Courtlands Aged Care Facility

Performance Report

15 Gloucester Avenue
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**Commission ID:** 0585

**Provider name:** Christadelphian Homes Limited

**Site Audit date:** 13 April 2021 to 16 April 2021

**Date of Performance Report:** 19 May 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

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* the provider’s response to the Site Audit report received 11 May 2021.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

**Consumer outcome:**

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

### Organisation statement:

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

## Assessment of Standard 1

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

Most sampled consumers consider that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. However, whilst the service provides respectful interactions there is a lack of understanding about cultural diversity.

Some consumers are not supported to be as independent as they wish, and their choices are not always supported. Staff do not always value the consumers’ capacity to be involved in decision making and there remains a lack of understanding regarding appointed decision makers where consumers do not have capacity to make informed choices.

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

*Care and services are culturally safe.*

The Assessment Team found that although the documentation system has cultural assessment and some other assessments assess cultural aspects there is minimal cultural information and documentation. This does not demonstrate an understanding of cultural choices, preferences and cultural safety.

Consumers with culturally specific dietary needs are not provided with services to meet these needs. Although the nutrition and hydration assessments allowed for culturally specific dietary needs it was not consistently completed meaning some consumer’s preferences were not adequately documented to allow staff to be aware of them. Staff confirmed that there was difficulty providing requested culturally specific meals.

#### Non-English speaking consumers, and consumers living with dementia who have reverted to their first language, do not have cultural supports in place to assist with communication. One example was a consumer who now only converses in her own language. Although there have been attempts to support the consumer, via the use of cue cards as recommended by a communication assessment, were not easily accessed by the consumer or staff.

The Approved Provider submitted information in relation to the cultural safety practises of the service. Whilst some of the supporting documents showed the Approved Provider had been collaborating with some consumer’s and their families to support their cultural preferences, it did not fully demonstrate that culturally relevant preferences were a consideration for all consumers sampled. Some of the evidence was also completed at the time of the site audit or after. Whilst this does show that the Approved Provider has begun improvements it is not representative of what was 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 care and services are culturally safe.

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

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

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

The Assessment Team found the service has some processes in place to enable consumers to exercise choice in relation to the day to day care and services they receive. However, some consumer feedback expressed concerns about aspects of the service impacting on consumer choice and independence. There were numerous consumers dissatisfied with their ability to freely move about the service including outside.

There was limited evidence to show consumer choice in care plan documents. There was also little information noting consumers who require assistance with decision making. This includes confusion around notification when there is a consumer incident. In addition, some staff were unaware of how consumers were involved in decision making particularly where they have limited capacity to make informed decisions.

In contrast, the Assessment Team found after talking with staff that the service does support consumers in maintaining personal and intimate relationships including particularly maintaining husband and wife connections whilst residing in sperate areas of the service.

The Approved Provider submitted information relating to decision making for consumers. Whilst this information provided clarification on the decision-making process for those consumers under public guardianship it did not thoroughly demonstrate the collaboration with consumers to facilitate consumer choice and independence. It is acknowledged that the Approved Provider does effectively support personal and intimate relationships for consumers however there remains the concern that consumers are not effectively and consistently involved in decision making about their care and services. In addition, a clear consistent process in action was not evident as to when consumers require assistance in decision making from family, friends and/or others.

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

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

The Assessment Team found that there is limited evidence to support consumers to take risks to live the best life they can. Whilst the service has a personal safety and risk assessment process to work through risks with consumers there was limited evidence to show it is used effectively and consistently.

Some consumers felt they were not supported to do the things they enjoyed due to their individual limitations (for example – falls risk, risk of aspiration). Some consumers are expressing preferences however because of the service’s perceived risks for all consumers they are not considered or explained to the consumer.

The Assessment Team saw that some risk assessments had been signed by family members with no evidence to show decisions have been discussed with the consumer. In addition, some consumers were undertaking risks without any evidence of risk assessment being conducted and worked through with the consumer.

The Approved Provider submitted information relating to some risk assessments and permissions for signing risk assessments. Whilst this evidence is acceptable to demonstrate consumer consultation for two consumers this does not account for the inconsistencies with the application of risk assessment processes. Nor did it provide any further evidence to demonstrate that consumers are supported to do the things they enjoy whilst minimising risks to allow them to do so.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that each consumer is supported to take risks to enable them to live the best life they can.

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

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

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

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

Generally, the consumer’s privacy is respected, and personal information is maintained as confidential. Consumers interviewed did not raise any issues with the maintenance of their privacy or confidentiality.

Private information that is kept in staff offices were observed to be locked. There are privacy and consent agreements in consumer entry documentation.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that each consumer’s privacy is respected, and personal information is kept confidential.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. However, assessment and care planning does not show consideration of all risks to consumers health and well-being and it has not been shown to inform the delivery of safe and effective care and services. Consumers have not been given the opportunity to develop individual goals of care for most aspects of their other care needs. In addition, assessments and care plans show inconsistent and inaccurate information about resident needs and preferences.

Regular review of consumer assessments and care plans has not been effective, and consumers are not always effectively reviewed when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The Quality Standard is assessed as Non-compliant as three 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 consumer assessment and care planning is not always accurate and does not show consideration of all risks to their health and well-being. The service has not been able to show how assessment and planning is used to develop accurate care plans that inform the delivery of safe and effective care and services.

The Assessment Team reviewed a sample of consumer files in relation to assessment and planning. It found that all consumers have been assessed on entry to the service and an interim care plan was completed. However, ongoing consumer assessments were not thorough, and the information in planning documents was inaccurate. These inaccuracies were carried forward into subsequent plans. In addition, there were examples where the information in care plans were not inclusive pain management and ongoing risks associated with wound care.

The Approved Provider submitted information in relation to concerns identified during the site audit for specific consumers. These have been considered however, the Approved Provider acknowledged that the evidence seen by the Assessment Team did in some instances highlight the need for improvement in relation to care planning and assessments. Based on this the Approved Provider has been unable to demonstrate an effective and efficient process for consumer assessment and planning that informs safe and effective care and services.

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 reviewed care plans and assessments. This found that consumers care goals did not have focused individual consumer preferences nor did they always address consumer’s needs and goals in relation to their care and services. Care conferences are completed to establish consumers goals and preferences, but review of case conference documentation shows issues raised are not followed up and are not used to create consumer focused goals.

In contrast to the documented evidence, all clinical staff gave clear recollections of how the assessment and planning documents were used and developed including the reflection of consumer’s needs, goals and preferences.

Most consumers sampled have an advance care plan examples of this were seen in the files reviewed. Clinical staff were aware of consumers advance care choices, the registered and enrolled nurses said they refer to this document when considering transfer to hospital, they said they also ring the nominated representative to ensure the choices documented are still what the consumer/representative wants at the time.

The Approved Provider submitted information to provide context around two consumer care plans that were evidence by the Assessment Team. However, the Approved Provider did not demonstrate that consumers care goals were individually focused or that reviews of current needs, goals and preferences flow through to positive focused changes for the consumer. It is acknowledged the Approved Provider does have advance care planning and end of life planning however, there is limited evidence to suggest that Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences consistently for consumers.

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.

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

While the service has a system of regular reassessment and incident recording these processes are not used to determine the effectiveness of planned care. Regular review of consumer assessments and care plans occurs but has not been effective. When incidents occur, or circumstances change, they are not always fully investigated and reviewed to consider their impact on the care needs, goals or preferences of the consumer and care plans are not updated.

This was evidenced by the Assessment Team when reviewing consumer care plans. Some of these showed complex consumer clinical and behavioural histories that were not updated and did not highlight any consultation with consumers/representatives in terms of changing needs, goals and preferences. In fact, where there was some involvement with representatives there was evidence that these had not been followed up and progressed.

In contrast, registered nurses explained the processes and practices for regular review of consumer assessments and care plans. The registered nurses said they also review assessments if there is a change to resident’s condition.

Management advised they are aware of inconsistencies in review of assessments and have been trying to secure more registered nurses, so they can provide a more consistent approach.

The Approved Provider submitted information in relation to specific consumer care plans to provide more context to some of the irregularities found by the Assessment Team. Whilst this did provide more context to some consumers circumstances there was no evidence to dispel the Assessment Teams findings in relation to inconsistencies, regularity and the changing circumstances that should be used to develop a plan that encompasses current consumer needs, goals and preferences. It is acknowledged that staff could explain the process, and the evidence suggests that they may have a commitment to the process however, there is a shortfall in making the process consistent.

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-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Some sampled consumers (or representatives) did not consider that they receive personal care and clinical care that is safe and right for them.

Clinical shortfalls were identified for consumer wounds care, pain management, medication management, nutrition and hydration and continence. High impact and high prevalence risks associated with the care of consumers have not been managed effectively. For some consumers sampled testing was not undertaken to confirm the presence of infection prior to antibiotics being commenced.

Consumer’s care and service records did not provide adequate information to support effective sharing of information about consumer’s health and care needs. Handover processes do not always assist staff to understand care needs of the consumers. In addition, assessments do not contain enough information to allow catering staff to provide satisfactory meal preferences.

The Quality Standard is assessed as Non-compliant as five 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, from the consumers sampled, personal and clinical care is not best practice, is not tailored to their needs and has not optimised their health and wellbeing. Consumer’s wounds are not prevented or managed effectively, pain is not monitored, assessed or effectively managed and nutrition and hydration needs are not monitored effectively. In addition, consumer’s continence needs are not managed, and planned care and treatments are not accurately monitored. The Assessment Team also found that there have been significant adverse health outcomes for some consumers.

Progress notes for consumers were sampled. These were not reflective of individualised care that is safe, effective and tailored to the specific needs and preferences of each consumer. One example was a consumer that had dietician recommendations that were not followed and of which staff were not aware. Overall there were limited notes and plans for consumers to have personal and clinical care with consumers and representatives confirming they felt the service was not providing the care they need.

In contrast, management advised the Assessment Team the service is minimising the use of physical restraint and use of psychotropic medications. They confirmed that eight consumers are receiving this medication as chemical restraint. One consumer that was sampled had been reviewed in relation chemical restraint and documentation indicated consent had been obtained, risks had been explained and they are involved in social activities to improve wellbeing. The Assessment Team was also provided a copy of the service’s self-assessment tool for recording consumers receiving psychotropic medications, the tool shows all consumers have had the medication reviewed by their medical officer since November 2020.

The Approved Provider submitted progress notes regarding the consumers sampled. Whilst these did provide more context showing the related actions that were undertaken by the service, the information did not fully demonstrate that the consumer was receiving the right personal and clinical care for them. It is noted that the use of restraint, as seen by the Assessment Team, does appear to be well managed. However, this is one component of clinical care. Consumers and their representatives remain dissatisfied and overall the Approved Provider was unable to demonstrate that all consumers are receiving clinical and personal care that is right for them.

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 identification of risk to consumers is not sufficiently established to allow and guide the staff and management. High impact and high prevalence risks associated with the care of consumers have not been managed effectively. Risk related to malnutrition and medication management have not been identified or managed and there have been poor health and well-being outcomes for consumers.

The Assessment Team saw evidence of risk analysis undertaken for high impact and high prevalence risks which is completed monthly. However, this system has not been able to alert management to several areas of key concerns identified by the Assessment Team during the reaccreditation audit. For example, a review of the list of consumers identified as having high impact, high prevalence risk in relation to weight loss for January 2021 to March 2021 shows these consumers have not been identified and added to the list for ongoing monitoring.

The Assessment Team reviewed medication incidents to find that errors are made because of poor communication and knowledge of the services systems and others are made because of equipment failure or a failure to understand the services computerised medication system. This is particularly applicable when agency staff are utilised. There were also several incidents where medication was signed as being given to the consumer, but it was later found it had not. In addition, several medication administration incidents were not investigated, and consumer representative feedback confirmed that medications have been missed.

The Approved Provider submitted information including some plans and notes regarding the consumers sampled. Whilst these did provide more context showing the related actions, medical intervention and remedial action it did not demonstrate that there was consistent and effective risk management in place. The Approved Provider also provided specific evidence of investigations and actions it had undertaken relating the administration of some medication which is acknowledged. However, this does not show a medication administration system that effective and there was no evidence to show how the actions taken were used to manage high impact and high prevalence risks.

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

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

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

The Assessment Team found that although the service does not have a formal system to assist staff to recognise and identify consumers nearing the end of their life, generally consumers’ needs, goals and preferences regarding end of life care are respected, and care is provided to maximise their comfort and dignity.

Care documents reviewed show that consumers are given opportunities to express their wishes, and planning occurs to ensure their comfort is maximised and their dignity is preserved. The review of the care documents also showed that consumer plans are flexible according to the wishes or the changing circumstances of the consumer.

Staff were able to describe the way they deliver comfort care to consumers including those who are approaching the end of their lives. The registered and enrolled nurses said they develop close communication with the consumers next of kin/nominated representative to keep them informed and offer support.

I am of the view that the Approved Provider complies with this requirement as it has 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 Assessment Team found that the processes for the escalation and response in deteriorating consumers are not clear and have not been effective for some consumers sampled. While for some consumers deterioration has been identified this has not always resulted in appropriate response and management. In addition, for the consumers sampled, care and service records do not reflect the identification of and timely response to deterioration or changes in condition.

The care manager and the clinical consultant said they recognised they do not have a clear system of identifying consumers who are deteriorating, and they have been developing a tool to assist with this process.

The Approved Provider provided information regarding the improvements that had been made to recognise deterioration consumers to assist in better response times to the change in condition. Whilst the implementation of the ‘Deteriorating Resident Guide’ will assist the service, the Approved Provided has not demonstrated this has had an impact and is working in practice.

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 consumers care, and service records do not provide adequate information to support effective sharing of information about the consumers care needs and preferences. Other health professionals have provided direction to staff in some cases this information is not uploaded into the consumers care file and shared with the staff for implementation. Handover processes do not always assist staff to understand what the care needs of the consumers are and assessments do not contain enough information to allow catering staff to provide satisfactory meal preferences.

From consumer documents sampled, it was found that they were deficient in individual food preferences, detailed descriptions of care provided or care preferences, care conferencing outcomes and decisions and how they were made. The service has a computerised system and all paper documents are supposed to be scanned and uploaded into each consumer’s file. This is not routinely occurring and for several consumers there was missing information making it difficult to gain a clear picture of the care and services being provided.

In contrast, staff interviewed said they could access consumer information in a variety of ways including; consumer care notes and files, handover information and referrals.

The Approved Provider submitted information to indicate improvements that had been made to documentation for sampled consumers. This however does not demonstrate that there was personalised documentation about the consumer’s condition, needs and preferences or how effectively it is shared with those who are responsible for consumer care 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) Compliant

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

The Assessment Team found that consumers are referred to other providers of care in an appropriate and timely manner.

Care files and care planning documents evidenced the input of others such as medical officers, and allied health professionals. Referrals were evidenced for consumers including dieticians, speech pathologists and physiotherapists. The service offers specialists access to consumers information. In addition, consumers/representatives sampled said they had access to doctors and other relevant health professionals when required.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found the service has systems and process to minimise infection related risks including standard precautions and a policy in relation to antimicrobial stewardship. Registered nurses understand the importance of promoting appropriate antibiotic prescribing but did not demonstrate practices to support this. For some consumers sampled testing was not undertaken to confirm the presence of infection prior to antibiotics being commenced.

The Assessment Team saw the service had standard practises for infection control. Staff interviewed demonstrated knowledge of hand washing procedures, the use of hand sanitiser and the 1.5 metre social distancing. Management said staff have been provided with education about infection control including COVID-19. However, infections are not reported as part of the monthly key performance indicator data to the risk management committee. In addition, some consumer records showed that infection reports had not been completed, information on results for infection screening were not uploaded or infection collection notes were missing.

The Approved Provider did not submit any additional information in relation to this requirement however it is noted that staff at the service are aware and use infection control practices to protect consumers. However, the Approved Provider has not demonstrated that it has effective and efficient infection testing to limit the use of antibiotics and gaps in information to support optimal care and reduce the risk of increasing resistance to antibiotics.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that there is minimisation of infection related risks through implementing:

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

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Some sampled consumers consider that they get the services and supports for daily living that are important for their health and well-being and allows them to do the things they want to do; others did not.

There were issues raised with the lifestyle program where some consumers do not believe it meets their needs and preferences. Many consumers were dissatisfied with the meal service.

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) Non-compliant

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

The Assessment Team found that not all consumers get safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, well-being and quality of life.

Although some consumer interests and preferences are identified on entry to the service there is limited support for personal preferences. Some assessments were found to have minimal information relating to consumer needs, goals and preference and another had incorrect information.

There is no evidence staff consult consumers about the lifestyle program. Four lifestyle officers were interviewed with none of them being able to provide evidence of consultation regarding the development of the lifestyle program. Lifestyle staff said consultation is informally undertaken through individual conversations or in meetings. Lifestyle documentation shows limited documented participation in activities of interest to the consumer. Consumers with cognitive decline have limited to activities to meet their needs.

Consumer feedback included dissatisfaction in the service providing enjoyable activities based on their likes, inability to have freedom to access the outdoors, staff unavailable to help consumers access activities and an inability to attend religious services.

The Approved Provider submitted information that provides context around specific consumer examples as seen by the Assessment Team however it remains that the consumers are not consulted in the lifestyle program and the Approved Provider was unaware of some of the individual consumer’s goals and preferences that optimise their independence, health, well-being and quality of life.

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 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.*

Services and supports for daily living do not assist each consumer to participate in their community both inside and outside the organisation or to do things of interest to them. There was considerable negative feedback from consumers and representatives about their ability to do things of interest to them particularly in relation to lifestyle activities (including weekends). Consumer’s also expressed a desire to do things outside of the service however there was limited staff to assist them.

In contrast, generally personal relationships are supported and encouraged by staff and management. The nurse advisor provided information about several couples who reside in different sections of the service or in the community who are supported to interact

The Approved Provider submitted information indicating they had begun seeking feedback from consumers to gain insight into preferred activities. There were also steps taken to try and facilitate some of the lifestyle interests raised by consumers with the Assessment Team. In, addition it is acknowledged and accepted that the service has had a shortage of lifestyle staff. However, this decision is reflective of the service at the time of the site audit therefore the evidence shows that the Approved Provider was unable to demonstrate that services and supports for daily living assist each consumer.

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) Compliant

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

The Assessment Team found that there was considerable negative feedback about the meal service. Consumers do not believe there is choice provided in the meals provided, there is limited variety and likes and dislikes are not readily accommodated. The service relies on the nutrition and hydration assessment to identify consumer preferences and needs however, many of the forms reviewed had minimal information. Nutrition and hydration forms also do not always identify consumer cultural preferences and limited cultural food preferences are provided.

The Approved Provider submitted information to provide context to some of the consumer complaints about the meals. This evidence demonstrated that they have been working with consumers and responding to feedback to try to deliver food to consumers of a suitable size and quality based on personal preferences. The provision of culturally appropriate food to consumers has not been demonstrated however based on the additional evidence provided, on balance, the Approved Provider has provided meals to consumers that are varied and of suitable quality and quantity.

I am of the view that the Approved Provider complies with this requirement as it has 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-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Most sampled consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment, however several consumers indicated that restrictions in accessing outdoors have a negative impact on their independence and wellbeing.

Consumers gave mixed feedback in relation to repairs of equipment. Some consumers said repairs are done as required in a reasonable timeframe, but others felt that repairs were not always prompt and impacted their mobility. Mixed feedback was also provided on the cleanliness of the service with some consumers saying the service is clean and well maintained but others saying there were cleaning concerns relating to bathrooms and outdoor areas.

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

## Assessment of Standard 5 Requirements

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

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

### 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 that the service did not demonstrate that the environment is clean, well maintained and enables consumers to move freely indoors and outdoors. Several consumers and representatives complained of bathrooms not being cleaned properly and that they cannot access outdoor areas.

#### The Assessment Team observed cleaning issues in bathrooms, outdoor areas and windows and the dining room. Maintenance issues were observed signage, swipe cards working, locking mechanisms and lighting. Consumer feedback included poorly cleaned bathrooms and unemptied commodes. Some consumers also expressed their dissatisfaction with their inability to use the outdoors due them being locked.

The project and asset manager advised that maintenance and cleaning schedules were adhered to but that if negative feedback was received from consumers or staff regarding cleaning that the frequency of cleaning would be increased, however was unable to provide examples of when this had occurred.

The Approved Provider submitted information to provide context around the many issues they have been trying to manage with renovations and equipment malfunction. This has been taken into consideration however, the Approved Provider has not demonstrated, at the time of the site audit, that consumers can move freely outdoors and that parts of the service are well maintained.

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 the organisation has a system for the maintenance and cleaning of furniture, fittings and equipment. However, consumers and representative feedback, documentation and observation of the environment do not indicate that the system is working effectively at the service. The Assessment Team observed furniture, fittings and equipment throughout the facility. There were cleanliness issues seen on some equipment and two of three audit checklists were not up to date or had missing signatures for equipment function testing with some equipment not being checked since 2019. Spill kits in utility rooms were not complete or checked for expired contents and not labelled. In addition, staff were unaware of an emergency evacuation and procedure manual or where this may be accessed.

Consumer and representatives interviewed expressed concern for equipment such as air conditioning, wheelchairs, telephones, televisions, recliners, and tray tables.

The project and asset manager advised that mobility equipment such as lifters and wheelchairs are checked twice a year for maintenance issues, but cleaning of mobility equipment was the responsibility of clinical staff. However, staff were confused about who was responsible for cleaning mobility equipment.

The Approved Provider submitted information relating to the services ongoing maintenance program and actions taken to respond to consumer equipment issues. Whilst there has been an effort to improve the maintenance the concern remains that the equipment is not consistently safe and clean. In addition, there is still the concern that at the time of the site audit not all staff were aware of evacuation procedure documents and there was staff confusion on the responsibility for cleaning equipment. Based on this the Approved Provider has not demonstrated that the equipment and facilities are clean and fit for purpose for consumers.

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-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall sampled consumers consider that they are encouraged and supported to give feedback and make complaints and felt safe to do so. In addition, consumers felt that generally appropriate action is taken however, there was mixed feedback about the satisfaction of changes made in response to complaints and feedback.

There is limited evidence to demonstrate that feedback and complaints result in improved care and services. Systemic concerns have not been promptly reviewed to resolve issues. And there is limited open disclosure evident in relation to complaints.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The Assessment Team found that complaints have not been responded to in a timely manner. Some representatives interviewed raised concerns that actions taken following incidents are ad hoc or do not improve outcomes for the consumers. Some of these related to the care and lifestyle restrictions for consumers. There have been ongoing issues raised with continued dissatisfaction including meal service and lifestyle program. There have also been concerns raised by consumers relating to agency staff use, availability of staff and some staff interactions. When the complaints register was reviewed most of these complaints were not evident.

Management acknowledged some complaints have not been addressed in a timely manner and that not all complaints have outcomes documented. Management also acknowledged there has been no evaluation of the effectiveness of complaints raised.

The acting facility manager was able to provide some evidence of open disclosure following some incidents, predominantly in relation to consumer accidents. However, some consumer representatives felt in some instances that there was not open disclosure or an apology when incidents occurred.

The Assessment Team also found evidence that complaints are not actioned in a timely manner. Several consumers and their representatives provided examples of the length of time it took for the Approved Provider to respond and a lack of timely action.

The Approved Provider submitted information in relation to the specific complaints consumers and representatives raised with the Assessment Team whilst on site. The Approved Provider submitted documentation to demonstrate that they were actively working through some complaints with some consumers/representatives and these were resolved to their satisfaction. However, the Approved Provider has recognised that there are improvements that need to be made in complaints management in relation to actions taken to ensure there is resolution to the consumer/representative satisfaction. In addition, there was considerable evidence seen by the Assessment Team to show that open disclosure and actioning of complaints was not effectively and consistently applied to all consumers and/or their representatives

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 has not ensured that feedback and complaints are reviewed and consistently used to improve the quality of care and services. The complaints and feedback policy does not set any timeframe for the responses to complaints but directs it should be timely. In addition, although there was written concerns and verbal feedback provided about the laundry and meal service and the lifestyle program the continuous improvement plan had minimal entries regarding these areas.

Management were unable to provide evidence of feedback and complaints being reviewed and used to improve the quality of care and services. Management were unable to provide clear feedback about responses undertaken to complaints of a similar nature. The continuous improvement plan did not have consumer or representative feedback driven improvements.

The Assessment Team spoke with some consumers and representatives that expressed frustration about the lack of action following complaints they made.

The acting facility manager accepted there was no individual evaluation process used for complaints management or that there was any systemic process for driving improvements because of complaints.

The Approved Provider submitted information that showed that some complaints had been resolved however they conceded that the complaints process does not feed into a continuous improvement plan nor are complaints always managed in a suitable timeframe.

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-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall sampled consumers felt that staff were kind and respectful however they did not consider that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers, staff and management acknowledge that the service has insufficient staff and a high reliance on agency staff who do not know consumers well. In addition, the organisation does not have an effective system to manage and monitor the performance of each member of the workforce.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found that consumers, staff and management all acknowledged that the service has insufficient staff. The service currently has a high reliance on agency staff who do not know consumers well and the service is endeavouring to recruit more full time and casual staff. Most consumers and representatives interviewed stated that while staff are kind and caring, there are insufficient staff at the service.

Staff interviewed said there is not enough regular staff, agency staff are used to cover shifts and they don’t know the residents and permanent staff need to provide agency staff with more assistance. Staff said they have difficulties doing their duties and have little time for one on one care. Management advised that a new roster and a recruitment drive has commenced. Documentation reviewed indicated this is because of high level of staff turnover and staff unplanned leave; there was a high prevalence of unfilled shifts at the service.

The Approved Provider submitted information to contextualise some of the staffing issues that the Assessment Team found on the day of the site visit. It is acknowledged that the Approved Provider has been working to remedy shortfalls in staffing levels and retention. However, at the time of the site audit the Approved Provide was unable to demonstrate the mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

I am of the view that the Approved Provider does not comply with this requirement as it has not 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 the service has systems to ensure staff are qualified for their roles and training, including mandatory training has been provided to new staff and existing staff in the past 12 months. However, with a high turnover in staff since October 2020 has led to high use of agency staff. The Assessment Team asked management how they ensure agency staff are competent in their roles. They stated registered nurses observe agency staff on the job and if they are not competent they are not rehired. New agency staff receive general orientation training, and hand washing competency prior to their first shift. However, agency staff said they did not have orientation training or only had some orientation.

The service does have a plan for staff to receive mandatory and competency training however records revealed that this has not always been effective or understood by staff. The Assessment Team also had feedback from some consumers and representatives that some staff appeared poorly skilled and this had resulted in poor care outcomes for consumers. The service’s complaints register also had feedback from consumers relating to some staff appearing poorly trained.

The Approved Provider submitted information including schedules for training. This alone however does not demonstrate that the staff have completed training and are effectively applying it to their daily roles in the care of consumers. It is however acknowledged that the Approved Provider has been challenged to find and retain quality staff members. However, this, whilst difficult, does not diminish the need to ensure that the workforce is able to delivery and manage safe, quality care and services.

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) Non-compliant

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

The Assessment Team found training documentation reviewed indicated that most staff have received some mandatory training in the last 12 months. New staff training has been scheduled and commenced including mandatory and competency training.

However, representative feedback and consumer records indicates that not all consumers are receiving adequate clinical care and that training has not been effective in ensuring staff provide safe and quality care and services. Consumers and representatives were concerned about the lack of staff numbers and its impact on the ability of staff to perform their roles with some examples where consumer care had been impacted by deficient staff skills.

Staff interviewed said there are too many agency staff who are not well trained, that their standard is not where it should be. One staff member said there was too much online training that they were required to do in their own time at home. In addition, management do not have a system to identify staff training needs through consumer and representative feedback and staff appraisals.

The Approved Provider submitted information to advise they have a newly appointed Education Officer to look at the skills of staff and their education needs. And whilst the Approved Provider also gave some additional information about the role of more senior staff monitoring new and agency staff this does not discount the evidence that the Assessment Team saw onsite particularly in the transfer of training into improved care and services for consumers.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated thatthe workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. perform their roles.

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

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

The Assessment Team found that the organisation does not have an effective system to manage and monitor the performance of each member of the workforce. Staff feedback from surveys and interviews indicated that staff do not feel the staff performance system is effective.

Not all staff interviewed recalled having a performance appraisal in the past 12 months. Management advise that there is a system for staff appraisals put in place however as at March 2021 more than a quarter of staff were due or overdue for their appraisal.

The Approved Provider did not submitted information in relation to this requirement however it is acknowledged that the Approved Provider has commenced trying to improve staff assessment and monitoring as stated in their interview with the Assessment Team. However, as at the time of the site audit, the Approved Provider was unable to demonstrate a robust and effective staff review and monitoring process.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated thatregular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Gaps have been identified in organisation wide governance systems relating to information management, continuous improvement, regulatory compliance workforce governance and feedback and complaints.

The organisation was not able to demonstrate that its governing body is accountable for the delivery of safe and quality care and services regarding promoting a culture of safe, inclusive and quality care. It was also unable to demonstrate that it has effective governance systems, risk management systems or a clinical governance framework. Consumers and representatives generally did not feel engaged or that they had an impact on care and services.

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 it is actively engaging consumers in the development and delivery of care and services.

Management stated that consumers are supported to attend resident meetings to discuss issues and provide feedback and that two new resident advocate committee meetings have commenced. However, upon reviewing meeting minutes, input from the consumers/advocates is minimal regarding their input into the development, delivery and evaluation of care and services. The Chief Executive Officer confirmed that it has been difficult to find consumers willing to provide feedback.

Consumers and advocates did not always understand their role or felt they were ineffective in their role. Some consumer feedback suggested that they did not have a voice and that management dominated meetings.

Monthly resident and relative meetings are conducted in a format where consumers are provided with updates but are not necessarily able to provide input to help develop and evaluate care.

The Approved Provider submitted additional information to provide clarification of the various meetings they run to try to engage consumers and their advocates and note the difficulty they are having engaging them. I have also noted the evidence submitted in relation to the positive outcomes from a consumer survey conducted in the first quarter of this year where there was a high level of consumer satisfaction. However, the intent of this requirement is for an organisation to effectively facilitate consumers and advocates to be actively engaged in the development and delivery of their care. The Approved Provider has been unable to demonstrate how the consumer does this effectively in practice. Whilst the organisation feels they do support consumers to do this, there is a gap between this and being able to demonstrate how the consumer has directly influenced the care and services through the channels that the organisation provides.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated thatconsumers 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 has a statement of commitment to promote a culture of safe, inclusive and quality care and services and has various systems to identify compliance issues. However, after discussions with management and reviewing documentation the Assessment Team identified that the organisations clinical governance framework and critical incidents reporting system are yet to be fully implemented. Critical incidents are not all being flagged and investigated appropriately, and the organisation is unable to evidence continuous improvement in relation to preventing incidents or lessoning the impact incidents may have on consumers, their families, staff and the organisation.

In addition, the care manager and the clinical nurse consultant also acknowledged the organisation does not have a clear system of identifying consumers who are deteriorating. The Chief Executive Officer (CEO) and Chief Operating Officer provided information regarding how the governing body receives reports regarding significant incidents at the service however, the organisation has not taken effective steps to mitigate significant incidents at the service. The Assessment Team also found a lack of understanding of cultural diversity across the organisation.

The Approved Provider submitted information outlining the new improvements proposed including a system to streamlining the Incident Management System to improve the safety of consumers but also comply with new reporting legislation that came into effect on 1 April 2021. The additional information provided however failed to demonstrate an intrenched knowledge of cultural diversity and how this relates to the cultures of the consumers at the service. Taking both these into consideration and as the Approved Provider has yet to implement an effective incident management system the service has been unable to demonstrate a culture of safe, inclusive and quality care and services and is accountable for their delivery.

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 deficiencies in information management and record keeping were identified in multiple areas during the site audit; information is not always current or does not consistently follow best practice. For example, the organisation does not have an effective system to review policies and procedures. Systems for environmental assessments are not effective and do not acknowledge risks. Some consumers identified poor communication between them and staff and inconsistencies were evidence in the information contained in care plans, behavioural assessments and progress notes.

The Assessment Team found that the service’s continuous improvement plan lacked action, outcome and evaluation dates. Complaints are closed without further evaluation and not transferred to the continuous improvement plan. The organisation has an action plan to deal with “day to day issues” which is does not feed into the continuous improvement plan.

In addition, critical incidents are not all being flagged and investigated appropriately, and the organisation is unable to evidence continuous improvement in relation to preventing incidents or lessoning the impact incidents may have on consumers, their families and staff.

The CEO was able to provide examples of how budget or expenditure is used to support changing needs of consumers which included new lifestyle equipment for the service. However, the evidence outlined in Standard 7 shows that the organisation has not demonstrated effective workforce governance with a failure to have a skilled and qualified workforce sufficient to deliver and manage safe and quality care and services.

To monitor regulatory changes management said that these are generally monitored through national office and passed on to services. The service also has subscriptions to various peak bodies and regular updates are received from pharmacists. The organisation receives updates from the Department of Health including COVID 19 pandemic updates and changes. To illustrate this compliance training for serious incident response (SIRs) indicated that 94% of staff had completed the training.

Lastly, in Standard 6, the organisation there is evidence that the service is not managing feedback and complaints effectively by using these to flow into improvements for the quality of care and services for consumers.

The Approved Provider submitted additional information about how they access current information regarding the many facets of the provision of residential aged care services demonstrating regulatory compliance. However, in the areas of information management, continuous improvement, workforce government and feedback and complaints the Approved Provider does not demonstrate compliance to the quality standards relating to organisational governance. The governance systems are not effective is supporting core functionalities that contribute to the provision of quality care for consumers.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated thateffective organisation wide governance systems relating to the following:

1. information management;
2. continuous improvement;
3. workforce governance, including the assignment of clear responsibilities and accountabilities;
4. regulatory compliance;
5. 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 Assessment Team found that the organisation has not demonstrated that effective systems are in place for managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can.

The organisation has systems to manage high impact or high prevalence risks associated with the care of each consumer, however, these systems do not demonstrate effective identification and management of all consumers who have high impact or high prevalence risks.

The organisation does not have effective systems in place to optimise consumer well-being and quality of life. Care planning documentation does not consistently reflect individualised care that is safe, effective and tailored to the specific needs and preferences. Some consumers said they feel isolated, locked in and have limited access to meaningful activities.

The organisation was able to provide a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers is managed, the abuse and neglect of consumers is identified and responded to, consumers are supported to live the best life they can, and incidents are managed and prevented.

Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Some staff said they have been educated about the abuse and neglect of consumers however there were some inconsistences.

The service’s incident management system is not fully implemented. Management advised that incidents are managed through the quality safety risk meetings held monthly and significant incidents reported to the board. The incident management system will identify critical incidents as SIRs which commenced on 1 April 2021.

The Approved Provider did not submit specific information relating to this requirement though throughout the information that has provided for this quality standard the Approved Provider has been unable to demonstrate efficient and effective systems, particularly in relation to risk management and reporting and preventing incidents.

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

The Assessment Team found that the organisation has a clinical governance framework in the form of a governance structure and organisation governance roadmap prepared by external consultants, however this has not been fully implemented and these have not been aligned with the organisation’s systems.

The governance framework does not support complaints and feedback as it is not known how they are managed or reviewed. In addition, the governance framework is not effective in relation to open disclosure. While an open disclosure process is sometimes used in the complaints process, staff mostly do not understand and cannot demonstrate what it means in relation to complaints.

Policies relating to antimicrobial stewardship have not been reviewed since September 2019.

The Approved Provider submitted information included policies for antimicrobial stewardship and minimising restraint. This provides the organisation part of the governance framework however this must extend to effective practice to ensure quality care for consumers. The Approved Provider also acknowledged that improvements were being made to the governance framework in relation to open disclosure. Whilst the Approved Provider has committed to improvements it has not demonstrated an effective governance framework 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 thatwhere 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)(b)

*Care and services are culturally safe*

* Develop a continuous improvement plan to ensure the delivery of care and services that are culturally safe for consumers.
* Continue to work with consumers and their families to understand their cultural background to more thoroughly and explore options for care and services that are specific and important to consumers and their cultural identity.
* Investigate and improve ways for communicating with culturally diverse consumers.

### Requirement 1(3)(c)

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

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*
* Review practices for involving consumers, family, friends, carers and others in decision making to ensure consistency for all consumers regardless of their abilities.
* Train staff to be aware of decision making protocols on place for all consumers in their care
* Allow consumers to be more involved in decision making so they can exercise choice and independence about the way they wish to receive care and services.

### Requirement 1(3)(d)

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

* Develop more robust processes to ensure that a consumer is enabled to take risks where possible or alternatively where this is not possible as the risk is too great, it is discussed and explained to the consumer.
* Review processes and ensure that risk analysis is done for each consumer to limit the amount of “blanket rules” for all consumers to ensure that the service allows a consumer to live the best life they can.

### 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.*

* Develop an assessment and planning continuous improvement plan.
* Implement and maintain ongoing improvement plan for consumer assessment and planning.

### 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.*

* Review an develop a consistent approach to assessment and planning that actively engages the consumer and representatives to have meaningful input into their care and services.
* Ensure assessment and planning encompasses and includes a consumer’s current needs.
* Ensure consumer and representatives changes/issues are recorded and placed into action where possible.

### 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 process for addressing inconsistencies when incorporating consumer incidents and changing circumstances into consumer plans to reflect current needs, goals and preferences.
* Develop and implement a continuous improvement plan so that the care and services is revised regularly for its effectiveness when influenced by incidents and changes in circumstances.

### 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.*
* Review individual care plans and progress notes to ensure that consumers are receiving the care that is right for them. Where deficiencies are identified these should be addressed and a process implemented on the continuous improvement plan.
* Ensure staff are aware that when caring for consumers they need to review notes, care plans and update them regularly to ensure the consumer is getting personalised clinical and personal care.
* Review practices in relation to wound and pain management, continence, dietary needs of consumers to ensure best practice.

### Requirement 3(3)(b)

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

* Provide training to staff so they recognise and respond effectively to high impact high prevalence risk.
* Develop a continuous improvement plan for medication administration.

### Requirement 3(3)(d)

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

* Complete staff training to improve recognition of deterioration or change in a consumer's mental health cognitive or physical function.
* Review newly implemented ‘Deteriorating Resident Guide’ for effectiveness to ensure it is guiding staff and improving recognition of consumer deterioration and improve response times.
* Add evaluation of consumer deterioration and the associated response times to continuous improvement plan.

### 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 and improve information to enhance the effectiveness of shared care.
* Review care information for consumers to ensure there is individualised care information.
* Improve scanning and updating processes in relation to consumer care documentation.

### Requirement 3(3)(g)

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*
* Review actual infection control practices to ensure they are compliant with the organisation’s policies and procedures.
* Review consumer notes and plans to ensure they are reflective of infection results and actions taken.

### Requirement 4(3)(a)

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

* Ensure consumers are involved in lifestyle activity programming.
* Ensure staff are having meaningful conversations so that consumer’s preferences are gained to optimise their independence, health, well-being and quality of life.

### 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.*
* Continue to engage with consumers to develop a lifestyle program that supports their interests.
* Develop additional ways for staff to be available to consumers who wish to participate in their community outside of the service.

### 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.*
* Consumers are enabled to move freely outdoors and are not restricted by locked doors that they cannot open.
* Review maintenance schedule and cleaning processes with all staff to ensure they each know their responsibility to ensure that tasks are completed effectively.

### Requirement 5(3)(c)

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

* Review and update maintenance schedule to ensure that all maintain
* Establish clear roles and responsibilities for cleaning consumer equipment.
* If consumers raise concerns about their surroundings and equipment that they are kept informed of progress on the rectification process.
* Ensure all staff are aware of emergency evacuation procedures and know where the supporting manuals and documentation are located.

### Requirement 6(3)(c)

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

* Review and develop complaints resolution to ensure consumer/representative satisfaction.
* Develop a timeframe for responding to complaints so the service is more readily accountable to provide timely responses to complaints to the satisfaction of consumers and representatives.
* Develop and maintain a continuous improvement plan to address shortfalls in complaint management and open disclosure.

### Requirement 6(3)(d)

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

* Develop a system for capturing and documenting complaints trends and ensure these are fed into the continuous improvement plan.
* Review all feedback and complaints received to consider how they can be used to improve the quality of care and services for consumer.

### Requirement 7(3)(a)

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

* Continue with planned recruitment changes and develop a continuing improvement plan in relation to staffing.
* Ensure that consumers are receiving delivery and management of safe and quality care and services from a workforce that is supported to enable them to do so.

### Requirement 7(3)(c)

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

* Develop robust processes to ensure agency staff are adequately orientated prior to commencing.
* Develop a way to monitor that training undertaken by staff is understood and placed into practice.
* Management should consider looking at the service’s culture in relation to staffing and investigate ways to improve.

### Requirement 7(3)(d)

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

* Ensure that focus is given to improving and supporting quality staff.
* Review and improve training offered to staff including how it is delivered to better support staff to complete the training.
* Develop a way to monitor that training undertaken by staff is understood and placed into practice.

### Requirement 7(3)(e)

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

* Ensure that all staff have regular assessment and monitoring of their performance.
* Ensure that the reviews are used to improve staff performance and encourage the growth of their skills including planned training to address skill gaps.

### Requirement 8(3)(a)

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

* Examine the effectiveness of consumer/advocate meetings and assess how better to engage them in the meetings.
* Look for alternatives other than meetings to engage with consumers and advocates so that they have meaningful input in their care and services.
* Look for the reasons why consumers and advocates struggle to contribute in meetings and consider developing or refining purposeful information to help consumers and advocates understand their role in these meetings.

### 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.*

* Implement and review for effectiveness the new incident management system to ensure it translates to safe quality care and services. In addition, ensure that this is actioned for effectiveness by the governing body to promote safer care for consumers.
* Develop new ways to ensure that the service promotes cultural diversity and inclusivity as a prominent component of consumer quality and care. In addition, explore what this means in practice for consumers and ensure this translates to the provision of quality care and services.

### 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.*
* Review and improve organisation wide governance systems for information management, continuous improvement, workforce government and feedback and complaints.
* Develop a continuous improvement plan for governance systems that encompass all the above-mentioned areas.

### 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 and enhance organisational systems to support consumers to live the best life they can.
* Develop a continuous improvement plan to ensure there are effective risk management systems and practices in relation to high impact and high prevalence risks, responding to abuse and neglect and managing and preventing incidents and accidents.
* Review and conduct staff training where there are gaps in the knowledge on organisational policies and procedures on risks, neglect and prevention of incidents.

### 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.*
* Develop a continuous improvement plan to enhance the clinical governance framework ensure there are effective measures in practice to ensure the quality care for consumers. This is including but not limited to the above-mentioned clinical considerations.
* Implement recommendations to improve the clinical governance framework for open disclosure.
* Develop a consistent program to review and update policies and procedures relating to clinical consumer care.