Catholic Healthcare Jemalong Residential Village

Performance Report

240 Edwards Street
FORBES NSW 2871
Phone number: 02 6853 9200

**Commission ID:** 0066

**Provider name:** Catholic Healthcare Limited

**Review Audit date:** 16 June 2020 to 23 June 2020

**Date of Performance Report:** 4 August 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

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| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Non-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) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Non-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) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | 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; the Review Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved Provider’s response to the Review Audit report received 14 July 2020
* referral information received by the Commission.

# 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 and service records (for alignment with the feedback), and testing staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Most consumers and consumer representatives interviewed by the Assessment Team considered that the consumer is supported to maintain relationships of choice, the consumer receives information about the menu and activities offered, and the consumer’s personal privacy is respected. However, most consumers and consumer representatives interviewed did not consider that the consumer is treated with dignity and respect or that the consumer can make informed choices about their care and services.

Consumer and representative feedback included a lack of dignity and respect and the absence of support to exercise choice in relation to their care. Feedback also included a lack or response to requests in relation to care and services and the lack of support to enable the consumer to take risks. The Assessment Team were also provided with feedback that information provided to consumers and/or representatives is neither current, accurate or provided in a timely manner in relation to matters about care.

The Approved Provider in its written response to the Review Audit report, which included a Plan for continuous improvement, has accepted full responsibility for the quality of care provided to every individual consumer, and had committed to continuous improvement and addressing the issues raised during the Review Audit. The Approved Provider states it does not agree with the assessment of the non-compliant Requirements, however, has not refuted the information brought forward by the Assessment Team during the Review Audit.

The Approved Provider states immediate action was taken following the Review Audit to rectify deficiencies, this included senior management meeting with consumers and family members of named consumers, apologies provided to consumers and their family who provided feedback to the Assessment Team and the launch of a Family Engagement Program to improve communication and feedback processes.

It is my decision this Quality Standard is Non-compliant as five of the six specific requirements have been assessed as Non-compliant.

## Assessment of Standard 1 Requirements

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

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

Consumers are not treated with dignity and respect. Consumers’ preferences are not being accommodated and their basic needs, including toileting and personal hygiene are not being met. A lack of staffing is contributing to consumers’ care needs and preferences not being attended to or followed. This has caused incontinence episodes, a lack of showering and delay in staff attendance. A distressed consumer was not attended to by staff in a timely manner during the Review Audit.

While the Approved Provider has a policy and procedure which reflects that consumers should be treated with dignity and respect, this was not followed during the Review Audit. The Approved Provider in its response has stated staff have received education and are supported and monitored to ensure they provide care that is kind, caring and respectful. While the Approved Provider has committed to education for staff in relation to the provision of kind, caring and respectful care to consumers, this was not evident during the Review Audit. Education and training for staff will require additional time to assess the effectiveness of the training.

Following the review of consumer and representative feedback, the recording of staff practices and the Approved Provider response, it is my decision each consumer has not been treated with dignity and therefore this Requirement is non-compliant

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

*Care and services are culturally safe.*

Care and services are not being provided in a culturally safe manner. Consumers have not been consulted regarding the acknowledgement or celebration of their indigenous heritage or supported with communication strategies when English is not their first language. Staff do not demonstrate consistent knowledge of consumers’ diverse or cultural needs.

The Approved Provider sought a communication booklet for the consumer with difficulties communicating in English, following the feedback provided during the Review Audit. In its response the Approved Provider has commenced discussions with consumers and representatives to capture their life stories and cultural heritage. For consumers who have cultural diversity, care plans will be updated to reflect their cultural preferences. Information relating to translation services have been developed and provided to staff.

While the Approved Provider has committed to rectification actions to ensure care and services are culturally safe, these actions were not in place at the time of the Review Audit and these actions will need time to implement and evaluate for their effectiveness. Therefore, it is my decision care and services are not culturally safe and this Requirement is non-compliant.

### 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.*

Consumers are not supported to exercise choice in making decisions about care delivery or consulted about who they want to be involved in their care. Case conferencing has not been occurring to enable consumers to voice their choices about their care or to confirm who they want to be involved in their care. Consumers with the ability to make choices for themselves have not been supported to do so, including the consent to the use of physical restraints. Consumer representative wishes relating to transferring their loved one to hospital have not been acknowledged or actioned in a timely manner.

Policies and procedures do not provide guidance relating to supporting consumers to make decisions about who they want involves in their care or how to support consumers to make decisions about their care.

In its response the Approved Provider has committed to sending letters to all consumers’ families regarding care planning and consultation processes and the commencement of case conference discussions. The Residential Agreement has been reviewed and amended. While I acknowledge the actions the Approved Provider has commenced to rectify the deficits relating to this Requirement, these processes were not in place at the time of the Review Audit and will require time to implement and evaluate for their effectiveness. Therefore, it is my decision this Requirement is non-compliant.

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

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

Consumers are not supported to take risks to enable them to live the best life they can. Assessment of risks have not been completed to support consumers who wish to take risks, this includes the use of mobility equipment to support consumers to leave their bed to be involved in activities of daily living.

Staff are not aware of processes to support consumers to take risks. The Approved Provider gathers information from consumers regarding their individual risks at case conferencing, however these processes have not been occurring.

In its response to the Review Audit report, the Approved Provider has committed to identifying consumers who wish to take risks and the completion of risk assessments for these consumers. These processes are not estimated to be completed until 31 July 2020, they were not in place at the time of the Review Audit and therefore it is my decision, this Requirement is non-compliant.

### 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.*

Consumers and/or their representatives are not receiving information that is current, accurate or provided in a timely manner. This has included information requested from medical officers, the requirements for influenza vaccinations, information relating to deteriorating consumers, medication changes and changes to consumers’ skin integrity.

The Approved Provider in its response has committed to updating all consumer representative contact details and the provision of invitations to representatives to attend case conferences. The Approved Provider and its representatives have met with named consumers and their representatives and have scheduled follow-up meetings to occur.

These processes are not estimated to be completed until 7 August 2020, they were not in place at the time of the Review Audit and therefore it is my decision, this Requirement is non-compliant.

### 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.

Consumers/representatives interviewed by the Assessment Team do not consider that they feel like partners in the ongoing assessment and planning of consumers care and services, including not having direct input into assessment and care planning processes. Consumers and representatives are not aware they can access care plans and are not informed of outcomes following assessments which lead to the development of care plans. Case conferences have not occurred to facilitate communication between consumers, representatives regarding their care and services.

Policies, procedures and processes to guide staff practice in relation to conducting assessments and developing care plans according to a schedule exist, however they have not been followed. Care plans contain generic interventions and are not individualised to address specific risks to consumers’ health and well-being and do not reflect a partnership with the consumer and/or their representative. The emergence of risk has not been investigated or re-assessed and appropriate action has not been taken to prevent reoccurrence and further deterioration.

The Approved Provider in its written response to the Review Audit report, which included a Plan for continuous improvement, has accepted full responsibility for the quality of care provided to every individual consumer, and had committed to continuous improvement and addressing the issues raised during the Review Audit. The Approved Provider states it does not agree with the assessment of the non-compliant Requirements, however, has not refuted the information brought forward by the Assessment Team during the Review Audit.

The Approved Provider states immediate action was taken following the Review Audit to rectify deficiencies, this included senior management meeting with consumers and family members of named consumers, apologies provided to consumers and their family who provided feedback to the Assessment Team. The Approved has committed to changes in its quality reporting and external audit processes following the deficits identified during the Review Audit.

It is my decision this Quality Standard is Non-compliant as five of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

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

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

Assessment and care planning processes are not effective and do not identify individualised strategies relating to care and services required by consumers or consider or address individual risks to the consumer’s health and well-being. Despite policies, procedures and processes to guide staff practice in relation to conducting assessments and developing care plans, these have not been followed and staff are not aware of these processes. Consumers who have recently entered the service have not been assessed and care planning has not addressed their individual needs in relation to falls, continence, the development of pressure injuries and the risk of urinary tract infections.

Consumers and/or representatives interviewed by the Assessment Team stated they have not been involved in the process of assessment and care planning and are unaware of assessment and care planning processes. Despite a schedule to guide staff in the completion of assessments, registered staff are unaware of the schedule and it has not been followed.

The Approved Provider has a suite of policies and procedures in relation to assessment and care planning, including the clinical information management policy and clinical care provision policy, however this has not been followed by staff and monitoring processes have not identified this deficiency.

The Approved Provider in its response to the Review Audit report has committed to a review of all care plans and assessments, with priority given to consumers who have deteriorated, and consumers named in the Review Audit report. Support is being provided to registered staff to develop care plans in consultation with consumers and/or their representative. This process is yet to be completed and has not been evaluated for its effectiveness.

Assessment and care planning processes have not considered the risks to individual consumers in relation to their health and well being to inform the delivery of safe and effective care and services. In reviewing the Assessment Team’s information and the Approved provider’s response, it is my decision this Requirement is non-compliant.

### 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.*

Consumer preferences in relation to advanced care planning and end of life wishes have not been ascertained or recorded in a timely manner to support the provision of all consumers’ preferred end of life wishes. Consumer representatives are not satisfied their loved ones wishes were identified in a timely manner. Assessment and planning processes do not demonstrate consumers’ goals and preferences are identified or recorded. This has included behaviour management strategies, catheter care, personal hygiene, compression garments, continence management and restraint management.

While staff are aware of some individualised preferences for consumers, these were not recorded in care plans to provide guidance to all staff. An advanced care directive template has been introduced but has not been completed for all consumers. Behaviour management plans to not contain the identification of triggers based on monitoring consumers’ behaviours, to guide staff practice.

The Approved Provider in its response to the Review Audit report has committed to a review of all consumers’ assessments and care planning. A training plan for staff has been developed and a clinical handover process has commenced. These processes have not been completed or evaluated for their effectiveness. Assessment and care planning processes in place at the time of the Review Audit did not identify consumers’ current needs, goals and preferences including end of life wishes, and therefore it is my decision this Requirement is non-compliant.

### 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.*

Consumers and/or their representatives have not been involved in partnership relating to assessment, care planning and review processes and are not satisfied with communication processes relating to assessment and planning. Case conferencing has not occurred to identify consumers’ wishes. Assessment and care planning do not demonstrate goals, needs and preferences established by consumers themselves, rather care planning documents reflect care directives in place.

The Approved Provider in its response to the Review Audit reports findings have committed to case conferences to occur for all consumers and/or their representatives. These processes have not been completed and the Approved Provider has an estimated completion date for this initiative of 31 December 2020. Assessment and planning processes at the time of the Review Audit were not inclusive of a partnership between the consumer and others that the consumers wish to involve in assessment planning and review processes. Therefore, it is my decision that this Requirement is non-compliant.

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

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

Consumers and/or their representative are not aware of the availability of consumers’ care plans. The outcomes of assessment and planning processes have not been communicated to the consumer and/or their representative. The Approved Provider has not ensured staff are aware of the availability of care plans to consumers and/or their representative. Staff have access to summary care plans; however, these care plans do not include all aspects of consumer care needs. Case conferencing has not occurred to discuss the outcomes of assessment and planning with consumers and/or their representatives.

The Approved Provider in its response to the Review Audit report findings has committed to completing case conferences for all consumers, including informing consumers about care plan availability. Information relating to the availability of care plans is to be included at consumer/representative meetings, during care plan reviews and through written communication to representatives.

Rectification processes in relation to this Requirement have not been completed or evaluated for their effectiveness, it is therefore my decision the Approved Provider has not communicated outcomes of assessment and planning to consumers and/or their representatives and care plans are not readily available, and this Requirement is non-compliant.

### 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.*

Care and service plans have not been reviewed for effectiveness when circumstances change, when incidents occur or when the needs of consumers changes. Care plan review processes are ineffective in identifying if interventions are meeting the needs of consumers. Incident reporting processes are not effective, incidents are not reported and therefore re-assessment of consumers following incidents has not occurred to minimise the risk of reoccurrence. This has included the review of care plans for consumers with escalating challenging behaviours, at risk of further falls, experiencing recent infections and smoking in unauthorised areas,

Where review of care plans has occurred, information is either incorrect or incomplete. This has included consumers requiring chemical restraint, consumers with identified changes in their skin condition and consumers who have experienced falls. While the Approved Provider has a policy which directs to report all identified clinical incidents and near misses and to document appropriately, this process has not been followed and incidents have not been recorded.

The Approved Provider in its response to the findings recorded in the Review Audit report has committed to a review of documentation following a consumer being hospitalised and staff have been reminded to review the effectiveness of care planning strategies. Documentation will be provided to assist staff to conduct investigations following incidents to ensure effective harm minimisation. A full review of incidents of concern has been completed to identify gaps in service provision.

In reviewing the Assessment team’s findings and the Approved Provider’s response to the Review Audit report, it is my decision that care and services have not been reviewed for effectiveness when circumstances change or when incidents occur, and therefore this Requirement is non-compliant.

# 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 Assessment Team also examined relevant documents.

Consumers and/or their representatives are not satisfied consumers receive personal care and clinical care that is safe and right for them. This includes consumers receiving appropriate nutrition and hydration, provision of personal care, unplanned transfers to hospital, identifying consumers who have deteriorated and adequate supply of medication

Consumers have not received clinical care that is best practice and optimises their health and wellbeing. The administration and supply of medication has not been managed effectively. Deterioration or changes in condition for consumers has not been identified and escalated for review and appropriate referrals to specialist services have not occurred. Infections have not been minimised effectively in relation to skin care, wound management and urinary tract infections.

The Approved Provider in its written response to the Review Audit report, which included a Plan for continuous improvement, has accepted full responsibility for the quality of care provided to every individual consumer, and had committed to continuous improvement and addressing the issues raised during the Review Audit. The Approved Provider states it does not agree with the assessment of the non-compliant Requirements, however, has not refuted the information brought forward by the Assessment Team during the Review Audit.

The Approved Provider states immediate action was taken following the Review Audit to rectify deficiencies, this included senior management meeting with consumers and family members of named consumers, apologies provided to consumers and their family who provided feedback to the Assessment Team. The Approved has committed to changes in its quality reporting and external audit processes following the deficits identified during the Review Audit.

It is my decision this Quality Standard is Non-compliant as six of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

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

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

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

Consumers and/or their representatives are not satisfied that clinical care provided is best practice and does not optimise consumers’ health and wellbeing. Wound care is not provided in accordance with wound management plans which has had a negative impact on consumers. Consumers have been assaulted by other consumers and behaviour management strategies have not been developed to minimise the risk of reoccurrence. Chemical restraint is not used as a last resort and physical causes of escalation in behaviour are not explored. Falls prevention strategies have not been implemented to decrease the risk of further falls. Consumers do not receive appropriate care including personal hygiene, adequate fluids and effective pain management.

For two named consumers who has displayed escalating challenging behaviours including aggression, documentation does not support an assessment of their ongoing behaviours has occurred to eliminate possible causes for their aggression including pain, infection or constipation. Incident reports have not been consistently recorded following episodes of aggression displayed by the consumers therefore incidents of aggression have not been escalated or reviewed to minimise the risk of further acts of aggression occurring. For one of the named consumers who required hospitalisation following falls with injuries, and the commencement of strong pain relief, there is no documentation to support an assessment of their pain was undertaken to ensure the effectiveness of the prescribed pain medication.

Staff responsible for the care of the two consumers stated there is difficulty implementing strategies to address the challenging behaviours or to provide adequate clinical and personal care for the named consumers due to their workload and insufficiency of staff.

Personal hygiene cares have not been documented as provided for a named consumer who is known to be resistant to hygiene cares, experiences excoriation in the groin area and has wound care directives from an allied health professional. A review of documentation does not support issues relating to the consumer refusing hygiene cares including directives from a podiatrist has been escalated or reviewed to ensure appropriate care provision is provided to the consumer. An assessment and actions taken when the consumer has exhibited challenging behaviours does not demonstrate best practice behaviour management for people living with dementia. Incident reports have not been recorded following incidents of aggression have not been escalated or reviewed to minimise the risk of further acts of aggression occurring.

The consideration of pain for a consumer related to injuries sustained from an assault by another consumer has not been considered, addressed or evaluated. Despite consumers voicing generalised pain following an assault which resulted in injuries requiring sutures. Neurological observations have not been recorded for a timeframe to support the monitoring of possible head injury for a consumer who sustained a fall involving their head.

Chemical restraint is not being used as a last resort and has been administered without consideration of other factors which may influence a consumer’s behaviours including pain and constipation. Monitoring of a consumer who had been administered chemical restraint did not occur and the consumer sustained an unwitnessed fall. Where chemical restraint is in use, the risks associated with the medication have not been clearly outlined to the authorised decision maker for the consumer and therefore informed consent is not established. The use of chemical restraint is not documented in care plan for consumers prescribed chemical restraint.

Wound care documentation does not support the appropriate monitoring of wounds or the timely escalation of deterioration in wounds. Wounds have deteriorating and infected without appropriate response and review.

Consumers and/or their representatives are not satisfied that consumers are receiving safe and effective personal and clinical care and that clinical issues are not managed or identified. Including concerns relating to challenging behaviours relating to noise not being recognised or actioned. Consumers not supported with hygiene cares including the provision of clean clothes. Medication supplies relating to pain medication not being readily available, and the explanation of risk involved with the administration of medication. The provision of adequate hydration to consumers known to suffer from urinary tract infections. The application of prescribed compression garments and the timely assistance with toileting. The safety of consumers known to be at risk of falls and the preventative actions in place to reduce the risk of further falls.

The Approved Provider took immediate action to the concerns and deficiencies identified by the Assessment Team during the Review Audit including the submission of referrals to a dementia advisory service for consumers with challenging behaviours. The Approved provider has also committed to the implementation of regular trained staff in the dementia support unit, an external review of the environment and an increase in staffing in the dementia support unit. All chemical and physical restraints will be reviewed, and a restraint minimisation program has commenced.

While I acknowledge the actions taken by the Approved Provider following the deficits identified at the Review Audit, these processes were not in place prior to the Review Audit findings, processes have not been fully implemented at the time of my decision and therefore have not been evaluated for their effectiveness. Consumers have not received safe and effective clinical and personal care and it is my decision this Requirement is non-compliant.

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

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

The management of high impact risks for consumers is not effectively managed, this has had negative impact for consumers in relation to wound, pain, medication and behaviour management. Consumers have not received medication in a timely manner and staff practices do not support the safe and correct administration of medication. Care plans do not contain strategies to guide staff practice in relation to behaviour management and chemical restraint.

Four consumers have experienced a lack of supply to their prescribed medication. For a named consumer, there was a seven-day delay in the administration of prescribed antibiotics for their infected wound. Staff practices do not support the safe and correct administration of medication including dispensing of medication not contained in the original packaging, the lack of recording of medication administered, administering ceased medication and the lack of medication incident reports when incidents have occurred. The effectiveness of administered medication has not been recorded to assist with the ongoing management of the medication for the consumer.

In the written response to the Review Audit report’s findings the Approved Provider has committed to improving communication processes in relation to the supply of medication, the adjustment of registered staff workflows to support administration of medication and the assessment of competencies of registered staff in medication management.

It is my decision that high impact and high prevalence risks for consumers have not been effectively managed and therefore this Requirement is non-compliant.

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

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

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

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

Consumers who have experienced deterioration or changes to their condition have not been identified or responded to in a timely manner. Consumers and/or their representatives are not satisfied with processes to provide consumers with appropriate care when they have deteriorated, or their condition has changed. Consumers with wounds have experienced deterioration in the status of their wounds with an absence of appropriate escalation or referral to a medical officer. Consumers exhibiting signs of a urinary tract infection have not been identified or their symptoms responded to in a timely manner.

For a named consumer who experienced a fracture requiring hospitalisation demonstrated signs of deterioration including urinary tract infection symptoms, dehydration and an increase in pain was not assessed for the signs of deterioration in a timely manner. Escalation of the consumer occurred following feedback from the consumer’s representatives.

A named consumer experienced a delay of nine days from the initial display of symptoms of a urinary tract infection and continued to deteriorate before appropriate clinical care was provided, this care was provided when the consumer was hospitalised.

While wound care was provided to a consumer who developed a Stage three pressure injury. Documentation does not support effective monitoring of the wound was occurring despite signs of deterioration in the wound. There was no evidence to support a medical officer was notified regarding the status of the wound, including when signs of infection were evident. Staff identified the consumer’s feet were swollen and they required larger shoes, however, no consideration was given to these signs contributing to the deterioration of their wound.

Despite wound care documentation evidencing deterioration of a wound for another named consumer, there is no evidence to support the timely reporting of the wound to the medical officer. When the wound was reviewed by the medical officer, three weeks after the first signs and symptoms were evident the wound was deteriorating, antibiotics were prescribed, however the antibiotics were not commenced for a further seven days.

In the written response to the Review Audit report’s findings the Approved Provider has committed to increasing clinical oversight to include management presence daily and increased staffing.

The Approved Provider has a suite of policies and procedures in relation to clinical care, clinical information management and escalation processes however this has not been implemented and followed by staff. Consumers who have deteriorated or had changes in their condition have not been recognised or responded to appropriately in a timely manner. Therefore, it is my decision this Requirement is non-compliant.

### 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.*

Processes to share information about consumers is ineffective. Information recorded in consumers’ records is incorrect or inconsistent. Staff are not provided with sufficient information to guide their practices. Consumers and/or their representatives are not satisfied with the information communicated or shared with them.

Directives from allied health professionals have not been followed despite directions being documented, one consumer experienced an infection in the toe treated by the allied health professional. Recommendations from behavioural management services have not been recorded in care plans for a consumer reviewed by the management service. Challenging behaviours are still being exhibited by the consumer.

Staff are not satisfied with the information provided to them to guide their practices. Handover processes between shifts are inadequate and do not consistently occur.

In the written response to the Review Audit report’s findings the Approved Provider has committed to reviewing all care plans and assessments for consumers. A handover sheets has been developed and is being used during shift handovers. These processes have not been fully implemented or evaluated for effectiveness. It is my decision therefore that information is not communicated or shared appropriately, and this Requirement is non-compliant

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

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

Consumers are not appropriately referred to other organisations and providers of other care and services in a timely manner. Consumers’ wounds have continued to deteriorate without medical review or referral to wound specialists. Consumers requiring chemical restraint to manage their behaviour have not been referred to behavioural management services. When referrals are made to behaviour advisory services, the information in the referral is not always accurate and/or recommendations are not fully implemented. Consumers and/or their representatives are not satisfied with referral processes.

Three consumers who have been reviewed by behaviour management services, and recommendations made by the service, have not had their care plans updated following the review, or further requests made by the behavioural service have not been acted upon. This has included referral to dietitians and brain injury services. Follow-up has not occurred to ensure referrals have occurred when consumers have been identified as requiring review by specialist services. Referral documentation has not identified the accurate reasons for referrals, including consumers with challenging behaviours where a lack of appropriate information is included in referral documentation. Consumers with chronic or deteriorating wounds have not been referred to wound specialists.

In the written response to the Review Audit report’s findings the Approved Provider has committed to ensuring recommendations from other providers will be actioned, documented into care plans and communicated to staff during handover processes. Consumers are not appropriately referred to other organisations and providers of other care and services in a timely manner and therefore it is my decision this Requirement is non-compliant.

### 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.*

Consumers are at risk of infections as minimisation of infection related risks are not in place in relation to wound management, skin conditions and urinary tract infection. There is not appropriate monitoring of consumers to prevent the deterioration of wounds or the development of urinary tract infections. Consumers and/or their representatives are not satisfied with the provision of fluids to prevent urinary tract infections. The recording of infection statistics is inconsistent and therefore inaccurate.

Three consumer representatives stated they were not satisfied with the provision of fluids at the service. Concerns raised included consumers being dehydrated leading to the development of urinary tract infections.

The Approved Provider has not taken pro-active steps to decrease the risks of infection and care plans for consumers at risk of developing infections do not have recorded strategies in their care plans to guide staff practice reducing the risk of infections. When consumers’ wounds are showing signs of infection, the consumers have not been referred to a medical officer in a timely manner.

The Approved Provider does not have practices to support appropriate antibiotic usage, antibiotics are commenced without evidence of wound swabbing or the use of practices to minimise antibiotic use. These processes do not reflect reducing the risk of resistance to antibiotics.

In the written response to the Review Audit report’s findings the Approved Provider has committed to an increase in clinical oversight and education to be provided to staff in relation to infection control. The Approved Provider has not demonstrated effective minimisation of infection-related risks, and therefore it is my decision this Requirement is non-compliant.

# 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 Assessment Team also examined relevant documents.

Consumers and consumer representatives do not consider that the consumer gets 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. This includes the lack of provision of emotional support, not being able to keep in touch with people important to the consumer and dissatisfaction with hospitality services.

The Approved Provider in its written response to the Review Audit report, which included a Plan for continuous improvement, has accepted full responsibility for the quality of care provided to every individual consumer, and had committed to continuous improvement and addressing the issues raised during the Review Audit. The Approved Provider states it does not agree with the assessment of the non-compliant Requirements, however, has not refuted the information brought forward by the Assessment Team during the Review Audit.

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

## Assessment of Standard 4 Requirements

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

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

Consumers are not supported with effective services and support their needs, goals and preferences. Consumers diagnosed with dementia are not supported through an activity program to suit their needs. Staff workload is impacting on the ability to meet the needs of the consumers. Laundry services are not meeting the needs and preferences of the consumers.

Consumer care plans have not been updated or reviewed to include consumers’ current preferences or goals. Care planning has not considered the assistance required for consumers to meet their preferred lifestyle choices. Attendance records do not support consumers are engaged in the preferred activities or are attending activities which may aggravate their challenging behaviours. This includes a named consumer with preferences not to attend group activities, who experienced an escalation in their behaviour during a group activity.

Staff are unable to provide meaningful activities, particularly for consumers living with a diagnosis of dementia. Staff are required to support consumers exhibiting challenging behaviours which impacts on the ability to deliver an activity program. Staff do not have time to provide consumers with the care and assistance they need, like stopping to have a chat with them.

Consumers and/or their representatives are not satisfied with laundry services including missing laundry and staff practices in relation to clean or dirty laundry

In the written response to the Review Audit report’s findings the Approved Provider has committed to a review of the activity program to ensure the program meets the individual needs of the consumers. Laundry processes have been reviewed to increase their effectiveness.

It is my decision that consumers are not supported to receive safe and effective services relating to daily living, and therefore this Requirement is non-compliant.

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

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

Consumers and/or their representative are not satisfied with services and support relating to consumers’ emotional, spiritual and psychological well-being. Staffing is not adequate to support consumers’ emotional well-being. Action has not been taken for a consumer exhibiting signs of distress, apart from the administration or chemical restraint.

For a named consumer who has required injectable medication for agitation and distress and suffers from chronic pain, lifestyle participation records do not demonstrate their emotional well-being is addressed or supported. Staff have not completed a depression assessment to identify the consumer’s current psychological health. Staff did not display an understanding of the possible impact of depression for consumers living with a diagnosis of dementia. The consumer was observed to be distressed during the Review Audit including crying, screaming and facial grimacing and staff were not observed to interact, communicate or soothe the consumer.

In the written response to the Review Audit report’s findings the Approved Provider has committed to a review of all consumers and case conferencing to identify gaps in the provision of emotional and psychological well-being for consumers. These processes have not been completed or evaluated for their effectiveness, therefore it is my decision, this Requirement is non-compliant.

### 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.*

All consumers do not have the opportunity to participate in activities of interest to them. Consumer and/or their representatives are not satisfied with the support for consumers to be engaged within their community. Consumers who prefer individual support in relation to their lifestyle choices do not have documented evidence this is occurring on a regular basis.

Feedback from consumers included they are bored, representatives noted consumers are provided with essential personal care and not engaged in activities, or they are not supported in activities of interest to the consumer.

For a named consumer, staff were not aware of any meaningful activities to support them and they were observed to be calling out and wandering during the Review Audit and not engaged or attempted to being engaged in any activities by staff.

In the written response to the Review Audit report’s findings the Approved Provider has committed to a review of all interests, likes and dislikes for consumers, and the updating of relevant care plans. Senior lifestyle staff have been engaged to review lifestyle documentation and a review of the lifestyle program.

These processes have not been completed or evaluated for their effectiveness. It is my decision this Requirement is non-compliant as consumers have not been supported to participate in the community within and 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.*

Information gathered relating to identifying support consumers require in relation to services and support for daily living has not been completed or is not current. Consumers’ needs, and preferences have not been identified to enable communication within the organisation and with others where responsibility for care is shared.

Documentation does not support the currency of information in relation to the lifestyle and leisure requirements of consumers. Staff have confirmed documentation is not current.

For a named consumer who has limitations with speaking English, there is conflicting strategies recorded to support communication with the consumer. Assessments and care planning do not reflect the current lifestyle choices preferred by the consumer.

In the written response to the Review Audit report’s findings the Approved Provider has committed to conducting case conferences with priority given to consumers where high risk is identified. A schedule has been created to monitor the completion of case conferencing.

These processes have not been completed or evaluated for their effectiveness. It is my decision this Requirement is non-compliant as consumers’ needs and preferences have not been communicated effectively within the organisation.

### 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 have made a recommendation of compliance in this Requirement based on feedback the Approved Provider has incorporated consumer input into a revised menu yet to be introduced.

It is my decision the revised menu has yet to be introduced and therefore feedback from consumers relating to their dissatisfaction with meals provided is still relevant. Feedback includes consumers not liking many of the meals, under-cooked meals and dissatisfaction with the appearance of meals.

While catering staff were aware of consumers’ specific dietary needs and preferences and documentation supported consistent information with feedback from consumers, this does not influence my decision that consumers and/or their representatives are satisfied with food service.

Feedback from consumers and/or their representative through a recent satisfaction survey supports they are not satisfied with meals provided at the service. While I acknowledge the commitment of the Approved Provider to implement a revised menu based on consumer feedback and input, this has yet to be implemented and therefore it is not reasonable to assume consumers will be satisfied with the quality and quantity of meals provided via the revised menu. It is my decision therefore that this Requirement is non-compliant.

### 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 Assessment Team also examined relevant documents.

Consumer and/or their representative are not satisfied the environment is comfortable or safe particularly in respect to the secure need’s unit. Consumers and/or their representatives are not satisfied with e cleanliness of the environment.

Observations made by the Assessment Team demonstrate the service environment is not easy to understand and it does not optimise function for consumers living with a diagnosis of dementia. Dementia enabling design principles have been not implemented to support consumers. Hazards in the service environment are not identified and managed, areas of the service environment are not kept clean, and maintenance work is not being attended in a timely manner for consumer safety. Observations made by the Assessment Team and documentation reviewed shows furniture, fittings and equipment are not kept clean and are not well maintained.

The Approved Provider in its written response to the Review Audit report, which included a Plan for continuous improvement, has accepted full responsibility for the quality of care provided to every individual consumer, and had committed to continuous improvement and addressing the issues raised during the Review Audit. The Approved Provider states it does not agree with the assessment of the non-compliant Requirements, however, has not refuted the information brought forward by the Assessment Team during the Review Audit.

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

## Assessment of Standard 5 Requirements

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

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

Dementia enabling environmental principles have not been implemented into the secure need’s unit. The secure needs unit is noisy, and the layout does not support the supervision of consumers including when they require assistance.

Dementia enabling environmental principles are not in place in relation to over stimulation and layout of the secure needs unit. The noise level in the unit does not support a calm atmosphere. Call bell alerts are heard by consumers in the communal areas and have had a negative effect on consumers with known challenging behaviours. Visibility in the unit does not support open opportunities for social engagement and not all consumer rooms are visible to staff working in the unit.

Consumer representatives are concerned with the noise level in the secure need’s unit and are concerned with the size of the unit and the corresponding staff levels. Feedback for one named consumer indicates they regularly become disorientated, lost and has difficulty finding their room.

While the Approved Provider took immediate action following feedback from the Assessment Team in relation to noise in the unit and had noise levels decreased in relation to the nurse call bell system, further action is required to ensure the environment supports the belonging, independence, interaction and function of consumers residing in the secure need’s unit. Therefore, it is my decision this Requirement is non-compliant.

### 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.*

Consumers and/or their representatives are not satisfied with the cleanliness of the service environment. Hazards in the service environment are not being identified and managed effectively. Monitoring processes are not effective in identifying deficits in the cleanliness and safety of the environment.

Negative feedback from consumers and/or their representatives in relation to the cleanliness of the environment include the odour of urine in consumers’ rooms, dirty bathrooms and ineffective cleaning practises.

Observations made by the Assessment Team indicate the service is not safe for consumers including consumers having unrestricted access to the main kitchen and serveries containing sharp knives, cleaning chemicals and instant hot water dispensers. Access to emergency evacuation points was impeded by fencing and signage was not clearly visible. The Assessment Team also observed heavily stained carpet, debris on carpets, discoloured flooring in hospitality areas, unclean tea and coffee making areas, spills inside refrigerators and dining tables set with unclean and soiled napery.

While the Approved provider took immediate steps to rectify some deficits identified by the Assessment Team including improvements to the emergency assembly area, monitoring processes do not identify risks and hazards, consumers and/or their representatives are not satisfied with the cleanliness of the environment and therefore it is my decision this Requirement is non-compliant.

The Approved Provider in its written response to the Review Audit report’s findings has committed to securing the kitchen area, moving fencing surrounding an emergency evacuation area and cleaning of soiled areas identified by the Assessment Team. While I acknowledge the commencement of these actions, the Approved Provider had not identified these issues prior to the Review Audit.

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

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

Observations made by the Assessment Team and documentation reviewed demonstrated fittings and equipment are not kept clean and are not well maintained. These observations includes damage to seals on smoke doors, emergency lighting not functioning, holes in consumers’ bedroom walls, stained cushions and seating, bird faeces on furniture in a common area, grout missing at handwashing sinks, fittings and equipment in utility rooms to be unclean, damage to handrails, damage to wall surfaces and marks on consumer room doorways and doors.

The Approved Provider employs a contracted cleaning company, this company is not responsible for all cleaning aspects and have not been requested to clean carpets for example.

The Approved Provider in its written response to the Review Audit report’s findings has committed to an inspection of all areas and a schedule established for the completion of ongoing maintenance, the repair of timber handrails, deep cleaning of kitchen and servery floors, a review of cleaning schedules and the cleaning of carpet and upholstery.

While I acknowledge the actions taken by the Approved Provider to improve the cleanliness, safe and suitability of the environment for consumers, monitoring processes did not identify these deficits until they were observed and noted by the Assessment Team. It is my decision therefore; this Requirement is non-compliant.

# 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 (or representative/s on their behalf) about how they raise complaints and the organisation’s response. The Assessment Team also tested staff understanding and application of the requirements under this Standard, and examined the complaints register and other records provided.

Consumers and/or their representatives do not feel safe, encouraged and supported to give feedback and make complaints. Processes to address feedback and complaints have not included the engagement of consumers and/or their representatives. Appropriate action has been not been taken in response to feedback and complaints from consumers and/or their representatives. Consumers and/or their representatives are fearful of repercussions if they make a complaint and are not satisfied the Approved Provider is receptive or committed to solving complaints.

Consumers and consumer representatives are not aware of how they can make a complaint if they feel uncomfortable raising concerns with management or staff at the service and are not aware of aged care advocacy services. Open disclosure has not been practiced for consumers and/or their representative following reporting concerns. Consumers and/or their representatives were not aware of changes made by the Approved provider as a result of feedback or complaints in general, and those who had given feedback or made a complaint said nothing had changed as a result of providing feedback or making a complaint.

Staff do not have a shared understanding of Requirements under this Standard.

The Approved Provider in its written response to the Review Audit report, which included a Plan for continuous improvement, has accepted full responsibility for the quality of care provided to every individual consumer, and had committed to continuous improvement and addressing the issues raised during the Review Audit. This has included meeting with families and representatives named in the Review Audit report and providing apologies to each family and written responses have been provided relating to actions taken and planned to address deficiencies. The Approved Provider states it does not agree with the assessment of the non-compliant Requirements, however, has not refuted the information brought forward by the Assessment Team during the Review Audit.

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

## Assessment of Standard 6 Requirements

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

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

Consumers and/or their representatives are not encouraged and supported to provide feedback and make complaints and are also not aware of all avenues to raise complaints. Promotional material about making complaints is not readily accessible in the service environment. Consumers and/or their representatives do not make complaints as they fear repercussions, and one representative has experienced retribution following raising a complaint. Consumers and/or their representatives provided feedback that the Approved Provider is not receptive to, or genuine about, wanting to resolve complaints.

One consumer representative has faced retribution after raising a complaint in the form of a telephone call questioning their complaint by staff members. They have reported this to the Approved Provider but has not received further feedback. Two consumer representatives stated they have not raised complaints voiced by their consumers as they fear repercussions to raising their concerns.

Consumers and/or their representatives do not have confidence in the Approved Provider’s complaints management system as they do not feel the Approved Provider is receptive to, or genuine about, wanting to resolve complaints. This has included feedback provided during meeting forums and explanations following incidents.

While staff interviewed are aware of the Approved Provider’s procedure for receiving feedback and complaints and assisting consumers to make them and policies and procedures exist relating to feedback and complaints, these processes have not been followed to the satisfaction of consumers and/or their representatives.

Prominent information is not readily available to consumers and/or their representatives relating to how to make a complaint.

The Approved Provider in its written response to the Review Audit report’s findings has committed to a review of the complaints register to ensure accuracy, the provision of complaints and feedback forms in prominent areas and complaints management becoming a standing agenda item at consumer/representative meetings. While I acknowledge the actions taken by the Approved Provider following the Review Audit, these processes were not in place prior and therefore it is my decision, this Requirement is non-compliant.

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

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

Consumers and/or their representatives are not aware of access to aged care advocacy services or external complaints mechanisms. Consumers and/or their representatives are not aware of how they can make a complaint if they feel uncomfortable raising concerns with the Approved Provider or staff. Consumer representatives who have escalated concerns to the Approved Provider level are not satisfied with the response.

The Approved Provider has a policy and procedure relating to feedback and complaints, which includes guidance about aged care advocacy and use of language services, however these have not been followed. Information about aged care advocacy services are not prominently displayed and advocacy services and other mechanisms for raising and resolving complaints are not promoted through meeting forums or other methods of communication including newsletters.

The Approved Provider in its written response to the Review Audit report’s findings has committed to contacting advocacy services to provide consumers and/or their representatives with information about their services. Information will be provided relating to translation service and communicated through newsletters and staff communication systems. Communication will be distributed to all consumers and/or their representatives relating to the complaints process.

While I acknowledge the actions of the Approved Provider in rectifying deficiencies identified at the Review Audit, these processes are yet to be tested for their effectiveness and therefore it is my decision this Requirement is non-compliant.

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

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

Appropriate action to the satisfaction of complainants regarding their complaints has not occurred. Consumers and/or their representatives are not given an explanation of what went wrong or an apology to demonstrate the use of open disclosure. Staff lack knowledge about open disclosure and what this means for their day to day practice. Documentation provided by the Approved Provider, and the service’s records, do not support that all complaints are being addressed or that an open disclosure process is being used.

Six consumers and/or their representatives who have given feedback or made a complaint to the Approved Provider are not satisfied their concerns have been addressed and an open disclosure process was not used when things go wrong. Complains or concerns raised included cleaning concerns, staff practices and resources, care provision, incident and continence management and visitor restrictions.

Staff interviewed were not aware of an open disclosure process despite the Approved Provider having policies and procedures relating to feedback and complaints, which includes guidance about open disclosure. A review of the complaints register by the Assessment Team does not accurately reflect complaints raised by consumers and/or their representatives. Information in the complaints register does not reflect that the effectiveness of actions taken to address complaints is being evaluated, or that open disclosure is being implemented in relation to complaints. Detail is lacking about what was found to have gone wrong and it is not evident that an explanation or apology is given to the complainant.

The Approved Provider in its written response to the Review Audit report’s findings has committed to meeting with all consumers and/or their representatives named in the Review Audit report, and that it is has identified unique cultural and leadership issues at the service. Written responses have been provided to all named consumers and/or their representatives identified in the Review Audit report.

While I acknowledge the actions of the Approved Provider and the commitment to provide retrospective apologies to consumers and/or their representatives named in the Review Audit report, it has yet to be determined if these actions are effective to ensure appropriate action is taken in response to complaints. It is my decision based on the findings of the Assessment Team and the response from the Approved Provider this Requirement is non-compliant.

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

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

The Approved Provider is unable to demonstrate feedback and complaints are being reviewed and used to improve the quality of care and services. Records do not demonstrate a link between feedback/ complaints and continuous improvement. Consumers and/or their representatives are not aware of sustained improvements made as a result of feedback or complaints.

Consumers and/or their representatives and staff have raised the lack of staffing as the cause of complaints related to care provision and the needs and preferences of consumers not being met. Sustainable improvements have not been implemented in response to the complaints raised.

Trending and analysis of complaints is inaccurate as the complaints register is inaccurate and does not reflect concerns raised relating to personal/clinical care delivery, complaints management or staffing levels where there is significant dissatisfaction by consumers and/or their representatives and staff.

The quality improvement plan does not include any entries showing the link between consumer (or representative on their behalf) feedback/ complaints and continuous improvement activity. The organisation’s self-assessment report includes the organisation monitors, analyses and uses feedback and complaint data to improve the quality of its care and services. It is not evident this has been occurring.

The Approved Provider in its written response to the Review Audit report’s findings has committed to monitoring complaints to form opportunities for improvements. While I acknowledge the actions and the commitment of the Approved Provider in improving complaints management, these actions are yet to be evaluated as effective. It is therefore my decision; this Requirement is non-compliant as there is a lack of evidence to support feedback and complaints have been reviewed 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 (and/or representatives on their behalf) about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters and training and competency assessment records.

Consumers and/or their representatives are not satisfied with human resource processes and did not consider that the consumer gets quality care and services when they need them from people who are knowledgeable and capable. Consumers and/or their representatives are not satisfied with the sufficiency of staffing to meet the needs and preferences of consumers, this has impacted negatively on the consumers.

Consumers and/or their representatives do not have confidence staff have the right qualifications and knowledge to preform their roles or the adequate training. Review of documentation and observations made by the Assessment Team demonstrate consumers are not getting quality care and services when they need them from staff who are knowledgeable and capable, including a lack of staff to provide timely care and services consistent with consumers’ needs and preferences.

The Approved Provider in its written response to the Review Audit report, which included a Plan for continuous improvement, has accepted full responsibility for the quality of care provided to every individual consumer, and had committed to continuous improvement and addressing the issues raised during the Review Audit. This has included meeting with families and representatives named in the Review Audit report. The Approved Provider states it does not agree with the assessment of the non-compliant Requirements, however, has not refuted the information brought forward by the Assessment Team during the Review Audit.

The Approved Provider agrees the Review Audit report has raised significant issues of concern, which are being taken very seriously. The Approved Provider has acknowledged unique cultural and leadership concerns which were not identified in its quality reporting and external auditing processes.

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

## Assessment of Standard 7 Requirements

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

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

The numbers of members of the workforce deployed by the Approved Provider is insufficient to deliver and manage safe, quality care and services. Consumers and/or their representatives are not satisfied with staffing levels and consumers’ needs and preferences are not being met. Consumers have sustained injuries due to lack of available staff and staff practices. Call bells are not answered in a timely manner to support the safety of consumers. Rostered shifts are not filled, and staff are required to work without their full complement of staff. Sustainable improvements have not been implemented to address staffing issues.

Consumer and/or their representatives have provided feedback that insufficient staffing levels has caused negative impacts for consumers. This related to a lack of personal hygiene care including continence care, the administration of pain medication, the provision of fluids and incidents including falls with injury.

Consumers and/or their representatives have provided specific feedback in relation to staffing levels in the secure needs area being ineffective, including, staff being unfamiliar to the consumers and not visible to supervise consumers living with a diagnosis of dementia, this has impacted on consumers becoming agitated, wandering the corridors, a lack of personal hygiene and appropriate provision of fluids.

For a named consumer there is documented evidence they sustained a fall following assistance provided by one staff member when they have been assessed as requiring two staff to assist with their mobility needs. For another named consumer there is evidence they experienced a delay of up to thirty minutes for staff assistance causing them to become upset, agitated and abusive to staff.

Staff are not satisfied with staffing levels and confirm this impacts on their ability to meet the needs and preferences of consumers. Shifts are not always filled, and staff are required to work without the full complement of staffing. Staff confirm a lack of staffing causes delays in the administration of medication, the provision of preferred hygiene care, the supervision of consumers at risk of falling, providing care not in accordance with care planning directives and the inability to provide emotional support.

Lifestyle staffing hours are not adequate to support consumers living with a diagnosis of dementia residing in the secure needs’ unit. Feedback from staff including staff meeting minutes indicated consumers in the secure needs’ unit enjoy lifestyle activities however, there is a lack of lifestyle staff members and suitable activities available to support the consumers.

Feedback mechanisms including satisfaction surveys and meeting minutes indicate the insufficiency of staffing has been raised, however action has not been recorded to address these concerns.

A review of rostered hours by the Assessment Team confirmed shifts are not routinely filled when unplanned leave occurs, and staff work overtime or extra shifts to provide registered nurse coverage. Call bell response times recorded do not support consumers are assisted in a timely manner. This analysis of call bell response times was in accordance with feedback provided by consumers and/or their representative.

The organisation’s self-assessment report reflects staff are allocated according to the needs of the residents, and that workforce levels are adapted if the needs of the residents change. It also includes the organisation knows the workforce is enough by measuring the quality of care and from residents and staff feedback. It is not evident any this has been occurring.

The Approved Provider in its written response to the Review Audit report’s findings has committed to a review of the staffing model based on consumer care needs and the environment and recruitment processes have commenced with an external agency to ensure continuity of care.

While I acknowledge the actions taken by the Approved Provider in addressing staffing issues, given the amount of negative feedback in relation to staffing levels from consumers and/or their representatives and staff members, it will take time to evaluate staffing changes for effectiveness and to gain confidence in staffing levels from consumers and/or their representatives. It is therefore my decision that there is insufficient staff to deliver safe and quality care and services to consumers.

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

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

#### The Assessment Team have made a recommendation this Requirement is non-complaint, I do not agree with the Assessment Team and have come to a different decision. Consumers and/or their consumer representatives said the staff are kind and caring when providing care and the Assessment Team observed interactions consistent with the provision of kind, caring and respectful care.

#### While the Assessment Team provided examples when staff have been abrupt in responding to consumer representative queries, I do not agree this evidences interaction with consumers are not kind, caring or respectful of each consumer’s identity, culture and diversity.

#### It is my decision lack of staffing is impacting on consumers’ and/or their representatives’ feedback in relation to staffing practices rather than a culture of care which is not respectful, kind or caring. Therefore, my decision is this Requirement is Compliant.

#### The Approved Provider in its written response has committed to providing education, monitoring and support to staff to ensure they provide care which is kind, caring and respectful. Clinical oversight has been increased to include daily coverage.

### 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 Approved Provider does not demonstrate the workforce is competent and the workforce has the qualifications and knowledge to effectively perform their roles. Consumers and/or their representatives are not satisfied staff have the appropriate skills and knowledge to effectively perform their roles. Feedback has included a lack of staff knowledge relating to consumers living with a diagnosis of dementia, the ability to care for consumers without the need to transfer them to hospital and the knowledge and skills to communicate with consumers with communication difficulties.

Competency assessments have not been completed, this has included manual handling training, hand-washing assessments and medication management assessments. Deficiencies have been identified during the Review Audit relating to staff practices when mobilising consumers resulting in falls and medication errors.

Deficits in staff knowledge have been identified in relation to staff knowledge in open disclosure, antimicrobial stewardship and incident recording and reporting. Feedback from staff in relation to new or inexperienced staff includes orientation, support and training is not adequate and does not occur.

The Approved Provider in its written response to the Review Audit report’s findings has committed to the commencement of training and education for staff in topics identified where staff knowledge or practices have deficits. This training has not been completed or evaluated for effectiveness, therefore it is my decision staff do not have the qualifications and knowledge to effectively perform their roles, and this Requirement is non-compliant.

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

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

The Approved Provider is unable to demonstrate staff have completed the training deemed mandatory and/or training in areas relating to the Standards where deficits have been identified. The workforce is not trained to deliver the outcomes required by these Standards, this has been evidenced by non-compliance identified across the eight Quality Standards.

Consumers and/or their representatives interviewed provided feedback in relation to the lack of training of staff including the requirement for mobility aids when transferring or moving consumers and the provision of care for consumers with challenging behaviours.

Staff have provided feedback that training for new and inexperienced staff is inadequate resulting in consumers not being provided with appropriate personal cares following an initial refusal of care.

Mandatory training sessions have not been completed by staff and monitoring processes have not identified staff have not completed this training. Training topics include elder abuse, workplace health and safety, challenging behaviours, pain management and palliative care, falls prevention and infection control. Mandatory training relating to the Quality Standards have not been completed by staff and essential training in relation to COVID-19 have not been completed by 36 members of staff.

The Approved Provider in its written response to the Review Audit report’s findings has committed to the development of a training program inclusive of medication competencies, training commenced 22 June 2020. These processes have not been completed, staff have not completed mandatory or essential training, therefore it is my decision this Requirement is non-compliant.

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

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

The Approved Provider is unable to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Performance appraisals for staff have not occurred.

There is non-compliance across all eight Quality Standards including incidents of sub-standard staff practices, which has not been identified or addressed by the Approved Provider’s monitoring or human resource mechanisms.

The Approved Provider in its written response to the Review Audit report’s findings has committed to individual meetings with staff to complete performance appraisals, this process has a completion date of December 2020. It is my decision the Approved Provider did not have processes in place during the Review Audit to assess, monitor and review the performance of staff and therefore this Requirement is non-compliant.

# 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). The Assessment Team also interviewed consumers and representatives some of whom commented on aspects of organisational governance.

Consumers and/or their representatives do not consider that the organisation is well run or that they can partner in improving the delivery of care and services.

There is a lack of robust and effective organisational governance systems, and non-compliance has been identified across the eight Quality Standards.

The Approved Provider in its written response to the Review Audit report, which included a Plan for continuous improvement, has accepted full responsibility for the quality of care provided to every individual consumer, and had committed to continuous improvement and addressing the issues raised during the Review Audit.

The Approved Provider states it does not agree with the assessment of the non-compliant Requirements, however, has not refuted the information brought forward by the Assessment Team during the Review Audit. The Approved Provider agrees the Review Audit report has raised significant issues of concern, which are being taken very seriously. The Approved Provider has acknowledged unique cultural and leadership concerns which were not identified in its quality reporting and external auditing processes.

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

### 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 Approved Provider has processes to engage with consumers to evaluate the care and services, such as surveys, meetings and the complaints mechanism, however these processes have not been effective, despite the involvement of consumers and/or their representatives.

Consumers and/or their representatives are not satisfied and do not feel supported or engaged with the development, delivery and evaluation of care and services.

Despite the Approved Provider developing a new model of care which included consumer involvement in the development of the revised menu and lifestyle options, consumers and/or their representatives remain dissatisfied with care and services.

The Approved Provider in its written response to the Review Audit report’s findings has committed to a review of consultation processes incorporating case conferences, care plan reviews, meeting schedules, committee structure and the complaints and feedback process. These processes will need time to implement and evaluate for their effectiveness, it is my decision this Requirement is non-compliant as consumers have not been engaged or supported 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 Approved Provider does not demonstrate it promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Consumers and/or their representatives do not have confidence in relation to the Approved Provider’s ability in relation to the provision of quality care and services. Monitoring mechanisms have not identified deficiencies identified across the Quality Standards.

Education has not been completed for staff in relation to the Quality Standards. While communication has been provided in relation to the Quality Standards in newsletters for consumers, their relatives and staff; and there have also been messages for staff on the intranet and education for them, non-compliance has been identified across the eight Quality Standards.

Board members have not visited the service in the last twelve months to observe service provision or receive feedback from consumers and/or their representatives.

In relation to changes made in the last six months as a result of consumer feedback, the Approved Provider was not able to provide an example which had occurred recently.

In relation to the most significant incident relating to the safety of consumers in the last twelve months, The Approved Provider provided an example or elder abuse incidents occurring between two consumers which has been escalated to the Board. No further directions were provided by the governing Board who were satisfied with the management of the incident. It is noted the two consumers continued to have incidents of physical aggression in the absence of preventative or appropriate actions to decrease the risks of further incidents.

The Approved Provider in its written response to the Review Audit report’s findings has identified the Board visited the service in September 2019, which contradicts the Assessment Team’s findings. A schedule of visits for the Board and Trustees has been impacted by the COVID19 pandemic. Feedback processes have been reviewed to include input from consumers and/or their representatives via surveys, complaints management and case conferencing. Monitoring processes included audits will be reviewed to include interviews with consumers and/or their representatives. Communication processes have been reviewed to ensure effective communication between consumers and the Board.

While I acknowledge the actions taken by the Approved Provider to address deficits in this requirement, these processes were not in place during the Review Audit and therefore it is my decision this Requirement is non-compliant.

### 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 Approved Provider’s framework for effective organisation-wide governance systems has not been demonstrated. There is non-compliance against the eight Quality Standards and there are significant deficits in performance in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

#### The Approved provider’s monitoring system consisting of surveys, audits and analysis of quality indicators for all Quality Standards is not effective in identifying deficits in this Requirement.

#### Information management

Staff do not have accurate information to guide their practice, care plans are not comprehensive or reflect the current needs of consumers.

The complaints register does not contain accurate information relating to complaints made by consumers and/or their representatives.

The consolidated record of reportable elder abuse incidents included inaccurate and incomplete information. Not all incidents of elder abuse recorded contain the names of both the perpetrator or victim of the assault to demonstrate assessment of the incident occurred to prevent re-occurrence and the safety of the victim.

Medical officers have not consistently recorded directives of care to guide staff practice. Hospital discharge reports are not always available and have not been followed up by the service so there is information about medical assessment, intervention and recommendations for actions.

#### Continuous improvement

To test understanding and application of this requirement, three specific scenarios were explored with the Approved Provider: how opportunities for continuous improvement are identified; how critical incidents are used to drive continuous improvement; and how the governing body satisfies itself the Quality Standards are being met.

In relation to opportunities for continuous improvement being identified, there are processes for this to occur, but these have not been effective. Audits have been completed as an opportunity to identify continuous improvement activities, however auditing processes have failed to identify deficits identified across the eight Quality Standards.

In relation to critical incidents being used to drive continuous improvement, incident reports have not been created for all incidents including for a named consumer who sustained two falls with injury. This does not support the ability of the Approved Provider to identify and escalate the review of critical incidents.

In relation to how the Approved Provider satisfies itself the Quality Standards are being met, this is identified through an audit and risk sub-committee of the Board where information escalated by the Approved Provider’s clinical governance committee is considered, including quality indicator reporting and continuous improvement plans. There is evidence in the Review Audit report to evidence that incidents are not consistently recorded to support the accuracy of clinical indicators and continuous improvement activities have not been occurring.

#### Financial governance

To test understanding and application, service management were asked how they seek changes to budget or expenditure to support changing needs of consumers.

While the Approved Provider has an annual budget to support purchasing items if these are for consumer care and services. The Assessment Team identified a consumer has been charged for podiatry services which is not in accordance with the *Quality of Care Principles 2014*.

#### Workforce governance, including the assignment of clear responsibilities and accountabilities

Non-compliance has been identified in four Requirements relating to Standard 7 Human resources.

#### Regulatory compliance

To test understanding and application of this requirement, two areas were examined: how the Approved Provider tracks changes to the aged care law and communicates these to staff (by reference to the communications/training that relevant staff have had about the new restraint requirements that took effect on 1 July 2019); and how the Approved Provider tests that the system they have for staff identifying, escalating, addressing and recording reportable assaults is working.

In relation to tracking changes to the aged care law and communicating these to staff (by reference to the communications/training that relevant staff have had about the new restraint requirements that took effect on 1 July 2019), training has not occurred following the restraint minimisation legislation took effect and the Approved Provider did not have a clear understanding of the intention of the legislation.

In relation to testing how the system for staff identifying, escalating, addressing and recording reportable assaults is working, the Approved Provider indicated this was completed through an analysis of quality indicators which have been evidenced as inaccurate, including the recording of mandatory assaults.

#### Feedback and complaints

Non-compliance has been identified across the four Requirements in Standard 6 Feedback and complaints.

The Approved Provider in its written response to the Review Audit report’s findings has committed to a review of clinical governance processes, a review of auditing models, the management of complaints through a central complaint’s manager and a review of the consolidated records of reportable assaults. Further rectification actions recorded include an increase in clinical governance, a review of the continuous improvement plan monthly, incident investigation processes have been implemented and mandatory training relating to Elder abuse.

While I acknowledge the actions the Approved Provider has begun to rectify and address deficits identified through the Review Audit, the enormity of the systems requiring review will take time to implements and the evaluation of actions taken has yet to occur. It is therefore my decision this Requirement is non-compliant.

### 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 Approved Provider does not have an overall documented risk management framework or policy/procedure describing how high impact or high prevalence risks associated with the care of consumers is managed or how consumers are supported to live the best life they can, rather it is incorporated into relevant policies/procedures, for example, falls management and prevention. The organisation has policies/procedures describing how the abuse and neglect of consumers is identified and responded to.

The above processes have been ineffective in managing high impact or high prevalence risk to consumers, identifying and responding to abuse and neglect of consumers, or supporting consumers to live their best life.

In relation to the management of high impact or high prevalence risks associated with the care of consumers, the residential agreement includes a clause releasing the Approved Provider of responsibility in relation to high impact and high prevalence risk.

Review processes of risks includes a review and evaluation process which includes the Approved Provider’s care excellence team and outcomes are then measured to make sure quality care continues. This process was not evident during the Review Audit.

Quality indicators are utilised to identify high impact and high prevalence risks, these have not been recorded for accuracy or evaluation.

In relation to identifying and responding to the abuse and neglect of consumers, staff have not attended mandatory training relating to elder abuse, consolidated records relating to mandatory reporting are inaccurate and not reflective of all legislative requirements. Thirty-two per cent of consumers who currently reside in the secure needs’ unit have been involved in a consumer to consumer elder abuse incident (as aggressor and/or in receipt of aggression) in 2020. This does not support the Approved Provider has responded to the physical abuse of consumers appropriately.

Consumers are not being supported to live their best life due to deficits in performance against the Quality Standards relating to consumer dignity and choice, assessment and planning with consumers, consumer personal and clinical care, services and supports for consumer daily living, and human resources.

The Approved Provider in its written response to the Review Audit report’s findings has committed to incident investigation, and a review of the residential agreement has been completed and the agreement amended.

In review the Assessment Team’s findings and the Approved Provider’s response, it is my decision this Requirement is non-compliant.

### 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 Approved Provider has not demonstrated that it monitors or reviews the effectiveness of the clinical governance framework, these processes have not been effective. The Approved Provider has not demonstrated the policies/procedures for antimicrobial stewardship and open disclosure have been implemented and the policies/procedures relating to restraint does not emphasise restraint minimisation, in relation to chemical restraint. This has been evidenced as non-compliance has been found in Standard 3 Requirements (3) b) and (3) g) ii), and Standard 6 Requirement (3) c).

The Approved Provider in its written response to the Review Audit report’s findings has committed to education being provided to staff in relation to anti-microbial stewardship, minimising the use of restraint and open disclosure.

In making my decision I have taken into account Requirements relating to minimising restraints, anti-microbial stewardship and open disclose are non-compliant and therefore the clinical governance framework is not effective in monitoring or reviewing effectiveness in the this Requirement.

# Areas for improvement

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

### Requirement 1(3)(a)

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

* Consumer preferences are required to be accommodated, including hygiene and toileting needs
* Staffing levels need to be sufficient to provide care and services in a timely manner
* Education is required to ensure staff provide care that respects the dignity of each consumer

### Requirement 1(3)(b)

*Care and services are culturally safe.*

* Consumers need to be consulted regarding their cultural heritage including their preferences to celebrate their heritage
* Communication processes need to be improved in relation to consumers where English is not their first language
* Staff require education relating to identifying consumers’ cultural heritage

### 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.*
* Case conferencing is required to assist consumers to make decisions about their care and services and to identify who the consumers wishes to be involved in their care
* Documentation needs to support the identification of consumers’ choices and be available to guide staff practice

### Requirement 1(3)(d)

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

* Risk assessments are required to be conducted to support consumers to take risks including the use of mobility equipment
* Staff require education how to assist consumers to take risks

### 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.*

* Consumers and/or their representatives need to receive accurate and timely information to inform them to make choices about care and services

### 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.*

* Assessment of consumer’s individual needs in relation to falls, continence, skin care and risk of infections needs to be collected to provide safe and effective care
* Assessments need to be completed in a timely manner in consultation with the consumer and/or their representative

### 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.*

* Preferences for consumers in relation to advanced care planning and end of life wishes need to assessed in a timely manner to support the consumers’ current goals and preferences
* The advanced care template needs to be implemented for all consumers to guide staff practice.

### 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.*
* Consumers and/or their representatives need to be involved in assessment and planning
* Other organisations, individuals and provider of other care and services need to be identified and involved in the care of the consumer

### Requirement 2(3)(d)

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

* Care plans need to be readily available to consumers
* Staff require education in relation to the provision of care plans
* Care plans to guide staff practice are required to be comprehensive of the consumers’ needs and preferences

### 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.*

* Care planning review processes need to be followed and escalated when changes are identified in the consumers’ condition
* Care plans are required to be correct and complete
* Incidents are required to be recorded following interruptions to the delivery of care 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.*
* Wound care is required to be delivered in accordance with wound care directives
* Behaviour management strategies need to be reviewed following incidents of challenging behaviours to reduce the risk of re-occurrence
* Chemical restraint must be used as a last resort after trialling other alternatives
* Possible causes for aggressive behaviours including pain and constipation need to be assessed
* Pain assessments are required to demonstrate the effectiveness of medication or to eliminate pain as a cause for aggression
* Clinical issues including incidents are needed to be documented and investigated
* Consumers require adequate hydration to reduce the risks of infection and dehydration

### Requirement 3(3)(b)

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

* Medication is to be administered as prescribed
* Supplies of medication are required to be adequate
* Staff require education in relation to safe medication management
* Medication incident reports need to be recorded to inform possible improvements relating to medication administration

### 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.*

* Wounds require regular monitoring, and wounds deteriorate they are to be escalated to the medical officer
* Consumers who are experiencing deterioration in their clinical status need to be reviewed in a timely manner
* Symptoms of possible infections need to be recognised

### 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.*

* Staff require adequate information including handover processes to guide their practices in delivering care and services
* Monitoring of allied health directives and recommendations for specialist services needs to occur to ensure implementation

### Requirement 3(3)(f)

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

* Referrals to wound care specialists are to occur when wounds are chronic and not healing
* Care plans need to be updated with specialist recommendations to guide staff practices
* Documentation related to referrals needs to contain current and correct information

### 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.*
* Adequate hydration needs to be supplied to reduce the risks of urinary tract infections
* Wound care is required to be attended to as prescribed
* Strategies need to be documented in care plans to reduce the risks of infections for consumers
* Education related to anti-microbial stewardship is required for staff to minimise the resistance to antibiotics

### 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.*

* Consumers living with a diagnosis of dementia need to be supported with an activities program to suit their needs
* Staffing needs to be adequate to support consumers in their preferred activities of daily living
* Laundry processes need improving to support consumers’ quality of life

### Requirement 4(3)(b)

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

* Staff require education and monitoring on meeting consumers’ emotional needs
* Staffing levels needs to be sufficient to support consumers with emotional needs
* Consumers who are distressed are required to be assessed for depression

### 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.*
* Consumers require support to access individual activities
* Activity program needs reviewing to assess its suitability

### 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 needs and preferences of consumers needs to be documented in relation to their lifestyle needs
* Information relating to consumers is required to be accurate in relation to lifestyle and leisure requirements

### Requirement 4(3)(f)

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

* Meals are to be provided to the satisfaction of consumers
* Feedback from consumers is required to be collected in relation to the menu

### Requirement 5(3)(a)

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

* Dementia enabling environmental principles are required to be implemented into the secure needs’ unit
* The noise in the secure needs’ unit requires review
* Visibility in the secure needs’ unit needs improving to support social engagement and visibility of consumer rooms
* Strategies are required to be implemented to assist consumers to orientate to their environment

### 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.*
* Cleaning processes are required to be improved
* Hazards in the environment are required to be identified
* Communal areas are required to be safe for consumers

### Requirement 5(3)(c)

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

* Monitoring of furniture and fittings needs to occur regularly to identify deficits
* Cleaning responsibilities need to be identified for contracted cleaners

### Requirement 6(3)(a)

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

* Complaints documentation is required to be visible and available
* Consumers are to be encouraged to raise complaints and feedback
* Staff are required to undertake education in supporting consumers to raise complaints or feedback

### Requirement 6(3)(b)

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

* Consumers are to be informed of advocacy services
* Consumers and/or their representative is to receive feedback following raising a complaint
* Translation services need to be accessed for consumers unable to raise their complaints in English

### Requirement 6(3)(c)

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

* Education is to provided to staff in relation to open disclosure processes
* Complaints need to be recorded to ensure review and acknowledgement of complaints
* Complaints need to be reviewed to identify the possible cause of the complaint

### Requirement 6(3)(d)

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

* Complaints need to be reviewed to identify opportunities of improvement
* Trending and analysis of complaints is required to be accurate

### 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.*

* Staffing levels need improving to meet the needs of consumers
* Call bells are required to be answered in a timely manner
* Rostered shifts need to be filled to deliver safe and effective care
* Staff practices need to be monitored for appropriate practices
* Lifestyle staff hours need to adequate to support a lifestyle program appropriate to the needs of consumers
* Workforce levels need to be reviewed to support the higher acuity of consumers

### Requirement 7(3)(c)

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

* Staff require training to care for consumers living with a diagnosis of dementia
* Staff require education in identifying consumers who have deteriorated and to have the ability to care for consumers without transferring consumers to hospital
* Mandatory competency assessments need to be completed
* Monitoring of completion of mandatory competencies needs to occur
* Deficits in staff knowledge need to be identified and actioned

### Requirement 7(3)(d)

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

* New and experienced staff need to be supported and trained to develop their skills
* Regular and experienced staff working are required to be rostered in the secure needs’ unit

### Requirement 7(3)(e)

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

* Staff practices need to be monitored for appropriateness
* Performance appraisals need to completed for staff members
* Inappropriate actions by staff need to be addressed

### Requirement 8(3)(a)

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

* Consumers and/or their representative are to be engaged in the development, delivery and evaluation of care and services
* The Approved Provider is required to implement their new model of care effectively

### 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.*

* Monitoring mechanisms require improving to identify deficits in the quality of care and services
* Education is required for staff in relation to the Quality Standards
* Board Members need to be present at the service to observe service provision or be available to received feedback from consumers and/or their representatives
* The Board needs to be kept informed of significant incidents

### 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.*
* Information in complaints registers are required to be accurate
* Care plans are required to be accurate
* The consolidated register is to include accurate information
* Directives from medical officers are required to be documented
* Incident reports need to be consistently recorded
* Audit processes are required to be refined to identify deficits in care delivery
* The Residential agreement requires amending to comply with legislation
* Education is required for staff in relation to the Quality Standards
* Complaints are required to be reviewed and escalated as necessary

### 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.*
* High impact and high prevalence risks for consumers need to be identified and managed
* Incidents of elder abuse are required to be reviewed and appropriate action taken to prevent reoccurrence
* Quality indicators are required to be correct to ensure appropriate action is taken to respond to incidents
* Consumers are to be supported with sufficient staffing to live the best life they can

### Requirement 8(3)(e)

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

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*
* Education and training is required to ensure staff understanding of anti-microbial stewardship, minimising the use of restraints and open disclosure.
* Monitoring processes are required to be implemented to ensure a clinical governance framework supports the above aspects of care.