Coastal Waters Aged Care

Performance Report

100 The Wool Road
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**Commission ID:** 0583

**Provider name:** Allity Pty Ltd

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

**Date of Performance Report:** 12 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** | **Compliant** |
| Requirement 1(3)(a) | 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) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **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) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-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) | 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 conducted on 12 – 14 January 2021; 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 17 February 2021.

# STANDARD 1 COMPLIANT Consumer 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 staffs 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 interviewed consumers who described the staff as pretty good, very kind, patient and understanding. The consumers advised the Assessment Team that they are encouraged to do things for themselves and that staff know what is important to them, the consumers also added that their personal privacy is respected by staff at the service.

The Assessment Team found that staff were consistently able to demonstrate their knowledge and understanding of consumers’ backgrounds and how they provided culturally appropriate care to consumers; the way they support consumers to exercise choice and independence to live the lives they wish for and maintain relationships; and how they ensure consumer privacy is respected.

Staff consistently spoke about consumers in a way that indicated respect and an understanding of their personal circumstances and life journey.

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

## Assessment of Standard 1 Requirements*.*

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers - reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis. 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 most of the sampled consumers and representatives interviewed said that they feel like partners in the ongoing assessment and planning of their care and services.

The Assessment Team found that the service reviews all care plans second monthly and attends a case conference with the relevant parties. However, care plans are not consistently individualised relative to the risk to each consumer’s health and well-being. The service is unable to demonstrate effective incident management, review and care updates.

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

## Assessment of Standard 2 Requirements

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

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

### The Assessment Team found that on review of the sampled consumers care planning documents, they do not always consider specific risks. Registered nurses are responsible for consumers assessments to identify consumers’ risks associated with their care and direct safe and effective care. However, inconsistencies were identified in the sampled consumers’ care planning documents. This was evident with some consumers not having appropriate risk documentation for use of a bed cradle and self-administering over the counter medication.

### The Assessment Team found for the consumers sampled, assessment and care planning documentation generally reflect individual risks for most consumers. However, these risks were not adequately considered for some of them, particularly consumers who are prescribed high-risk medications.

The Assessment Team interviewed some consumers and representatives who confirmed they are part of the care planning and assessment process whilst others said sometimes getting hold of staff is at times an issue.

The approved provider noted in their response that there were some areas for improvement and gaps identified and furnished an updated Self Medicating Assessment, Dignity of Risk Consultation Form and Medication Care Plan.

I find that at the time of assessment the approved provider was not compliant in this requirement as they were not able to demonstrate that the 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.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

### Requirement 2(3)(d) Compliant

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

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

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

The Assessment Team found that care plans are generally reviewed; however, the reviews of care plans post incidents, with changes including consumers' goals, is not consistently reviewed when their condition or needs change. Comprehensive review does not always or immediately occur post incidents. A sample of accident/ incident reports for consumers, show they include information about the immediate actions taken in relation to the care of the consumer, but lack of investigation of the incidents to identify contributing factors and risks to inform the development of strategies to prevent reoccurrence including further meaningful review of the care plan. Information is not being obtained to inform the delivery of safe and effective care. Management did not demonstrate effective monitoring and review processes.

The Assessment Team found this evident with several consumers including one consumer who is identified with a high risk of falls, this consumer has a fall risk assessment which identifies strategies to prevent falls, however the review of those strategies to ensure falls prevention does not seem to be occurring. Whilst physiotherapy reviews occur, other contributing factors are not evidently considered as part of his post falls assessment or to determine other possible cause of the consumer’s frequent falls. Other factors that are not always considered include medications, the progressive nature of his medical condition and continence management. This issue was observed on other consumers.

The team observed that some sampled care plans are being developed with some consideration of risks to the consumer’s health and well-being, and are being reviewed at least every four months, some lack personalised and effective strategies, and the care plans do not consistently inform the delivery of safe and effective care and services for the consumer. This was evident with one consumer whose care plan did not reflect interventions identified and recommended by Dementia Services Australia (DSA). There were several multisensory experiences to reduce episodes of low mood, these were not found to be documented and updated in his behaviour care plan as recommended.

The Assessment Team found that most consumers and representatives sampled confirmed they are informed when the consumer’s circumstances changes or incidents impact the consumer's needs, goals, or preferences, however this was not the case with all representatives.

The Assessment Team noted that agreed care plans are reviewed regularly by registered nurses, although a meaningful review of the plans is not conducted when consumers condition or needs change or when interventions have proved effective in meeting the consumer’s needs.

The approved provider noted in their response that there were some areas for improvement and gaps identified and furnished additional documentation. The additional information included a Dementia Services Australia (DSA) report and care plan which had not been updated.

I find that at the time of assessment the approved provider was not compliant in this requirement as they were not able to demonstrate that some sampled care plans reflect personalised and effective strategies or are updated when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team found that most sampled consumers and their representative consider that they receive personal care and clinical care that is safe and right. While some mentioned that more frequent ongoing communication is required.

When interviewed, most of the consumers and representatives spoke positively about the staff while some said the staff’s slow response to the call bells, leaves them in pain and has resulted in incontinence issues.

The Assessment Team observed that the service has policies and procedures to guide staff practice in providing clinical and personal care that is tailored to their needs and preferences. However, greater clinical oversight is required. A review of clinical documentation demonstrates deficiencies in some aspects of clinical care, particularly around the usage of high-risk, high prevalence medication. Care plans and other records indicate that each consumer does not always get the care that is safe or effective or optimises their health or wellbeing. It was also noted that infection risks related practices are not always conducted in line with the principles of antimicrobial stewardship.

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.*

The Assessment Team found that the service does not demonstrate that consumers care is effective, safe, meet their needs and is of best practice and optimises their well-being. Staff interviews, and documentation reviews do not indicate the service ensures each consumer gets effective personal/clinical care.

The Assessment Team reviewed several sampled consumers plans and found that progress notes and other documents reflect individualised care that is safe, effective, and tailored to the consumer's specific needs and preferences. However, in relation to restraint management, pain management and medication management, the organisation could not always demonstrate timely and effective management of these.

The review of sampled consumers' clinical documentation and progress notes reflect inconsistencies in individualised care that is safe, effective and tailored to the consumer's specific needs and preferences. This was evident with one consumer who is on fluid restriction, on review of his care plan, his fluid balance chart as recommended by the medical officer shows no record documented at all. No other input record was noted in the progress notes either, and no record for the output was noted as documented.

Other care plans sampled reflected that although there was evidence of medical directives, although there were inconsistencies in the recording of the clinical care provided.

The Assessment Team interviewed consumers and their representatives who overall said that, consumers get the care they need, which is in line with their preferences, however one consumer/representative said that they need to follow up with staff to ensure personal and clinical care needs are met.

The Assessment Team interviewed staff who could not always describe for sampled consumers their individual clinical needs, preferences or the most significant clinical/personal care risks, and how they were being managed or monitored in line with their care plans. Care staff and registered nurses said they monitor pain and behaviours daily and complete charts for this, however, could not describe how they observe non-verbal signs of discomfort and distress; they also said they report any complaints of pain or discomfort to the registered nurses.

The Assessment Team identified issues in safe handling, storage and management of the medication. All S4D drugs are required to be stored in a locked cupboard, however it was identified that the Schedule 4 Appendix D (S4D) drugs were kept with other medication in the medication trolley in the clinical room, making them accessible to all staff. A registered nurse, who was informed of this by the Assessment Team, agreed that the S4D drug should probably be locked in a cupboard and not be in the medication trolley. It was also noted that several other medications were noted to have been expired, and some had no opening date noted on the bottle.

The Assessment Team found that the organisation has an ineffective system in place for the management of restraints. The organisation has not completed a review of consumers’ use of psychotropic medications. The *Aged Care Quality and Safety Commission’s* Psychotropic medication template had a list of consumers names who are prescribed the medications. However, many of the template sections were incomplete or had not applicable (N/A) documented.

Management could not provide risk assessments, reviews and consent forms for the medications as per their processes. While the service has a policy on restraint minimisation that is up to date, restraint use is not always undertaken in accordance with current guidelines. Management identified that three consumers prescribed psychotropic medications are using them as a chemical restraint. However, review of their self-assessment tool for psychotropic medications indicate that many other consumers are prescribed these medications as chemical restraint.

The Assessment Team found that the service has policy and procedure documentation for management of skin integrity and wound care. All care staff are educated about pressure area care, pressure injuries and how to minimise skin damage. The registered nurses all have training in wound care management. Management advised that an incident report is generated when an injury occurs, a photograph is taken, and a wound assessment attended. The Team identified that there is equipment available to support pressure care injuries, however these have not been reviewed or documented in care plans.

The Assessment Team reviewed the service's policy, which requires that registered nurses review consumer's pain monitoring charts post-completion or post the chart's specific duration. However, a review of the sampled consumer's pain monitoring chart showed that pain is not always accurately identified or promptly reviewed for the consumers. This includes the physiotherapy assessment and documentation directive suggesting strategies to be used to identify and document pain.

The approved provider noted in their response that there were some areas for improvement and gaps identified and furnished additional documentation. This included care plans, blood pressure observations, memorandums to staff for medication management and other supportive documentation including the Clinical Indicators Audit for January, which shows a decrease in some risk factors.

I find that at the time of assessment the approved provider was not compliant in this requirement as they were not able to demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; is tailored to their needs; and optimises their health and well-being.

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

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

The Assessment Team found that the service does not demonstrate effective management of high impact or high prevalent risk associated with each consumer’s care.

The Assessment Team found that a review of the *Aged Care Quality and Safety* *Commission*’s psychotropic medication spreadsheet demonstrated the service has not completed a comprehensive review and assessment of some consumers prescribed medications over the last ten months. The service has not followed the *Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019,* which includes specific requirements for the use of chemical and physical restraint by approved providers in residential care. The service manager advised they had just commenced the review as they were unsure of what is required in the form as they were not clear with the headings of the self-assessment spreadsheet.

The Assessment Team reviewed 56 consumers medication charts and four medication trollies in four cottages. During the medication trolley review, the Assessment Team found; expired medications that were in the trolley for use for consumers. Some medications had no opening dates noted on them to ensure the suitability of the usage of medications. Similarly, the medication that was ceased but still on the medication trolley for use was identified for five consumers.

The Assessment Team identified that the service does have a falls prevention program, however, analysis of the service's incident management report for falls showed that majority of the falls were unwitnessed with two consumers who were identified as high falls risks found on the floor. When the team interviewed a staff member about the strategies used to prevent their falls, the staff said, they apply all strategies to prevent falls for them as per the care plan. When the Assessment Team asked if the consumers are still falling, the strategies might not be working; the care staff said they could only do so much.

On review of clinical data for December 2020, the trend shows that the number of falls has significantly increased last month comparing the previous months. The incident reports review also shows 68 incident reports that are currently under investigation and 107 incident reports that are yet to be investigated.

The Assessment Team also reviewed sampled consumers infection report data, which showed the identification and management of infections have not occurred correctly in the service for some consumers with infection. The clinical files and progress notes reviewed shows antibiotics were used as the first line of treatment without application of other interventions on several occasions and are not used as a last resort to treat the infection.

The Assessment Team observed staff practices, which did not demonstrate that the observed staff had knowledge of identifying consumers who experience pain and ways they recognise signs and symptoms of pain, particularly in individual consumers living with dementia.

In their response the approved provider, acknowledged that gaps were identified that would be addressed and submitted new clinical data for January 2021, which demonstrated that some risk areas including falls and infection had decreased since December 2020, however medication incidents had increased. The approved providers response also reported that falls management has been a focus for the home, and several continuous improvement initiatives have been, and are in the process of being actioned. The provider also acknowledged the need to improve their evaluation of the effectiveness of behaviour management strategies.

I find that at the time of assessment the approved provider was not compliant in this requirement as they were not able to demonstrate that the service provides effective management of high impact or high prevalence risks associated with the care of each consumer.

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

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

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

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

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

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

The Assessment Team reviewed sampled documentation which demonstrated there is information about the care of or the need of the consumer. However, staff are not always aware of consumers' needs and/or preferences, and at times information is not effectively documented and/or communicated.

The Assessment Team identified that the service has established a process for staff around information management and communication shared with all involved in providing care to the consumer, however the progress notes entries of sampled consumer reviewed had minimum documentation of specialist’s appointment times or following the review of the effectiveness of the strategies.

It was also identified that the organisation has a comprehensive suite of clinical monitoring charts for the sampled consumers, the Assessment Team identified the charts were not adequately completed and monitored by registered staff. This includes blood pressure monitoring chart, fluid intake chart, blood sugar monitoring chart and sleep chart. The approved provider provided copies of three consumer’s sleep charts.

The Assessment Team found that some of the feedback from consumers was complimentary. However, one consumer and representative indicated they do not get updates as regularly. This has been raised with the clinical service team.

The Assessment Team interviewed staff who advised that they have a handover between each shift, and when changes occur throughout the shift, they will inform the care staff at the time. The care manager and registered nurse described the process for sharing information when transferring consumers to the hospital or medical appointments.

On observation the Assessment Team found that staff handovers were conducted in private locations away from consumers and visitors.

The Assessment Team noted on review of the documentation system, there were some care plans, assessments and results of treatments for consumers who have passed away or left the service that are still available in the clinical directive folder and found not to be timely archived.

The Assessment Team identified that there were issues with the filing and/or uploading consumer information such as referral reports, which caused delays in locating information regarding a consumer. The paper documentation for consumers was also challenging to navigate, with staff not always readily able to locate information about a consumer.

The approved provider acknowledged in their response that improvement is required and submitted copies of consumer’s care plans with nutrition requirements included. The approved provider also acknowledged that some of the issues raised in this requirement had been addressed in 3(3)(a), however, it should be noted that there may be similarities assessed across all Standards. Continuous Improvement Initiatives and evidence of clinical directives sent to staff was also provided in the approved providers response.

I do not find that the approved provider was compliant with this requirement at the time of assessment, as the additional information provided has not persuaded me that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

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

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

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found that the service does not have consistent monitoring of infection control practices, ensuring staff implement standard precautions. Staff interviewed did not consistently demonstrate sound clinical practice in relation to the minimisation of infection risks.

The Assessment Team interviewed some registered nurses who could not explain the strategies and preventative measures the service has put in place. The registered nurses interviewed could not show any documentation of consumers where they have effectively used other strategies before antibiotic usage.

Other staff interviewed by the Assessment Team were unable to demonstrate an understanding of how they minimise the use of antibiotics and ensure they are used appropriately, including, in the management of urinary tract infections, the staff advised they “would notify the nurses for antibiotics” and did not advise of any preventative measures prior to antibiotic therapy. For example, increased fluid intake and hygiene cares and the monitoring of clinical observation.

The clinical care manager advised that prescribing the antibiotic for urinary tract infection is normally only based on collecting the urine sample and sending it to the laboratory for test. The service would then flag it to the medical officer, and they start them on antibiotics. However, there is not enough evidence to support this was happening, or that other preventative measures are being used prior to the antibiotic therapy, leaving the consumer at the potential risk of over antibiotic prescribing.

The Assessment Team reviewed consumers care plans with no strategies to manage and prevent further infections. Monthly data collected on consumer infection rates did not accurately represent the infections identified as the registered nurses were found not to be reporting infections according to protocol.

The Assessment Team observed that the service had good systems in place for all visitors, contractors and staff to be screened on entry to the service for Covid-19 prevention and adhered to signage and social distancing.

The Assessment Team observed sufficient PPE and cleaning supplies and hand sanitiser stations installed throughout the service which were well stocked. Portable bottled hand sanitiser was readily available for use. There were laminated notices encouraging hand hygiene. However, staff were not observed to conduct hand hygiene including prior to and after entering consumers bedrooms or attending between consumers, these observations have been identified in the service’ regular environmental/infection audits.

The approved providers response reported that where sampled consumers were prescribed antibiotics prior to pathology samples returning, the service was responding to the consumer’s symptoms and previous infections and all antimicrobials for the sampled consumers have since ceased and a report was provided as evidence. The additional information that the approved provider has supplied, has not persuaded me that the service is identifying or using other preventative measures prior to the use of antibiotics at the time of assessment.

I am of the view that the approved provider does not comply with this requirement as the service does not demonstrate that it adequately minimises 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*.*

# 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 documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

The Assessment Team found that the sampled consumers interviewed confirmed that they are supported by the service to do the things they like to do. They stated that the restrictions with COVID-19 have made things challenging but that the lifestyle staff are doing everything they can to support them, including arranging culturally specific activities for individual consumers.

The sampled consumers confirmed that they are supported to keep in touch with people who are important to them and advised that although visiting is limited, the service has procedures in place to enable consumers to have visitors. Zoom calls are also arranged for consumers to stay in touch with their families, during the Covid-19 restrictions.

The Assessment Team identified that upon entry to the service a detailed lifestyle profile is created for each consumer. This profile provides information about the consumers past life, their interests, daily preference, lifestyle choices, goals and their environment.

The Assessment Team found that the service is one of three Allity services that is trialling a new activity program called Smart Step. It is a physical activity that is an interactive video connect game that is designed to support consumers with the balance, co-ordination and strength. This activity aims to prevent future falls and improve consumers balance. There are eight consumers participating in this activity it is managed by the University of New South Wales research program.

The Assessment Team interviewed the care staff who could explain in detail what was important to the consumers sampled and what they liked to do. Their explanations were in alignment with consumer feedback and care planning documents, which recorded the consumers cultures, religion and other detailed information about their background.

The Assessment Team found that most consumers interviewed advised that they like the food. They said that most of the time the chef and catering staff act on their feedback about whether they like the food on the menu. They said that they can always ask staff for more food if they need it between meals but that there is always plenty of food provided throughout the day. On interview, the chef advised that every lunch and dinner service, he is present in the dining rooms and observes room service. He actively seeks feedback from consumers on their dining experience and assesses whether consumers enjoy the food and get enough of it. He said that the menu and/or recipes are amended following their feedback. The chef described alternatives that are provided when consumers do not like the meal.

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.*

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team found that the interviewed consumers confirmed they feel safe at the service, they feel at home and their visitors feel welcome. Some consumers stated that the COVID-19 restrictions had impacted their daily lives and they miss having their visitors but that they appreciate what management and the staff are doing to keep them safe during a pandemic.

Consumers stated that the service is always kept clean and that staff are always available to help them make their rooms homely. They said that the cleaning and maintenance staff are very good, and any requests are attended to in a timely manner.

The Assessment Team observed the service environment, which was found to be clean and appeared to be well maintained. The Assessment Team reviewed the facility’s electronic maintenance schedule and did not feel that it was an effective preventative maintenance system, to ensure that equipment is maintained in accordance with their schedule. However, the approved provider provided additional information in their response, which persuaded me that although all reviews are scheduled for the beginning of the month, there is a period for the maintenance measures to be completed, generally within that month.

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.*

### 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) Compliant

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

#### The Assessment Team found furniture, fittings and equipment appeared to be safe, clean, and suitable for the consumer. All consumers interviewed were satisfied with the furniture and fittings and expressed satisfaction at the level of cleanliness at the service and said that whenever any equipment is needed to be repaired, it is attended to in a timely manner.

The Assessment Team reviewed the preventative maintenance schedule at the service. There were numerous items listed in the schedule as having maintenance carried out on 1 January 2021, with the frequency of maintenance required being weekly, monthly, three monthly or six monthly. Among the numerous entries which indicated that maintenance was carried out on 1 January 2021 were ‘Fire defect Review’ and ‘Entrapment Alarm’. The Assessment Team were unable to find supporting evidence to confirm that any of these maintenance tasks were carried out as stated in the electronic preventative maintenance system. This issue was discussed in detail with the general manager and regional quality manager who both confirmed that maintenance as documented was not carried out as claimed in the maintenance schedule.

The Assessment Team observed a storage room which was untidy, unclean and over filled with haphazardly stored equipment including flammable liquid, paints and assorted spares. Signage seen displayed on the shelving indicating the presence of a ‘First Aid’ and ‘Eye Wash’ station. However no ‘First Aid’ or ‘Eye Wash’ kit was found to be present.

The Assessment Team observed that equipment in the living areas was stored in a tidy and easily accessible manner. The furniture was found to be plentiful, clean and appeared to be maintained to a satisfactory level. The electrical tagging was observed on electrical goods and fire safety equipment was observed to have been checked within the required timeframes.

The Assessment Team interviewed the sampled consumers who provided positive comments relating to furniture and equipment and the cleanliness of the service. They confirmed that they had no outstanding concerns and that staff are attentive to their needs.

The staff interviewed by the Assessment Team could describe how they know the equipment used for moving and handling consumers are safe, and how they would raise concerns if they felt equipment required repairs. They explained that shared equipment used for moving and handling is cleaned between each consumers’ use. Staff told the Assessment Team they receive manual handling training once a year as part of mandatory education. This includes how to use equipment including lifters. Staff confirmed that they had sufficient equipment to meet the needs of consumers.

The approved provider disputed the maintenance schedule comments in the Assessment Team’s report. The approved provider requested that the Assessor meet with the Asset and Compliance Manager to obtain a better understanding of how the electronic maintenance program sends notifications to the Maintenance Officer at the service for preventative maintenance tasks that are due over a specific duration. Therefore, if a task is due monthly, a work request will be generated on the first day of each month. The task then needs to be completed within that timeframe. It does not mean all tasks have to be attended on the date that the work request is created. The provider has furnished further evidence of these maintenance schedules and the completed work.

As the Assessment Team found that the furniture, fittings and equipment appeared to be safe, clean, and suitable for the consumer and that the mandatory electrical testing and tagging was observed on electrical goods and that fire safety equipment was observed to have been checked within the required timeframes. I agree with the approved provider that the furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

I find that the approved provider 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.

The Assessment Team found that overall sampled consumers felt they could make complaints and felt safe to do so. Consumers interviewed generally felt that changes were made at the service in response to complaints and feedback, the continuous improvement plan reflected this. They were also able to describe different ways they could provide feedback and complaints.

The service provided comprehensive documentation, such as complaint logs and reports and minutes of resident meetings that showed consumer feedback and complaints are captured, analysed and resolved. There is a policy for open disclosure and management provided examples of when it has been practiced. However, some staff stated they had not received education on open disclosure and did not understand what it meant.

The Quality Standard is assessed as Non-compliant as one 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.*

The Assessment Team found that the service representative stated that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. However, five of six care staff members interviewed could not demonstrate that they were aware of or understood the open disclosure policy and its relevance to complaints and exhibited no understanding of an open disclosure process. One care staff member who exhibited thorough knowledge of the open disclosure process, stated that this knowledge was obtained external to the facility, because of an assignment that she had to submit as part of her recent Diploma of Nursing course undertaken at NSW TAFE.

The Assessment Team found that most of the consumers sampled stated that they had no complaints, though they knew what to do if they had one. One consumer discussed a complaint he raised about a care staff member he could not get along with. Management interviewed him and the concerned staff member regarding his complaint. As a result of this, the staff member concerned was moved to another area within the facility. The Assessment Team found that whilst appropriate action was taken in response to his complaint, there was no evidence of an open disclosure process being used. The approved provider has submitted documentation including emails apologising to the consumer for the incidents with a resolution, there was also evidence provided as an email with an apology to the representative for issues identified with supply of pain medication.

The Assessment team reviewed the open disclosure policy related to complaints, but most care staff were unable to explain how they apply the process in practice.

The service’s complaints log showed documented actions taken to address consumer complaints, and complaint forms reviewed also included sections on actions taken and the outcome of the complaint.

The approved provider has supplied evidence of emails sent to consumers and representatives, to demonstrate that the service is compliant with this requirement and the open disclosure process. I agree that this does demonstrate that open disclosure is used at management level, however it is not evident from the information provided that the care staff are familiar with or understand the relevance of open disclosure when things go wrong.

I do not find the approved provider is compliant with this requirement.

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found that the majority of consumers interviewed confirmed that staff are kind and caring. All consumers interviewed were satisfied with the staff at the service and that they attend to their needs in a kind and timely manner. The consumers interviewed mostly confirmed that they think there are adequate staff and spoke positively regarding the staff at the service and said things like ‘they are always here when I need them’, and ‘the staff are excellent here, no problems at all’.

Consumers interviewed confirmed that staff know what they are doing and felt confident that they had the skills and knowledge to meet their care and lifestyle needs. However, the Assessment Team found that some care staff and registered nurses did not have the sufficient skills and knowledge to provide care that is best practice.

The Assessment Team observed staff attending to consumers in a calm and kind manner. Majority of staff interviewed confirmed that they are able to complete their tasks each day.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-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 the organisation 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. Management explained how they have recently amended the roster to ensure there is a mix of experienced and skilled staff in each area of the service.

The Assessment Team interviewed sampled consumers and there were no issues identified regarding the adequacy of staff numbers. Consumers confirmed that when they use the call bell it is answered quickly, and their needs are met in a timely manner. One consumer said that in the evening she sometimes needs to use the call bell and the staff come straight away. She said the staff are excellent, she feels safe and she has no concerns at all.

The service has a process in place to fill unexpected unfilled shifts. If a shift is available, it is posted out to all available to staff via email to offer them the shift. The casual pool of staff has also been recently increased by seven newly recruited staff. Management explained that they can also use staff from other Allity services and with these systems in place there is rarely a shift unfilled on the roster.

This requirement was found to be non-compliant in a previous assessment, due to the staffing levels and comments from consumers about the delays in response to call bell times, however the approved provider has demonstrated that this has improved with comments from consumers confirming this. I find the approved provider is now 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.*

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

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

The Assessment Team found that the service could not demonstrate that the members of the workforce were competent and had a sound knowledge to effectively perform their roles.

The Assessment Team found that consumers interviewed provided positive feedback about the staff’s knowledge and skills and felt confident that staff are skilled enough to meet their care needs.

Registered nurses and care staff could not always demonstrate that they had a sound knowledge in some areas of care medication management, antimicrobial stewardship, open disclosure and falls management. This was also raised in Standards 2 and 3 which details the staffs lack knowledge in some areas of care.

The organisation has a comprehensive recruitment process which includes value-based questions during interview, reference checks and police checks. The organisation has a comprehensive orientation process which includes buddy shifts, code of conduct training and performance reviews.

The approved provider submitted their response which disputed the Assessment Team’s report and felt that they have addressed this across their other responses. As the Standards interconnect, this is often the situation, where requirements are not met in one area, it has a flow on effect, particularly where more training is required to ensure that the staff are competent and have the knowledge to effectively perform their roles. The approved provider also advised that they have an ongoing education component in the education calendar on antimicrobial stewardship, minimising the use of restraint and open disclosure.

I find the approved provider is not compliant in this requirement as they do not demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

### 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 organisation demonstrates that there are systems in place to ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards, however, these systems are not effective at times.

The Assessment Team interviewed sampled consumers who were satisfied with the skills and knowledge of staff across all areas of the service. They did not express any areas where they felt staff needed more training.

The Assessment Team interviewed care staff who confirmed that they receive regular and appropriate training to conduct their roles. They said that if they asked for education in any areas they only needed to ask, and management would arrange it. This response was also confirmed with registered Nurses, who confirmed that they were satisfied with the training provided by the organisation and felt well equipped from the additional training provided when the Covid-19 pandemic commenced.

The organisation provides a training program to all staff (specific to their roles) in relation to the new Quality Standards. This included compulsory individual online training and interactive group training sessions. Management explained that it is an ongoing initiative to educate staff on delivering care that is each individual consumers’ preference, moving away from the more regimented daily routines.

The Assessment Team interviewed management who advised the service uses feedback from consumers and performance reviews to identify staff training needs. For example; management have introduced a reflective learning form to identify areas staff require additional training. The form encourages staff to reflect following an incident that was the error of a staff member. Following an incident, the staff member meets with the general manager before the end of their shift. It is an informal process to gauge how the incident came about. It is an opportunity for the staff member to identify why they acted in error in an effort to improve their skills. Any areas identified as requiring improvement are provided with training.

Management also advised the Assessment Team that new staff complete an online orientation training program as initial training, on completion of the training the staff commence buddy shifts and are able work on the floor with consumers.

The Assessment Team found that although the service has systems in place, the systems are not effective at times. The approved provider has responded that they have an intensive training system and have outlined how new staff complete their training, they have also provided evidence of their training needs analysis, education calendar and other training provided.

I find that the approved provider is compliant in this requirement, as they have confirmed that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards with the service’s systems and training. I am confident that the approved provider will continue to follow up areas that have been raised in this report for additional training for staff to deliver the outcomes required by these standards.

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services as assessed through other Standards.

The Assessment Team found that overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. The consumers could provide examples of their involvement as representatives on various committees including the food and lifestyle and resident relative meetings.

The Assessment Team spoke to management who described the comprehensive range of consumer feedback and engagement strategies used by the service.

The service is part of Allity’s organisation wide-governance structure and framework. Both the Board representative and the general manager were able to demonstrate the governance systems through which the board ensures and engages in the provision of safe, quality and effective consumer care compliant with legislative requirements and the Quality Standards. However, the Assessment Team found that some staff did not have a sound knowledge or practice of antimicrobial stewardship or open disclosure.

The Quality Standard is assessed as Non-compliant as two 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.*

### 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.*

### 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.*

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

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

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

The Assessment Team found that the organisation has risk management systems in the areas of high impact high prevalence risk, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can. However, these are not being effectively implemented at the service. Staff were unable to demonstrate that these systems and practices consistently result in providing the best care and services to consumers day-to-day. This is also referred to in Standard 3(3)(a) and (b) for details on the impact on consumers clinical care, falls management and the use and management of psychotropic medication.

The Assessment Team reviewed the organisation’s documented risk management framework as part of its overall governance framework, including policies describing how the service meets these requirements.

The Assessment Team enquired with staff whether these policies had been discussed with them and what they meant for them in practice. The staff confirmed they had been educated about the policies and were able to provide examples of their relevance to their work. Two registered nurses were able to explain the service’s policy and procedure for identifying and responding to abuse and neglect of consumers. They also discussed the service’s “1800Report” process, whereby any incidents of neglect and abuse are reported to a head office Allity team that ensures consistent and legally compliant incident investigation, reporting and management.

The approved provider’s response disputed the findings of the Assessment Team report and stated that these had been addressed in earlier Standards. I acknowledge that there are risk management systems in place to meet the high impact or high prevalence risks of this requirements, however there are noted areas of improvement in order to have the systems and practices effective, in particular falls management review, review of psychotropic medications and the management of restraints practices. There were also inconsistencies noted in clinical care as earlier reported which demonstrates ineffective practices.

I find that the approved provider is not compliant in this requirement, as they do not always demonstrate that the organisation has effective risk management systems and practices, including but not limited to; managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can.

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

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

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

The Assessment Team found that the service demonstrated that it has a clinical governance framework that outlines the responsibilities, structures and expectations regarding the provision of quality clinical care to ensure the safety health and wellbeing of residents.

The organisation was able to provide a documented clinical governance framework that included; a policy relating to antimicrobial stewardship; a policy relating to minimising the use of restraint and an open disclosure policy.

The Assessment Team asked sampled staff if these policies had been discussed with them and what they meant for them in a practical way. Seven of eight staff interviewed were unable to confirm that they had been educated about the policies and did not have an understanding of the meaning of open disclosure. This was discussed with management who stated that they had provided education to staff, however the Assessment Team found that the education was not effective, and some staff stated that they have not received any training. On the second day of the visit management initiated an education program to re train staff on open disclosure.

The Assessment Team interviewed registered nurses who were not able to effectively demonstrate that antimicrobial stewardship is being carried out and had a limited understanding of antimicrobial stewardship as previously reported in Standard 3(3)(g).

The approved provider’s response outlined that these areas had been addressed in previous standards, 3(3)(g), 6 (3)(c) and 7(3)(d) and that the service has included these issues in the ongoing education calendar, however I find that the at the time of assessment the approved provider was not compliant with this requirement.

I find that the approved provider is not 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.

**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.*

* Review care planning documents to ensure that specific individual risks are addressed.

**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.*

* Review care plans post incident or when conditions change to include information about the immediate actions taken in relation to the care of the consumer.
* Ensure care plans reflect personalised and effective strategies and that they are updated when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* Undertake investigation post incident, to identify contributing factors and risks to inform the development of strategies to prevent reoccurrence including further meaningful review of the care plan.
* Ensure that care plans are updated to reflect medical or specialist services directives or recommendations.

 **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.*
* Review medication to ensure that S4D drugs are stored in a locked cupboard and that all medication is reviewed for expiry dates.
* Review the psychotropic medication template risk assessments to ensure the medication is reviewed for the consumer and consent forms are in place in line with processes.

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

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

* Regularly review the specific requirements for the self-assessment for the use of chemical and physical restraint.
* Regularly review and document in care plans the strategies used to prevent consumers falls, if the strategies are not working review and update with effective strategies.
* Review and evaluate the effectiveness of behaviour management strategies.
* Review apply and document alternate interventions wherever possible prior to use of antibiotics.

**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.*

* Ensure that progress notes are documented with specialist’s information and following the review of the effectiveness of the strategies implemented for consumer’s condition.
* Ensure clinical monitoring charts for consumers are completed in timely and accurate manner as per medical directives.
* Regularly review the clinical directive folder for consumers that are no longer with the service.

**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*
* Review monitoring of infection control practices, ensuring staff implement standard precautions
* Staff to demonstrate competence in relation to the minimisation of infection risks by understanding how they minimise the use of antibiotics and ensure they are used appropriately, including, in the management of urinary tract infections.
* Review consumers care plans to include strategies to manage and prevent further infections.
* Review data collected on consumer infection rates to accurately represent the infections identified according to protocol.
* Ensure staff have continuous education to support hand hygiene including prior to and after entering consumers bedrooms or attending between consumers.

**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.*

* Ensure all staff have awareness and understand the relevance of competence of open disclosure when things go wrong.

**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 service includes ongoing education on antimicrobial stewardship, minimising the use of restraint and open disclosure.

**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*
* Increase effectiveness of systems and practices, in particular falls management, psychotropic medications and the management of restraints practices.

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

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

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*
* Increase staff understanding of training by obtaining reflective feedback from staff on what the policies mean to them and the service.