Chamberlain Gardens Aged Care

Performance Report

53 - 67 Chamberlain Road
WYOMING NSW 2250
Phone number: 02 9782 6000

**Commission ID: 0723**

**Provider name:** Christadelphian Homes Limited

**26 November 2019 to 29 November 2019**

# Overall assessment of this Service

|  |  |
| --- | --- |
| **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) | 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) | Compliant |
| Requirement 3(3)(g) | 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) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Non-Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d)  | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the site audit; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the site audit report received 3 January 2020.

# 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

The organisation has not demonstrated that all consumers are treated with dignity, and respect and their identity, culture and diversity valued. The organisation did not demonstrate that care and services are culturally safe. Care and service records do not provide adequate information about cultural and spiritual needs and examples of not addressing consumers’ language barriers and spiritual needs are evident.

Consumers and representatives advised they can make connections with others and maintain relationships of choice. However, consumers’ assessments and care plans do not reflect decisions about their care and services delivery. Care and service records do not reflect consumers’ decisions about those who they wish to be involved in their care. Findings show that some consumers are supported to take risks to enable them to live the best life they can, but that others are not. Of the consumers and representatives interviewed about the consumer’s experience and asked if staff encourage them to do as much as possible for themselves, 80% said always or most of the time, 13% said some of the time and 7% said never.

While some of the information provided to consumers is current, accurate, timely, clear, easy to understand and enables them to exercise choice, other information is not. Consumers and their representatives generally gave positive feedback in relation to staff maintaining their privacy and confidentiality of their personal information.

The Quality Standard is assessed as Non-compliant as four 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 organisation has not demonstrated that all consumers are consistently treated with dignity, and respect and their identity, culture and diversity valued. Of consumers and representatives interviewed and asked if the consumer thinks staff treat them with respect, 60% said always, 20% said most of the time, 13% said some of the time, and 7% said never. Two consumers raised concerns about having to wait so long to be toileted they soiled themselves. Review of the service’s feedback records and resident/relative meeting minutes confirms that some consumers and representatives have raised issues about call bell response times or related concerns and were not satisfied with the response and/or their concerns are ongoing. One consumer’s culture and diversity was not valued as appropriate ways to communicate with her had not been implemented.

The Assessment Team mainly observed respectful interactions between staff and consumers and staff knocking on consumers’ doors. However, food and laundry services staff and lifestyle staff were observed to enter consumers’ rooms without being invited in.

The approved provider stated that they have addressed these issues with staff by providing training in appropriate ways to respond to consumer’s toileting needs. The provider stated they have met with the individual consumers affected by lengthy call bell response times to apologise that care was below expectations and have reviewed their care plans. Care staff have been instructed on how to communicate more effectively with consumers from non-English backgrounds.

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

Care and services are culturally safe.

The organisation did not demonstrate that care and services are culturally safe.

Initial and ongoing assessments, and other information gathered by staff about the consumer, does not consistently demonstrate that an understanding of the consumer’s personhood is being obtained. In the absence of this information it has not been demonstrated that a plan of culturally safe care and services has been developed for and delivered to some consumers.

Initial and ongoing assessments undertaken of consumers’ spiritual and cultural needs to identify how staff might support them is limited in some cases and does not provide adequate information about the individual consumer.

It was not demonstrated that care and services meet the needs of a consumer from a culturally and linguistically diverse background, or that there has been sufficient effort made to communicate with consumers who comprehend and/or speak a language other than English.

The approved provider acknowledged that assessments are not completed to the standard required and care plans have been updated as appropriate. The provider advised that staff now have access to Google Translate as well as cue cards to assist in communicating with consumers from non-English speaking backgrounds. The provider stated they are now seeking a volunteer that speaks Croatian and they are in the process of providing staff with access to interpreting services so they can fully communicate with all consumers.

### 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 make connections with others and maintain relationships of choice, including intimate relationships.

There is a lack of processes to support consumers being enabled to make decisions about their own care and establish and communicate alternative decision makers. Review of documents and interviews with management and staff demonstrate that consumers are not supported to maintain intimate relationships. Staff are not adequately trained to undertake sexuality assessments.

Consumers and representatives advised they can make connections with others and maintain relationships of choice; however, consumers’ assessments and care plans do not reflect decisions about their care and services delivered. Care and service records do not reflect consumers’ decisions about those who they wish to be involved in their care. The process for collecting information about the family, friends and carers who consumers choose to be involved in their care, and when this should occur, is not clear. While policy and procedures have been developed to provide a structured approach to give consumers an opportunity to make connections including intimate relationships, this has not been effective in enhancing the consumers’ dignity and choice.

It was not demonstrated that consumers are supported to exercise choice and independence in relation to making decisions about their own care and services. This includes feedback from consumers and representatives interviewed that this has not been and is not occurring. Where the consumer can make their own decisions, this is not always supported to occur.

The approved provider stated that where there had been some ambiguity around whether there is an alternative decision maker they have updated the consumer’s documentation to accurately reflect this. The approved provider acknowledged that a sexuality assessment had not been undertaken for one consumer and their care plan had not been updated to reflect their sexual needs. The provider acknowledged that there was a lack of evidence that the consumer’s representative had been involved in care planning and undertook to conduct a case conference with the representative in January 2020 to rectify this.

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

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

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

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

Of the consumers and representatives interviewed and asked by the Assessment Team if staff explain things to the consumer, 47% said always, 33% said most of the time, and 20% said some of the time.

The organisation has key documents to provide information to consumers at the service, such as the resident agreement, but this does not contain current information to enable the consumer to make choices.

Only a small percentage of consumers have been invited to a case conference in the last six months to discuss their care. Feedback from consumers and their representatives is that they are not being provided with information to make choices.

The service informed consumers in November 2019 that they were changing pharmacy providers on 4 December 2019. The resident’s minutes do not inform consumers that they have a right to have their medications supplied by a pharmacy of their choice. The service has introduced a charge for all consumers who wish to use their own pharmacy provider regardless of whether there is any additional cost associated with this. Whilst it is acknowledged that the service has not yet charged this fee to any consumers this approach does not encourage choice and the service has not provided consumers with information about their right to choose.

The approved provider stated they will review the resident agreement to ensure it reflects consumer choice and will seek to improve channels of communication with consumers and their representatives.

### 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

Of the consumers and representatives interviewed and asked if the consumer has a say in their daily activities, 53% said always, 27% said most of the time, 13% said some of the time and 7% said never. Review of documentation shows while assessments are being completed routinely, they are not consistently identifying and leading to the development of effective care plans. Consumers’ assessment and care planning does not identify and address the current needs, goals and preferences of consumers including in relation to palliative and end of life care.

It has not been demonstrated that assessment and planning is based on ongoing partnership with the consumer and others they wish to involve. In relation to the inclusion of other organisations, and individuals and providers of other care and services that are involved in the care of the consumer, communication with and contribution to assessment and planning is not always evident. Most consumers and representatives interviewed were unaware of what is in the consumer’s care plan and consumers were generally not aware they had a care plan or could access it.

Care and services are reviewed regularly, however the processes for this are not effective. There are gaps in the assessment, planning and delivery of care and services with impact on consumers. This includes gaps occurring when the consumer’s circumstances change and when incidents impact their needs, goals or preferences.

The Quality Standard is assessed as 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.

Of the consumers and representatives interviewed by the Assessment Team and asked if the consumer has a say in their daily activities, 69% said always or most of the time and 53% said always, 27% said most of the time, 7% said some of the time and 13% said never.

Review of documentation shows while assessments are being completed routinely, they are not consistently identifying and leading to the development of effective care plans. When risks emerge, they are not routinely investigated, re-assessed and appropriate action is not taken to prevent reoccurrence, including further meaningful review of the care plan. Issues were noted in relation to consumers not receiving appropriate assessment when their needs changed, particularly in relation to behaviour management.

The approved provider stated that consultation has subsequently occurred with consumers and/or their representatives and care plans updated. The approved provider stated that staff training on behaviour management and delirium screening is planned.

### 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.

Consumers’ assessment and care planning does not identify and address the current needs, goals and preferences of consumer’s ongoing care and services including in relation to palliative and end of life care. Care and services records do not consistently reflect consumer needs, goals and preferences.

The response from the approved provider acknowledged these deficiencies and consultation has occurred with consumers and/or their representatives and care plans updated. The provider has taken steps to address issues around bowel management and staff training is planned on behaviour management and delirium screening.

### 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.

Based on feedback from consumers and their representatives it has not been demonstrated that assessment and planning is based on ongoing partnership with the consumer and others they wish to involve. It is not always evident that others involved in the care of the consumer are able to contribute to the assessment and planning of care and care planning does not adequately address the involvement of others in the consumer’s care.

The approved provider acknowledged gaps and care plans were being updated as appropriate. The approved provider acknowledged difficulties consumers had with the services of one doctor in particular, which was causing consumer dissatisfaction and the approved provider was assisting consumers, where possible, to change doctors.

### 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.

Most consumers and representatives interviewed by the Assessment Team were unaware of what is in the consumer’s care plan and consumers were generally not aware they had a care plan. Based on this feedback the service does not have processes that support that care plans are readily available to consumers and/or their representatives.

The response from the approved provider acknowledged the gaps. The approved provider has since met with consumers where appropriate to update care plans. The provider has implemented a care plan consultation spreadsheet to ensure that family conference and care plan reviews are not overlooked. Consumers will be offered a copy of their care plan.

### 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 services are reviewed regularly, however the processes for this are not effective. There are gaps in the assessment, planning and delivery of care and services which impacts on consumers. This includes gaps occurring when the consumer’s circumstances change and when incidents impact their needs, goals or preferences.

The response from the approved provider acknowledged gaps in documentation and gaps in care provided in relation to bowel management, delirium screening and behaviour management. The approved provider will be conducting staff training to address this.

# 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

Of the consumers and representatives interviewed about the consumer’s experience and asked if the consumer feels safe here, 80% said always, 13% said most of the time, and 7% said never. Review of care and service records and interviews with staff show that each consumer does not always get safe and effective clinical care that is best practice, tailored to their needs and optimises their health and well-being. Multiple examples have been identified of consumers’ clinical care which does not demonstrate staff are aware of or that they implement best practice to optimise the consumer’s health and well-being.

It was not demonstrated that high impact or high prevalence risks associated with the care of consumers are managed effectively. This includes risks relating to behaviour, unintended weight loss, dehydration, safe and appropriate medication use, including of psychotropic medication, infections, falls and use of bedrails.

One consumer and one representative interviewed about palliative and end of life care confirmed they are consulted regarding the consumer’s wishes. The review of care and service records of consumers who have recently passed away identified that end of life care has been provided to them.

Recognition and responsiveness when there is a deterioration or change in mental health, cognitive or physical function was not demonstrated for all consumers. Consumers’ care and service records do not consistently reflect their condition, needs, goals and preferences and therefore information is not available to all responsible where care is shared. Care plans have not proved effective in guiding staff about how to care for the consumer in accordance with the consumer’s needs, goals and preferences.

It has not been demonstrated that timely and appropriate referrals occur for consumers with challenging behaviour to specialist behavioural advisory services to support the staff to care for them. This includes consumers whose challenging behaviour impacts them, other consumers and/or the staff.

There was no negative feedback from consumers relating to infection control or antibiotic prescribing and use, and observations and staff interviews show staff practices include precautions to prevent and control infection. The organisation has an antimicrobial stewardship (AMS) policy and actions have been taken to implement this.

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

### Assessment of Standard 3 Requirements

### 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 personal and clinical care is not always consistent with best practice, including in relation to behavioural management, bowel management and pain management. The organisation’s policy and procedure relating to restraint/restrictive practice was not based on the best practice information provided by the Commission. Review of care and service records does not demonstrate best practice dementia care, care tailored to the needs of consumers or care that optimises the consumers health and well-being. Adverse impacts were identified for some consumers.

The response from the approved provider acknowledged that further training in documentation and behaviour management was required with guidelines developed for the use of doll therapy.

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

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

It was not demonstrated that high impact or high prevalence risks associated with the care of consumers are managed effectively. This includes risks relating to behaviour, unintended weight loss, dehydration, safe and appropriate medication use, including of psychotropic medication, infections, and use of bedrails.

The approved provider acknowledged issues and will be undertaking staff training in behaviour management. The provider has already implemented changes in their approach to monitoring weight, consumer’s access to fluids, urine testing and physical and chemical restraint.

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

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

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

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

The Assessment Team has identified gaps in identifying and responding in a timely manner to deterioration or change in a consumers’ physical function. Consideration was not given to the impact of constipation on the well-being of one consumer and when changes in her condition occurred, this was not recognised or adequately responded to in a timely manner, impacting on her health and well-being.

The approved provider acknowledged that bowel management for one consumer was not managed in accordance with the services policies and procedures.

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

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

The assessment team found that consumers’ care and service records do not consistently reflect their condition, needs, goals and preferences.

The approved provider acknowledged that, at the time of the assessment, consumer goals were not well documented as consumers were not routinely involved in setting their goals. The provider stated that the majority of preferences were acknowledged in care plans and care plans updated as required.

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

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

### Requirement 3(3)(g) 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.

# 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

The organisation has not demonstrated each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences or that optimises their independence, health, well-being and quality of life. This includes, but is not limited to, significant and ongoing concerns with the laundry service and the meal service. Of the consumers and representatives interviewed about the consumer’s experience and asked if the consumer likes the food here, 33% said always, 40% said most of the time, 20% said some of the time and 7% said never. The service’s documentation shows a significant number of ongoing concerns and complaints about the meals. Management demonstrated there are processes for consulting consumers during menu development and initial implementation, and about their satisfaction with the meals on an ongoing basis. The service’s documentation shows dissatisfaction by individual consumers with the meals is being addressed, but not all consumers are satisfied and concerns and complaints continue to arise.

Consumers and representatives provided positive feedback that the consumer’s emotional, spiritual and psychological well-being is optimised. Observations show staff are generally supportive of consumers’ emotional and psychological well-being. However, review of consumers’ care and services records shows that while most consumers have received support for their emotional and psychological well-being, it has not been the case for all consumers, particularly those consumers who reside in the dementia specific unit and have been involved in physical altercations with other consumers. Review of consumers’ care and services records shows that spiritual support needs are not met for all consumers.

Feedback was received from consumers and their representatives that consumers can maintain their social and personal relationships in and outside the service if they choose to do so. Consumers and representatives confirmed that visitors visit when they choose and are also made welcome by service staff.

Review of consumers’ care and services records shows that their interests and wishes relating to leisure support are specified, and interventions are developed for staff to implement with and for consumers. In relation to services and supports for daily living, it was demonstrated there is information about the consumer’s condition, needs and preferences that is shared with the lifestyle team, pastoral care and the mental health nurse.

Consumers, representatives and staff interviewed provided information indicating that equipment to support consumers’ daily living is being provided and is safe, suitable, clean and well maintained. It was observed that most equipment provided is safe, suitable, clean and well maintained, however some was not. The monitoring and review processes are not sufficiently effective in identifying issues and where issues were previously identified improvements required were not sustained.

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

There is significant dissatisfaction with the effectiveness of the laundry service. Sheets, blankets and face washers are in short supply and some of it is poor quality. Consumers laundry is not being returned in an acceptable state and in a timely manner resulting in consumers not receiving effective services that meet their needs, preferences and goals, nor optimises their health, well-being and quality of life.

The approved provider acknowledged that there were problems with the laundry services which they are addressing with the contractor responsible for the delivery of these services. The provider stated that they have also purchased additional sheets and face washers to boost supplies.

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

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

There is a lack of services to support the emotional and psychological well-being of consumers who have challenging behaviour, and spiritual support is not evident for all consumers. A review of consumers’ care and services records shows that while most consumers have received support for their emotional and psychological
well-being, it has not been the case for all consumers, particularly those consumers who reside in the dementia specific unit and have been involved in physical altercations with other consumers. Services and supports were obtained for one consumer however the recommendations by Dementia Services Australia (DSA) were not documented in the consumer’s care plan

Review of consumers’ care and services records show that their spiritual support needs are generally identified but for some consumers this is not the case. One consumer in the dementia specific unit was not provided with spiritual care.

The approved provider acknowledged that services and supports for daily living had not been arranged for consumers with challenging behaviour, but this has subsequently been attended to. The provider acknowledged that a care plan had not been updated post review by DSA but stated that information was conveyed to the team verbally and through the paper-based reports.

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

Services and supports for daily living assist each consumer to:

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

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

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

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

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

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

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

There is a significant amount of ongoing negative feedback from consumers and their representatives about the quality and quantity of the food served and their dissatisfaction has not been addressed sufficiently to resolve their concerns.

The approved provider has implemented a number of changes, but these have not yet been effective in improving the consumer experience. The approved provider advised they are aware of the catering issues at the service, have mechanisms in place to obtain consumer feedback and are implementing a number of new initiatives.

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’s services 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

Of the consumers and representatives interviewed about the consumer’s experience and asked if the consumer feels at home here, 40% said always, 40% said most of the time, and 20% said never. Consumers who said they never feel at home at the service, explained this is for their own personal reasons and does not relate to anything the service does or does not do.

Observations showed the service environment may not be easy to understand for some consumers living with dementia. Management advised of plans for improvement, including to assist consumers living with dementia with wayfinding around the service environment.

Most consumers and representatives interviewed said the service environment is clean, well-maintained, comfortable and enables consumers to move freely. While it was observed that the service environment is generally safe, clean, well maintained and comfortable, some gaps in maintenance and cleanliness were identified. It was observed that consumers have freedom of movement within the service environment.

Consumers and representatives interviewed generally provided feedback that furniture and equipment is safe, clean, well maintained and suitable for the consumer, but the vast majority did not comment about the fittings.Staff interviewed said furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. It was observed that most furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer, however some are not. Related monitoring/review and improvement processes have not been effective in identifying or addressing these gaps.

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

## Assessment of Standard 5 Requirements

### 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.

Observations by the assessment team was that the service environment was not easy to understand for some consumers living with dementia. This observation was based on two consumers having difficulty finding their room. Whilst I respect the observations made by the assessment team I find there is insufficient evidence that the service environment in the Garden wing is adversely impacting onconsumer’s sense of belonging, independence, interaction and function. Information submitted by the approved provider demonstrates plans have been made to improve this area to enhance the consumer experience.

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

The service environment:

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

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

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

Documentation reviewed shows there is ongoing monitoring and review of most furniture, fittings and equipment in relation to safety, cleanliness and maintenance and suitability. However, foot plates on lifters were seen to be dusty, there was minor damage to vinyl on some mobility equipment and chairs and spill kits were incomplete. The utility rooms were also found to be dirty. The issue regarding the utility rooms being dirty had previously been identified however measures taken by the approved provider had not resulted in the issue being rectified. The assessment team found sections of carpet in the home are stained, the hose reel cupboard was dirty and vinyl flooring marked.

The submission from the approved provider demonstrated that there is a system in place for monitoring the quality and cleanliness of furniture and fittings. This has been ineffective in identifying issues to ensure all areas are clean and well maintained.

# 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

Most consumers and representatives interviewed provided information indicating they are encouraged and supported to provide feedback and make complaints, however some spoke of being frustrated about complaints not being addressed and said this has led to them holding back from speaking up again or feeling fatigued about having to speak up again. Documents provided to consumers and representatives, and which are displayed within the service environment, invite feedback and promote complaint mechanisms. Documentation reviewed, and interviews with management and staff, show consumers and representatives are generally being encouraged and supported to provide feedback and make complaints.

Most consumers and representatives interviewed were aware of ways they can provide feedback and make complaints; however, one consumer and a representative were not. Consumers and representatives who have made a complaint said they communicated this verbally or in writing to management or staff; they did not require an interpreter or advocate. Aged care advocacy services are well promoted and the availability of interpreter services has started being communicated. Review of the service’s complaint records shows consumers and representatives are aware of and have access to methods for raising and resolving complaints as they are making complaints.

Of the consumers and representatives interviewed about the consumer’s experience and if staff follow up when the consumer raises something with them, 47% said always, 33% said most of the time, and 20% said some of the time. While some consumers and representatives interviewed who have recently made a complaint said they are satisfied with the management of their complaint, most said they are not. Consistent with this, the service’s feedback records do not reflect that complaints are managed appropriately or that an open disclosure process is applied.

The service’s feedback records reflect complaints about some issues reoccur. The service’s documents to track required improvements lack clear and coordinated information to demonstrate a link between some feedback/ complaints and improvements. They also lack information to demonstrated systemic and sustained improvement is being made as a result of the action taken.

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.

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

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

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

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

Feedback from most consumers and representatives who have made a complaint is that their complaint has not been addressed satisfactorily, and information provided by management was unable to demonstrate appropriate action was taken or that an open disclosure process was applied.

The response from the approved provider acknowledged that, on occasions, consumer representatives had not had a response to complaints raised and some matters raised had not been satisfactory resolved to the consumer’s satisfaction.

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

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

The service’s records including the feedback register and various other improvement/corrective action tracking documents currently in use, lack clear and coordinated information to demonstrate the link between feedback and improvements. They also lack information to demonstrate systemic and sustained improvement is being made as a result of the actions taken.

The information submitted by the approved provider demonstrated that actions had been taken to respond to issues but there had been no monitoring to ensure improvements were sustained and issues reoccurred.

# 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

Of the consumers and representatives interviewed about the consumer’s experience who were asked if staff are kind and caring, 87% said always and 13% said most of the time. When asked if the staff know what they are doing, 53% said always and 47% said most of the time. Consumers and representatives were mostly complimentary of the staff, however many said there is not enough staff to meet the consumer’s needs, goals and preferences, some spoke about staff rushing, and one representative provided information indicating interactions with the consumer have not been respectful of their culture.

Call bell response time data reviewed for three consumers confirms they experience delays in assistance when they need it, and more generally the data shows a significant and increasing number of lengthy call bell response times. Rostered shifts are being filled, however some staff are working double shifts and there is significant use of temporary (agency) nursing and care personnel. Recruitment has been occurring and this continues to reduce reliance of agency personnel. Recruitment into some key positions continues, including a third care manager position which has been vacant since mid-October 2019, and the management team are all new to their management roles at the service in 2019.

It was observed that staff interactions with consumers are kind and caring. However, review of consumers’ care and services records shows outcomes do not always support the maintenance of consumer respect.

While learning and development opportunities are being provided for staff, some are not attending training or completing competencies, which the organisation has deemed to be mandatory for them with additional training not effective in many areas in improving staff skills. The findings of this performance assessment do not support that the workforce is competent or that members of the workforce have the knowledge to effectively perform their roles. It was not demonstrated that there is regular assessment, monitoring and review of each member of the workforce.

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.

Many consumers and representatives interviewed by the Assessment Team said there is not enough staff to meet their needs, goals and preferences. The workforce was not sufficiently planned to enable the delivery and management of safe and quality care and services. At times call bells are not answered in a timely manner causing the affected consumers distress and discomfort. Call bell response time data collated by the service generally shows there is an overall increasing number of lengthy response times across all areas of the service in November
(1-27 November) 2019 compared to October 2019. The approved provider acknowledged that, at times, some consumers were waiting for extended periods of time (in excess of 10 minutes), and, whilst this was not desirable or satisfactory, their care needs were generally being met. The provider stated they are now monitoring call bell response times more closely and speaking to consumers affected to ascertain what happened when call bells were not answered in a timely manner.

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

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

Of the consumers and representatives interviewed by the Assessment Team about the consumer’s experience and asked if staff are kind and caring, 87% said always and 13% said most of the time. While most of the comments made about staff were complimentary, some consumers and representatives made comments about staff being kind and caring if not “rushing”.

Most consumers and representatives interviewed provided information about workforce interactions being respectful of each consumer’s identity, culture and diversity. While there was information provided indicating staff are not always respectful of other cultures, I have considered this issue in relation to Standard 1.

Observations by the Assessment Team was that staff interactions with consumers were kind and caring.

The assessment team recommended that this requirement was non-compliant due to the behaviour of a staff member who was unkind and uncaring and treated staff in disrespectful ways and who’s performance had not been monitored appropriately by the management team. However, the approved provider submitted information to demonstrate that whilst the previous management team had not adequately managed the performance of this staff member team resulting in consumers not being treated in a kind and caring way this was a historical issue. A more recent incident involving this staff member was dealt with decisively by the current management team.

### 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 failure of the service to be complaint in Standard 1, 2 and 3 does not support that the workforce is competent, and members of the workforce have the knowledge to effectively perform their roles. Gaps were also identified in Standard 7 in relation to training and competency assessments not being effective in improving staff performance and identifying gaps in staff performance.

Staff practices regarding wound dressings and delays in escalating the assaults do not support that staff have the knowledge to effectively perform their roles with regard to clinical care and compulsory reporting.

I note the approved provider’s advice that the incident was escalated as soon as it as reported.

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

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

Review of tracking of completion of mandatory training and competency assessments shows while there has been improvement very recently in some areas, the overall rates for training in certain areas remain low. It has not been demonstrated that education provided is effective in giving staff the knowledge and skills they require to perform their roles. For example; bowel management training was provided to staff in February, March and June 2019, and constipation clinical protocol training was provided to staff in July 2019 however consumers do not have bowel management regimes tailored to their needs, they are experiencing constipation and effective action is not being taken to address this. It has not been demonstrated that registered nurses have the knowledge and skills to engage consumers in making decisions about their own care and services or provide clinical care that is safe, effective, best practice, tailored to needs and optimises their health and well-being. Some organisational improvement initiatives have not been extending to service level with management and staff not being trained, equipped and supported for effective implementation of those initiatives.

The approved provider stated that monitoring the performance of staff is ongoing. Training will be conducted in early 2020 and its effectiveness will be assessed in ensuring staff are supported to deliver the outcomes required by the Standards.

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

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

The approved provider has acknowledged there was a lack of surveillance of an employee whose performance required continued monitoring.

Probationary and annual performance appraisals are not up to date. The approved provide acknowledged this stating compliance is improving with current compliance rate at 57%.

# 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

Management advised consumers and representatives are engaged in the development, delivery and evaluation of care and services through resident/relative meetings, surveys and feedback mechanisms. However, some consumers and representatives provided feedback that their input and feedback has not led to improvements and this is confirmed through review of relevant documentation.

The governing body’s commitment to a culture of safe, inclusive and quality care is reflected in the organisation’s mission, values and signature behaviours, strategic planning and related initiatives, and in organisational policy and procedure. Initiatives have been undertaken to enhance accountability of the governing body for safe, inclusive and quality care. However, there continue to be significant gaps in the provision of safe, inclusive and quality care and services to consumers and it was not demonstrated the governing body has been adequately advised of this or that the governing body has responded in a timely manner.

Of the consumers and representatives interviewed about the consumer’s experience and asked if this place is well run, 47% said always, 40% said most of the time and 13% said some of the time. There are organisation wide governance systems, and these have been strengthened, however they have not been effective at service level in relation to aspects of information management, continuous improvement, workforce governance, regulatory compliance, or feedback and complaints.

The organisation has a quality and risk framework and policy and procedure regarding the management of high impact or high prevalence risks, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can. However, findings of this performance assessment are the risks are not being effectively managed for some consumers, the response to abuse of consumers is not always timely and appropriate, and while some consumers are supported to live the best life they can others are not.

The organisation has a clinical governance framework which has been strengthened, however it has not been effective at service level generally in relation to the delivery of safe and quality care and services, nor in relation to minimising the use of restraint and open disclosure.

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 avenues for consumers and representatives to be engaged in the development, delivery and evaluation of care and services as explained by management are ineffective at this service. Consumers are not being engaged and supported to participate in the development, delivery and evaluation of care and services.

The approved provider stated that the new management team are monitoring attendance at the resident’s meeting and plan to review the terms of reference of this meeting to reflect consumer engagement and partnership. Complaints mechanisms will also be reviewed and smaller group meetings in the form of ‘morning teas’ implemented to seek feedback and input from consumers.

### 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.

Whilst initiatives have been undertaken to enhance accountability of the governing body for a culture of safe, inclusive and quality care, quality care and services are not being provided to consumers and it was not demonstrated a culture has been developed which enables this. While the governing body receives information about the service’s performance against the Quality Standards, including through monthly reports, it was not demonstrated they have been advised, beyond the standard monthly report information, of the significant and ongoing poor performance of the service against the Quality Standards, which was identified through the organisation’s own quality assurance monitoring processes.

The approved provider plans to review reports to the Board to support good governance and consolidate plans for continuous improvement for high level performance monitoring by the Executive/Board.

### 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.

Information Management

There are multiple tracking documents with information about improvements and corrective actions required at the service. None of the documents show what the priorities are for improvement and correction and there is a lack of information about planning, actioning and/or evaluation of the effectiveness of the improvements and corrective actions required. In their response the approved provider stated that these documents have since been improved by the development of a dashboard and actioning tasks in the Corrective Actions Plan is being monitored weekly.

Consumers have not been consulted about who and when they wish to involve others in their care and have not been involved in the development and review of their own care plans. Additionally, the service’s psychotropic medication tracker does not include all relevant information or comprehensive information about each consumer. The approved provider stated that these issues are now being addressed.

Continuous Improvement

The service’s quality assurance monitoring systems have been effective in identifying gaps in service performance, including adverse impact on consumers, however this is not reflected in the service’s self-assessment report against the Quality Standards and a coordinated and effective approach to continuous improvement has not been demonstrated. The approved provider acknowledged these gaps and actioning tasks in the Corrective Actions Plan is being monitored weekly.

Workforce Governance

It has not been demonstrated that the workforce has been effectively governed to ensure care and services are delivered in accordance with the Quality Standards. Consumers’ needs, goals and preferences are not being met. This includes unanswered call bells and the lack of actions in relation to continued delays; care not being provided consistent with assessed needs, plans of care and the consumer’s wishes; services not being satisfactory to consumers such as in relation to laundry and meals; and complaints not being addressed satisfactorily. The approved provider stated that action was being taken to address these issues.

Regulatory Compliance

Management provided information demonstrating some regulatory compliance obligations are being met however not all obligations about consumers’ rights as set out in the Charter of Aged Care Rights are being upheld. This includes rights in relation to safe and high-quality care and services; to live without abuse and neglect; and to have control over and make choices about their care.

Feedback and Complaints

As discussed previously consumer feedback and complaints have not been adequately actioned to achieve sustainable quality improvements to services.

### 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 organisation has identified high impact and high prevalence risks to be monitored and there is monthly collation, analysis and reporting of related data at service and organisational level. The organisation has policy and procedure about safeguarding consumers from elder abuse and for compulsory reporting which reflect relevant guidelines; and its policies and procedures generally reflect that consumers are to be supported to live the best life they can. However, findings of this performance assessment are that risks relating to behaviour, unintended weight loss, dehydration, safe and appropriate medication use, including of psychotropic medication, infections, falls and use of bedrails are not being effectively managed.

The Assessment Team reviewed the compulsory reporting register and identified there have been multiple consumer assaults since May 2019 perpetrated by other consumers and allegedly by staff. There has been a lack of meaningful review of the behaviour care plan to minimise the risk of reoccurrences and a lack of effective management of staff performance.

While some consumers receive support to live the best life they can, other consumers are not being supported to do so due to the lack of appropriate personal and clinical care. This does not optimised their health and well-being resulting in these consumers being unable to take up opportunities to life the best life they can.

The approved provider acknowledged there have been gaps in care and is taking/has taken steps to address these.

### 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 organisation has policy and procedure about antimicrobial stewardship, restraint minimisation and open disclosure reflecting relevant guidelines. Findings of this performance assessment are that the clinical governance framework is effective in relation to antimicrobial stewardship, however, the policy and procedure about restraint minimisation did not reflect best practice in relation to bedrails and it was not demonstrated that open disclosure has been applied in relation to complaints or accidents and incidents.

The approved provider has stated that their policy on restrain has been updated to reflect current practice and staff training will be conducted with compliance monitored by the Executive/Board.

# 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 (3)(a)**

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

* Ensure staff are appropriately trained to ensure each consumer is treated with dignity and respect
* Ensure staff have a range of mechanisms to communicate with consumers from non-English speaking backgrounds to ensure their identity, culture and diversity is valued.

**Standard 1 - Requirement (3)(b)**

*Care and services are culturally safe.*

* Ensure care plans capture each consumers cultural and spiritual needs and care and services provided are culturally safe.

**Standard 1 - Requirement (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*
3. *communicate their decisions*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*
* Ensure care plans accurately record key people to be involved in the consumer’s care
* Ensure staff are adequately trained to conduct sexuality assessments and care plans reflect the consumer’s right to an intimate relationship.

**Standard 1 - Requirement (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.*

* Ensure mechanisms are in place to communicate information clearly to consumers and their representatives
* Ensure the resident agreement contains accurate information and enables consumers to exercise choice.

**Standard 2 - Requirement (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.*

* Ensure assessments and care planning reflect consumer needs and risks to consumer’s health and well-being when developing care plans.
* Ensure timely response and effective care planning when there is a change in the consumer’s health and wellbeing.

**Standard 2 - Requirement (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.*

* Ensure assessment and care planning addresses the consumer’s needs goals and preferences, particularly in relation to the consumer’s communication, bowel management, pain and palliative care needs.

**Standard 2 - Requirement (3)(c)**

*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.*

Ensure assessments and care planning involves the consumer/their representative and others they wish to involve in an ongoing partnership.

**Standard 2 - Requirement (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.*

* Ensure consumers/their representatives are aware of the contents of their care plan and have access to a copy.

**Standard 2 - Requirement (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.*

* Ensure care and services provided are reviewed regularly and when consumers need change.

**Standard 3 – Requirement (3)(a)**

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

1. *is best practice; and*
2. *tailored to meet their needs; and*
3. *optimises their health and well-being.*
* Ensure care provided, particularly in relation to behaviour, bowel, pain management and doll therapy is best practice, tailored to their needs; and

optimises their health and well-being.

**Standard 3 - Requirement (3)(b)**

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

* Ensure high impact, high prevalence risks associated with the care of consumers are effectively managed and support best practice.

**Standard 3 - Requirement (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.*

* Ensure any deterioration in a consumer’s condition is recognised and responded to in a timely manner and staff adhere to the service policies when responding to changes in the consumer’s condition.

**Standard 3 - Requirement (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.*

* Ensure care planning processes involve consumers and care plans reflect consumers condition, needs, goals and preferences.

**Standard 4 - Requirement (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.*

* Ensure support services including laundry services meet consumer needs, goals and preferences and optimise the consumers health, well-being and quality of life.

**Standard 4 - Requirement (3)(b)**

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

* Ensure consumers, particularly those who have challenging behaviour, receive services and supports to promote their emotional, spiritual and psychological well-being.

**Standard 4 - Requirement (3)(f)**

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

* Ensure meals are of a suitable quality and quantity and consumers are able to make choices.

**Standard 5 - Requirement (3)(c)**

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

* Ensure cleaning and maintenance schedules are comprehensive and monitoring is effective, so furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

**Standard 6 - Requirement (3)(c)**

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

* Ensure complaints are actioned and resolved in a timely manner using open disclosure.

**Standard 6 - Requirement (3)(d)**

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

* Ensure that feedback and complaints are reviewed to identify trends and themes resulting in sustained improvements to the quality of care and services.

**Standard 7 - Requirement (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.*

* Ensure the number and mix of members of the workforce enables the delivery of safe quality services by monitoring performance data.

**Standard 7 - Requirement (3)(c)**

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

* Ensure staff are adequately trained and competent to effectively carry out their roles.

**Standard 7 - Requirement (3)(d)**

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

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

**Standard 7 - Requirement (3)(e)**

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

* Ensure that the performance of each member of the workforce is regularly reviewed and monitored resulting in the provision of quality care and services.

**Standard 8 - Requirement (3)(a)**

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

* Ensure mechanisms to involve the consumer in the development, delivery and evaluation of care and services are effective.

**Standard 8 - Requirement (3)(b)**

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

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

**Standard 8 - Requirement (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.*
* Ensure quality management systems are in place for managing information, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.

**Standard 8 - Requirement (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.*
* Ensure all consumers are afforded the same opportunity to live the best life they can.

**Standard 8 - Requirement (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.*
* Ensure the organisation’s policy on restraint is in line with best practice
* Ensure the service responds to all complaints and incidents in a timely manner using open disclosure.