, management said there may be some complaints which are not responded to due to their lack of awareness.

I note the Approved provider in its response has committed to improvement actions including establishing more frequent consumer meetings, daily rounding to support consumers in the timely raising of feedback and ensuring the permanent Residential Services Manager is accessible and visible to consumers at the service.

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved provider, at the time of the site audit, the service did not demonstrate that consumers, representatives and others are encouraged and supported to provide feedback and make complaints. Therefore, I find the service Non-compliant in this requirement.

### 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.*

Appropriate action has not been taken in response to complaints. The Assessment Team provided information that identified consumers have raised concerns with the service regarding consumers care and services, and staff sufficiency however no action was taken.

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

I note the Approved Provider in its response provided evidence that concerns raised by one named consumer have been actioned by the service including offering an apology. The Approved Provider stated the service needed to do further work to understand the appropriate manner to receive, manage, escalate, communicate and document complaints. The Approved Provider stated in their response the lack of monitoring in relation to the services complaint’s management has been compounded by the absence of permanent leadership at the service. The Approved Provider’s response included a plan for continuous improvement and included ensuring the documenting and resolution of consumer complaints is in accordance with the organisation’s processes.

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved provider, at the time of the site audit, the service did not demonstrate that appropriate action is taken in response to complaints. Therefore, I find the service Non-compliant in this requirement.

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

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

Feedback and complaints from staff have not been used to improve the quality of care and services. The Assessment Team provided information that identified consumers and representatives were not aware of any improvements made in response to their complaints or feedback. Consumer concerns relating to staff sufficiency and the consistency of management personnel at the service were not addressed to improve the quality of care.

Management and staff interviewed were unable to demonstrate a shared understanding of how consumer feedback is used to improve care and services. Management could not provide examples of actions taken where consumer feedback has been used to improve consumer care and services.

The Approved Provider in its response has advised the service has increased the frequency of consumer meetings and surveys to ensure consumer feedback is documented and action taken in response. The service has committed to improving consumer and representative awareness of improvements at the service, including those as a result of consumer feedback.

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved provider, at the time of the site audit, the service did not demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services.

Therefore, I find the service Non-compliant in this requirement.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Overall, consumers and representatives considered that consumers receive care and services from staff who are knowledgeable, capable and caring. However, all consumers and representatives said that there are not enough staff to deliver timely care and services, and some consumers raised concerns in relation to staff being disrespectful.

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

While the organisational had processes to ensure that the workforce is adequately trained, recruited and competent and supported in their roles, the service was unable to demonstrate staff training had been provided. The workforce was not supported to effectively perform their roles, and one Registered Nurse expressed concerns regarding their lack of experience and feeling unsupported by Management.

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

## Assessment of Standard 7 Requirements

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

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

The service is not able to demonstrate that the workforce is planned, and adequate in number, to enable the delivery and management of safe and quality care. Consumers and representatives said there are insufficient staff to attend to their requests for assistance in a timely manner and this had a negative impact on consumer’s personal and clinical care needs being met.

Staff have expressed concerns that they are not able to adequately monitor, supervise or support consumers with their mobility needs or consumers who exhibit challenging behaviours. Registered staff had expressed concerns they are not able to adequately monitor care provided to consumers by care staff.

In their response the Approved Provider stated they accepted the feedback from consumers and staff at the service and have immediately implemented actions to address the deficiencies identified by the Assessment Team. Actions included immediate review of the staff roster which identified unplanned emergent leave has result in staff shortages. The Approved Provider in their response identified that staff from other services within the organisation had been deployed to the service while the service continues with recruitment of staff. The organisation had planned actions including the centralising of staff management to provide oversight of the roster and identify in advance any future workforce requirements.

I have considered information in the site audit report and the Approved Provider’s response. While I acknowledge the Approved Provider’s response, at the time of the site audit, the service was not planned to ensure the delivery and management of safe and quality care.

Therefore, I find the service Non-compliant in this requirement.

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

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

While the Assessment Team observed interactions between staff and consumers to be kind, caring and respectful. Four consumers were not satisfied they were treated with respect, and provided examples of staff being abrupt and consumers feeling rushed by staff in the provision of care and services.

Management said staff are trained in how to deliver kind and respectful care and services, and these expectations are set out in staff position descriptions.

In their response the Approved Provider stated they were incredibly disappointed to hear of the experience of four consumers who expressed concern of less than optional care. The service has taken immediate actions in response to the deficits identified by the Assessment Team including implementation of regular toolbox talks, increased staff education, staff coaching and leadership walkarounds.

I have considered information in the site audit report and the Approved Provider’s response. While I acknowledge the approved provider’s response, at the time of the site audit, the service was unable to demonstrate all consumers are treated in a kind and respectful manner.

Therefore, I find the service Non-compliant in this requirement.

### 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.*

Overall, consumers and representatives said they had confidence in the workforce and felt staff were trained, competent and skilled to meet consumers’ care needs and preferences. However, some consumers said while the level of care was satisfactory, they expressed concern as there was not enough staff to provide care in a timely manner.

The service was unable to demonstrate all Registered Nurses had the required skills and knowledge to effectively and safely care for consumers. Registered staff expressed concerns in relation to being in charge of shifts with no previous experience in caring for aged care consumers, and at times without onsite support of the Care Coordinator or another Registered Nurse. One Registered Nurse said they had not received any training in the service’s assessment and care planning process, however, was expected to complete risk assessments and care plans for consumers.

Management described processes that are in place to ensure that staff at the service, including agency staff, are competent and capable in their role. However, a Registered Nurse who had recently commenced at the service and not worked in aged care said they had not received training committed to by the service. The Registered Nurse said this was due to the recent changes in management at the service and supports such as another Registered Nurse rostered on shift rarely occurred. The Registered Nurse said the deficit in their knowledge resulted in them feeling under-resourced, overwhelmed and unaware. The service was unable to provide training records or evidence to the Assessment Team of competency assessments to support that staff were competent and had the requiredknowledge to effectively perform their roles.

In their response the Approved Provider stated the information from a Registered Nurse who had recently commenced at the service was incorrect. The Approved Provider provided information identifying the Registered Nurse had been completing both assessments and incident reporting; and the Registered Nurse may have been disappointed as they had recently been advised the service could not support visa requirements for ongoing employment. The Approved Provider in their response acknowledge the changes in leadership at the service could present challenges for new staff commencing at the service.

The Approved Providers response include a plan for continuous improvement with immediate and planned actions including the completion of a knowledge gap analysis, completion of staff performance reviews to inform staff training requirements, internal and external education and the use of staff feedback after education to monitor staffs understanding and learning.

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the approved provider’s response, at the time of the site audit, the service was unable to demonstrate all staff are competent and had the knowledge to complete their roles.

Therefore, I find the service Non-compliant in this requirement.

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

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

The service was unable to demonstrate the workforce is recruited, trained, equipped and supported to deliver the care and service outcomes required by the consumers and in line with the Quality Standards. Consumers and staff advise the workforce is under-resourced and staff are unable to receive the required support and training for them to feel confident in their roles.

Management said the roles of Residential Services Manager and Care Coordinator had been vacated by long-term staff in 2020 and 2021 and there had been difficulty recruiting staff to these positions. As a result, staff including the Acting Care Coordinator had not received adequate handover or orientation to the service to inform the requirements of their role. Management said the service had experienced difficulty in recruiting experienced staff, especially Registered Nurses and this had resulted in the employment of a Registered Nurse who did not have aged care experience.

Staff were able to describe the training, professional development and supervision they received during orientation and on an ongoing basis, however some staff said they had not received this training. Staff said the service had difficulty recruiting and retaining experienced staff, and ongoing changes in Management had resulted in their training and development needs are not being met.

In their response the Approved Provider committed to addressing the feedback from consumers, representatives and staff in relation to staff attitude, approach and sufficiency. The Approved Providers response include a plan for continuous improvement with immediate and planned actions including orientation for all new staff, regular probation reviews for new staff at one, two and three months to identify learning needs of staff; and implement values in action conversations and employee of the month.

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the approved provider’s response, at the time of the site audit, the service was unable to demonstrate the workforce is recruited, trained, equipped and supported to deliver quality and safe care and services.

Therefore, I find the service Non-compliant in this requirement.

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and representatives consider the organisation is generally run well and they are partners in improving care and services. They expressed satisfaction with how the service had engaged them in the development, delivery and evaluation of care and services.

The organisation was unable to demonstrate organisational governance systems in relation to information management, continuous workforce governance and complaint management at the service level.

The organisation was unable to demonstrate it had effective risk management systems and processes, including the management of high impact and high prevalence risks associated with the care of consumers and supporting consumers to live the best life they can.

The organisation had policies for antimicrobial stewardship, minimising the use of restraint and open disclosure to guide staff practice. However, in relation to antimicrobial stewardship the service had not ensured that effective and consistent clinical oversight at a service level occurred in regard to antimicrobial stewardship.

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.*

The Assessment Team provided information that the service did not demonstrate effective organisational wide governance systems relation to information management, continuous improvement, workforce governance and feedback and complaints.

In relation to information management, staff expressed dissatisfaction with access to electronic systems at the service which they required daily and this had resulted in delays and had impacted on their ability to perform their roles. The service had not demonstrated that information about consumers’ condition, needs and preferences where responsibility for care is effectively shared. Information was inaccurate and incomplete in relation to incident recording, assessment, care planning, and feedback and complaints data.

The organisation had a continuous improvement framework and this is monitored by the service’s leadership and governing body. The service had a plan for continuous improvement plan and other action plans that linked improvement activities to the relevant requirements of the Quality Standards. However, while the service had demonstrated achieved improvement in some areas, review of the service’s continuous improvement plan also identified ineffective monitoring of improvements which had been closed. As a result, the service had reopened a number of improvements such as reinstatement of the falls committee, incident management training and medication management.

Management stated the service had processes to enable management to seek changes to budgets and expenditure. The Assessment Team provided information that demonstrated the service had increased expenditure as a result of consumer feedback including the purchase of equipment.

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

The organisation has policies and procedures including compulsory reporting and these are consistent with current regulatory requirements. Review of the service’s records demonstrated that management maintained an electronic compulsory reporting register. The service’s compulsory reporting register contained details of incidents that fall under compulsory reporting requirements.

The Approved Provider in its response stated that the service’s information management, workforce governance and feedback and complaints systems needed review. The Approved Providers response included a plan for continuous improvement with immediate and planned actions including the Residential Services Manager attendance at consumer meetings, establishment of consumer feedback mechanisms such as ‘You said, we did board’ and consumer representative representation on recruitment panels. Other actions identified on the service’s plan for continuous improvement include regular new staff check-ins are part of the service orientation, with escalation processes to the General Manager for staff to raise concerns.

I have considered information in the site audit report and the Approved Provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved provider, at the time of the site audit, the organisation did not demonstrate effective governance systems were in place in relation to information management, continuous improvement, workforce governance or feedback and complaints.

Therefore, I find the service Non-compliant in this requirement.

### 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.*

While the organisation had a risk management framework which addressed risk to consumers including high impact high prevalence risks, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can; the service was unable to demonstrate it assesses, monitors and reviews consumers who are at risk of falls, challenging behaviours and compromised nutrition.

The Assessment Team provided information that evidenced not all incidents were reported and those that are reported were not analysed to identify the risks associated with the care of individual consumers.

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

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved provider, at the time of the site audit, the service did not demonstrate that high impact and/or high prevalence risks are effectively managed. Therefore, I find the service Non-compliant in this requirement.

### 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.*

While the organisation had a policy for antimicrobial stewardship, a policy relating to minimising the use of restraint and policy for open disclosure, these policies were not being adhered to by management and staff. Staff were unable to not able to describe how the policy relating to antimicrobial stewardship was applied within the service.

The Approved Provider in its response said all staff have received training in antimicrobial stewardship and what this means for them day to day, including how each individual staff member can be more vigilant to preserve antimicrobial effectiveness. Further actions were provided by the Approved Provider in a plan for continuous improvement and included further staff education and the establishment of a clinical meeting in collaboration with the Medical Officer to monitor antibiotic use.

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved provider, at the time of the site audit, the service did not demonstrate that antimicrobial stewardship was well understand. Therefore, I find the service Non-compliant in this requirement.

# Areas for improvement

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

* Requirement 1(3)(a) – Ensure each consumer is treated with dignity and respect, with their identity, culture and diversity value.
* Requirement 2(3)(a) – Ensure the service conducts assessments and planning, including consideration of risks to the consumer’s health and well-being, that informs the delivery of safe and effective care and services.
* Requirement 2(3)(c) – Ensure the service conducts assessments and planning in partnership with consumers and others the consumer wishes involved including other providers of care and services.
* Requirement 2(3)(d) – Ensure the service communicates the outcomes of assessment and care planning, and these are documented in a care and services plan that is readily available to the consumer.
* Requirement 2(3)(e) – Ensure the service reviews care and services regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* Requirement 3(3)(a) – Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; is tailored to their needs; and optimises their health and well-being.
* Requirement 3(3)(b) – Ensure the service effectively manages high impact or high prevalence risks associated with the care of each consumer.
* Requirement 3(3)(d) – Ensure the 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) – Ensure the service effectively communicates information about consumers’ condition, needs and preferences where responsibility for care is shared.
* Requirement 3(3)(f) – Ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services.
* Requirement 3(3)(g) – Ensure the service has effective infection control processes and appropriate antibiotic prescription are required to minimise infection-related risks
* Requirement 4(3)(a) – Ensure consumers are receiving safe and effective services and supports for daily living.
* Requirement 6(3)(a) – Ensure consumers are supported to provide feedback and make complaints.
* Requirement 6(3)(c) – Ensure the service takes appropriate action in response to consumer complaints, and an open disclosure process is used when things go wrong.
* Requirement 6(3)(d) – Ensure the service reviews consumer feedback and complaints to improve the quality of care and services.
* Requirement 7(3)(a) – Ensure the service’s 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) – Ensure consumers are treated in a kind and respectful manner.
* Requirement 7(3)(c) – Ensure the service has effective processes to ensure staff are competent and have the qualifications and knowledge to effectively perform their roles.
* Requirement 7(3)(d) – Ensure the service has effective processes to ensure training and support of the workforce to deliver the outcomes required by the standards.
* Requirement 8(3)(c) – Ensure the service has an effective organisation wide governance system relating to information management, workforce governance, consumer feedback and continuous improvement.
* Requirement 8(3)(d) – Ensure the service has an effective organisation wide governance system relating to the management of high impact and high prevalence risk.
* Requirement 8(3)(e) – Ensure the service works within a clinical governance framework that includes open disclosure and antimicrobial stewardship.