Catholic Healthcare Jemalong Residential Village

Performance Report

240 Edwards Street
FORBES NSW 2871
Phone number: 02 6851 9800

**Commission ID:** 0066

**Provider name:** Catholic Healthcare Limited

**Site Audit date:** 12 January 2021 to 14 January 2021

**Date of Performance Report:** 19 March 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | 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) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 19 February 2021.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

The Assessment Team found that some sampled consumers did not consider that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

Although most consumers and their representatives’ feedback are generally positive about the manner in which staff treat consumers, some representatives said that not all staff treat the consumer in a respectful manner and/or maintain their dignity.

The services information systems are generally effective and generally provides each consumer or representative with information that is current, accurate and timely. However, consumers and representative indicated to the Assessment Team they felt the service communication could be improved. For example, communicating the employment of a “Wellness” staff member and communication involving consumer’s care.

Staff interviewed spoke about consumers respectfully and with regard for their identity, culture and diversity.

One representative raised concern regarding how the service values the culture and diversity and how the service identifies the cultural need of their relative.

The service did not demonstrate that each consumer is supported to exercise choice and independence.

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

## Assessment of Standard 1 Requirements

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

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

The Assessment Team found that the service did not demonstrate that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

The Assessment Team provided information that although most consumers and their representatives’ feedback is generally positive about the manner in which staff treat consumers, some representatives said that not all staff treat the consumer in a respectful manner and/or maintain their dignity.

One consumer who was interviewed advised the Assessment Team that some staff members don’t take time to listen and he gets very frustrated and as a result his needs are not always met. The approved provider in their response has included evidence and further information that demonstrates that the service is committed to providing this consumer dignity and respect, and provides a high level of interaction with the consumer to meet his care needs. I have accepted this information.

Another consumer representative said that they don’t believe the service looks after their consumer’s cultural needs and advised that the service have acknowledged that cultural barriers exist between staff and this consumer. In their response the approved provider has illustrated the communication difficulties this consumer faces each day in the service, and the ways staff and management have attempted to provide him respect and dignity with his identity, culture and diversity valued. However, in its response the service demonstrated it was waiting to be asked by either the consumer or his representatives for a cultural day, or cultural visitors, to help him achieve this value. Many consumers and representatives are not fully aware of what a service can realistically do for their consumer, unless it is proactively offered, instead of in response to an incident or event.

One consumer said she felt embarrassed and disrespected when one staff member continually puts her pad on backwards and that she believes the staff think it is ok for her to go to the toilet in her pad. In their response, the approved provider has demonstrated this was an isolated occurrence and had meetings with staff and emails displaying the correct application of pads.

Another consumer said they feel disrespected when care staff do not speak English in front of them when providing care, therefore leaving them out of any communication. In the approved providers response, the provider said they would follow up regarding staff speaking to each other in a language other than English during care. While the service has demonstrated they conduct training, to address these concerns, it would have been prudent for management to address all staff, about this concern, as it may not be an isolated case, and remind them of their responsibilities regarding this requirement.

I have considered the Assessment Team’s report and the approved providers response and accept the recommendations of the Assessment Team. While I accept that for a majority of consumers the service demonstrates that consumers are treated with dignity and respect, with their identity, culture and diversity valued; there are a few consumers for whom the staff have not taken the time to listen to and understand each consumer’s personal experience. They need to work with consumers in an inclusive and respectful way, using a consumer-focused approach, not wait until something is suggested to them.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

*Care and services are culturally safe.*

The Assessment Team found that the service does not demonstrate care and services that are culturally safe.

The Assessment Team provided information that while care planning documents identified consumer’s background and cultural needs, most staff interviewed did not have a knowledge of consumers cultural history. One representative sampled raised concerns regarding how the service values the culture and diversity, and care and services are generally culturally safe of their consumer.

The Assessment Team interviewed the Lifestyle staff who said they feel culture is not only about religion, your life history or your origins. They said culture can include things you enjoy, things that mean a lot to you, and things that assist people to live the best life they can. For example, having people acknowledge who you are and what is important to you. This may include, spending time in the garden, gardening, individual music taste, reading, walking outside, visiting special places that hold meaningful experiences. The Lifestyle staff said they try to ensure through the assessment process and one to one conversation, they can capture this about the consumers at the service.

The approved provider submitted a response that provided further information and clarification. I have considered the Assessment Team’s report and the approved providers response, and accept the service understands their responsibilities for this requirement, and the issues highlighted have not compromised the consumers cultural safety and are best addressed under requirement 1(3)(a).

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

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

The Assessment Team found that most consumers are supported to exercise choice and independence, including to make decisions about their own care and the way care and services are delivered; and make decisions about when family, friends, carers or others should be involved in their care; and communicate their decisions; and make connections with others and maintain relationships of choice, including intimate relationships.

The Assessment Team found that whilst some consumers and their representatives sampled confirmed they are consulted and are able to make decisions. Other consumers representatives said their feedback and wishes are not always followed up and/or actioned.

The Assessment Team interviewed a number of representatives who felt that their consumers were not provided an opportunity to exercise choice and independence. One consumer’s representative told the Assessment Team that her mother enjoys going to concerts and group activities and she is not always given the opportunity to attend these. She said, “the staff know if they advise me a concert or group activity is happening I will come and escort my mother to the activity as I am aware my mother can sometimes be disruptive to other consumers”. She advised the Assessment Team that her mother recently missed out on a celebration for the consumers which was on her mother’s birthday. However, staff did not advise her it was on and the consumer did not attend. The representative said this was not the first time she has not been advised and her mother has missed out.

Another representative advised that most staff do a good job however, regularly when she visits, her mother is sitting around doing nothing. The representative said her mother has a hearing deficit and she is aware it can make taking part in group activities difficult, for example bingo. However, said she would like to see her mother given the opportunity to choose activities that would interest her and that she can easily take part in.

The Assessment Team did not feel that the service met the requirements for this Standard. The approved provider submitted a response that provided further information and clarification, providing care plans and activity plans and demonstrating that the aforementioned consumer was not to leave the secure area without her representative. Following a recent meeting with the representative, this care plan has been updated to trial the consumer leaving the secure area to attend concerts without her representative. I have considered the Assessment Team’s report and the approved providers response, and accept the service understands their responsibilities for this requirement and consumers are supported to exercise choice and independence.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

The Assessment Team found that the service demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

The Assessment Team provided information that based on feedback received from consumers and representatives, and documents reviewed, the service demonstrates it supports consumers to take risks to enable them to live the best life they can. The service has undertaken to identify consumers who wish to take risks and the completion of risk assessments for those consumers.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

The Assessment Team found that the service did not demonstrate that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

The Assessment Team provided information that while consumers and representatives interviewed for this requirement, generally said they are provided with general information relevant to them, some consumers and representatives said they are not communicated with effectively.

Some representatives told the Assessment Team that they were unaware of the commencement of the new Wellness officer. While the service demonstrated the numerous ways, they communicated the new position, including in the September 2020 residents minutes, the approved provider has not fully understood the intent of this requirement. Easily understood information is vital for consumers and their representatives to be able to make informed choices. It’s expected that organisations communicate clearly about their care and services. If consumers and representatives have not understood, potentially because of their needs and abilities, then the service has not been clear in its communication.

Other representatives interviewed said the service does not communicate with her when consumers need additional things. This was however mitigated when the approved provider submitted additional information noting another representative on the guardianship of these consumers.

Three other representatives indicated communication was ineffectual, in relation to care of their relative.

The approved provider submitted a response that provided further information and clarification, which detailed their methods of communication.

I have considered the Assessment Team’s report and the approved providers response, and while the service has not fully demonstrated they understand their responsibilities for this requirement, this has not compromised the consumers and their representatives from exercising choice.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

The Assessment Team found that consumers and representatives spoke positively about the staff respecting the privacy of consumers and gave examples of how they do this. Staff are aware of maintaining consumers’ confidentiality and gave examples of how they do this. Observations made by the Assessment Team confirmed consumer information is stored and managed to uphold confidentiality and the service demonstrates each consumer’s privacy is respected and personal information is kept confidential.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

The Assessment Team found that for the consumers sampled, most consumers could not recall viewing their care plan or staff explaining the care they required, however they did not raise this as an issue.

Detailed consumer assessment feeds directly into their care plans.

The Assessment Team identified that the review of the consumers’ plans is not consistently conducted when the consumer’s condition or needs change. The outcome of consumer incidents does not consistently result in the review of a consumer’s care and services. Registered nurses do not consistently demonstrate that the clinical assessment of consumers informs safe and effective care for the consumer. Some feedback from representatives indicate their involvement in planning and assessment is “after the fact”. Registered nurses indicate they do not inform the consumer and/or representative of changes made following the fortnightly health and wellbeing meetings where review of consumer care and needs occur as part of clinical governance.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found that the service does not demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

The Assessment Team provided information that Registered nurses are responsible for consumers assessments which are to identify consumer health and well-being needs, risks and direct safe and effective care and services. The registered nurses are supported by two acting deputy manager’s and a deputy residential manager. However, documentation reviewed indicates inconsistencies in the ongoing assessment of consumer needs. Registered nurses do not consistently demonstrate that the clinical assessment of consumers informs safe and effective care for the consumer.

The approved provider submitted a response that provided further information and clarification, including a consumer’s comprehensive progress notes following referral and ongoing contact with Dementia Services Australia (DSA) and a Nurse Practitioner, and the strategies implemented to address this consumer’s behaviours.

I have reviewed the clarifying information and am satisfied that further assessment and planning has occurred for the consumers identified, and this has resulted in appropriate care.

I have considered the Assessment Team’s report and the approved providers response, and the service has demonstrated they understand their responsibilities for this requirement, this has not compromised the delivery of safe and effective care and services.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

The Assessment Team has found that the service demonstrates assessment and planning and identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

The Assessment Team provided information that care plans are developed to include consumer needs and preferences. Consumers individual goals aims, and/or personal strategies are written in the first person, however at times indicate a nursing goal and or aim. Advance care directives are in place for a number of consumers.

The approved provider in response to previous performance review, committed to a review of all consumers’ assessments and care planning. A training plan for staff was developed and a clinical handover process commenced.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team found that the organisation demonstrates that assessment and planning 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 includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

The Assessment Team interviewed sampled consumers and their representatives, who mostly advised that they are not aware of their assessment and or development of a care plan or could not recall this being discussed with them, however some representatives interviewed in Coolabah said they were consulted about the care of their relative.

The approved provider submitted a response that provided further information and clarification, including 2020 and 2021 register of case conferencing reviews for all consumers, which shows currency of information obtained for consumers in assessment and planning.

I have reviewed the clarifying information and am satisfied that assessment and planning has occurred with the consumers identified, and this has resulted in appropriate care.

I have considered the Assessment Team’s report and the approved providers response, and the service has demonstrated they understand their responsibilities for this requirement, this has not compromised the delivery of safe and effective care and services.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

The Assessment Team found that the outcomes of assessment and planning are not effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

The documentation sampled, and staff interviews indicate that the outcomes of a consumer assessments are communicated in a consumers’ care plan. Some consumer and representative feedback to the Assessment Team indicates they are not aware consistently of the changes made to consumer care plans. This is supported by registered nurses indicating they do not inform the consumer or representative of changes made following the fortnightly health and wellbeing meetings where review of consumer care and needs occur as part of clinical governance.

The approved provider submitted a response that provided further information and clarification. However, while the approved provider has submitted evidence that has demonstrated compliance with several issues identified during the performance review, they have not demonstrated the outcomes of assessment and planning are effectively communicated to the consumer following the fortnightly health and wellbeing meetings, where review of consumer care and needs occur as part of clinical governance. In this requirement, accurate and up-to-date care and services plans are important for delivering safe and effective care and services, as well as positive outcomes for consumers. Information sharing needs to happen promptly and comply with obligations relating to privacy of information. The approved provider has not detailed how they plan for this to occur following changes to care plans following their fortnightly meetings.

I have considered the Assessment Team’s report and the approved providers response and accept the recommendations of the Assessment Team. While I accept that for a majority of consumers the service demonstrates communication occurs, improvement on how information sharing happens promptly to comply with the intent of this requirement.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team has found that while plans of care are reviewed regularly by registered nurses, the review of the consumers’ plans is not consistently conducted when the consumer’s condition or needs change. The review of the consumers’ plans does not include triggers for behaviour incidents and do not consistently demonstrate the effectiveness of care responses to and/or reflect multiple behavioural incidents for consumers.

The approved provider submitted a response that provided further information and clarification, and the approved provider has agreed they have some improvements required to meet compliance in this requirement. The approved provider assures the Commission that the home is working diligently to improve practices as speedily as possible.

I have considered the Assessment Team’s report and the approved providers response and accept the Assessment Team’s findings. The approved provider will need to monitor and evaluate improvements carefully to ensure they are effective and are sustainable

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The Assessment Team found that overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The Assessment Team found that most consumers said they are satisfied with the care they receive. They said they have access to their medical officer, local hospital and other services.

The service attends a suite of assessments for consumers which are directly linked into the consumers detailed care plan. Care plans are written in the first person to reflect the consumer as an individual.

Staff interviews, and documentation review does not indicate the service is ensuring each consumer gets effective personal/clinical care. There is ineffective clinical oversight and monitoring, particularly for consumers residing in Coolabah (memory support unit). Overall documentation indicates there is still not a comprehensive assessment of consumers behaviours and triggers.

Whilst the service has processes to manage and identify high impact and prevalent risks, they do don’t demonstrate this occurs in relation to infection and behaviour risks for consumers.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that each consumer does not get safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being.

The Assessment Team reviewed documentation and conducted staff interviews which indicates that the service does not demonstrate that consumers are getting personal and clinical care that is effective, safe, meets their needs and is of best practice and optimises their well-being. There is ineffective clinical oversight and monitoring, particularly for consumers residing in Coolabah (memory support unit). Overall documentation indicates there is still not a comprehensive assessment of consumers behaviours and triggers (as identified in the review audit in 2020).

The Assessment Team reviewed progress notes and other clinical documentation for sampled consumers which reflect inconsistencies in individualised care that is best practice, effective and/or tailored to the specific needs and preferences of the consumer. It was identified for one consumer with pressure injuries that contemporary wound care/best practice for the treatment of pressure injuries was not in place.

The approved provider submitted a response that provided further information and clarification and has confirmed they have addressed some observations and feedback from the Assessment Team including incomplete restraint documentation which is now in place.

I have considered the Assessment Team’s report and the approved providers response and accept the Assessment Team’s findings that the approved provider was not compliant with this requirement at the time of assessment.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team has found that the service does not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team provided information that while the service has processes to manage and identify high impact and high prevalent risks, this is not demonstrated in relation to infection and behaviour risks for consumers. Documentation and staff interviews indicate the service doesn’t have a comprehensive process for analysing consumer information to demonstrate they are identifying and managing these high-risk areas for consumers.

The Assessment Team reviewed a number of care plans for sampled consumers who have episodes of challenging behaviours, the care plans have strategies documented to de-escalate the behaviours when they occur. However, documentation does not support staff using interventions and trying other interventions when the ones employed are unsuccessful. Therefore, the de-escalation or management of consumers behaviours is not consistently evident.

The Assessment Team interviewed staff who could describe the clinical and personal care risks for the consumers sampled, however did not identify behaviours or infections as a significant risk to consumers.

The Assessment Team identified that the service facilitates fortnightly health and wellbeing and falls management governance meetings to review consumers who have significant clinical issues and manage high impact risks to consumers at the service. However, documentation indicates the meetings have not identified the issues relating to a lack of comprehensive assessment of consumers behaviours and triggers.

Clinical indicator data trending forms part of clinical risk, however there are gaps in the trending of infection data in relation to the types of infections identified through pathology.

The infection control co-ordinator provided the Assessment Team with the services register of infections from July 2020. The register demonstrates the service is collecting pathology samples for consumer infections as required. However, the register, does not demonstrate a monitoring/analysis of the types of infection consumers have to identify areas of risk for consumers such potential cross infections care/hygiene issues and potential gaps in staff practices. The infection control co-ordinator was not aware of the results of consumer pathology other than it is uploaded into the consumers clinical file. They said it was up to the registered nurse to record pathology results in the register.

Review of the infection register indicates approximately 44 pathology samples have been collected since July 2020, with six pathology results recorded in the register.

The approved provider submitted a response that provided further information and clarification, however the information provided did not offer any further corroborating evidence that would dissuade me from the Assessment Team’s findings.

I have considered the Assessment Team’s report and the approved providers response and accept the Assessment Team’s findings.

I have found that the approved provider is not compliant with this requirement at the time of the assessment.

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

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

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

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

The Assessment Team found that the service demonstrates deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

The Assessment Team provided information that processes for the escalation and response to deterioration in consumers health is responded to in a timely manner for consumers sampled. For the consumers sampled, care planning documentation indicates there is generally identification of, and response to, deterioration or changes in condition.

The approved provider has improved clinical oversight at the service to ensure that the suite of policies and procedures in relation to clinical care, clinical information management and escalation processes is followed by staff. Consumers who have deteriorated or had changes in their condition are being recognised and responded to appropriately in a timely manner.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

The Assessment Team found the service demonstrates that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

The Assessment Team provided information that care planning documents contain information about the condition, needs and preferences of the consumer from various health care providers. Handover documents communicate the daily changes as needed for consumers. Entries from medical officers, speech pathologists, physiotherapists, dieticians, behavioural specialists and specialists are evident in consumer files.

The service’s response to the previous performance review, committed to reviewing all care plans and assessments for consumers. Also, handover sheets were developed and are now being used effectively during shift handovers.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

The Assessment Team found that the service demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services occurs.

The Assessment Team provided information that documentation sampled, and consumers, representatives and staff interviewed by the Assessment Team, indicate that consumers are mostly referred to appropriate services and specialists in response to consumer needs. Referrals are generally made in a timely manner, or within the limitations due to access to services, as a result of the rural location of the service.

The approved provider committed, in response to the previous performance review, to ensuring recommendations from other providers are actioned, documented into care plans and communicated to staff during handover processes. The Assessment Team has confirmed that this has occurred.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The Assessment Team has found that the service does not demonstrate minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection; and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The Assessment Team provided information that staff feedback indicates where possible the service obtains pathology samples prior to commencing a consumer on an antibiotic in line with the organisation’s anti-microbial stewardship processes. However, as a result of documentation review and interview with the infection control co-ordinator, the Assessment Team identified the service is not monitoring/trending the overall infection pathology for consumers residing at the service in order to minimise infection related risks to and for consumers.

The approved provider submitted a response that provided further information and clarification, specifically in relation to the Infection Control Monitoring Checklist, however the response does not contain information in relation to effective infection analysis.

I have considered the Assessment Team’s report and the approved providers response and accept the Assessment Team’s findings.

I have found that the approved provider is not compliant with this requirement at the time of the assessment.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

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

For example:

* Most consumers interviewed confirmed they are able to do the things they like to do and are supported by the service to do this.
* Consumers identified the people who are important to them and described the ways they are supported to keep in touch with these people.
* Consumer preferences for services and supports for daily living were consistent with the information provided in interviews with staff and the information documented in consumers’ care plans.
* Consumers with varying levels of mobility were observed moving about the service, with staff providing support as required, and some consumers were observed to be engaged in activities of their choosing.
* The service has a range of lifestyle supports and services available for consumers which includes options for consumers with varying levels of functional, cognitive and visual abilities.

Most consumers interviewed said they enjoy the meals, they thought the variety of meals was sufficient and consumers were satisfied with portion sizes. They also said staff are knowledgeable on their food preferences and dietary needs.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment Team found that the service demonstrates each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

The Assessment Team provided information that the service has implemented activity programs suitable for the consumers. The service has a range of methods for ensuring consumers provide input into the services and supports for daily living that are important to them meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. Consumers interviewed felt there were sufficient resources within the service to support an active lifestyle program which met their current needs. Most consumers and representatives interviewed said they enjoyed the services and supports offered through the lifestyle program.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

The Assessment Team found that the service demonstrates services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

The Assessment Team confirmed the approved provider implemented a review of all consumers and case conferencing to identify gaps in the provision of emotional and psychological well-being for consumers. They also noted consumers and staff were able to consistently describe the services and supports available to promote emotional, spiritual, and psychological wellbeing. This included examples of how services are accessed. The service has a pastoral care team and scheduled religious services. The pastoral care team advised the service provides services and supports for consumers with varying religious beliefs. Documentation in care plans consistently described the supports that were important and available to consumers.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

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

The Assessment Team found that the service demonstrates that services and supports for daily living assist each consumer to participate in their community within and outside the organisation’s service environment; and have social and personal relationships; and do the things of interest to them.

The Assessment Team identified that the approved provider has implemented a review of all interests, likes and dislikes for consumers, and updated all relevant care plans since the last performance review. Senior lifestyle staff have reviewed lifestyle documentation and the lifestyle program. The Assessment Team also provided information that most sampled consumers were satisfied that they are able to fully participate in the community within and outside the service or do things they are interested in (when COVID-19 restrictions are lifted). All of the sampled consumers said they are able to maintain relationships that are most important to them. Consumers and representatives interviewed said there was enough support available in the lifestyle program to be able to do things of interest to them, both within the service and in the community.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### Requirement 4(3)(d) Compliant

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

The Assessment Team found that the service demonstrates information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

The Assessment Team identified that the approved provider has reviewed and updated all care plans to ensure they contained appropriate information related to the consumer’s condition, needs and preferences. Processes are in place to document and share information about consumers’ needs and preferences both within the organisation and with others when required. The information is up to date and accurate and staff described ways that the service is able to effectively manage the communication of this information.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

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

The Assessment Team found that the service demonstrates that meals are varied and of suitable quality and quantity.

The approved provider has implemented a number of improvements in relation to the meals service, including revising the menu with consumer input. As a result, consumers interviewed said they like their meals, there was sufficient variety in the food and they are of adequate size. They reported if they are hungry, they speak to a staff member who will get something for them to eat. The service was able to demonstrate its processes for ensuring dietary requirements are met.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

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

For example:

The service has a welcoming environment and consumers were observed to be moving around the service using a range of mobility assistive equipment, including wheelchairs and wheeled walkers.

The service is clean and well maintained. Consumers were observed freely moving through the service, both indoors and outdoors.

The service has processes in place to ensure furniture, fittings and equipment are safe, clean and well maintained. This includes cleaning and maintenance schedules. Consumers said they felt their equipment was suitable for their needs. The furniture, fittings and equipment were generally observed by the Assessment Team to be clean, well maintained and used safely. However, the laundry staff could not demonstrate sufficient knowledge of infection control protocols when loading dirty, soiled and contaminated laundry items into washing machines.

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

## Assessment of Standard 5 Requirements

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

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

The Assessment Team found that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

The service has a welcoming environment and consumers were observed to be moving around the service using a range of mobility assistive equipment, including wheelchairs and wheeled walkers. The service is clean, well maintained.

The Assessment Team found that overall consumers said they liked living at the service and they felt at home. The consumers said their families are made to feel welcomed by staff and management. They said the service is well maintained and clean, they feel it is easy to navigate their way around.

The service contracted a nurse consultant specialist in dementia care and a psychogeriatric nurse practitioner, to assist management and staff make Coolabah (memory support unit) more appropriate for consumers living with dementia (following the review audit in 2020).

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

*The service environment:*

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

The Assessment Team found that the service demonstrates that equipment is provided, and it is safe, suitable, clean and well maintained.

The approved provider in response to the previous performance review, secured the kitchen area, and moved fencing surrounding an emergency evacuation area and fully cleaned all soiled areas. The service was observed by the Assessment Team to be clean and well maintained, with comfortable furnishings arranged throughout the service. Consumers were observed freely moving through the service, both indoors and outdoors.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

The Assessment Team found that the service demonstrates that equipment provided, is safe, suitable, clean and well maintained.

In response to the previous performance review, the approved provider reviewed all aspects of this requirement to ensure all areas and equipment were deep cleaned and safe and suitable for consumers. The service has processes in place to ensure furniture, fittings and equipment are safe, clean and well maintained. This includes cleaning and maintenance schedules. Consumers said they felt their equipment was suitable for their needs. The furniture, fittings and equipment were generally observed by the Assessment Team to be clean, well maintained and used safely.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

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

For example:

* Most consumers interviewed expressed confidence they could make complaints and felt safe to do so and were familiar with the complaints resolution process from speaking directly with staff, raising it with management or by using the services feedback and complaints form. Most consumers were also aware of external complaint’s mechanisms but not advocacy services.
* Some consumers interviewed said they had made a complaint using the service’s feedback system said they were satisfied the issue has been managed and resolved.
* However, one consumer representative interviewed expressed her dissatisfaction with the way in which her complaints have been managed, which has prompted her to contact the Aged Care Quality and Safety Commission (the Commission).
* While the service has a compliments and complaints register and complaints management system, out of the consumers and representatives interviewed, only one consumer was able to provide an example of how their feedback was used to improve services.

Whilst management and staff follow an open and transparent procedure in relation to complaints resolution, they do not demonstrate an understanding of open disclosure processes in full and are not able to demonstrate the steps the provider has taken to prevent the same issue from re-occurring. Some representatives report complaints raised are not addressed leaving them without a resolution.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

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

The Assessment Team found that the service demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

In response to the previous performance review, the approved provider reviewed all aspects of this requirement to ensure complaints register is accurate, the provision of complaints and feedback forms in prominent areas and complaints management has become a standing agenda item at consumer/representative meetings.

Consumers said they are supported to provide feedback and make complaints. Staff were able to describe how consumers are supported to provide feedback and complaints. The service has some written materials and other processes to assist consumers and representatives to provide feedback and make complaints, however the Assessment Team did not identify written materials printed in languages other than English.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### 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.*

The Assessment Team found that the service does not demonstrate that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

The Assessment Team observed limited information available for advocates and other methods such as the Commission for raising and resolving complaints. Consumer and staff feedback indicated that access to advocacy services was not widely known as an avenue for raising or resolving complaints. The service was not able to demonstrate that it catered for one resident whose first language is not english and that he had not been afforded the opportunity to access language or interpreter services for raising and resolving complaints.

The approved provider submitted a response that provided further information and clarification, including meeting minutes including an agenda item for complaints, the previous six months of complaints and complaints brochures. However, the approved provider has not addressed the concerns from the Assessment Team that reflects the intent of this requirement, that is to make sure that all consumers can easily make a complaint, whatever their culture, language or ability. The organisation’s complaints system should give every consumer equal access to make a complaint. With some staff and consumers not aware of how to make a complaint or use advocacy services means that their opportunity to make a complaint anonymously if they wish, is compromised.

I have considered the Assessment Team’s report and the approved providers response and accept the recommendations of the Assessment Team. While I accept that for a majority of consumers the service demonstrates that consumers are able to make complaints; there is not easy avenues for consumers to utilise advocacy services, language aids etc to assist them to make complaints.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### 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.*

The Assessment Team found that the service does not demonstrate that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

The Assessment Team provided information that while management and staff follow an open and transparent procedure in relation to complaints resolution, they do not demonstrate understanding of open disclosure processes in full and are not able to demonstrate the steps the provider has taken to prevent the same issue from re-occurring. Some representatives report complaints raised are not addressed leaving them without a resolution.

The approved provider submitted a response that provided further information and clarification. While I have reviewed the approved providers response and accept that there is no requirement to have all complaints located in the one register, and that action items from meetings etc are valid methods of dealing with this feedback; the approved provider has not provided evidence or examples of feedback that includes open disclosure, and actions taken to prevent these issues occurring again. While staff have been provided training in open disclosure, this process of performance review has not prompted the provider to re-evaluate the training staff have received in handling complaints.

I have considered the Assessment Team’s report and the approved providers response and accept the recommendations of the Assessment Team. While I accept that the service is recording feedback and dealing with it in various ways, I am not satisfied this has occurred in line with open disclosure processes, ensuring that any issues do not re-occur.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

### Requirement 6(3)(d) Compliant

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

The Assessment Team found that the service does not demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services.

The Assessment Team provided information that all consumers interviewed said that if they had a complaint they would raise it with staff or at resident meetings, however most consumers were not aware of how to access external advocates such as OPAN or contacting the Commission. Three representatives said they had made previous complaints to management about the quality and care of services provided to family members however as a result of being dissatisfied with the way that their complaint had been managed, they had lodged complaints with the Commission and the Minister of Health. Out of the six consumers interviewed, one was able to identify a change that had been made at the service as a result of their feedback or complaints. For example, after complaining about the food at the service, one consumer was asked to assist with an audit to identify new menu options.

The approved provider submitted a response that provided further information and clarification, and described the improvements resulting from complaints and feedback.

I have considered the Assessment Team’s report and the approved providers response, and accept the service understands their responsibilities for this requirement and have demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. The Assessment Team concerns with consumers familiarity with advocacy services, are best addressed under requirement 6(3)(b).

I have reviewed these findings and consider that the organisation is compliant with this requirement.

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Overall, sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Consumers interviewed provided positive feedback regarding staff being kind and caring. They gave several examples where staff had sat and talked with them and had gone out of their way to help.
* Consumers said they felt staff were knowledgeable about their care needs. Some consumers said they felt safe when staff had used equipment to assist them as they were being re-assured by the staff throughout the process.
* Whilst, consumers, representatives and staff consistently said there were not enough staff throughout the audit, most acknowledged that since the Commissions last review in June 2020, there had been improvements in staff numbers.

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

* Positive feedback was received from consumers regarding staff response times to their requests for assistance. Consumers also felt that staff were kind and helpful. Management has systems in place to monitor call bell response. As part of this system, management undertakes a call bell check and interviews consumers where response time are above the acceptable timeframe. This is to ascertain if there has been any adverse impact. Systems are in place to identify training needs, provide education to staff and monitor staff performance. Management advised that consumer care needs are the key driver when considering staffing needs.

Not all feedback was positive. One representative did not feel that her consumer’s culture was being respected by the service and that most staff were not aware of his cultural background.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

The Assessment Team found that the service demonstrates that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

In response to the previous performance review, the approved provider reviewed the staffing model based on consumer care needs and the environment, with twelve new staff engaged, and an external agency engaged to ensure continuity of care.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### 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 found that the service does not demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

The Assessment Team provided information that most consumers interviewed said staff were kind, caring and gentle when providing care. Most staff were able to demonstrate an awareness of the consumers sampled in relation to their background, what is important to them and their individual preferences for care and services. Most consumers confirmed that staff are kind, caring, competent and provide safe quality care and services that are generally respectful of their identify and culture.

The approved provider submitted a response that provided further information and clarification, that the consumer has different wishes to his representative and that his wishes are followed.

I have considered the Assessment Team’s report and the approved providers response, and accept the service understands their responsibilities for this requirement, and have demonstrated that the workforce are kind, caring, and respectful. The Assessment Team concerns with consumers culture and diversity, are best addressed under requirement 1(3)(a).

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### Requirement 7(3)(c) Compliant

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

The Assessment Team found that the service demonstrates that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

In response to the previous performance review, the approved provider reviewed all aspects of this requirement to ensure all staff were provided comprehensive training, and an ongoing education program. All staff that work at the service require a minimum Certificate III in Aged Care Studies. All new staff are required to complete the organisations’ orientation process and follow the Engage model which includes, an orientation process consisting of training and completion of buddy shifts to provide a transitional process into their role and responsibilities. Management and the services educator oversee the skills and knowledge development for staff by completing performance development schedules and training as required. All staff are required to complete the service’s mandatory training modules annually. The service also delivers training using an online platform and face to face training.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

The Assessment Team found that the service demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

In response to the previous performance review, the approved provider reviewed all aspects of this requirement to ensure all staff received mandatory training related to the Quality Standards and essential training in relation to COVID-19. The service has processes for identifying staff training needs and incorporating these into the training schedule. Training records reviewed by the Assessment Team demonstrate training has been undertaken in relation to the new Quality Standards and policies and procedures created specifically addressing each standard.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

The Assessment Team found that the service demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

In response to the previous performance review, the approved provider conducted performance appraisals on all staff. Staff interviewed said performance appraisals are undertaken on an annual basis and staff have the opportunity to raise requests for education in relation to their performance development. A registered nurse said that as a result of her performance appraisal she has been afforded the opportunity to attend the registered nurse development program which is corporate wide and provides leadership opportunities across all sites operated by Catholic Health. A staff member who is considering becoming a registered nurse, said they have had been given the opportunity to broaden their knowledge relating to medication management. The service has a staff performance framework to assist with performance appraisals which was sighted by the Assessment Team. A review of staff performance appraisal records showed all staff (excluding new employees) are up to date.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

# 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).

Most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

* Most consumers said they have input into how care and services are delivered such as clinical care, meal service and the lifestyle program through talking with management and staff, meetings, case conferences, feedback forms and surveys.
* Most consumers sampled said they participate in decisions about clinical care and that consumers are supported to make informed decisions about undertaking activities which are meaningful to them.
* The service’s Board is actively involved in the service and engages with consumers, and generally promotes a culture of safe, inclusive and quality care and services.
* Most consumers interviewed could not describe how they are actively involved by the organisation or service in the development, delivery and evaluation of care and services. They indicated they provided limited input into improvements at the service other than providing feedback through the resident meetings, completing surveys, and raising issues at the resident meetings.
* The service demonstrated that the organisations body promotes a culture of safe, inclusive and quality of care and services and is accountable for their delivery. However, this is not reflected at the service.

Whilst the organisation has effective risk management systems and practices, including a risk management framework, this is not effectively implemented or identified at service level.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

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

The Assessment Team found that the service does not demonstrate consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

The Assessment Team identified that most consumers and their representatives are engaged and supported in their individual care planning activities and delivery of that care at a service level. However, during interview with management no evidence was identified to indicate that the service has a nominated consumer representative or focus group of consumers who can be involved in reviewing or evaluating the effectiveness or delivery of care and services at organisational level. Nor are there mechanisms for consumers to contribute to care and service design and delivery apart from participation in food forums, surveys and consumer meetings. While the Assessment Team acknowledges that the organisation has worked hard since the Commissions last audit (June 2020) to establish relationships with community representative groups there was no mention if these groups would also consist of consumers or their representatives.

The approved provider submitted a response that provided further clarification of their position, and evidence of the active engagement with consumers/representatives.

I have considered the Assessment Team’s report and the approved providers response and accept the service has demonstrated that the service has improved care and services in response to feedback. Consumers have also been involved in food focus groups and in their own care and services. It is important to note that the intent of this requirement is for the organisation to demonstrate involvement of consumers proactively to assist the organisation to make decisions that affect the care and services of consumers.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### Requirement 8(3)(b) Compliant

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

The Assessment Team found that the service does not demonstrate the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

The Assessment Team provided information that the organisation monitors and reviews the services performance through their governance system. The executive and the Board endorse and are accountable for clear vision and direction of the service. Governance structures are in place to monitor and improve the services performance against the Quality Standards (the Standards) to ensure that the culture of the service reflects the organisations mission and values. The Board satisfies itself that the Standards are being met through its clinical and operational framework. Although the organisation’s governing body could demonstrate it has a commitment to promoting a culture of safe, inclusive and quality care and services, the Assessment Team did not find that this was not seen to be effective in practice at the service, in particular two consumers whose representatives did not feel that the service engaged effectively with their consumers cultural identity, needs and preferences.

I have considered the Assessment Team’s report and the approved providers response, and accept the service understands their responsibilities for this requirement and have demonstrated that the organisation promotes a culture of safe, inclusive and quality care and services.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### Requirement 8(3)(c) Compliant

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

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

The Assessment Team found that the service demonstrates effective organisation wide governance systems relating to information management; continuous improvement; financial governance; workforce governance, including the assignment of clear responsibilities and accountabilities; and regulatory compliance.

In response to the previous performance review, the approved provider has reviewed, updated, and implemented, a range of improvements across the standards. The organisation was able to demonstrate it has effective governance systems in place covering all aspects of this requirement. Improvements have been confirmed by the Assessment Team across the Quality Standards.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

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

The Assessment Team found that although the service has a risk management framework in place it does not demonstrate effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can.

The approved provider submitted a response that provided further information and clarification and acknowledged that the service can improve in some respects, however noted that significant improvements have been implemented and continue to be implemented.

I have considered the Assessment Team’s report and the approved providers response and accept the Assessment Team’s findings.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

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

The Assessment Team found that the service demonstrates a clinical governance framework, including antimicrobial stewardship; minimising the use of restraint; open disclosure.

The Assessment Team was provided with a documented clinical governance framework; a policy relating to antimicrobial stewardship; a policy relating to minimising the use of restraint; and an open disclosure policy. In response to the previous performance review, the approved provider has reviewed, updated, and implemented, a range of improvements across these elements. The Assessment Team identified that whilst the organisation has a clinical governance framework, not all policies are being adhered to. For example, the organisation was not able to effectively demonstrate that it uses open disclosure effectively. However, the Assessment Team concerns with open disclosure, are best addressed under requirement 6(3)(c).

I have reviewed these findings and consider that the organisation is compliant with 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.

**Standard 1**

### Requirement 1(3)(a)

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

Demonstrate that each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Ensure staff respect consumers by speaking the consumers language, or English, when in their presence. Ensure that staff are aware of all consumers identity, culture and/or diverse background and what that would entail when conducting care and services.

**Standard 2**

### 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.*

Demonstrate that outcomes of assessment and planning are effectively communicated to the consumer promptly and documented in a care and services plan that is readily available to the consumer.

### 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.*

Demonstrate that care and services are reviewed regularly for effectiveness, and when circumstances change, or when incidents impact on the needs, goals or preferences of the consumer, including when clinical deterioration is noted or indicated or when strategies implemented are no longer effective.

### 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.*

Demonstrate that care is appropriate to each consumer’s needs, and that it is reviewed and evaluated in a timely manner. Staff are trained, equipped and supported in best practice in behaviour management and relevant triggers and strategies are effectively documented.

### Requirement 3(3)(b)

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

Demonstrate that high impact and high prevalence risks are identified and monitored with staff equipped and supported in best practice in relation to infections, wound care, and behaviour management.

### 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.*

Demonstrate minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection; and practices to promote appropriate antibiotic prescribing. Ensure infection control staff are supported and equipped to analyse infection trends and identifying these risks for consumers. Ensure staff are trained, supported, and practice effective personal protection equipment wear when required.

### Requirement 6(3)(b)

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

### Demonstrate consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Ensure consumers are enabled to engage advocacy services and provide feedback anonymously if they choose. Ensure information is freely available in languages, other than English that capture the languages of consumers at the service.

### Requirement 6(3)(c)

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

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

### 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.*

Demonstrate effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers; and supporting consumers to live the best life they can.