Bundaleer Nursing Home

Performance Report

4 -8 Johnstone Street
WAUCHOPE NSW 2446
Phone number: 02 6585 2811

**Commission ID:** 2675

**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) | Compliant  |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | 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) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Non-compliant |
| Requirement 4(3)(f) | 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) | 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) | Non-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 Review Audit and Assessment Contact of 16 June 2020; the Review Audit and Assessment Contact 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 relevant information from other consumer interviews and the assessment of other Standards.

Most sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Whilst most consumers and/or their representatives sampled advised most staff speak to consumers respectfully and treat them with respect. Some consumers representatives however, advised they do not feel their family members are shown dignity and respect with the care and services they receive.
* Consumers sampled provided positive feedback regarding being supported to exercise choice and independence to make decisions about their care and the way care and services are delivered.
* Consumers and representatives interviewed confirmed that the service values their culture and diversity, and care and services are generally culturally safe.
* Consumers interviewed confirmed that the service respects their privacy and staff knock and wait for an acknowledgement before entering their rooms. However, the Assessment Team observed the consumers’ confidential information is not always stored securely by staff within the registered nurses’ station of the service.
* Staff interviewed spoke about consumers respectfully and with regard for their identity, culture and diversity.
* Care planning documents reviewed did not consistently identify consumer’s goals and interventions and what was important to them.

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

The Quality Standard is assessed as Non-compliant as two 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 although most consumers and their representatives’ feedback is generally positive about the manner in which staff treat consumers, some representatives said that not all staff treat the consumer in a respectful manner and/or maintain their dignity.

I am of the view that the approved provider does not comply with this requirement as consumers are not always treated with dignity and respect.

### 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) Non-compliant

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

The Assessment Team found that most consumers and their representatives sampled confirmed consumers privacy is respected. However, observations by the Assessment Team indicate staff are not ensuring consumers information is confidentially and their privacy is maintained. One representative voiced concern about staff not keeping conversations between them private. Not all staff demonstrated an understanding of ensuring consumers personal information is kept secure.

I am of the view that the approved provider does not comply with this requirement as consumers privacy is not respected and personal information 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.

While some sampled consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services, others do not.

For example:

* Some representatives are kept informed of changes in the consumers condition or when an incident occurs, however some said they don’t have direct input into assessments and care planning.
* Most consumers interviewed are not aware of their assessment and or development of a care plan or could not recall this being discussed with them.
* Care plans are in place, however, appear to inform consumers and their representatives of care issues and/or needs, but do not demonstrate a partnership with consumers.
* The service is unable to demonstrate effective incident management, review and care updates.

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

Whilst the service has in the last week commenced ‘resident of the day’ which includes reviews of consumers plans of care and assessments, together with case conferences, this information is limited and is not always transferred to the assessments and/or plans of care updates.

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

## Assessment of Standard 2 Requirements

### 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 consumers all have plans of care, however they do not address specific risks to each consumer’s health and well-being. Care and services plans are not effective in guiding staff to provide safe and effective care and services.

I am of the view that the approved provider does not comply with this requirement as risks to consumers health and well-being do not adequately inform the delivery of safe and effective care and services.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team found that documentation and interviews with staff, consumers and/or representative indicate assessment and planning is not consistently occurring in conjunction/partnership with the consumer. Care planning documentation for consumers sampled inconsistently reflects the consumer is a partner in their care or who they choose to have involved in their assessment and care plan. The service has a process where the registered nurse attends a month special care day for each consumer, however, evidence this assessment is conducted with the consumer is not present for consumers sampled. Most consumers interviewed are not aware of their assessment and or development of a care plan or could not recall this being discussed with them. Consumer representatives for some consumers sampled indicate they are involved in their relatives’ care. However, this in relation to being updated about their relatives’ care rather than being involved in the assessment and planning of the care their relative is to receive. The staff interviews did not support that consumers or representatives were partners in the assessment and care planning process, however all said they keep consumers and/or representatives updated with care changes. Registered staff demonstrated an understanding of partnership in consumer care and what it means. However, the registered staff indicated they did not have time to complete all documentation.

I am of the view that the approved provider does not comply with this requirement assessment and planning at the service did not adequately demonstrate ongoing partnership with consumers, representatives and other involved in their care.

### 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) 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.*

# 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.

Overall most sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

Most sampled consumers and/or their representatives said consumers mainly received the personal and clinical care they need. However, some consumers said the staff’s slow response to their call bell, at times led them to having continence issues. Consumers and/or their representatives confirmed that consumers have access to doctors and other health professionals when needed.

For example:

* One consumer said they are satisfied with the care they receive.
* One consumer said at times they wait a long time for staff to respond to their call bell and this has at times led them to be incontinent as they need staff assistance.
* One consumer representative said the consumer gets the care they need due to the family consistently following up with staff on care issues related to their relative.
* Another consumer said they have access to their medical officer.
* Assessment and care planning processes have not been consistently effective in ensuring positive consumer outcomes in clinical care.

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

* While the needs and preferences of consumers nearing the end of life have been met, consumers have not consistently received clinical care that is best practice and optimises their health and wellbeing. In relation to effective management of high impact or high prevalence risks associated with the care this has not been identified for each consumer. Staff practices in relation to infection prevention and control is not best practice. Also, staff practices of not using appropriate personal protective equipment when care interventions for consumers being isolated following hospitalisation was not evident, leading to risks for all consumers.

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

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

### Assessment of Standard 3 Requirements

### 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 whilst consumers are generally satisfied with the care and services they receive, documentation and staff interviews indicate consumers are not receiving care that is tailored to their needs and/or optimises their health and wellbeing. Staff do not demonstrate they are ensuring each consumer get effective personal/clinical care.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that each consumer gets safe and effective personal care which is best practice, tailored to their needs and optimises their health and well-being.

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

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

The Assessment Team found that staff and management interviews as well as documentation reviewed indicate staff do not demonstrate sound clinical practice and therefore effective management in relation to minimisation of a high impact outbreak (COVID 19) infection risk for consumers. Staff could not describe the most significant clinical/personal care risks for the consumers sampled. Staff had or have not identified isolating consumers in shared rooms as a potential risk. The care manager presents a report to the clinical governance meeting which includes consumer clinical indicators. This forms part of recording high impact and high prevalence clinical and personal risks for consumers. However, does not indicate trend analyse and response to high impact or high prevalence risks.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

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

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

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

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

### Requirement 3(3)(e) 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 documentation sampled indicates information does not effectively communicate the care of or the need of the consumer as staff are not aware of consumers’ needs and/or preferences. Information regarding consumers isolation and infection prevention and control is not communicated within sampled consumers care plans leading to issues with staff practices, communication of consumer needs and mitigation of risk. Information regarding power of attorney for one consumer had been altered within the care profile. This led to the consumer’s son being notified of issues with her care and hospitalisation. Her daughter told the Assessment Team this had distressed her and that she was unable to ascertain how it occurred. The care manager was unable to ascertain who made the changes, which lead to communication issue and staff not following the power of attorney document. Consumers and/or representatives said there could be improvement in care communication. While there is a handover process between the registered nurse and care staff, information is not consistently shared with lifestyle staff where there have been changes in consumer care. Staff indicated they mainly work within their own department and the overall communication of consumers needs is fragmented. There are gaps in the filing and/or uploading of consumer information such as referral reports causing delays in locating information regarding a consumer.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

### Requirement 3(3)(f) 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 staff interviewed did not consistently demonstrate sound clinical practice in relation to minimisation of infection risks. The services process for ensuring staff are implementing standard precautions is ineffective. Staff practices of not using appropriate personal protective equipment (PPE) when care interventions for consumers being isolated following hospitalisation was evident, leading to risks for all consumers.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate appropriate knowledge and practice concerning infection control.

# 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.

Some sampled consumers 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.

For example:

* Consumers interviewed confirmed that they are mostly supported by the service to do the things they like to do. However, as a result of COVID-19 community activities have been cancelled and substitutes to support the interests of consumers have not been considered.
* Consumers interviewed confirmed that they are supported to keep in touch with people who are important to them.
* Feedback from consumers interviewed included meals provided are of a suitable quality, variety, and quantity and are provided in a safe environment. Consumers are able to give feedback about the quality of the food.
* The service has not demonstrated they are providing sufficient religious or spiritual services for consumers. The staff have said they have difficultly due to COVID-19 with local community religious and spiritual clergy visiting.
* Emotional and psychological wellbeing of consumers is not assessed and /or reviewed
* The consumer’s goals do not always reflect the consumer’s personal preferences in most cases they are written generically.

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

The Quality Standard is assessed as Non-compliant as four 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) 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 Assessment Team found that some consumers sampled expressed satisfaction with staff assisting and supporting them in their daily living and remaining independent. Some representatives of consumers sampled advised they do not feel staff demonstrate an understanding of their consumers preferences. The Assessment Team observed consumers alone in their rooms and in common areas with no activities in place or engagement occurring. Not all lifestyle and care staff interviewed was able the discuss how they assist and support consumers in daily living or how the consumers contribute to the activity program. Care plans of consumers sampled indicate consumer goals are not personalised.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that consumers receive appropriate supports for daily living which meet consumers needs, goals and preferences and optimises their independence, health, well-being and quality of life.

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

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

The Assessment Team found that there was mixed feedback from consumers and representatives relating to promoting each consumer’s emotional, spiritual and psychological well-being. The service has not demonstrated they are providing sufficient religious or spiritual services for consumers. For consumers sampled care plans, indicate information regarding a consumer’s spiritual needs, however, did not include information about their emotional or psychological well-being. Documentation regarding the need for emotional support for consumers who had been isolated in their room following hospitalisation (as precaution for COVID-19) or because of choice indicate staff have not assessed the consumer needs. Staff told the Assessment Team if they notice someone is needing extra emotional support, or they note any changes in the consumers condition, they will report this to the registered nurse. However, they were not able to provide examples of this.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that consumers receive services and supports for daily living which promote each consumer’s emotional, spiritual and psychological well-being, unless they are of an Anglican faith.

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

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

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

The Assessment Team observed limited activities occurring in the service at times throughout the site audit with minimal attendance. The service has not demonstrated how consumers who were involved in community activities prior to COVID19 restrictions have been supported with substitute activities of interest to them.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that it provides appropriate services and supports for daily living to assist each consumer participate in their community undertaking activities of interest to them or have social and personal relationships.

### 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) Non-compliant

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

The Assessment Team found that mostly the service was unable to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the lifestyle of consumers is offered. However, the service does offer a hairdressing service to the consumers

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that appropriate and timely referral occur to support daily living.

### 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 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 sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers interviewed confirmed they find the environment to be safe and well maintained. Consumers said they are mainly happy with the cleaning of the environment and their rooms.
* Consumers interviewed very happy living at the service. They said they feel at home and their family and friends are made to feel welcomed when they visit.
* Consumers are able to decorate their bed room and or their area in a shared room according to their taste, with personal items to make their home as comfortable as possible.
* The Assessment Team observed the service has clear signage throughout, structural strategies to support most consumers to mobilise independently indoors and out. There is adequate lighting, heating and cooling, a comfortable atmosphere and appropriate noise levels and pathways around the service are level and safe.
* Some areas of the environment were observed to be not clean, well maintained or comfortable this includes the outdoor areas, internal floor coverings and the service main kitchen.

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 some areas of the environment were observed to be not clean, well maintained or comfortable this includes the outdoor areas, internal floor coverings and this services main kitchen. The maintenance log provided evidence that regular maintenance of the service environment is addressed in a timely matter, kitchen cleaning records and feedback from staff verifies cleaning tasks are not always completed in a satisfactory manner. Observations of the external environment demonstrates the outdoor furniture is not kept clean.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that the service environment is safe, clean and well maintained.

### 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.

Most sampled consumers/representatives considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers/representatives stated that they felt safe and comfortable to raise concerns. However, felt that issues or complaints are addressed by the management and not always implemented by staff, so, changes are not always made as a result of the issue being raised.
* The service does not trend complaints effectively, nor are they logged into the continuous improvement system. As a result, some complaints have been resolved quickly and to the satisfaction of consumers, while other complaints have remained unresolved.

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

The Quality Standard is assessed as Non-compliant as one of the four specific requirements has 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) Compliant

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

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

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

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

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

The Assessment Team found that the service has a compliments complaints and feedback register and a complaints management process/system, however all complaints are not recorded. The service does not analyse data for any trends or use complaints to improve the quality of care and services. The care manager advised, the service does not trend complaints and that in many cases one to one complaints are resolved and not always added to the register. The care manager advised the Assessment Team she addresses each concern as she receives the feedback. The service was not able to demonstrate how feedback from the consumers/representative is used to implement improvements in the quality of care and services within the service. The service could not provide documentation to support feedback is trended within the service.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate feedback and complaints are reviewed and used to improve the quality of care and services.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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:

* 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.
* A number of consumers and representatives said staff responses to the consumer call bells is at time lengthy.
* Some consumers and/or their representatives provided positive feedback in relation to the competency and skill of staff whilst others provided feedback that indicates staff knowledge and skills could be improved.

The Assessment Team found that none of five specific requirements were met.

The service doesn’t demonstrate the all staff have the skills and knowledge to perform their roles. Call bell response times are lengthy and support consumer feedback in relation to this issue. Staff resignations and redundancies together with increased workloads for management indicate staff performance management systems are effectively managed.

The Assessment Team found that none of five specific requirements were met.

The Quality Standard is assessed as Non-compliant as all 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.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

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

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

The Assessment Team found that feedback from consumers is generally positive in relation to staff being kind and caring. However, some representatives commented that staff do not always treat their relative with respect and dignity at times. See Standard 1, Requirement 1 (a) for further information. The Assessment Team observed staff interactions with consumers to be kind, caring and generally respectful.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that workforce interactions with consumers are kind, caring and respectful.

### 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 while the workforce has the necessary qualifications to undertake their roles, they do not demonstrate knowledge to undertake care and services in accordance with the Aged Care Quality Standards. For the consumers and or representatives sampled feedback in relation to their confidence that staff are skilled enough to meet their care needs varied. Some consumers and/or their representatives provided positive feedback in relation to the competency and skill of staff whilst others provided feedback that indicates staff knowledge and skills could be improved. Management representatives interviewed advised staff have set competencies they are required to achieve each year, however also advised the staff are not up to date with these competencies. Management representatives advised they are aware some staff’s performance needs monitoring and that there is gaps in their effectively performing their roles. Management attribute this to a staff culture and at times a lack of care factor. The Assessment Team identified deficiencies in requirements across eight standards which are related to deficiencies in the competence and knowledge of the workforce in not undertaking their roles effectively.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

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

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

The Assessment Team acknowledges that the service has an education and training program in place. However, review of performance against the Aged Care Quality Standards undertaken during the site audit demonstrates that these activities are not effective in ensuring staff have the necessary knowledge and skills and are not effectively supported to deliver the outcomes required by these Standards. Requirement 7(3)(c) outlines the areas in which staff have not demonstrated knowledge and competence in relation to their roles.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

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

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

The Assessment Team found that the process for ensuring staff appraisals are conducted and their performance managed is not occurring because of restructuring and management workloads. The HR manager advised that performance appraisals in the past have been conducted every six months. However due to staff restructuring several staff appraisals are overdue. When asked about how feedback from consumers and performance reviews are used to inform staff training needs, the service did not provide information to the Assessment Team on the processes for this to occur. The Assessment Team were informed staff practices are not effectively monitored and there is a lack of follow up for staff not performing the duties in line with the service’s expectation.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that there is regular assessment, monitoring and review of 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.

No consumer or their representative said they are not aware there is a consumer representative to speak for them.

* 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.

The Assessment Team found that none of five specific requirements were met.

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. Documentation indicates the board member attends the clinical governance meetings as a consumer/representative but does not provide any evidence that the representative is engaging with consumers and/or other representatives for their input. Consumers interviewed indicated they were not aware of a anyone who represents them at clinical governance meetings. Whilst most consumers and representatives said they were relatively happy with the care and services they receive, consumers or their representatives interviewed could not provide any information regarding how they the consumers 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 the service did not adequately demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

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

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

The Assessment Team found that 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 with regards to the board’s ability to make decisions in the best interests of consumers. Board members discussed the diversity of the board and governance training recently attended via webinar and had reviewed documents relating to the Standards. There have been several changes to the board recently and it is not clear whether all members have received effective training in corporate governance in aged care.

I am of the view that the approved provider does not comply with this requirement as 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 there are not effective organisation wide governance systems. For example, there were deficiencies in information management were identified in multiple areas during the site audit. The organisation’s governing body does not have a process to satisfy itself the Quality Standards are being met. Actions have not been taken to ensure that care and services can continue effectively following the abolishment of several positions. Refer Standard 7 Requirement (3) (a). The service is unable to demonstrate there is a methodical approach to ongoing monitoring, review and service improvement. 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. Standard 7 compliance decision addresses workforce governance deficiencies. Standard 6 compliance decision addresses deficiencies in feedback and complaints mechanisms.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate that they have effective organisation wide governance systems.

### 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 has not demonstrated that effective systems are in place for managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to 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 that pertained to issues within their service.

The service did not provide policies describing how High impact or high prevalence risks associated with the care of consumers is managed or Consumers are supported to live the best life they can. They did however have a policy describing how the abuse and neglect of consumers is identified and responded to. 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. Consumers are not supported to live the best life they can. There was considerable negative feedback from consumers, representatives and staff in relation to the reduction in staff which impact negatively on wellbeing.

I am of the view that the approved provider does not comply with this requirement as the service did not adequately demonstrate 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. Refer to Standard 3 Requirements 3 (a), (b) and (g).

They provided a documented clinical governance framework – in draft format. The Clinical Governance report of 23 July 2020 identified plans for updating of the clinical governance framework, however this has not yet progressed as no further meetings have been held due to lack of senior staff. There is a policy relating to antimicrobial stewardship dated 9 July 2019 which had not yet been updated. Staff interviewed said they did not have training in antimicrobial stewardship.

A policy relating to minimising the use of restraint. A restraint management procedure was dated 2018 (can be accessed by staff). New procedures have been written for chemical restraint and physical restraint however these were not dated. Management could not confirm when these had been ratified. They provided an open disclosure policy dated 31 July 2019.

Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Some registered nurses have been educated about the antimicrobial stewardship policies and were able to provide examples of their relevance to their work, however this was inconsistent among the registered nurses.

Management were asked what changes had been made to the way that care and service were planned, delivered or evaluated as a result of the implementation of these policies. Management were not able to provide examples. The Assessment Team on reading the board minutes was unable to identify actions 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 the service did not adequately demonstrate that they have an 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)(f)

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

The approved provider must demonstrate that:

* consumers and their representatives confirm consumers privacy is respected; and
* observations indicate staff are ensuring consumers information is confidentially and their privacy is maintained; and
* consumers are confident that conversations between them and staff are kept private; and
* all staff demonstrate an understanding of ensuring consumers personal information is kept secure.

### 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)(c)

*The organisation demonstrates that assessment and planning:*

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

The approved provider must demonstrate that:

* Care planning documentation for consumers consistently reflects the consumer is a partner in their care or who they choose to have involved in their assessment and care plan; and
* The service includes the consumer in their process where the registered nurse attends a month special care day for each consumer; and
* consumers are aware of their assessment and or development of a care plan and can describe this being discussed with them; and
* consumer representatives indicate they are involved in their relatives’ the assessment and planning of the care their relative is to receive, not just advised or updated about their care; and
* staff can describe how consumers or representatives were partners in the assessment and care planning process; and
* registered staff indicate they did have time to complete all documentation.

### 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)(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)(a)

*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 approved provider must demonstrate that:

* consumers express satisfaction with staff assisting and supporting them in their daily living and remaining independent; and
* representatives of consumers feel staff demonstrate an understanding of their consumers preferences; and
* consumers are not frequently alone in their rooms and in common areas with no activities in place or engagement occurring; and
* all lifestyle and care staff can describe how they assist and support consumers in daily living or how the consumers contribute to the activity program; and
* care plans of consumers indicate consumer goals are personalised.

### Requirement 4(3)(b)

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

The approved provider must demonstrate that:

* feedback is positive from consumers and representatives relating to promoting each consumer’s emotional, spiritual and psychological well-being; and
* the service is providing sufficient religious or spiritual services for consumers; and
* care plans indicate information regarding a consumer’s spiritual needs, and include information about their emotional or psychological well-being; and
* documentation regarding the need for emotional support for consumers who had been isolated in their room following hospitalisation (as precaution for COVID-19) or because of choice indicate staff have assessed the consumer’s needs; and
* Staff can describe examples of when they have recognised consumers are feeling low and the actions they’ve taken.

### Requirement 4(3)(c)

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

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

The approved provider must demonstrate that:

* there is an appropriate level of activities occurring in the service with good attendance; and
* The service can demonstrate how consumers who were involved in community activities prior to COVID19 restrictions have been supported with substitute activities of interest to them.

### Requirement 4(3)(e)

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

The approved provider must demonstrate that:

* the service can demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the lifestyle of consumers is offered.

### 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)(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)(b) Non-compliant

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

The approved provider must demonstrate that:

* feedback from consumers and representatives is generally positive in relation to staff being kind and caring and that staff always treat their relative with respect and dignity at times.

### 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.