Bundaleer Gardens Hostel

Performance Report

142a Cameron Street
WAUCHOPE NSW 2446
Phone number: 02 6585 2811

**Commission ID:** 0434

**Provider name:** Bundaleer Care Services Ltd

**Site Audit date:** 18 August 2020 to 25 August 2020

**Date of Performance Report:** 30 September 2020

# Publication of report

This Performance Report **may 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) | Non-compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | 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) | Compliant |
| Requirement 4(3)(d) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* A phone call to the provider on 30 September 2020 to clarify whether they would be providing a response to the Site Audit report.
* The CEOs verbal response indicated that they would not be submitting a written response as they accept the findings of the Assessment Team. They have instead decided to invest their time in correcting the non-compliance.

# 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

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 on information from other consumer interviews and the assessment of other Standards.

Overall consumers interviewed said 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. Examples provided by consumers included choice around their health preferences, meal times and options, choices around leisure and lifestyle preferences and choices around hospitality services such as laundry/ironing preferences and cleaning preferences.

Consumer feedback and documentation reviewed show consumers are not always treated with dignity and respect. Consumers and representative feedback indicates consumers are not always informed and able to make decisions about care and services and maintain relationships. Consumer and representative feedback indicates they do not have current, accurate and timely information which they can understand and enable them to exercise choice.

The Assessment Team found that three of six specific requirements were met.

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

## Assessment of Standard 1 Requirements

### As the approved provider has accepted the findings of the Assessment Team and chosen not to submit a response, the performance assessment reflects the team’s findings only.

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

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

The Assessment Team found that consumer feedback and documentation reviewed show consumers are not always treated with dignity and respect. Consumer feedback was positive and care documentation reflected consumers individual history, identity, cultural preferences and diversity. However, several consumers provided examples of when they felt staff did not treat them with dignity and respect. Care documentation was incomplete and provided examples where staff were disrespectful to consumers, feedback received by a service-initiated question has not been followed up. Staff spoke about consumers in a way that indicated they knew consumers preferences and respect these choices. Interviews with the nursing, care, catering, lifestyle, cleaning and maintenance staff provided examples of their knowledge of consumers individual preferences. The approved provider has documented guidance for staff on requirements and values expected of accountability, collaboration, integrity and inclusiveness.

I am of the view that the approved provider does not comply with this requirement. Although the services staff were knowledgeable about identity, culture and preferences, feedback received by the team and in surveys conducted by management show not all consumers believe they are treated with dignity and respect.

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) Non-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.*

The Assessment Team found that overall for the sampled consumers, they indicated staff support them to exercise choice and independence and to maintain relationships of choice. This included making decisions about care and services and making decisions about when family, friends, carers or others should be involved in their care within the scope of visitation restrictions. However, feedback from consumers on the cessation of resident meetings and documentation sighted for two consumers who were palliating did not reflect consumer engagement about their decisions about the way care and services are to be delivered or about when family, friends, carers or others should be involved in their care during palliative/end of life care. For the consumers sampled, staff described how each consumer is supported to maintain relationships, however, there were gaps in documentation to reflect consumer wishes for two consumers from nursing/care and leisure/lifestyle staff specifically around their end of life care/choices.

I am of the view that the approved provider does not comply with this requirement. Although there are processes to allow each consumer to make decisions about their own care and the way care and services are delivered, break downs in meeting systems and clinical oversight and documentation has impacted consumer engagement in decisions about the way care and services are to be delivered*.*

### 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) Non-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.*

The Assessment Team found that consumers interviewed said the information they get informs and helps them make decisions and provided multiple examples of how information is provided. However, as previously identified several consumers said they wished the resident meetings were back on as this was a way of sharing and getting information, there was minimal evidence sighted around processes to inform and update consumer representatives for consumers who are cognitively impaired or unable to communicate and a gap was identified around communication to support. Staff described ways in which information is provided to consumers including information about menu options, lifestyle activities, information contained in compendiums and information on COVID-19 specifically relating to visitation restrictions and onsite screening processes. Staff provided examples of engagement and information with consumer representatives that occurs when they are visiting or via telephone calls following an incident or significant change in condition.

I am of the view that the approved provider does not comply with this requirement. Although information is provided to consumers it is not always current, accurate and timely, and communicated clearly, 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

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.

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

For example:

* Consumers interviewed confirmed that they are involved in care planning to some extent.
* Consumers and representatives interviewed confirmed that they are informed about the outcomes of assessment and planning have ready access to their care and services plan if they wish.
* However, when discussing the care provided to them consumers gave examples that led the Assessment Team to consider that assessment and planning is not always focused on optimising health and wellbeing in accordance with consumer’s needs, goals and preferences.

While the service has schedules to guide staff in completing assessments on entry and assist in the development of care plans, the process is not generally followed. Files reviewed, and internal audits completed show assessments are not completed in relation to the services schedule. Risk assessments are sometimes completed but the information is not used to manage risk.

Care plans generally show that although consultation with consumers does occur and their goals and preferences are identified, these preferences are not always considered when planning their care. In some cases, information recorded in assessments is inaccurate or confusing or assessment and planning is not always completed resulting in gaps on care plans where goals, preferences and interventions are supposed to be recorded.

The service has a system of regular reassessment and incident recording however these processes are not used to determine the effectiveness of planned care. When incidents occur, they are not always recorded and reviewed to consider their impact on the needs, goals or preferences of the consumer.

The Assessment Team found that two of five specific requirements were met.

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

## Assessment of Standard 2 Requirements

### As the approved provider has accepted the findings of the Assessment Team and chosen not to submit a response, the performance assessment reflects the team’s findings only.

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

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

The Assessment Team found that while the service has schedules to guide staff in completing assessments on entry that assist in the development of care plans, the process is not generally followed. Consumers files reviewed show assessments are not completed in relation to the services schedule. Risk assessments are sometimes completed but the information is not used to manage risk. Consumers and representatives said they had been involved in assessment and care planning when they first entered the service. The ACFI coordinator completed an audit of the consumers files on ‘west side’ in July 2020, this was reviewed by the Assessment Team, the audit identified 21 of the 40 consumers had gaps within their assessments. For consumers who have recently entered the service key assessments and entry information had not been completed.

I am of the view that the approved provider does not comply with this requirement. Assessments are not generally completed on entry to assist in the development of care plans. Risk assessments are completed but the information is not used to manage risk. Consumers needs are not being identified to inform the delivery of safe and effective care and services.

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

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

The Assessment Team found that care plans generally show consultation with consumers does occur and their goals and preferences are identified, however these preferences are not always taken into account when planning their care. In some cases, information recorded in assessments is inaccurate or confusing and for other consumers assessment and planning is not always completed resulting in gaps on care plans where goals, preferences and interventions are recorded. A consumer said he has been assessed and has had a care conference, he said he has been given a copy of his care plan. He said the care plan states staff are to assist him with showering and this includes his private areas because he cannot do this for himself, but on occasions they refuse to assist him with this, telling him he can do it for himself. Another consumer said she has lost her dentures, and this has made it difficult to eat, she said she has lost a lot of weight. Care staff were aware of the consumers missing teeth however they were not aware if they were looking for a partial or full plate, nor were they aware of any specific dietary changes to accommodate the missing teeth.

I am of the view that the approved provider does not comply with this requirement. Although the service has a system which includes assessment and planning to assist in identifying and addressing consumers current needs, goals and preferences, including end of life planning for a number of consumers this process has been ineffective.

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

*The organisation demonstrates that assessment and planning:*

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

### 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 while the service has a system of regular reassessment and incident recording these processes are not used to determine the effectiveness of planned care. When incidents occur, they are not always recorded and reviewed to consider their impact on the needs, goals or preferences of the consumer. The service has a system of annual reassessment however review of some consumers files show that if initial assessment is incorrect and or confusing then ongoing assessments remain incorrect and confusing. Consumers files reviewed show when falls incidents occur an incident form is commenced but often not completed. Care notes show clinical monitoring such as neurological observations occur. The RN’s generally completes a falls risk assessment but review and planning to prevent future falls is either not documented or strategies developed are not always completed and consumers who have had a fall are not always reviewed by the physiotherapist. The clinical governance manager said internal gap analysis has been completed and this has shown significant gaps in the review of consumers care. Management said currently there is no care coordinator to monitor incidents and run reports.

I am of the view that the approved provider does not comply with this requirement. Care and services are not being reviewed effectively, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer investigation does not occur to ensure better outcomes for consumers.

# 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

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 considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers interviewed confirmed that they get the care they need.
* Consumers interviewed confirmed that they have access to a doctor or other health professional when they need it.
* However, when discussing the care provided to them consumers gave examples that led the Assessment Team to consider that safe and effective personal care, and clinical care is not always delivered in accordance with consumer’s needs, goals and preferences.
* Consumers do not receive effective personal care and clinical care tailored to their needs and that optimises their health and well-being, in relation to catheter management and pain management, fluid restriction, weight management and nutrition, wound care, and bowel management.

The service has some systems in place to manage high impact high prevalence risk to consumers, however the systems are not effective in identifying key concerns that are leading to deficiencies in care and oversight of consumers with high falls risk and consumers who are at risk of choking. Also risks identified in medication administration by the reporting of errors are not managed and reviewed to ensure they are providing a safe medication service to consumers.

The needs, goals and preferences of consumers nearing the end of life are not recognised by registered nurses planning their care.

Consumer information is communicated within the service and with others involved in their care however information about consumers is not always available or recorded and reported accurately, changes implemented for communicating information have been unsuccessful as a result of staff shortages.

The Assessment Team found that one of seven specific requirements were met.

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

### As the approved provider has accepted the findings of the Assessment Team and chosen not to submit a response, the performance assessment reflects the teams findings only.

### 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 found that consumers are not receiving personal and clinical care that is best practice, tailored to their needs and optimises their health and wellbeing.

In relation to catheter care and management, two consumers were reviewed and although the service has a computerised task alert system, registered nurses were not able to show regular care and replacement of catheter tubes according to the information written on care plans, consistent approach to the equipment used or monitoring of consumer for negative effect related to a catheter change. In relation to fluid restrictions, the Assessment Team noted on the handover sheet several consumers are on fluid restrictions. The registered and enrolled nurses said they are managing this by monitoring weights rather than documenting oral intake and urinary output. However, this system was found to be dysfunctional. In relation to bowel management the service’s staff monitor bowel movements of all consumers daily, however this information is not used by registered staff the ensure consumers are receiving care tailored to their needs and optimising their health and wellbeing. In relation to wound care the documentation is confusing and difficult to understand. Wounds are not routinely assessed using an assessment tool. The registered nurses said wound assessments are only completed if a wound becomes chronic (longer than three months). Wound charts are completed but they often do not say how the wound occurred and incident forms are not always completed. Wound charts provide minimal detail about the wound and often do not contain measurements, or the measurements provided appear incorrect when reviewed with the accompanying photograph. Treatment regimens are changed without documented reasoning. There is a wound care checklist that shows wound care is attended on a regular basis. In relation to nutrition and hydration, consumers are weighted regularly and there is a system of referral to allied health professionals such as dieticians and speech pathologists, but management of oral health is not always considered when evaluating consumers wellbeing. In relation to psychotropic medication, 50.6% of the services consumers are receiving consumers psychotropic medication. This equates to 39 to the 77 consumers. The service has a system of consent forms that include an explanation of the purpose and effects of psychotropic medication, consumers representatives acknowledged on the form that this information has been explained to them and these forms are kept in a restraint management folder. The registered staff said they are required to review this form every time the medical officer changes the dosage of the medication, they said the system was time consuming and this has caused them to fall behind in the reviews. In relation to physical restraint, the service has five consumers with low-low beds and staff said they consider this to be physical restraint.  The assessment Team observed the registered nurse providing information to a new consumers representative in relation to a lowlow bed and obtaining consent for it use, the RN explained the use of lowlow beds even for safety at the request of the consumer were restraint and the representative appeared satisfied with the information. In relation to diabetes management the Assessment Team found blood glucose is monitored, and interventions are managed to ensure blood glucose levels are maintained as per the medical officers’ instructions. Variations outside of the documented parameters are actioned and these actions are documented and reported to the medical officer who has indicated in his notes he is aware of them and made changes to the prescribed insulin.

Consumers said they were very satisfied with their medical care they said they could not have better carers. However, during these interviews’ consumers gave examples of their care that highlighted areas of concern.

Care staff advised they are aware of the importance of reporting any issues or concerns to the registered nurse. All staff interviewed stated they would report any changes in a consumer’s condition to the registered nurse within their section. Registered nurses were able to discuss the clinical care needs of the consumers sampled and provided information about their wellbeing however as described above the clinical documentation does not always show the care is being delivered.

I am of the view that the approved provider does not comply with this requirement. Consumers do not receive effective personal care and clinical care tailored to their needs and that optimises their health and well-being, in relation to catheter management and pain management, fluid restriction, weight management and nutrition, wound care, and bowel management.

### 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 while the service has a system to identify and manage high impact or high prevalence risks associated with each consumers care, the system is not always effective in identifying issues and gaps within falls management and medication administration were observed that leave consumers at risk. Choking risks are also not managed effectively.

The service does not have a falls management program, staff do not routinely use the falls risk information gained by reviewing incident forms and FRATS to implement strategies to prevent ongoing falls. The service has systems in place for the correct management of medication and they team observed medications were securely stored. Staff were observed providing medication to consumers and practices were consistent with recommended guidelines. However there have been 56 medication incidents since 1 May 2020 and 17 medication incidents reported since 1 July 2020. The Assessment Team also noted a medication errors that had gone undetected and unreported and do not contribute to the over view of medication errors reported to management, staff and the board. In the absence of a care coordinator the registered nurses are investigating and reviewing incidents, in some cases they are investigating their own incidents. The service does not have a system of alerting registered nurses and care staff (particularly agency staff) to the consumers who have high risk of choking. Assessments are available however this information remains solely in the consumers care plan. There are no lists to provide quick reference to staff which of the consumers need texture modified diets and thickened fluids. The registered nurses were not aware of a system of identifying high risk consumers related to falls and feeding.

I am of the view that the approved provider does not comply with this requirement. While the service has some systems in place to manage high impact high prevalence risk to consumers, the systems are not effective in identifying key concerns that are leading to deficiencies in care and oversight of consumers with high falls risk, consumers who are at risk of choking. Risks identified in medication administration by the reporting of errors are not managed and reviewed to ensure they are providing a safe medication service to consumers.

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

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

The Assessment Team found that care planning documents reviewed show consumers nearing the end of their lives are not assessed for a palliative care pathway. Consumers who are palliating are not identified and assessments and care plans to ensure their end of life choices are managed are not completed until the very end. Care staff were able to describe the way they deliver comfort care to consumers who are approaching the end of their lives. They said they provide regular care including turning the consumer to relieve the effect of pressure and changing any soiled bed linen. They spoke of non-verbal signs of pain such as grimacing or being resistive and said they report this to the registered nurse immediately.

I am of the view that the approved provider does not comply with this requirement. The needs, goals and preferences of consumers nearing the end of life are not recognised by registered nurses planning their care.

### 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 Assessment Team found that for the consumers reviewed, care notes do not show consumers who have changes in condition or who are deteriorating are recognised, and response is not timely. Three representatives interviewed said they are kept informed if there are changes in a consumer’s condition. Registered nurses said they rely on the care staff to let them know if a consumer is unwell. They said they also do rounds, provide wound care and administer medications and they use this time to monitor consumers wellbeing. The registered nurses said they always discuss any changes in condition with the consumers person responsible and any decision made to transfer to hospital is done in consultation where possible.

I am of the view that the approved provider does not comply with this requirement. The service could not demonstrate registered nurses are able to recognise and assess the severity and extent of the deterioration/ change in condition consumers are experiencing.

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

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

The Assessment Team found that consumer information is communicated within the service and with others involved in their care however information about consumers is not always available or recorded and reported accurately, changes implemented for communicating information have been unsuccessful because of staff shortages. Consumers and representatives interviewed feel the needs and preferences for consumers are effectively communicated between staff. Consumers feel the staff know them. Care staff said they do not always get a handover. They said sometimes they are provided with a quick summary from the registered nurse. Registered nurses said they have a written and verbal handover system and they conduct handover at the beginning and end of each shift. They explained the new rounding sheets, and the updating and follow-up that should occur as a result of the information on the sheet.

I am of the view that the approved provider does not comply with this requirement. Information about consumers is not always available or recorded and reported accurately, changes implemented for communicating information have been unsuccessful.

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

*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 does not have satisfactory systems and process to minimise infection related risks associated with COVID-19. The service does not have a documented COVID-19 plan to assist staff in the management of social isolation, protective isolation, monitoring for symptoms, recording and reporting suspected cases, management and usage of personal protective equipment. Consumers and representatives were aware of the screening declarations, visitor restrictions and social distancing. Registered and enrolled nurses have a basic understanding of COVID-19 preparedness. The RN’s said they have a folder with information provided to them from management including the Australian Government Department of Health “First 24 Hours- Managing COVID-19 in a Residential Aged Care Facility” dated 29 June 2020. However, the implementation of COVID safe precautions is disorganised and inconsistent. The service has admitted 36 consumers since 1 April 2020 and review of several their files does not show evidence they have been monitoring consumers for symptoms of COVID -19.

I am of the view that the approved provider does not comply with this requirement as they have not demonstrated adequate minimisation of infection related risks.

# 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

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.

Overall consumers interviewed considered that they 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.

However, gaps in the internal referral process for physiotherapy services were sighted and gaps in consumer care planning. Lifestyle staff also advised that the review and loss of one fulltime position (Lifestyle coordinator) that occurred several weeks earlier will impact on the capacity to engage with consumers and conduct/complete lifestyle and leisure care planning reviews and updates as five of the six lifestyle positions are part time and pastoral care is also shared across both service provider sites.

Staff vacancies were also identified by catering staff with the catering manager position being vacant for several months that has put a strain on staff. Catering staff advised that multiple shifts had to be filled during the site audit with staff advising they had been called in on numerous occasions to fill shifts.

Review of documentation shows information about the consumer’s condition, needs and preferences is not always communicated.

Consumers are dissatisfied with the meal and food services provided and they have had limited input into the menu.

The Assessment Team found that five of seven specific requirements were met.

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

### As the approved provider has accepted the findings of the Assessment Team and chosen not to submit a response, the performance assessment reflects the team’s findings only.

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

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

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

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

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

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

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

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

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

The Assessment Team found that review of documentation shows information about the consumer’s condition, needs and preferences is not always communicated within the service, and with others where responsibility for care is shared. Overall consumers provided positive feedback and indicated that their condition, needs and preferences are effectively communicated within and between organisations such as to their doctor and family/representatives. Staff interviewed said they know about a consumer’s condition, needs and goals/preferences through information provided verbally from consumers and/or their representatives, information documented in ICARE including progress notes and/or provided through handover/huddles.

I am of the view the provider does not comply with this requirement. Review of documentation shows information about the consumer’s condition, needs and preferences is not always communicated.

### 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 found that for the consumers interviewed most said they liked the food and had options to alternatives. Consumers said they provide feedback on food directly to the catering or care staff during meal services and used to provide feedback at resident meetings when they were held. Whilst consumer feedback to the Assessment Team was positive feedback undertaken by the service was varied with no formal follow up on responses sighted. A review of documentation indicated and no formal engagement with consumers since the introduction of a new menu this year, no further engagement with consumers following the two (2) consumer questions asked in February and May 2020. Consumer care plans sighted detailed consumers dietary requirements documented in the Nutrition/Hydration domain. Catering staff confirmed this information is located and available in the central kitchen. Catering staff advised the current cyclic menu had been changed about five months ago but no formal consultation with consumers has occurred since implementation. Catering staff advised the catering manager position has been vacant for several months and there have been ongoing roster issues for catering/hostess staff requested to work unfilled shifts.

I am of the view that the approved provider does not comply with this requirement. Consumers are dissatisfied with the meal and food services provided and they have had limited input into the menu.

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

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

# STANDARD 5 NON-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

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.

Overall most consumers interviewed said they enjoy living at the service and feel safe and comfortable in the service environment. However, there were examples provided by consumers around an alleged assault on a consumer by another consumer, requested maintenance (removal of plants from gutters) that had not occurred and stains in tea/coffee cups and on cutlery.

The Assessment Team also identified that although the service has implemented some strategies to manage and mitigate risks around COVID-19, the service does not have a current COVID-19 Outbreak Management Plan and that some strategies implemented are inconsistently monitored and/or documented. This included gaps in temperature records for staff and consumers and inconsistent practises around screening new admissions and/or for consumers returning from hospital stays or from community/social outings during the COVID-19 pandemic.

Although the overall service environment was observed to be clean, well maintained and comfortable, consumers are unable to move freely outdoors, and the service does not have dedicated processes and systems in place regarding the prevention and/or management of COVID-19.

The Assessment Team found that two of three specific requirements were met.

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

## Assessment of Standard 5 Requirements

### As the approved provider has accepted the findings of the Assessment Team and chosen not to submit a response, the performance assessment reflects the team’s findings only.

### 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 the overall service environment was observed to be clean, well maintained and comfortable, however, the Assessment Team observed that consumers are unable to move freely outdoors, and the service does not have dedicated processes and systems in place regarding the prevention and/or management of COVID-19.

I am of the view that the approved provider does not comply with this requirement as consumers are not enabled to freely move throughout the service.

### 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

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.

Some sampled consumers did not consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* The service has avenues for raising complaints which are known by consumers and representatives and the consumers have access to services such as interpreting and advocacy to assist in raising complaints. However, management does not demonstrate that it is open and supportive of consumers and representatives who are dissatisfied with the service.
* The service has processes for open disclosure, however, at least half complaints received by the service were made anonymously, indicating that many consumers/representatives and staff do not feel comfortable in raising their concerns.
* Review of complaint documentation rarely included evidence that stated actions to address the concerns were implemented or monitored to ensure sustainability.

Management were unable demonstrate that complaints are used to improve the quality of care and services. No evidence was provided to demonstrate that repeated concerns raised by consumers and representatives about adequacy and competency of staffing or other trends in complaints have been effectively addressed.

The Assessment Team found that two of four specific requirements were met.

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

## Assessment of Standard 6 Requirements

### As the approved provider has accepted the findings of the Assessment Team and chosen not to submit a response, the performance assessment reflects the team’s findings only.

### 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 found that the service has various avenues for raising complaints and providing feedback which are known by consumers and representatives, such as via internal feedback forms and resident meetings. However, several consumers interviewed said they were disappointed when resident meetings ceased in March 2020 and they had not been advised when they would continue.

I am of the view that the approved provider does not comply with this requirement. Although the service has information regarding the complaints process and pamphlets for consumers to raise complaints and provide feedback, many consumers raised concerns regarding their ability to provide feedback through resident meetings as they had ceased. The volume of anonymous complaints received by the service indicates that consumers do not feel supported in making 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) Non-compliant

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

The Assessment Team found that several complaints from consumers and representatives related to communication issues between consumers/representatives and staff. Whilst the service has implemented some measures to correct poor communication between staff such as through daily huddles, incidents continue to occur. Whilst Clinical Governance Reports/meetings indicate that various issues relating to clinical governance are discussed (during handover meetings), not all issues have been effectively put into action due to lack of responsible staff to follow up incidents/feedback. An internal audit identified the effectiveness of the clinical handover process at Cameron Street facility at only 73.34%. The service’s system for recording feedback and complaints is fragmented and incomplete regarding outcome statements.

I am of the view that the approved provider does not comply with this requirement. Whilst some of the issues listed in feedback documentation appear to have been addressed in some way, such as manual handling training, infection control training and implementing daily handover meetings, there is no system to adequately address issues overall, evaluation of any actions taken or that trending is not being undertaken or reported effectively.

# 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

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.

Most sampled consumers did not consider that they always get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Consumers and representatives were overwhelmingly complimentary about the care provided to them by staff working in the service and indicated that the majority of staff are kind and caring towards consumers.
* Most consumers and representatives raised concerns with the Assessment Team about the adequacy of staffing, that staff were overworked and stressed.
* They complained that consumers care needs are not attended in a timely manner and that the service has a high reliance on agency staff who do not know the needs of consumers and do not meet their care needs.
* Whilst consumers were generally complimentary about the skills and competency of the staff, concerns have been raised by management about the service’s ability to maintain ongoing competencies and training without adequate staff.

The Assessment Team found that one of five specific requirements were met.

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

### As the approved provider has accepted the findings of the Assessment Team and chosen not to submit a response, the performance assessment reflects the team’s findings only.

### 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 Assessment Team found that the organisation does not demonstrate that its workforce is planned and enables the delivery and management of safe and quality care and services. The organisation has recently made several structural changes to staffing across the service’s facility. There have been a significant number of redundancies and staff role changes resulting in a high level of agency staff usage and unfilled shifts. The increased workloads on staff have resulted in a notable level of staff sick leave and resignations. Overall feedback from consumers and representatives interviewed indicates that while staff are kind and caring that the reductions in staffing have negatively impacted on their care and services. Overall staff interviewed acknowledged that workloads were high but that they try to work as a team and get their work done despite being short staffed.

I am of the view that the approved provider does not comply with this requirement as they have not demonstrated that the workforce is adequately planned or sufficient in number to enable the delivery and management of safe and quality care and services.

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

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

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

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

The Assessment Team found that although consumers and representatives spoke highly and loyally about the staff, the Assessment Team identified multiple issues (described in Standard 2 and 3) with the assessment, planning and delivery of care related to deficiencies in staffing, knowledge and skills. The service does not have all documented core competencies/capabilities for different roles. The Quality Improvement calendar identifies that this is to be updated in August 2020. A clinical skills framework is being updated for July 2020.

I am of the view that the approved provider does not comply with this requirement. Whilst consumers generally feel staff have satisfactory skills to meet their care needs, issues regarding staff numbers are having an impact on the number of competent staff available to the service. The service has not been able to address how any gaps in competency skills and training due to staff reductions will be maintained ongoing.

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

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

The Assessment Team found that overall consumers and representatives interviewed stated they felt that staff are well trained and know what they are doing. However, some representatives stated that some staff are better than others. Staff interviewed say they have received training including online mandatory training in the past 12 months and COVID-19 training this year. Management advised that staff are encouraged to look at policies and procedures on one of the service’s shared drives, however there is no system to ensure staff have read policies and procedures or other related information. Staff say they can access policies and procedures but generally just defer to the RN on duty for assistance if necessary. Training records indicate that staff have had preliminary in-house training in the new Quality Standards. The education calendar for 2020 indicates that further training is scheduled commencing January 2020 until August 2020, however it is unclear how much of this has been completed to date.

I am of the view that the approved provider does not comply with this requirement as they have not demonstrated that the workforce are adequately trained, equipped and supported to deliver the outcomes required by the standards.

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

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

The Assessment Team found that the HR manager advised that performance appraisals in the past have been conducted every six months. However due to staff restructuring all staff appraisals are overdue. Management advised that the service does not have enough management staff to address staff performance issues. The HR manager advised that management can’t afford to take staff off a roster due to performance assessment. An example was provided of where an underperforming staff member had to be moved to an area where there was a suitable RN on shift to supervise her. The organisation does not have in identified framework for staff performance appraisals. Seven staff files reviewed did not contain performance appraisals.

I am of the view that the approved provider does not comply with this requirement as they have not demonstrated that they adequately assess, monitor and review the performance of each member of the workforce.

# 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

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).

Whilst consumers were generally happy with care and services they currently receive they did not always consider that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Several consumers commented that they believed there were staff shortages at the service.
* No consumers could provide examples of how they are involved in the development, delivery and evaluation of care and services.
* One consumer said they are not aware there is a consumer representative to speak for them and rarely see board members.
* Meeting minutes, consumer and/or representative interviews together with interviews with Management indicates the service does not support consumers to be engaged in the development, delivery or evaluation of care and services. Consumers could not provide examples of how they are involved in the development, delivery and evaluation of care and services.
* There are some processes in place for consumers and representatives to provide feedback such as through resident meetings, however the service does not provide adequate opportunities for consumers and representatives to express their concerns or suggestions or that they are consulted when changes occur.

Whilst some action has been taken to involve consumers in feedback they do not feel that they are consulted when changes is implemented. The organisation has made significant structural changes to staffing structures and staffing levels without consultation with staff or consumers. The board has not been able to demonstrate that it is actively involved in the planning, delivery and evaluation of services and its accountability for consumer wellbeing.

The Assessment Team found that five of five specific requirements were not met.

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

## Assessment of Standard 8 Requirements

### As the approved provider has accepted the findings of the Assessment Team and chosen not to submit a response, the performance assessment reflects the team’s findings only.

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

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

The Assessment Team found that Board members and management interviewed could not provide examples of how consumers are actively engaged in the development, delivery and evaluation of care and services. Board and senior management advised that consumers are supported to attend a resident committee meeting monthly to discuss issues and provide feedback. The Assessment Team were advised that resident meetings have not been held since March 2020 due to the COVID 19 restrictions. Management advised that consumers and representatives also receive a monthly newsletter informing them of what is occurring at the service. Whilst most consumers and representatives said they were relatively happy with the care and services they receive, consumers interviewed could not provide any information regarding how they are supported to be engaged in the development and delivery of their care at the service level.

I am of the view that the approved provider does not comply with this requirement as they did not demonstrate that consumers are adequately engaged in the development, delivery and evaluation of care and services.

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

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

The Assessment Team found that Management could outline processes used by the organisation to promote a culture of safe, inclusive and quality care. Management provided documentation including board meeting minutes, CEO report to the board and a broad statement of the organisation’s values and a Strategic Plan dated 2017 to 2025. However, in discussion the board was unable to explain how this information enabled them to make decisions regarding the provision of quality of care and services. Senior staff advised there has not been any formal communication from the board over the last few months. Senior management have raised concerns about the board’s ability to make decisions in the best interests of consumers.

I am of the view that the approved provider does not comply with this requirement. The board has not demonstrated that it is actively involved in the planning, delivery and evaluation of services and its accountability for consumer wellbeing. The board’s decision-making regarding staffing and its likely impact on consumers does not promote a culture of safety, inclusivity and quality care and services.

### 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 found that it does not have effective organisation wide governance systems. Deficiencies in information management were identified in multiple areas during the site audit. The service is unable to demonstrate there is a methodical approach to ongoing monitoring, review and service improvement. For example, documentation regarding the organisation’s plans for quality improvement have not been finalised or they are incomplete. The service could not demonstrate that it has effective financial governance systems in place to support the changing needs of consumers. The service does not have an effective strategic plan or risk management plan in place which includes strategies to mitigate financial risk. Issues with workforce governance have been addressed in the compliance decision in Standard 7. The issues relating to complaints and feedback mechanisms have been addressed in the compliance decision for Standard 6.

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

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

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

The Assessment Team found that the organisation does not have effective risk management systems in place for managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can.

The organisation was unable 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 and the abuse and neglect of consumers is identified and responded to and consumers are supported to live the best life they can. Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Some staff said they have been educated about the abuse and neglect of consumers.

I am of the view that the approved provider does not comply with this requirement as they have not demonstrated that they have effective risk management systems and practices.

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

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

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

The Assessment Team found that the organisation does not demonstrate they have directed and/or implemented effective clinical governance. Whilst there is a clinical governance report that is provided to the board, documentation does not support effective outputs for consumers. Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Staff had not been educated about the antimicrobial stewardship policies and were not able to provide examples of their relevance to their work. 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 of open disclosure in relation to complaints and how they monitor and minimise restraints particularly in relation to chemical restraints. The Assessment Team on reading the board minutes was unable to identify what actions were taken in response to the clinical governance report or how any changes have been directed at organisational governance.

I am of the view that the approved provider does not comply with this requirement as it does not demonstrate that it has and effective clinical governance framework.

# 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)

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

The approved provider must demonstrate that:

* services staff are knowledgeable about identity, culture and preferences; and
* feedback received in surveys shows consumers believe they are treated with dignity and respect.

### Requirement 1(3)(c)

*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.*

The approved provider must demonstrate that:

* issues surround break downs in meeting systems and clinical oversight and documentation have been resolved and does not impact consumer engagement in decisions about the way care and services are to be delivered*.*

### Requirement 1(3)(e)

*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.*

The approved provider must demonstrate that:

* information is provided to consumers that is always current, accurate and timely, and communicated clearly, easy to understand and enables them to exercise choice.

### Requirement 2(3)(a)

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

The approved provider must demonstrate that:

* Assessments are completed on entry to assist in the development of care plan; and
* Risk assessments are completed, and the information is used to manage risk; and
* Consumers needs are identified to inform the delivery of safe and effective care and services.

### Requirement 2(3)(b)

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

The approved provider must demonstrate that:

* the service has an effective system which includes assessment and planning to assist in identifying and addressing consumers current needs, goals and preferences, including end of life 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.*

The approved provider must demonstrate that:

* care and services are being reviewed effectively, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer; and
* investigation does occur to ensure better outcomes for consumers.

### Requirement 3(3)(a)

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

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

The approved provider must demonstrate that:

* consumers receive effective personal care and clinical care tailored to their needs and that optimises their health and well-being, in relation to catheter management and pain management, fluid restriction, weight management and nutrition, wound care, and bowel management.

### Requirement 3(3)(b)

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

The approved provider must demonstrate that:

* the systems are effective in identifying key concerns that are leading to deficiencies in care and oversight of consumers with high falls risk, consumers who are at risk of choking; and
* risks identified in medication administration by the reporting of errors are managed and reviewed to ensure they are providing a safe medication service to consumers.

### Requirement 3(3)(c)

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

The approved provider must demonstrate that:

* The needs, goals and preferences of consumers nearing the end of life are recognised by registered nurses planning their care.

### Requirement 3(3)(d)

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

The approved provider must demonstrate that:

* registered nurses are able to recognise and assess the severity and extent of the deterioration/ change in condition consumers are experiencing.

### Requirement 3(3)(e)

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

The approved provider must demonstrate that:

* Information about consumers is always available or recorded and reported accurately, changes implemented for communicating information have been successful.

### 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.*

The approved provider must demonstrate that:

* they have a documented COVID-19 plan to assist staff in the management of social isolation, protective isolation, monitoring for symptoms, recording and reporting suspected cases, management and usage of personal protective equipment;
* information provided to staff about the prevention and management of COVID-19 is organised and consistent with guidelines.
* The care records of consumers entering the service show evidence they have been monitored for symptoms of COVID -19.

### Requirement 4(3)(d)

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

The approved provider must demonstrate that:

* Review of documentation shows information about the consumer’s condition, needs and preferences is always communicated.

### Requirement 4(3)(f)

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

The approved provider must demonstrate that:

* Consumers are satisfied with the meal and food services provided and they have had input into the menu.

### 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*

The approved provider must demonstrate that:

* consumers are enabled to freely move throughout the service.

### Requirement 6(3)(a)

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

The approved provider must demonstrate that:

* consumers do not raise concerns regarding their ability to provide feedback through resident meetings because they have recommenced; and
* The volume of anonymous complaints reduces in frequency; and
* consumers feel supported in making complaints.

### Requirement 6(3)(d)

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

The approved provider must demonstrate that:

* there is a system to adequately address issues overall,
* any actions taken are evaluated and trending of complaints and actions is being undertaken and reported effectively.

### Requirement 7(3)(a)

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

The approved provider must demonstrate that:

* agency staff usage and unfilled shifts is reduced; and
* workloads don’t impact on staff, which is evidenced in a lower number of staff taking sick leave or resigning; and
* Overall feedback from consumers and representatives interviewed indicates that while staff are kind and caring and that staffing levels aren’t having a negative impact on their care and services; and
* staff report that workloads have improved and they’re no longer short staffed.

### Requirement 7(3)(c)

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

The approved provider must demonstrate that:

* issues regarding staff numbers are resolved so that they’re no longer having an impact on the number of competent staff available to the service; and
* The service addresses any gaps in competency skills and training due to staff reductions.

### Requirement 7(3)(d)

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

The approved provider must demonstrate that:

* there is a system to ensure staff have read policies and procedures or other related information.
* Staff say they can access policies and procedures and don’t defer to the RN on duty for assistance unless necessary.
* Training records indicate that staff have had further training in the new Quality Standards and there is clear evidence that the sessions scheduled in the training calendar for 2020 have been delivered and attended by staff.

### Requirement 7(3)(e)

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

The approved provider must demonstrate that:

* all staff appraisals are up to date; and
* they have enough management staff to address staff performance issues; and
* the organisation have an identified framework for staff performance appraisals.

### Requirement 8(3)(a)

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

The approved provider must demonstrate that:

* Board members and management can provide examples of how consumers are actively engaged in the development, delivery and evaluation of care and services; and
* Board and senior management can describe how consumers are supported to attend a resident committee meeting monthly to discuss issues and provide feedback; and
* consumers and representatives can provide information regarding how they are supported to be engaged in the development and delivery of their care at the service level.

### Requirement 8(3)(b)

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

The approved provider must demonstrate that:

* The board can demonstrate that it is actively involved in the planning, delivery and evaluation of services and its accountability for consumer wellbeing; and
* the board’s decision-making regarding staffing and its likely impact on consumers promotes a culture of safety, inclusivity and quality care and services.

### Requirement 8(3)(c)

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

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

The approved provider must demonstrate that:

* there are no deficiencies in information management; and
* the service is able to demonstrate there is a methodical approach to ongoing monitoring, review and service improvement; and
* documentation regarding the organisation’s plans for quality improvement have been finalised and are incomplete; and
* the service can demonstrate that it has effective financial governance systems in place to support the changing needs of consumers; and
* the service has an effective strategic plan or risk management plan in place which includes strategies to mitigate financial risk; and
* issues with workforce governance have been addressed; and
* issues relating to complaints and feedback mechanisms have been addressed.

### Requirement 8(3)(d)

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

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

The approved provider must demonstrate that:

* the organisation has an effective risk management system in place for managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can.
* The organisation can provide a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers is managed and the abuse and neglect of consumers is identified and responded to and consumers are supported to live the best life they can.
* Staff can describe how these policies have been discussed with them and what they mean for them in a practical way.

### Requirement 8(3)(e)

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

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

The approved provider must demonstrate that:

* the organisation can demonstrate they have directed and/or implemented effective clinical governance; and
* documentation supports effective outputs for consumers; and
* staff can describe how policies have been discussed with them and what they mean for them in a practical way; and
* Staff are educated about the antimicrobial stewardship policies and can provide examples of their relevance to their work; and
* the board minutes identify what actions are taken in response to the clinical governance report and how any changes have been directed at organisational governance.

# Other relevant matters

As the approved provider is under sanctions they must also satisfy those conditions and make the improvements in accordance with the sanctions.