Coffs Harbour Legacy Nursing Home

Performance Report

55 Victoria Street   
COFFS HARBOUR NSW 2450  
Phone number: 02 6652 1426

**Commission ID:** 2622

**Provider name:** Coffs Harbour Legacy Welfare Fund

**Site Audit date:** 25 May 2021 to 27 May 2021

**Date of Performance Report:** 16 July 2021

# Publication of report

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

# Overall assessment of this Service

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| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | 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) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-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) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | 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) | 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 1 July 2021.

# STANDARD 1 NON-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 agreed care and services planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. In addition, all consumers interviewed said they have a say in what they do every day and are always encouraged to do as much as possible for themselves, as this helps maintain their independence.

Staff demonstrated an awareness and understanding of consumer’s needs, preferences and choices.

However, the service does not ensure that privacy and confidentiality is maintained in relation to consumer’s personal information. The service does not have effective communication systems to ensure consumers receive current and timely information.

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

## Assessment of Standard 1 Requirements

### 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) 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.*

The Assessment team found that the service was not able to demonstrate that information is current, accurate and timely. The service does not have a consumer’s handbook or other printed information that outlines the services provided by the facility. Information in relation to complaints resolution services are only available at the reception area and information in relation to advocacy services is not provided. Representatives interviewed had not always been informed of their relative’s conditions which included significant deterioration in their health status.

Some consumers, or representatives on their behalf, said they believe the service keeps them well informed about the consumer’s care. Representatives generally said this occurs through chatting with staff when they visit. However, review of clinical documentation showed that this does not always occur.

Management told the Assessment Team that the service communicates information about the service’s happenings through personal discussions and if necessary emails to the representatives. Management also confirmed there are no newsletters or information packages for respective consumers to assist with making informed choices.

The Approved Provider submitted information to address the issues raised by the Assessment Team. This information outlined an acknowledgment that improvements should be made and submitted a continuous improvement plan. Whilst the Approved Provider has taken steps to address communication shortfalls it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

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

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

The Assessment Team found in general that the service has systems in place to maintain privacy of information and disposal of consumer information is done safely. In addition, consumers and their representatives provided positive feedback on their expectation regarding the use of their personal information and the ways staff respect their privacy.

In contrast however, the observations made on the day of the site audit did not demonstrate that consumer privacy was respected in practice. Staff were observed on several occasions calling down the length of the corridor telling other staff where they were going and what they were about to do to care for a consumer including toileting techniques. There were several public areas where consumer personal care information is written on large noticeboards. In addition, a range of information was on the nurses’ station desk was left unattended including medication orders and signing sheets, handover information and behaviour notes about consumers and the treatment room was unlocked.

The Approved Provider submitted information to address the issues raised by the Assessment Team. This information outlined an acknowledgment of what was seen on site by the Assessment Team. In response, staff would be better educated on standard privacy procedures in line with the service policies and procedures and the removal of public consumer information whiteboards. Whilst the Approved Provider has taken steps to address privacy shortfalls it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that each consumer’s privacy is respected, and personal information is kept confidential.

# STANDARD 2 NON-COMPLIANT Ongoing 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.

Assessments are not always undertaken in a timely manner when consumers enter the service. Assessment and planning processes generally include advance care and end of life planning wishes. However, review of assessments and planning does not effectively identify and address changes to the consumer’s condition or circumstances. Adverse events are not investigated to identify contributing factors. In addition, consumers and/or their representatives are not involved in the assessment, planning or review of the consumer’s care and services and whilst care and services plans are regularly reviewed this does not consider changes in the consumer’s condition or circumstances.

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.*

The Assessment team found that the service is not undertaking a full range of assessments when consumers enter the service which does not enable risks related to the consumer’s health and well-being to be identified. Consumers and representatives interviewed also said they have not been involved in assessment and care planning processes.

One specific example of a consumer care plan seen by the Assessment Team was marked as completed however there was did not include full details of any entry assessment including skin, nutrition, medical officer contact, functional, falls, dietary details, comprehensive medical assessment and communication in relation to hearing, speech or vision. The Assessment Team also sampled other consumers care documents as well which showed similar shortfalls.

Beyond an initial notated entry, the Assessment Team did not observe detailed entries in progress notes following the entry of consumers to the service to assist in the development of comprehensive assessments and care planning.

The Approved Provider submitted information to address the issues raised by the Assessment Team. It is acknowledged that evidence was provided to substantiate some of the assessment details that were not identified by the Assessment Team for some consumers. However, the Approved Provider has acknowledged there are shortfalls in their assessment and planning processes and have developed a continuous improvements plan. Whilst the Approved Provider has taken steps to address assessment and planning shortfalls it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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) 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.*

The Assessment Team found assessment and planning processes generally include advance care and end of life planning wishes. However, changes in care based on assessment and planning to ensure the consumer’s current needs are addressed is not evident. Adverse events are not investigated to identify contributing factors which does not enable the identification and planning to address contributing factors.

The Assessment Team found from the care plans that were sampled that for some consumers there had been no investigation into the cause of adverse events recorded or strategies to prevent future incidents and enable informed assessment and care planning. In addition, assessments and care plans do not demonstrate involvement of consumers and representatives and do not include the consumer’s goals and preferences.

The service has assessments and planning policies in place however these are not clear about when assessment and reassessment should occur.

In contrast, care plans for most consumers include advanced care planning and end of life care planning details in line with the organisation’s policies in relation to end of life planning.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information mostly acknowledged that the Approved Provider needs to focus on continuing to improve the assessment and Planning process to include ongoing needs, goals and preferences. In addition, the Approved Provider also acknowledged that there is a need for continued, improved staff training to ensure these assessments are done effectively, consistently and in a timely manner. Whilst the Approved Provider has taken steps to address assessment and planning shortfalls in relation to consumer ongoing needs, goals and preferences; it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team found that consumers and/or their representatives said they are not involved in the assessment, planning and review of the consumer’s care and services. There was no documentation to demonstrate the involvement of consumers and/or their representatives in assessment and care planning. Representatives are not advised of incidents. While medical officers and discharge summary information is included in plans of care, the service is unable to demonstrate that the information required from other professionals for the development of care and service plans, is always obtained and included in plans of care and services.

The Assessment Team sampled care planning documents and found that they did not demonstrate involvement of consumers and/or representatives in the assessment, planning and review of the consumer’s care and services. All consumer files reviewed contained minimal information about any involvement. In addition, all consumers who were asked about their involvement in assessment, planning and review of care and services said they had not had any involvement.

The Assessment Team did not find any other assessment and planning documentation that demonstrated the involvement of other organisations, individuals or providers of care. The service has had limited involvement of other services in the assessment and planning of care and services. In addition, management said the service does not have a formal process for the involvement of consumers and/or representatives in assessment and care planning processes; there are no regular care conferences or a resident of day program. They said the involvement of consumers in assessment and planning is done informally on a continual basis.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information acknowledged that the Approved Provider needs to focus on continuing to improve the assessment and planning process to involve consumers and their representatives. It has been noted that the Approved Provider has experienced difficulty in accessing some medical/caring services from outside organisations due to long wait times however, the evidence as seen by the Assessment Team still indicates that the Approved Provider could be doing more to include outside organisations, individuals and providers of other care to improve the quality of care for consumers. Whilst the Approved Provider has taken steps to address involving consumers and others outside of the service in consumer assessment and planning; it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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) Non-compliant

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

The Assessment Team found that the service does not readily offer consumers access to the consumer’s plan of care and services. All consumers and/or their representatives who were asked said they had not been offered access to a plan of care and services with some not knowing what a care plan was.

Management said consumers or representatives are welcome to view care plans on the computer or in any other format they wish, however acknowledged that there is no process to advise them that this is available.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information acknowledged that the Approved Provider needs to focus on continuing to improve the assessment and planning process so that consumers/representatives have access to their care plan and ensure that it is communicated effectively and regularly.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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 and services plans, and related assessments, do take place and are reviewed at least quarterly. However, review of care and service plans do not reflect consideration of changes in the consumer’s condition or incidents which have occurred. In addition, incidents are not investigated to identify contributing factors or enable the development of effective interventions and to prevent further incidents.

The Assessment team found when interviewing sampled consumers and/or their representatives that they were not aware of review of care and service plans. Some representatives, believe they are kept informed about incidents, however documentation indicates they are not informed about all incidents.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information acknowledged that the Approved Provider needs to focus on continuing to improve the review process so that care and services are reviewed regularly for effectiveness, change of circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Whilst the Approved Provider has taken steps to address the issues, it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Most sampled consumers and/or their representatives said they are satisfied with the care and services provided to the consumer. This was mostly related to the kindness of nursing staff and their willingness to assist consumer.

In contrast, the service was not able to demonstrate that it ensures each consumer gets care which is best practice, tailored to their needs and optimises their health and well-being. There were no effective systems in place to identify and respond to high prevalence risks associated with the care of each consumer. In addition, the needs, goals, preferences and comfort of consumers nearing the end of life are not addressed and deterioration of consumers’ condition, physical and cognitive function is not identified and responded to in a timely manner.

The service does not ensure that communication about the consumer’s condition, needs and preferences is effectively documented and communicated effectively and timely and appropriate referrals have not been made to other organisations which could assist in the service in relation to palliative care and behaviour management.

The organisation has policies and procedures for minimising the risk of infection and staff follow infection control practices such as hand hygiene. However, the organisation’s policies for minimising the use of antibiotics are not implemented.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that whilst consumers and their representatives are generally satisfied with the care provided, the service does not demonstrate that it ensures each consumer gets care which is best practice, tailored to their needs and optimises their health and well-being.

#### The Assessment Team found that the service had a number of areas where care was not safe or effective. This included falls, wound care and skin integrity that were not actively investigated for prevention and generic strategies were frequently used throughout care plans for behaviour management. One example was a consumer sampled had a behaviour care plan and lifestyle plan that did not contain strategies to enable them to pursue his interests to assist in managing their behaviour.

#### The Assessment Team also found shortfalls in effective, regular monitoring for pain for some consumers. Some records showed a consumer experiencing pain however there has been no follow ups noted regarding pain management. Two other consumers sampled showed that the wound care and pain management did not optimize their health or well-being. In addition, incidents had not been reported on incident forms or reported in line with Serious Incident Response Scheme Requirements (SIRS).

There was a consumer representative concerned about the use of the psychotic medication to manage behaviour. Initially the medication use was verbally agreed upon however the side effects of the medication have been confronting with the consumer often too sleepy to interact and they are unable to walk. This was seen by the Assessment Team in combination with a staff member indicating that the service was yet to reduce the use pf psychotropic medications as it had not extensively involved maximizing the use of non-pharmacological interventions.

The Assessment Team noted that the psychotropic medication register shows that some consumers are listed as being prescribed psychotropic medications for conditions which are not listed on their diagnosis list held by the service. Currently, only verbal not written consent is used to allow the use of psychotropic medications with consumers/representatives.

In relation to physical and environmental restrictive practices (formerly known as physical and environmental restraint), the service has a number of consumers who have bedrails in place and restrictions for some consumers being able to access the front door. Risk assessments had not been undertaken to establish necessity and no formal approvals were in place.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information acknowledged that the Approved Provider needs to review many practices across the service to ensure that consumers are receiving effective care that is safe and best practice to optimise their health and well-being. It is also acknowledged that the Approved Provider did supply information relating to some sampled consumer’s pain management to clarify details to show that it was actions were taken to effectively manage pain. This did not however dispel all the findings relating to pain management as seen by the Assessment Team during the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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.

### 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 have effective systems in place to identify and respond to high prevalence risks associated with the care of each consumer. Adverse events are not investigated to identify the causes of incidents and actions to prevent further adverse events are not undertaken. In addition, comprehensive interventions to manage impact or high prevalence risks are not in place at the service.The service maintains statistical information in relation to clinical indicators such as falls and skin tears however this information only includes type of injury and the time it occurred. The collation of the data that was provided to the Assessment Team did not include analysis of these incidents to inform future care delivery improvements.

The Assessment Team found from staff interviews that although incidents were noted there was no further investigation to try to reduce the risk. There was also numerous incidents where generally no investigation was done to determine the cause of incidents, or development of new interventions to prevent further incidents. In addition, there is no indication in clinical documentation that the behaviour charts are being evaluated and used to assist in the development of effective interventions.

The organisation has a policy regarding the management of high impact or high prevalence risks; however, it does not contain detailed information about how the organisation will ensure the management of high impact or high prevalence risks.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information acknowledged that the Approved Provider needs to review how they manage high impact and high prevalence risks. It is also acknowledged that the Approved Provider did supply additional information relating to how they do trend risk data, but no supporting documentation was provided. Therefore, this did not dispel the findings relating to risk management as seen by the Assessment Team during the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that they effectively manage of high impact or high prevalence risks associated with the care of each consumer.

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

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

The Assessment Team found that the service does not ensure that the needs, goals and preferences of consumers nearing the end of life are addressed or that their comfort is maximised, and their dignity preserved. External services who may assist in ensuring the comfort of consumers nearing the end of their life are not accessed by the service. There was also evidence that advanced care directive was incomplete in the clinical documentation system. For the consumer sampled pain management was not effective even though it stated they should be kept pain free and agitation free.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information provide clarity relating to the service’s proves for providing end of life goals and preferences. Whilst this information shows that the Approved Provider can track this information it did not provide an example in practice. In addition, it is acknowledged that the Approved Provider has taken steps to address the issues however, it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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 service does not ensure that deterioration of consumers’ condition, physical and cognitive function is identified and responded to in a timely manner.

From care planning documents the Assessment team found that a consumer they sampled was not effectively treated as their condition deteriorated nor was their family notified. The consumer was not taken to hospital until eight days after staff initially noted a deterioration nor did they consult with a physiotherapist to try to seek help once the consumers mobility deteriorated.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information provided a general picture about how the service would usually manage deterioration of a consumer however, acknowledge that in the consumer sampled by the Assessment team that this had not been handled as per the service’s policies and procedures. It is acknowledged that the Approved Provider has taken steps to address the issues however, it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

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

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

The Assessment team found that the service does not ensure that communication about the consumer’s condition, needs and preferences is documented and communicated effectively. Care planning documents do not provide detailed information about consumers’ needs preferences and interventions and assessments are not undertaken in a timely manner to enable the documentation and development of interventions that meet consumers’ preferences and needs.

The Assessment Team sampled consumer care plans and found strategies to respond to behaviours which were provided to staff by the consumer’s family member were not included in her behaviour care plan. In addition, care planning documents do not include comprehensive information regarding non-pharmacological interventions for behaviour management and information regarding the use of chemical restrictive practises are not included in care planning documents.

Consumer feedback provided to the Assessment Team confirmed that some representatives were not happy with the level of communication they receive particularly in relation to consumer condition.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information provided a general picture about how the service captures information in care plans that do allow staff to access consumer condition, needs and preferences. Whilst this may be in practice, it has not been demonstrated as an effective practice for the broader communication of this information to others involved in the care of the consumers including family. It is also acknowledged that the Approved Provider has taken steps to address the issues, however it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated 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) Non-compliant

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

The Assessment Team found that timely and appropriate referrals have not been made to other organisations which could assist in the service in relation to palliative care and behaviour management.

Care planning documents evidenced some input from medical officers and the physiotherapist however, the care planning documents did not always evidence review by the physiotherapist when appropriate; for example, following falls. This was also evidenced by the Assessment Team in relation to referrals for consumers having behavioural difficulties. In addition, representative feedback was they were disappointed in the referral process for both behavioural specialists and palliative care.

Staff confirmed that it had been sometime since they were referring consumers due to the COVID 19 pandemic. However, they had recently refereed a consumer to a psycho geriatrician, but they had not previously been seen by any specialists in relation to his falls and behaviour. In addition, staff confirmed that a dietitian comes annually but could be contacted at other times if needed, However, did not recall a time when this was required. When asked about procedures or guidelines to determine the circumstances in which a consumer would be referred to the dietitian they said there were no procedures or guidelines but it would be if there was unexplained weight loss over a period of about three months.

In contrast, the service normally refers consumers to the speech pathology service. In addition, a podiatrist visits weekly, the optometrist visits six monthly and dental services are arranged biannually.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The submission provided additional information about other services that the Approved Provider refers consumers to. Whilst there is evidence that the Approved Provider does refer consumers to other providers of care and services these do appear to be more of a routine nature. The evidence does not substantiate that the Approved Provider actively seeks referrals for consumer care and services in a consistent and timely manner. It is acknowledged that the Approved Provider has taken steps to address the issues, however it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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.*

The Assessment Team found the organisation has policies and procedures for minimising the risk of infection and staff follow infection control practices such as hand hygiene.

Enrolled nurses and registered nurses were familiar with antimicrobial stewardship and actions they take to minimize infections. The service minimises infection risks through recording of infections and alerting medical officers if a consumer has symptoms of an infection. The usual practice is that the pathology testing to confirm the presence of infection prior to commencing antibiotics and this is confirmed through retesting three days after the completion of a course of antibiotics where there is a reoccurring infection. The Assessment Team found in some consumer files that this process was not evident, and some wounds were not tested at all.

There is a staff member overseeing infection control who has been working with care staff to help them better understand antimicrobial stewardship and a more intensive infection control education program has been organised.

The Approved Provider submitted information to address the issues raised by the Assessment Team. This information gave further detail of the antimicrobial stewardship and clarification of some of the specific consumer file details. On balance the Approved Provider has demonstrated that they do minimise infection related risk and they actively promote appropriate antibiotic use for consumers.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that 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-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. Consumers’ care and services plans, and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers confirmed that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Most consumers interviewed say they are supported by the service to do the things they like to do.

In addition, consumers confirmed they are supported to keep in touch with family and friends. They are also supported to participate in the community within the service and with the broader community. Some consumers expressed dissatisfaction with the lack of variety and choice in relation to the meal service.

Staff engage with consumers to organise a program that offers group activities for those at the service reflective of consumer interest. Support is also provided for consumers to pursue individual interests. However, the service was not always able to demonstrate that those consumers identified as being socially isolated were engaging in a way that is meaningful to them or that the effectiveness of the leisure and lifestyle program is monitored or evaluated effectively.

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

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

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

The Assessment Team found that the service was not able to demonstrate that consumers requiring an individual leisure and lifestyle program are adequately provided for or monitored to evaluate the effectiveness of the program provided.

The Assessment Team received a range of feedback from consumers in relation socialisation. Some consumers felt there was a wide range of activities suited to their interest however some said that there was not much that interested them. Family and friends were mentioned by many consumers as an important social interaction that the service actively supports.

The Assessment Team reviewed a sample of consumers who the service had identified as being socially isolated, and not easily encouraged to participate in group activities. Some of those consumers included consumers with cognitive impairment and behavioural issues. Staff indicated they do not maintain a regular system to identify these consumers participation rates which would allow for the service to monitor and review the effectiveness of their programs.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information was limited but did reiterate that they believe that staff do meet the social needs of the consumers however improvements could be made. Whilst this is most likely the case for some consumers the Assessment Team’s evidence still indicates that there should be improvements made to the daily living for those consumers that may need additional assessment and planning due to their individualised needs.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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.*

The Assessment Team found that the service was not able to demonstrate that the meals provided were adequately varied. The menu is a two-week rotating menu that provides one choice and has not been reviewed by a dietician. In addition, consumers sampled advised that the only alternate option provided is a sandwich.

Some consumers/representatives indicated satisfaction with the meals provided, however most consumers/representatives reported dissatisfaction with the quality of meals and/or lack of choices and variety. Consumers also expressed dissatisfaction with the newly implemented menu (April 2021) saying it was not as good as the previous one.

For the consumers sampled the dietary information held by the catering service generally included information about the consumer’s dietary needs and likes/dislikes consistent with what the consumer said and with their care and service records, including the meals, drinks and hydration nursing assessment. However, consumers are not actively and consistently engaged to contribute, review or provide feedback on the menu and choice is limited.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The information acknowledges that the Approved Provider needs to have menus reviewed by a dietician and needs to involve consumers more with menu planning to incorporate their suggestions and feedback. Whilst the Approved Provider has taken steps to address the issues, it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that where meals are provided, they are varied and of suitable quality and quantity.

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

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

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall, the service demonstrated that furniture, fittings and equipment are safe and well-maintained and that consumers mostly said that they feel safe in the environment. However, for consumers with a cognitive impairment, the service currently lacks dementia design principles to maximise and promote the independence, function and enjoyment of the consumers.

Some consumers raised concerns about the cleanliness of the environment and commented about difficulties in navigating the environment.

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

## Assessment of Standard 5 Requirements

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

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

The Assessment Team found that the service has a welcoming entrance as it provides an external area for consumers and visitors. Whilst the entrance was welcoming other aspects of the service were observed not be as welcoming or easy to understand to walk around, and does not optimise each consumer’s sense of belonging, independence, interaction and function.

The Assessment Team also found that consumers who choose to smoke do not have a comfortable place to do so. In addition, staff were also observed using the same smoking area. Sometimes staff were observed sitting on the opposite side of the bench to a consumer and facing away from the consumer as they smoked. The observation did not give an impression of a welcoming area or a sense of belonging.

The Assessment Team observed consumers’ doors had decals in a range of bright colours which may assists consumers locate their rooms. However other dementia enabling design features were not observed in the service and the Assessment Team also noted that there is very limited directional signage and wayfinding aids.

Most sampled consumers and representatives said they are made to feel welcomed by staff when they visit. However, some consumers raised concerns about condition of the living environment, maintenance and the cleanliness.

The Approved Provider submitted information to address the issues raised by the Assessment Team. It has been noted that there are structural limitations as to how a service can provide communal areas and it has also been noted that there is a refurbishment project underway that has been delayed by the COVID 19 pandemic. However, there was acknowledgement by the provided that improvements could be made in relation to signage and more put in place to enhance the dementia enabling design.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

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

*The service environment:*

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

The Assessment Team found, in relation to consumers free access indoors and outdoors, that consumers are able to freely move about inside the service. However, doors to external areas have door handles which are at the very top of the door. The door handles are not able to be reached or opened by consumers unless they are very tall and have ability to manipulate the high door handle.

A keypad with the code clearly displayed above the keypad enable consumers who are able to manipulate the keypad to freely access the café outside the front door and leave service. Some consumers are assisted through the door by releasing the lock. However, there is a list of consumers who are not allowed out the door. Environmental restraint authorisations are not in place for consumers who are not allowed outside the door.

The Assessment Team found, in relation to safety, cleanliness and maintenance of the service, that there were maintenances issues with dirty windows, scuffed walls, poor lighting and uneven and cracked pathways. The smoking area did not have proper ashtrays provided and limited fire safety equipment.

The Assessment Team also identified issues with cleanliness. Some rooms appeared to have grime and dirt on floors and a bathroom needed to be cleaned and soiled linen removed. In addition, some consumers/representatives sampled felt the service could be cleaned more effectively ad more frequently.

Cleaning staff could not explain their cleaning system and how they manage additional cleaning or provide examples of how they respond to individualised needs when cleaning consumers rooms. The maintenance officer explained the computerised notification system for preventative and ad hoc maintenance however felt that the service required a lot of maintenance which was hard to keep up with.

The Approved Provider submitted information to address the issues raised by the Assessment Team. For the most part the Approved Provider has already noted the issues identified by the Assessment Team and is in the process of rectifying them including securing a new cleaning contract with a different cleaning provider. Whilst the Approved Provider has taken steps to address the issues, it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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.*

The Assessment team found that some of the service’s furniture, fittings and equipment were not sufficiently safe and clean to ensure the comfort, safety and wellbeing of and suitability for consumers.

The Assessment Team observed that equipment such as wheelchairs were not clean and that some bathrooms needed more effective cleaning. Consumers also provided feedback about these two issues as well. In addition, dirty laundry was not suitably stored, and the Assessment Team observed soiled laundry on the floor.

The Assessment Team observed sharps containers stored in an unlocked area that was accessible by consumers and visitors. In addition, chairs at the service were light weight and not sufficiently anchored to the floor in a manner that would minimise risks to the consumer. This was confirmed by two consumers representatives who said that the furniture in the central courtyard are not suitable or clean for the consumers.

Most consumers interviewed said they felt safe whilst being assisted by staff using the equipment allocated to them for example lifting machinery. However, some consumers and or representatives expressed concerns in relation to the cleanliness of the equipment. In addition, most consumers interviewed said their call bells worked effectively, however a review of the service’s call bell register for the preceding week noted lengthy call bell times sometimes exceeding 50 minutes. The Assessment Team was told that a call bell had been faulty over the weekend however The Assessment Team noted that the services call bell system had been fixed and was working order during the performance assessment.

The service has an electronic maintenance log that evidences regular preventive maintenance of equipment, furnishings and relatively low number of outstanding maintenance issues.

The Approved Provider submitted information to address the issues raised by the Assessment Team. For the most part the Approved Provider has already noted the issues identified by the Assessment Team and is in the process of rectifying through a continuous improvement plan. Whilst the Approved Provider has taken steps to address the issues, it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

# STANDARD 6 NON-COMPLIANT Feedback 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.

Some sampled consumers considered that they are not encouraged and supported to give feedback and make complaints, and that appropriate action is not taken. In addition, some consumers interviewed said that if they had a complaint, they would raise it with staff or at resident meetings. Others said nothing changes and therefore they would not voice their complaint.

Consumers are aware of avenues for raising complaints. However, the service does not ensure they have access to advocates, language services and other methods for raising and resolving complaints. There was little evidence to suggest that the service made thorough and appropriate investigations when complaints are raised, and feedback and complaints do not result in improvements in care and services.

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

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

The Assessment Team found that the service was unable to demonstrate that information is available throughout the service about advocacy services, language services and other methods for raising and resolving complaints. One pamphlet about advocacy was found behind numerous other pamphlets and not readily accessible to consumers. No sampled consumers interviewed were aware of access to advocates, language services and other methods for raising and resolving complaints.

When the Assessment Team asked how staff how they would support a consumer to raise an issue if they didn’t feel comfortable raising it with the service, four care staff said they would direct the consumer to and/or report it to, the RN. When asked about how they would assist consumers to raise concerns outside the service, no staff members interviewed were able to identify other methods or spoke about advocacy services.

It was observed that at reception the service did not have Aged Care Quality and Safety Commission brochures to inform consumers that they are able to directly raise a concern and lodge a complaint with this organisation.

The Approved Provider submitted information to address the issues raised by the Assessment Team. The Approved Provider stated that the Aged Care Quality and Safety Commission brochures were already available at the service at the reception area, whilst this has been considered these were not readily seen by the Assessment Team at the time of the site audit. Whilst the Approved Provider has taken steps to address the other issues identified, it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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 feedback from consumers and representatives regarding this requirement was mixed. Consumers provided examples of where appropriate action is not always taken in response to complaints and an open disclosure process is not always followed. In addition, the Assessment Team observed no documents that showed that an open disclosure process was followed in relation to any of the complaints registered

The Assessment Team found that staff interviewed did not demonstrate an understanding of open disclosure processes and how to apply this process. In addition, staff said they have not or could not remember receiving education about the open disclosure process. This was supported by training records that showed open disclosure was listed as a training topic although records could not demonstrate that staff had attended this session.

The Approved Provider submitted information to address the issues raised by the Assessment Team in the form of a continuous improvement plan acknowledging improvements were required particularly in relation to open disclosure. Whilst the Approved Provider has taken steps to address the other issues identified, it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

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

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

The Assessment Team found that the service was unable to demonstrate how consumer feedback and complaints in relation to registered complaints are reviewed and used to improve the quality of care and services.

Some consumer representatives interviewed said that they have used the suggestion box in the reception area and have had no response and have not seen any changes or improvements in relation to their complaints. In addition, most consumers sampled were unable to identify a change made at the service as a result of feedback or complaints.

Some staff interviewed were not able to show effective ways they would escalate complaints to effect change when a consumer or representative provided feedback or complaints. In addition, Management did not identify any trends or main areas of complaints in their complaints data, however said care issues in general would be the most common theme and the service’s continuous improvement plan does not include any recent improvements being undertaken as a result of feedback and complaints.

The Approved Provider submitted information to address the issues raised by the Assessment Team. It is acknowledged that the service has a ‘hands on’ approach in dealing with complaints directly with consumers/representatives in person. It is also acknowledged that the service does have a process for seeing that complaints are incorporated into the continuous improvement plan. However, this is unlikely to be effective if it is not formally recorded. In addition, whilst the Approved Provider has taken steps to address the other issues identified, it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services.

# STANDARD 7 NON-COMPLIANT Human 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.

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

Consumers expressed confidence that the service is well run. They said they know management personally and can ask questions or provide feedback at any time. They are satisfied that staff working in administration, care, catering, call bell documentation shows that at times consumers wait for extended period to have their call bells responded to.

The service was not always able to demonstrate that the workforce has the necessary skills and knowledge to competently undertake their roles.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements has 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 throughout the performance assessment, consumers and representatives generally provided positive feedback about the sufficiency and availability of staff. Staff also advised they are generally able to complete their duties during their paid working hours. Management and staff stated that all shifts are routinely filled however, the service does not use agency staff and relies upon their own staff to back fill vacant shifts.

The Assessment Team reviewed call-bell response data and noted that some response times exceeded 10 minutes and when speaking with staff they said that when consumers become challenging it can be difficult to manage because the building is big and staff are busy.

The Approved Provider submitted information to address the issues raised by the Assessment Team. It bought focus on a current broad initiative to invest in skilled workers to boost skilled staffing levels not only for the service but for the local area of Coffs Harbour, of which staff may not be aware. Overall, the feedback presented by staff, consumers and the Assessment Team has been positive. Considering this, there is an obvious commitment by the Approved Provider to ensure there is a mix of staff members and numbers to provide quality care and services for consumers.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

### Requirement 7(3)(b) 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 consumers and representatives said they feel confident that staff are sufficiently skilled to meet consumers’ care needs and consumers generally said their experience is that staff are aware of how to manage and provide for their personal care and clinical care requirements. The Assessment Team also found staff position descriptions and duty statements containing core competencies and capabilities for each role and all staff were adequately qualified with appropriate registration relevant to their roles. However, the workforce is not competent in all aspects of their roles and do not demonstrate that they have the knowledge and skills to effectively perform their roles. This was particularly noted in relation to clinical care.

The Assessment Team noted that all relevant staff had completed a safe medication management module, however staff and management do not demonstrate knowledge and skills in relation to safe medication administration. In addition, the service was not able to demonstrate that staff have the required legislative knowledge and capacity to identify the use of chemical restrictive practices (formerly known as chemical restraint) for all of the consumers. Lastly, staff did not demonstrate knowledge and skills in relation to reporting incidents to the Serious Incident Response Scheme (SIRS) as seen by the number of assaults between consumers which were recorded in behaviour monitoring charts but not reported to management through the service’s systems.

In contrast, the education attendance spreadsheet identifies that most staff had completed the services mandatory education requirements for 2020/21. Mandatory education topics are the serious response scheme training, elder abuse, infection control, hand hygiene, work health safety, manual handling, fire training and interim fire training.

The Approved Provider submitted information to address the issues raised by the Assessment Team. It is acknowledged that the service does have a training matrix to ensure staff have the appropriate skills however the service was unable to demonstrate that this is adopted and maintained in the practice of providing care and services for consumers. The Approved Provider has committed to an improvement process and provided meeting minutes to demonstrate how improvements are addressed in shortfalls of staff expertise however, it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

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

*The workforce is recruited, trained, equipped and supported 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-COMPLIANT Organisational 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).

Overall sampled consumers did not consider that the organisation is well run and that they can partner in improving the delivery of care and services. In addition, the organisation was unable to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services.

The organisation’s governing body does not demonstrate that it promotes a culture of inclusive and quality care and services or is accountable for their delivery. The organisation also does not have effective governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback/complaint systems.

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 Assessment team found that the organisation was unable to demonstrate that they actively engage with the consumers in the development of care and service provision for the service. The service’s feedback system has identified deficits and due to this the system is unable to assist in the development of an effective continuous improvement program.

Consumers and representatives have direct access to the organisation’s senior management. The organisation board holds monthly meetings and a board member regularly visits the consumers. However, the Assessment Team reviewed the minutes of the leadership meetings for the preceding six months and were unable to identify consumer participation at this meeting. In addition, the minutes of meetings of the board meetings do not document consumer feedback or record any mechanisms for highlighting consumer satisfaction.

The Approved Provider submitted information to address the issues raised by the Assessment Team. This information provided more details about the ways in which The Approved Provider engages with consumers in the development, delivery and evaluation of care. Whilst there was evidence provided to show how a consumer representative contributed to the last strategic plan this evidence was two years old and although there was a commitment to engage with consumers the Approved Provided did not provide any further evidence of current consumer engagement. In addition, whilst the Approved Provider has taken steps to address the consumer survey issues identified, however it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

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

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

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

The CEO’s reports to the board, and meeting minutes of the board of directors’ meetings do not demonstrate effective oversight and accountability across key areas of the services. Although the board receives data about a range of matters such as complaints, incidents, infections and other clinical data, the information is not analysed or trended and there is very limited or no discussion about those matters in board meeting minutes. For example, incidents are not fully investigated to determine causation and minimise the risk of further occurrence. The board were also unaware of some significant incidents that impacted their quality of life and potentially their safety despite this management advised they have regular leadership meetings where they discuss issues pertaining to care and services for consumers.

The Approved Provider submitted information to address the issues raised by the Assessment Team. This information provided more details about the ways in which the Board promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Whilst there was further information provided there was no evidence to support the Approved Provider’s claims. It is acknowledged that the Approved Provider will improve documentation so as to be able to demonstrate relevant board involvement in the quality of care for consumers. engages with consumers in the development, delivery and evaluation of care. Whilst the Approved Provider has taken steps to address the other issues identified, it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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) Non-compliant

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

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

The Assessment Team found, in relation to information management for staff and management, that they have accesses reports and alerts from government departments, peak organisations and the Aged Care Quality and Safety Commission. However, the service does not provide the consumer with a handbook or information pack. Newsletters are provided on a six-monthly basis which includes minimal information. The service was unable to demonstrate how it effectively provides the consumers and or their representatives information about advocacy services. In addition, the lack of incident investigation and assessment does not allow for appropriate care planning that might provide current and relevant information about care.

The Assessment team found that information was provided to staff. They advised that information systems within the organisation are effective and that they are able to access up to date information about consumers or recent staff communications. They have access to policies and procedures electronically. Staff meetings are held regularly. Staff expressed confidence they are informed about changes to the service and within the service and have information about the Aged Care Quality Standards.

The Assessment Team found the service was not able to demonstrate that incidents are investigated and utilised in the development of continuous improvement. In addition, the organisation was not able to demonstrate that there are effective mechanisms in place for the service’s continuous improvement plan to capture feedback from consumers, representatives and staff, internal audits, surveys, comments and complaints and clinical indicators. The organisation’s continuous improvement activities have not been effective in ensuring that improvement activities have been implemented to comply with the Quality Standards.

Management told the Assessment Team that the organisation has effective financial governance systems to support the changing needs of consumers. They could describe incidences where additional equipment was purchased to support the delivery of care to consumers as their acuity increases.

The Assessment Team found in relation to regulatory compliance that there were gaps in effective organisation wide governance systems. For example, in relation to chemical restrictive practices, theorganisation reviewed the requirements and incorporated them into the organisation’s policies and procedures.Education was provided to staff as part of risk management. However, the service’s self-assessment for the use of psychotropic medication usage did not always identify a correlating diagnosis and in one consumer the administration of a medication had not been identified as a potential a chemical restrictive practice. The Assessment Team also found gaps in effective organisation wide governance systems for feedback and complaints.

The Approved Provider submitted information to address the issues raised by the Assessment Team. This information provided more details about the governance systems used by the Approved Provider. It has been noted that the information pamphlet does provide some information to suit their needs however as already indicated by the Approved Provider consumers should have input into what information they need to promote their understanding of their care and services as well as support their choices. Whilst the Approved Provider has taken steps to address the other issues identified, it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The organisation has a risk management framework that outlines the systems, governance structures and processes to anticipate and manage risk. However, the policies and procedures that support these are minimal in their description and procedural practice. For example: the incidents policy does not articulate that the incident is to be investigated to further inform the service of the risk rating for the event or the potential for this to occur again. In addition, consumers risk management plans are not monitored or evaluated for ongoing safety and effectiveness.

Staff interviewed about elder abuse and neglect were able to describe what it means and explained what they would do if they witness abuse and about SIRS reporting requirements. The supplementary information to the mandatory reporting register included evidence of appropriate actions, including emotional support provided to the consumers and representatives during the process. However, the Assessment Team identified that the service had recorded two aggressive episodes within the consumer’s behaviour charting, and these had not been reported through SIRS.

The Approved Provider submitted information highlighting improvements that have been made since the site audit and a plan for improvement. This included more training and preventative measures for skin tears and updating incident reporting to make it more meaningful. Whilst the Approved Provider will take steps to address the consumer survey issues identified, it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that they have 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
4. managing and preventing incidents, including the use of an incident management system.

### 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.*

Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Staff had been educated about the policies and were able to provide examples of their relevance to their work.

While staff were able to articulate processes related to antimicrobial stewardship, review of consumers’ clinical documentation demonstrates this does not always occur. In addition, although the service states it undertakes a monthly psychotropic medication assessment review of each consumer who has them prescribed, a Monthly review of each consumer’s psychotropic medication management was not evident in sampled consumer files. The service was not always able to demonstrate an understanding of the identification of the use of anti-psychotic medication with the purpose of restrictive practices.

Staff interviewed demonstrated an understanding of open disclosure and the service’s processes when open disclosure is necessary.

The Approved Provider submitted information to address the issues raised by the Assessment Team. This information provided an argument to show how the Approved Provider was meeting the requirements for incidents and uses of restrictive practices. Whilst it is acknowledged that the Approved Provider does have a clinical governance framework in place for incidents and restrictive practices the Assessment Team did see a disconnect between the framework and how it operated in practice. In addition, it has been noted that the Approved Provider has made some improvements since the date of the site audit however it is not reflective of the service’s standard at the time of the site audit.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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.

# Areas for improvement

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

### Requirement 1(3)(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.

* As per provided continuous improvement plan submitted:
  + consult with consumers to develop a resident handbook
  + develop brochures detailing advocacy services will be prominently displayed and circulated to consumers and representatives and details added to the handbook; and
  + develop information flyers.
* Look for new and improved ways to ensure that not just general information but specific consumer information is developed to ensure accurate and timely information.
* Ensure that any communication enables consumer choice where possible.

### Requirement 1(3)(f)

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

* Ensure all consumer care information that is publicly displayed is removed.
* Provide updates and training to staff about consumer privacy and ensure that it aligns with privacy principles and the service’s operating procedures.

### Requirement 2(3)(a)

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

* Ensure that the actions identified in the Approved Provider response such as developing a new admissions pathways process to ensure consumer risk is identified to provide quality care and services.
* Improve staff training on assessment and planning systems to ensure they are completed.
* Ensure there are continuity processes in place to still continue assessment in planning even when staff members are away.

### Requirement 2(3)(b)

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

* Ensure that the actions identified in the Approved Provider response are progressed into practice. These include but are not limited to:
  + Developing new policies and processes in relation to assessment and planning for consumers
  + Formalising admission requirements in relation to assessment and planning
  + Reviewing system for allied health referrals to ensure it is functioning to the benefit of consumer care and forms a part of ongoing planning
  + Ensuring preventative measures are individualised and meaningful in relation to consumer needs, goals and preferences; and
  + Staff training and staff reminders on the importance of assessment and planning to the provision of quality care for consumers based on their needs, goals and preferences.

### Requirement 2(3)(c)

The organisation demonstrates that assessment and planning:

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

* Ensure that the actions identified in the Approved Provider response are progressed into practice and maintained. These include but are not limited to:
  + Establishing a new nursing position for care planning and evaluation.
  + Updating policies and putting them into practice to include care conferencing and ‘Resident of the Day’.
  + Documenting consumer involvement with planning; and
  + Provide updates and training to staff about care planning and assessments to benefit consumers.

### Requirement 2(3)(d)

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

* Develop a robust process to ensure that consumers/representatives are aware and involved in the care planning process. This includes the establishment of a care plan and ongoing updates and reviews.
* Consumers/representatives need to be offered a copy of their care plan so they always have an up to date copy if they wish.

### Requirement 2(3)(e)

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

* Review, update and put into practice a robust planning and assessment process.
* Training staff to ensure they understand the importance and effectiveness of the review process to care and services for the continuous improve care for consumers.
* Ensure that the review process is timely and efficient.

### Requirement 3(3)(a)

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

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

* Ensure that the actions identified in the Approved Provider continuous improvement plan provided are put into practice and maintained. These include but are not limited to:
  + Hiring a wound management consultant
  + Beginning a partnership with a pharmacy to assist with medication distribution as well as updating medication software systems.
  + Training on best practice procedures for medication distribution.
  + Obtaining written consent for all prescribed psychotropics, as well as review the whole process – from policy, to forms to be used, to schedules. (Note this is also applicable for Physical restrictive practices); and
  + Training on psychotropic medication management and seek guidance improvements to clinical practices.

### Requirement 3(3)(b)

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

* Ensure that the actions identified in the Approved Provider continuous improvement plan provided are put into practice and maintained. These include but are not limited to:
  + Improving falls risk assessments, strategies for prevention and post fall monitoring will be reviewed and new systems implemented in adherence with best practice.
  + Consumers who identify they have pain will commence pain monitoring charting to identify trends and whether strategies to relieve pain are effective.
  + Sensory assessments will be completed to identify consumers with hearing or sight issues which could contribute to being at high risk of falls. Care plans will be developed and linked with falls risk assessments.
* Evaluate all processes associated with high prevalence, high impact risks so that they are effectively captured, investigated and improved and ensure this is documented.

### Requirement 3(3)(c)

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

* Begin to work with local palliative care providers to assist with end of life care.
* Ensure that the needs, goals and preferences of the consumers nearing the end of life are prioritised so they are able to preserve their dignity and have minimal pain.

### Requirement 3(3)(d)

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

* Reviewing the Policy relating to deteriorating consumers and the associated procedures for this policy to ensure a timely response.
* Ensure open disclosure is provided to families where deterioration has not been readily identified and develop a plan for improvement.

### Requirement 3(3)(e)

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

* Review policies and procedures to ensure that they support effective communication of consumer needs and preferences across the range of people/services involved in their care.

### Requirement 3(3)(f)

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

* Review referral processes to ensure that appropriate referrals are made to other providers of care and services are done a proactive and timely manner.

### Requirement 4(3)(c)

Services and supports for daily living assist each consumer to:

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

* Develop methods to ensure that all consumers have socialisation that is important and meaningful to them based on their individual needs.
* Staff training to improve evaluations and planning for each consumers.

### Requirement 4(3)(f)

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

* Re-establish a food forum that seeks feedback and inputs from consumers/representatives about the meals provided. This should be maintained regardless of staffing changes.
* Have a dietician review all food provided to assess nutritional value.

### Requirement 5(3)(a)

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

* Improvements to signage to assist both consumers and visitors to navigate the service.
* Develop and implement dementia design principles.
* Review smoking area so that is it suitable for both consumers and staff to enhance a sense of belonging.
* Continue with planned renovations to improve the service environment.

### Requirement 5(3)(b)

The service environment:

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

* Review maintenance schedule and ensure there is enough staff to complete maintenance work.
* Continue with improvement plans to furniture and the overall environment.
* Ensure cleaning is done to a high standard, is timely and regular.

### Requirement 5(3)(c)

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

* Ensure that the actions identified in the Approved Provider response are progressed into practice and maintained. These include but are not limited to:
  + Hiring a new cleaning agency.
  + Upgrading the smoking area.
  + Training staff on correct storage of sharps and other hazardous materials.

### Requirement 6(3)(b)

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

* Review areas for displaying and making available information for consumers on how to access advocates and language services to assist in making and resolving complaints.
* Ensure staff are aware how to assist consumers to make and resolve complaints through the use advocates and language services.

### Requirement 6(3)(c)

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

* Ensure staff attend and put into practice the concept of open disclosure.
* Ensure that complaints are responded to, addressed and recorded so they can used for continuous improvement to the care standards for consumers.

### Requirement 6(3)(d)

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

* Ensure that the actions identified in the Approved Provider response are progressed into practice and maintained. These include but are not limited to ensuring:
  + All complaints are formally logged.
  + All complaints are addressed and evaluated for satisfactory outcome.
  + Appropriate complaints are entered into the plan for continuous improvement.

### Requirement 7(3)(c)

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

* Ensure that the actions identified in the Approved Provider response are progressed into practice and maintained. These include but are not limited to:
  + Reviewing rosters
  + Reviewing KPI’s to determine if any trends are due to lack of staff
  + Commencing monthly call bell report reviews

### Requirement 8(3)(a)

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

* Ensure that consumers are actively engaged with the development, delivery and evaluation in care that is meaningful.
* Explore new methods for reaching and inspiring consumers to being forward their ideas and promoting consumer engagement within the service.

### Requirement 8(3)(b)

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

* Ensure that the minutes and other board documents show how they promote a culture of safe and quality care and services for consumers.
* Explore new methods for expanding the culture of care through board initiatives.

### Requirement 8(3)(c)

Effective organisation wide governance systems relating to the following:

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

* Improve information management for consumers so that they get information that is tailored to their needs and preferences.
* Ensure that a continuous improvement plan is ongoing and is based on a variety of data, feedback, complaints and changes to regulations.
* Feedback and complaints should be documented, actioned and resolved to consumer satisfaction. This information should form part of the governance system including trending leading into improvement.
* Become familiar with restrictive practices and SIRS including their regulatory requirements to incorporate into the overarching governance systems.

### Requirement 8(3)(d)

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

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can
4. managing and preventing incidents, including the use of an incident management system.

* Review all policy and procedures relating to risks to ensure they have comprehensive requirements including but not limited to investigation of incidents, high prevalence and high impact risks and responding to abuse and neglect.
* Ensure that risk management systems and practices are correlated and translate into continuous improvement.

### Requirement 8(3)(e)

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

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

* Review clinical governance framework and ensure that is operationalised to provide quality care and services for consumers.